

Announced Care Inspection Report 23 August 2017



Ink-Out Tattoo Removal

Type of Service: Independent Hospital - Cosmetic Laser/IPL Service
Address: c/o Ink Castle, 131 - 133 North Street, Belfast BT1 1NE
Tel No: 028 9024 2167
Inspector: Carmel McKeegan

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered cosmetic laser service which provides tattoo removal using a class4 laser machine.

Laser equipment:

- Manufacturer: Ultrapulse
- Model: Ultrapulse Laser F12
- Serial Number: F12 145DO912
- Laser Class: Class4
- Wavelength: 1064nm & 532nm

Laser protection advisor (LPA): Estelle Walker (Onephton)

Laser protection supervisor (LPS): Mr Paul Clarke

Medical support services: Dr Paul Myers

Authorised operators: Mr Paul Clarke

Types of treatment provided: Tattoo removal

Laser equipment on site not currently in use

- Manufacturer: Ultrapulse
- Model: Titan 3 Laser F12
- Serial Number: LS2 15101502
- Laser Class: Class4
- Wavelength: 1064nm & 532nm

3.0 Service details

Organisation/Registered Provider: Mr Paul Clarke t/a Ink-Out Tattoo Removal	Registered Manager: Mr Paul Clarke
Person in charge at the time of inspection: Mr Paul Clarke	Date manager registered: 21 January 2016
Categories of care: Independent Hospital (IH) PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers	

4.0 Inspection summary

An announced inspection took place on 23 August 2017 from 10.00 to 11.50.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003; The Independent Health Care Regulations (Northern Ireland) 2005; The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011; and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in all four domains. These related to training, laser safety, adult safeguarding, the client experience and governance arrangements.

One area for improvement has been made under the regulations to provide confirmation to RQIA that eyewear protection in accordance with the most recent LPA risk assessment and local rules has been provided.

Three areas for improvement against the standards were identified. These were in relation to the development of a safeguarding adult at risk of harm policy to reflect current best practice guidance; for Mr Clarke to undertake formal Level 2 training in safeguarding adults; and for the establishment of an annual patient consultation process.

Clients who submitted questionnaire responses indicated a high level of satisfaction.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and clients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Mr Paul Clarke, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 26 September 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 26 September 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report
- submitted complaints declaration

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of RQIA. Mr Clarke is the sole authorised operator and does not employ any staff in

connection with the delivery of the laser service; therefore, staff questionnaires were not issued by RQIA.

A poster informing clients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mr Clarke, registered person and authorised operator.

The following records were examined during the inspection:

- staffing
- recruitment and selection
- safeguarding
- laser safety
- management of medical emergencies
- infection prevention and control
- information provision
- care pathway
- management and governance arrangements
- maintenance arrangements

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 'met', 'partially met', or 'not met'.

The findings of the inspection were provided to Mr Clarke at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 26 September 2016

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 26 September 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area for improvement 1 Ref: Standard 3 Stated: First time	A protection of adults at risk of harm should be developed which is reflective of the 'Adult Safeguarding, Prevention and Protection in Partnership'. Mr Clarke should sign and date the policy to verify knowledge in this area.	Met

	<p>Action taken as confirmed during the inspection: Mr Clarke demonstrated that he was knowledgeable of the Adult Safeguarding, Prevention and Protection in Partnership' guidance document. Mr Clarke confirmed that this document was stored on his computer and that he would sign a statement to confirm he had read and understood this document.</p> <p>Following the inspection further guidance was provided to Mr Clarke to assist in the development of a safeguarding adult at risk of harm policy. An area for improvement has been made in this regard.</p>	
<p>Area for improvement 2 Ref: Standard 48.10 Stated: First time</p>	<p>Mr Clarke should ensure that there is an accurate and up to date treatment record for every client which includes:</p> <ul style="list-style-type: none"> • client details • medical history • signed consent form • skin assessment (where appropriate) • patch test (where appropriate) • record of treatment delivered including number of shots and fluence settings (where appropriate) <p>Action taken as confirmed during the inspection: Review of six client records confirmed that the information outlined above had been recorded.</p>	Met

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staffing

Discussion with Mr Clarke confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients.

Mr Clarke confirmed that laser treatments are only carried out by authorised operators. A register of authorised operators for the laser is maintained and kept up to date.

A review of completed induction programmes evidenced that induction training is provided to new staff on commencement of employment.

A review of training records evidenced that the authorised operator has up to date core of knowledge training and application training for the equipment in use. Mr Clarke confirmed that basic life support training is arranged for 2 September 2017 and update training in fire safety and infection control is due at the end of this year. Discussion took place regarding the protection of adults at risk of harm training; Mr Clarke was advised that as the safeguarding lead for the practice, he should complete formal Level 2 training in safeguarding adults, in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016). An area for improvement has been made in this regard.

