

Announced Care Inspection Report 27 February 2017



Zap the Ink

Type of Service: Independent Hospital (IH) – Cosmetic Laser Service
Address: c/o Sink the Ink, 2nd Floor, 44 Castle Street, Belfast, BT1 1HB
Tel No: 028 9543 8776
Inspector: Stephen O'Connor

1.0 Summary

An announced inspection of Zap the Ink took place on 27 February 2017 from 10:55 to 11:45.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the laser service was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Observations made, review of documentation and discussion with Mr Brendan Livingstone, registered person demonstrated that systems and processes were in place to ensure that care to patients was safe and avoids and prevents harm. Areas reviewed included laser safety, staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, and the general environment. Recommendations have been made that Mr Livingstone as the authorised operator should complete mandatory training as detailed in the main body of the report and that confirmation should be retained that the local rules are within date.

Is care effective?

Observations made, review of documentation and discussion with Mr Livingstone demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included care pathway, audits and communication. A recommendation has been made to develop an advertising policy.

Is care compassionate?

Observations made, review of documentation and discussion with Mr Livingstone demonstrated that arrangements are in place to promote patients' dignity, respect and involvement in decision making. A recommendation has been made that a summary report detailing the main findings of the client satisfaction surveys should be generated at least on an annual basis.

Is the service well led?

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs clients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered person's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

This inspection was underpinned by 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 (DHSPPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Brendan Livingstone, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 03 March 2016.

2.0 Service details

Registered organisation/registered person: Mr Brendan Livingstone	Registered manager: Mr Brendan Livingstone
Person in charge of the home at the time of inspection: Mr Brendan Livingstone	Date manager registered: 18 March 2016
Categories of care: Independent Hospital (IH) PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers	

Laser equipment

Manufacturer: Ultrapulse
 Model: Defender 5
 Serial Number: L15020701
 Laser Class: Class 4
 Wavelength: 1064nm and 532nm

Laser protection advisor (LPA) – Mr Irfan Azam (Lasernet)

Laser protection supervisor (LPS) – Mr Brendan Livingstone

Medical support services – Dr Paul Myers (Lasernet)

Authorised operators - Mr Brendan Livingstone

Types of treatment provided – Laser tattoo removal

3.0 Methods/processes

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of the RQIA. Prior to inspection we analysed the following records: complaints declaration and returned completed client questionnaires. No staff are employed in Zap the Ink.

During the inspection the inspector met with Mr Brendan Livingstone, registered person and authorised operator. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- 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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 3 March 2016

The most recent inspection of the establishment was an announced follow up pre-registration care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 3 March 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 48.13 Stated: First time	Records of training should be retained. Records should include the date of training, the content of training and the signatures of those in attendance.	Met
	Action taken as confirmed during the inspection: Review of documentation evidenced that all staff working in the tattoo studio have completed laser safety awareness training. Mr Livingstone confirmed that refresher training will be provided on an annual basis.	
Recommendation 2 Ref: Standard 48.18 Stated: Second time	It is recommended that a key should be placed in a 'break glass' box outside the room to enable entry in the event of an emergency or changed to a coin operated lock.	Met
	Action taken as confirmed during the inspection: It was observed that a 'break glass' box has been wall mounted outside the treatment room. The box houses the key to the treatment room.	

4.3 Is care safe?

Staffing

Mr Livingstone confirmed that laser tattoo removal treatments are carried out by him as the authorised operator. The register of authorised operators for the laser machine reflects that Mr Livingstone is the only authorised operator.

It was confirmed that if any new authorised operator were recruited they would be provided with induction training.

A review of training records evidenced that Mr Livingstone had up to date training in core of knowledge, application training for the equipment in use and infection prevention and control. Mr Livingstone has completed basic life support and fire safety awareness training during March 2015. Mr Livingstone confirmed that he had not completed training in safeguarding adults. A recommendation has been made that Mr Livingstone undertakes training in safeguarding adults and refresher training in basic life support and fire safety awareness.

As discussed, all staff employed in the tattoo studio, 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 Livingstone confirmed that should authorised operators 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.

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

Safeguarding

Mr Livingstone was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified. Mr Livingstone is the nominated safeguarding lead within the establishment.

As discussed, Mr Livingstone confirmed that he has not completed training in safeguarding adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014. A recommendation has been made to address this.

Review of documentation evidenced that the appointed laser protection advisor (LPA) have provided the establishment with separate child and adult protection policies. A discussion took place in relation to the adult safeguarding arrangements and in particular the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015).

