

Announced Care Inspection Report 6 September 2018



Ink-Out Tattoo Removal

Type of Service: Independent Hospital (IH) – Cosmetic Laser Service

Address: c/o Ink Castle, 131 - 133 North Street, Belfast, BT1 1NE

Tel No: 028 9024 2167

Inspector: Carmel McKeegan

www.rqia.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 class 4 laser machine.

Laser equipment:

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

Laser protection advisor (LPA): Ms Estelle Walker (Onephoton)

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 Person: 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 6 September 2018 from 10.30 to 12.00

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 (DOH) 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.

Examples of good practice were evidence in all four domains. These included the arrangements for staffing, recruitment and selection, adult safeguarding, laser safety, authorised operator training; managing medical emergencies; clinical records; the environment; infection prevention and control; 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.

No areas of improvement were identified during this inspection.

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Paul Clarke, registered person, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 23 August 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 August 2017.

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 previous care inspection report
- the returned QIP from the previous care inspection

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of RQIA. No completed client questionnaires were provided to RQIA prior to the inspection; however eight client questionnaires were given to the inspector during the inspection.

Mr Clarke is the sole authorised operator and does not employ any staff in connection with the delivery of the laser service.

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

During the inspection the inspector met with Mr Paul 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 23 August 2017

The most recent inspection of Ink-Out Tattoo Removal 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 23 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 39 (2) Stated: First time	Mr Clarke should provide confirmation that protective eyewear is provided as outlined in the most recent LPA risk assessment and local rules.	Met
	Action taken as confirmed during the inspection: It was confirmed that protective eyewear was provided as outlined in the most recent LPA risk assessment and local rules.	

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 3.9 Stated: First time	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).	Met
	Action taken as confirmed during the inspection: Review of training records confirmed that Mr Clarke had completed level 2 training in keeping with the NIASP training strategy on 29 August 2018.	
Area for improvement 2 Ref: Standard 3.1 Stated: First time	Mr Clarke should develop a safeguarding adult at risk of harm policy which is reflective of current best practice guidance.	Met
	Action taken as confirmed during the inspection: A safeguarding adult at risk of harm policy reflective of current best practice guidance was provided.	

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

Mr Clarke confirmed that he is the sole authorised operator for the establishment and that he can 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.

Mr Clarke confirmed in the event of appointing any new authorised operator, induction training would be provided on commencement of employment.

A review of training records evidenced that Mr Clarke as the only authorised operator has up to date training in core of knowledge training, application training for the equipment in use, basic life support, infection prevention and control, fire safety and protection of adults at risk of harm in keeping with the RQIA training guidance.

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 operators recruited since the previous inspection. During discussion Mr Clarke confirmed that should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 will be sought and retained for inspection.

A recruitment policy and procedure was in place which was comprehensive and reflected best practice guidance.

Safeguarding

It was confirmed that laser treatment is not provided to persons under the age of 18 years.

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, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff in the establishment had received training in safeguarding children and adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014. As discussed Mr Clarke as the safeguarding lead, has completed formal training in safeguarding adults in keeping with the NIASP training strategy.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

It was confirmed that copies of the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (August 2017) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

Laser 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 27 August 2019.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers on 27 July 2018. 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 27 August 2018 and no recommendations were made.

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 27 August 2018. 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 operators is maintained. Mr Clarke as the only authorised operator has signed to state that he has 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. Protective eyewear is available for the client and operator as outlined in the local rules.

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 dated July 2018 was reviewed as part of the inspection process.

Management of emergencies

As discussed, Mr Clarke has up to date training in basic life support. Discussion with Mr Clarke confirmed he was aware of the 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, Mr Clarke has 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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, laser safety, management of emergencies, infection prevention and control, risk management and the environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

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.

Discussion with Mr Clarke and review of the management of records policy confirmed that patients have the right to apply for access to their clinical records in accordance with the General Data Protection Regulations (GDPR) that came into effect during May 2018 and where appropriate Information Commissioners Office (ICO) regulations and Freedom of Information legislation.

Mr Clarke confirmed that the establishment is not registered with the ICO as he had contacted the ICO a few years ago and was informed that he was not required to register. Discussion took place regarding the application of the new GDPR and Mr Clarke readily agreed to re-check with the ICO if the establishment was required to register.

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.

The establishment has a policy for advertising and marketing which is in line with legislation.

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
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 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 operator 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 filing cabinet within a locked store room.

Client satisfaction surveys are carried out by the establishment on an annual basis and the results of these are collated to provide a summary report which is made available to clients and other interested parties. An action plan is developed to inform and improve services provided, if appropriate.

Review of the completed questionnaires found that clients were highly satisfied with the quality of treatment, information and care received.

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

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 operator 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.

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.

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
Areas for improvement	0	0

6.8 Equality data

Equality data

The arrangements in place in relation to the equality of opportunity for clients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of clients was discussed with Mr Clarke.

6.9 Client and staff views

Eight client questionnaire responses were submitted to RQIA. All eight clients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All of the clients also indicated that they were very satisfied with each of these areas of their care. The following comments were included in the submitted questionnaire responses:

- “Friendly, explained everything I needed to know. Felt comfortable and at ease.”
- “I was pleased with treatment and service.”
- “Fantastic service.”
- “Really good, happy with everything.”

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)