All other staff employed at the establishment, but not directly involved in the use of the laser equipment, had received laser safety awareness training.

Recruitment and selection

There have been no authorised users recruited since the previous inspection. Mr Clarke confirmed that should staff be recruited in the future robust systems and processes will be developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

Safeguarding

Mr Clarke was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

As previously stated it was identified that a policy and procedure for the safeguarding and protection of adults at risk of harm should be developed; advice and guidance was provided to Mr Clarke following the inspection. An area for improvement under the standards has been made to develop a safeguarding adult at risk of harm policy.

As previously discussed Mr Clarke was advised that as the safeguarding lead for the service he should complete formal Level 2 training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016). An area for improvement under the standards has been made in this regard.

It was confirmed that copies of the regional policy entitled 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016) was available and following the inspection the following documentation was forwarded to the practice by email:

- 'Adult Safeguarding Operational Procedures' (September 2016)
- Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

Laser/IPL safety

A laser safety file was in place which contained all of the relevant information in relation to laser equipment.

There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA) which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on June 2018.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers on 29 March 2017. Systems are in place to review the medical treatment protocols on an annual basis. The medical treatment protocols contained the relevant information pertaining to the treatments being provided.

Up to date local rules were in place which have been developed by the LPA. The local rules contained the relevant information pertaining to the laser equipment being used.

The establishment's LPA completed a risk assessment of the premises on 12 June 2017 and all recommendations made by the LPA have been addressed with the exception of the provision of new protective eyewear. An area for improvement under the regulations has been made to provide confirmation to RQIA that eyewear protection has been provided in accordance with the recent LPA risk assessment and local rules.

It was noted that an additional laser machine, Ultrapulse Laser, Titan 3 Model F12, was provided. Discussion with Mr Clarke and review of relevant documentation confirmed that this laser was included in the above risk assessment conducted by the LPA on 12 June 2017. Mr Clarke confirmed that this laser machine is a back-up and will only be used when the other machine is being serviced.

The laser protection supervisor (LPS) has overall responsibility for safety during laser treatments and a list of authorised users is maintained. Authorised users have signed to state that they have read and understood the local rules and medical treatment protocols.

When the laser equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

The environment in which the laser equipment is used was found to be safe and controlled to protect other persons while treatment is in progress. The door to the treatment room is locked when the laser equipment is in use but can be opened from the outside in the event of an emergency.

The laser equipment is operated using a key. Arrangements are in place for the safe custody of the laser key when not in use.

The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. Laser safety warning signs are displayed when the laser equipment is in use and removed when not in use.

The establishment has a laser register which is completed every time the equipment is operated and includes:

- the name of the person treated
- the date
- the operator
- the treatment given
- the precise exposure
- any accident or adverse incident

There are arrangements in place to service and maintain the laser equipment in line with the manufacturer's guidance. The most recent service report of 27 May 2017 was reviewed as part of the inspection process.

Management of emergencies

As discussed, Mr Clarke has arranged to undertake refresher training in basic life support on 2 September 2017. Discussion with Mr Clarke confirmed he was aware what action to take in the event of a medical emergency.

There was a resuscitation policy in place.

Infection prevention and control and decontamination procedures

The treatment room was clean and clutter free. Discussion with Mr Clarke evidenced that appropriate procedures were in place for the decontamination of equipment between use. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, authorised users have up to date training in infection prevention and control.

Environment

The premises were maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment were in place.

Observations made evidenced that a carbon dioxide (CO₂) fire extinguisher is available which has been serviced within the last year.

Client and staff views

Seven clients submitted questionnaire responses. All indicated that they felt safe and protected from harm and also indicated that they were very satisfied with this aspect of care. Comments provided included the following:

- 'Members of staff really friendly no need to worry.'

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, management of emergencies, infection prevention and control, risk management and the environment.

Areas for improvement

- Provide RQIA with confirmation that eyewear protection has been provided in accordance with the most recent LPA risk assessment and local rules.
- Develop a safeguarding and protection of adults at risk of harm policy.
- Mr Clarke should complete formal Level 2 training in adult safeguarding in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Care pathway

Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. Written information is provided to the client pre and post treatment which outlines the treatment provided, any risks, complications and expected outcomes. The establishment has a list of fees available for each laser procedure.

Fees for treatments are agreed during the initial consultation and may vary depending on the type of treatment provided and the individual requirements of the client.

During the initial consultation, clients are asked to complete a health questionnaire. There are systems in place to contact the client's general practitioner, with their consent, for further information if necessary.