On the afternoon of the inspection the following regional safeguarding documentation was forwarded to Mr Livingstone by email:

- 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015)
- 'Adult Safeguarding Operational Procedures' (September 2016)
- 'Co-operating to safeguard children and young people in Northern Ireland' (March 2016)
- Adult protection gateway contact information

Mr Livingstone confirmed the laser tattoo removal service is not provided to persons under the age of 18 years.

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 LPA which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on 07 August 2017.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers on 08 September 2016. 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.

It was observed that local rules developed by the LPA and issued on 05 February 2016 were in place. The local rules contained the relevant information pertaining to the laser equipment being used. The local rules were dated for a period of one year. Mr Livingstone confirmed that he has spoken to the LPA who confirmed that the local rules in place are valid and that he was to be scheduling a visit to the establishment in the coming months. A recommendation has been made that a copy of up to date local rules should be retained or confirmation retained from the appointed LPA that the local rules on file are valid.

The establishment's LPA completed a risk assessment of the premises on 21 August 2014 and all recommendations made by the LPA have been addressed.

The laser protection supervisor (LPS) has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. Authorised operators 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. 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 treatment given
- the precise exposure
- any accident or adverse incident

The laser register does not include the name of the authorised operator who provided the treatment as all treatments are provided by Mr Livingstone. Mr Livingstone was advised that should additional authorised operators be recruited the laser register must reflect the name of the operator who provided the treatment.

There are arrangements in place to service and maintain the laser equipment in line with the manufacturer's guidance. Review of documentation evidenced that an agreement is in place with an external organisation to service the laser machine, this agreement expires on 2 January 2018.

Management of emergencies

As discussed, a recommendation has been made that Mr Livingstone updates his basic life support training. Discussion with Mr Livingstone evidenced that he is aware of 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 Livingstone evidenced that appropriate procedures were in place for the decontamination of equipment between uses. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, authorised operators 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. As discussed, a recommendation has been made that Mr Livingstone updates his fire safety awareness training.

Client and staff views

Nineteen clients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. The following comments were provided:

- 'Treatment room was of a high standard of cleanliness'
- 'Very professional, explained all pros/cons, used plain English, aftercare excellent, very clean'
- 'All risks explained and environment clean'
- 'Staff couldn't be more helpful, very clean and tidy. I also felt very safe and made to feel at ease'
- 'Staff explained all potential risks related to the process and steps to avoid harm. Service was excellent and the treatment room was spotless'
- 'Yes very professional and well looked after'

As discussed Zap the Ink does not employ any staff, therefore no staff questionnaires were submitted to RQIA.

Areas for improvement

Mr Livingstone as the authorised operator must complete safeguarding training and refresher training in the identified areas.

A copy of up to date local rules should be retained or confirmation retained from the appointed LPA that the local rules on file are valid.

Number of requirements	0	Number of recommendations	2
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4.4 Is care effective?

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 laser tattoo removal treatments.

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
- patch test
- 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 Livingstone confirmed that the establishment is not registered with the Information Commissioners Office (ICO). Mr Livingstone agreed to complete the ICO online self-assessment to establish if he is 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.

Policies and procedures for advertising and marketing had not been established. On the afternoon of the inspection advice and guidance in regards to the development of an advertising policy was forwarded to the establishment by electronic mail. A recommendation has been made to develop an advertising policy.

Client views

All 19 clients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. The following comments were provided:

- 'Listened to concerns, answered questions'
- 'Excellent care/treatment advice'
- 'I feel I got the right care and treatment at all times and was very happy with my treatment'
- 'Communication from staff was excellent. I suffered no side effects and was provided full information on appropriate care'
- 'Yes I am very satisfied with the outcome and with the care and treatment'

Areas for improvement

An advertising policy should be developed in keeping with the Advertising Standards Agency guidelines.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

Dignity respect and involvement with decision making

Discussion with Mr Livingstone, authorised operator, 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 locked filing cabinets.

Mr Livingstone confirmed that following treatment clients are always asked for feedback. A client satisfaction survey has been provided by the LPA. Mr Livingstone confirmed that these satisfaction questionnaires have not been distributed to clients and no clients have completed their treatment sessions. Mr Livingstone confirmed that the establishment has a Facebook page and that clients can make comments and rate the service received on Facebook. Mr Livingstone was advised that a summary report detailing the main findings of client satisfaction surveys should be generated on an annual basis. A recommendation has been made to address this.

Client views

All 19 clients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. The following comments were provided:

- 'Well informed off procedures, aftercare and goes beyond the norm'
- 'Additional support with aftercare'

- 'I was treated with dignity and respect at all times given choices and had additional support at all times the treatments were always private'
- 'Staff very professional and supportive'
- 'Fantastic service'
- 'Yes I am very well looked after and the staff are very helpful, make me feel well respected'

Areas for improvement

A report detailing the main findings of the client satisfaction surveys should be generated at least on an annual basis.

Number of requirements	0	Number of recommendations	1
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4.6 Is the service well led?

Management and governance

Mr Livingstone is the only authorised operator in this establishment. Policies and procedures were available outlining the arrangements associated with laser tattoo removal treatments. Observations made confirmed that policies and procedures were indexed, dated and Mr Livingstone confirmed these were reviewed on an annual basis.

Mr Livingstone confirmed that he is giving consideration to providing Intense Pulse Light (IPL) treatments and to moving the laser treatment room from the second floor to first floor of the establishment. A discussion was held in regards to the procedure to vary the registration of the establishment in regards to adding an additional category of registration and moving the laser treatment room.

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

A copy of the complaints procedure was available in the establishment. Mr Livingstone demonstrated a 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 1 April 2015 to 31 March 2016.

Discussion with Mr Livingstone confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. There has been no occurrence of notifiable events since the previous inspection. A system was in place to ensure that urgent communications, safety alerts and notices are reviewed.

Discussion with Mr Livingstone confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals. Mr Livingstone confirmed that if required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

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

All 19 clients who submitted questionnaire responses indicated that they felt that the service is well managed. The following comments were provided:

- 'Explained steps to healing and provided excellent aftercare, even checking up with own accord'
- 'Service excellent, all explained step by step'
- 'I feel Zap the Ink is managed very well, staff very knowledgeable'
- 'Staff were very enthusiastic about the technique and were looking to expand their knowledge to improve their service. I would recommend zap the ink to anyone'
- 'Brendan always checks everything through before any treatment is carried out. He is very thorough'
- 'Very helpful'
- 'Yes the place is run very well and very well managed. They let me know before by sending me text messages to my phone that I have an appointment. I am very pleased'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Brendan Livingstone, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 IH - cosmetic laser service. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on 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

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Minimum Care Standards for Independent Healthcare Establishments(July 2014). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to Independent.Healthcare@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 13.1 Stated: First time To be completed by: 27 April 2017	Mr Livingstone as the authorised operator should complete training in the following areas: <ul style="list-style-type: none"> • basic life support - ATTENDING ON FRI 21 APR 17 • fire safety awareness training - • safeguarding training - COMPLETED 21 MAR 17 * INFECTION, PREVENTION & CONTROL - COMPLETED 10 APR 2017 Arrangements should be established to ensure this training is undertaken in keeping with RQIA mandatory guidance. Response by registered provider detailing the actions taken: SAFEGUARDING TRAINING COMPLETED 21 MAR 2017.
Recommendation 2 Ref: Standard 48.4 Stated: First time To be completed by: 27 April 2017	A copy of up to date local rules should be retained or confirmation retained from the appointed LPA that the local rules on file are valid. Response by registered provider detailing the actions taken: LPA VISITED MY PREMISES ON TUES 11 TH APRIL AND WILL FOLLOW UP IN DUE COURSE.
Recommendation 3 Ref: Standard 1.7 Stated: First time To be completed by: 27 April 2017	An advertising policy should be developed. The policy should detail where and how the establishment advertises, that the content of adverts should be legal, factual and not misleading and that advertisements should not offer discounts linked to a deadline for booking appointments. The policy should be developed in keeping with the Advertising Standards Agency guidelines. Response by registered provider detailing the actions taken: ^{EST. 6 MAR 17} CREATED BON 16 MAR 17.
Recommendation 4 Ref: Standard 5.2 Stated: First time To be completed by: 27 April 2017	A report detailing the main findings of the client satisfaction surveys should be generated at least on an annual basis. Response by registered provider detailing the actions taken: QUESTIONNAIRES CREATED & PRINTED 25 MAR 17. AVAILABLE FOR CLIENTS TO COMPLETE & WILL BE HANDS TO EACH CLIENT BEFORE A SESSION BEGINS.

Please ensure this document is completed in full and returned to Independent.Healthcare@rqia.org.uk from the authorised email address



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