Four client care records were reviewed. There is an accurate and up to date treatment record for every client which includes:

- client details
- medical history
- signed consent form
- skin assessment (where appropriate)
- patch test (where appropriate)
- record of treatment delivered including number of shots and fluence settings (where appropriate)

Observations made evidenced that client records are securely stored. A policy and procedure is available which includes the creation, storage, recording, retention and disposal of records and data protection.

Mr Clarke confirmed that patient information is not recorded or stored electronically; therefore, the establishment is not registered with the Information Commissioners Office (ICO). Mr Clarke is aware of his responsibility in this regard.

Communication

As discussed, there is written information for clients that provides a clear explanation of any treatment and includes effects, side-effects, risks, complications and expected outcomes. Information is jargon free, accurate, accessible, up-to-date and includes the cost of the treatment.

Client and staff views

All of the clients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. All seven clients also indicated that they were very satisfied with this aspect of care. The following comment was provided in a submitted questionnaire response:

- ‘Yes, really great throughout the treatment.’

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between clients and staff.

Areas for improvement

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Dignity respect and involvement with decision making

Discussion with the Mr Clarke regarding the consultation and treatment process confirmed that clients are treated with dignity and respect. The consultation and treatment is provided in a private room with the client and authorised user present. Information is provided to the client in verbal and written form at the initial consultation and subsequent treatment sessions to allow the client to make choices about their care and treatment and provide informed consent.

Appropriate measures are in place to maintain client confidentiality and observations made evidenced that client care records were stored securely in a locked storage cabinet within a locked room.

It was identified that an annual client satisfaction survey had not yet been established and advice and guidance was provided on how this can be completed. Mr Clarke was also informed that the results of the client consultation process should be collated to provide a summary report which should be available to clients and other interested parties. If appropriate, an action plan may be developed to inform and improve services provided. An area for improvement under the standards was made in this regard.

Client and staff views

All of the clients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. All seven clients also indicated that they were very satisfied with this aspect of care. The following comment was provided in a submitted questionnaire response:

- ‘Yes, treated really good throughout the treatment.’

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining client confidentiality, ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow clients to make informed choices.

Areas for improvement

- Establish an annual client satisfaction survey, the results of which should be collated to provide a summary report which is made available to clients and other interested parties. If appropriate, an action plan may be developed to inform and improve services provided.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Management and governance

Mr Clarke has overall responsibility for the day to day management of the service and as previously stated does not employ any staff in relation to the delivery of the laser service.

Mr Clarke is the only authorised user in this establishment. Policies and procedures were available outlining the arrangements associated with laser treatments. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on annual basis.

Discussion with Mr Clarke demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Discussion with Mr Clarke demonstrated good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the establishment for completion. The returned questionnaire indicated that no complaints have been received for the period 14 August 2015 to 31 March 2016.

It was confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed.

Discussion with Mr Clarke confirmed that arrangements were in place to monitor and review the effectiveness and quality of care delivered to clients at appropriate intervals.

A whistleblowing/raising concerns policy was available.

Mr Clarke demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose and client's guide are kept under review, revised and updated when necessary and are available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

Client and staff views

All of the clients who submitted questionnaire responses indicated that they felt that the service is well managed. All seven clients also indicated that they were very satisfied with this aspect of the service. The following comment was provided in a submitted questionnaire response:

- 'Service is really great, very well managed, great staff.'

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Paul Clarke, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the establishment. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005; The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011; and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Healthcare Establishments (July 2014).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP **to the RQIA office** for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 39 (2) Stated: First time To be completed by: 23 September 2017	Mr Clarke should provide confirmation to RQIA that protective eyewear is provided as outlined in the most recent LPA risk assessment and local rules. Ref: 6.4 Response by registered person detailing the actions taken: <i>New eyewear purchased.</i>
Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)	
Area for improvement 1 Ref: Standard 3.9 Stated: First time To be completed by: DD Month Year	Mr Clarke should complete formal Level 2 training in adult safeguarding in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016). Ref: 6.4 Response by registered person detailing the actions taken: <i>Level 2 in adult safeguarding and keeping NIASP completed & downloaded. will do course and send in certificate in the next month.</i>
Area for improvement 2 Ref: Standard 3.1 Stated: First time To be completed by: 23 September 2017	Mr Clarke should develop a safeguarding adult at risk of harm policy which is reflective of current best practice guidance. Ref: 6.4 Response by registered person detailing the actions taken: <i>Policy in place</i>

<p>Area for improvement 3</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be completed by: 23 September 2017</p>	<p>Mr Clarke should establish an annual client satisfaction survey, the results of which should be collated to provide a summary report which is made available to clients and other interested parties. If appropriate, an action plan may be developed to inform and improve services provided</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>annual client satisfaction survey in place.</p>

Please ensure this document is completed in full and returned to RQIA's Office



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