

# Inspection Report

27 July 2022



## Ink Unleashed Tattoo and Body Piercing

Type of service: Independent Hospital – Cosmetic Laser  
Address: 5 Circular Road, Coleraine, BT52 1PS  
Telephone number: 028 7035 3001

[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>, [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and the [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Mr Andrew McKeary</p>	<p><b>Registered Manager:</b> Mr Andrew McKeary</p> <p><b>Date registered:</b> 17 May 2018</p>
<p><b>Person in charge at the time of inspection:</b> Mr Andrew McKeary</p>	
<p><b>Categories of care:</b> Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L)</p>	
<p><b>Brief description of how the service operates:</b> Ink Unleashed Tattoo and Body Piercing is registered with the Regulation and Quality Improvement Authority (RQIA) and provides a range of services. A tattoo studio also operates from the same premises and shares communal areas. This inspection focused solely on those treatments using a Class 4 laser machine that fall within regulated activity and the categories of care for which the establishment is registered with RQIA.</p> <p><b>Equipment available in the service:</b></p> <p><b>Laser equipment:</b>  Manufacturer:        Ultrapulse  Model:                Defender  Serial Number:      L15011401  Laser Class:         Class 4</p> <p><b>Laser protection advisor (LPA):</b> Mr Simon Wharmby (Lasersafe)</p> <p><b>Laser protection supervisor (LPS):</b> Mr Andrew McKeary</p> <p><b>Medical support services:</b> Dr Paul Myers</p> <p><b>Authorised operators:</b> Mr Andrew McKeary and Mr Terry White</p> <p><b>Types of laser treatment provided:</b> Laser tattoo removal</p>	

## 2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 27 July 2022 from 11.00 am to 2.00 pm. Mr Andrew McKeary, Registered Person, was present during the inspection and was treating clients in the tattoo studio; the inspection was facilitated by the clinic manager.

The purpose of the inspection was to assess progress with areas for improvement identified during the last care inspection and to assess compliance with the legislation and minimum standards.

There was evidence of good practice concerning staff recruitment; authorised operator training; safeguarding; laser safety; management of medical emergencies; infection prevention and control (IPC); the management of clinical records; and effective communication between clients and staff.

Additional areas of good practice identified included 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 immediate concerns were identified regarding the delivery of front line client care.

## 3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the establishment is operating in accordance with the relevant legislation and minimum standards. Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the Quality Improvement Plan (QIP).

## 4.0 What people told us about the service

Posters were issued to Ink Unleashed Tattoo and Body Piercing by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire. No completed client or staff questionnaires were submitted to RQIA prior to the inspection.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 15 December 2021		
<b>Action required to ensure compliance with <a href="#">The Independent Health Care Regulations (Northern Ireland) 2005</a></b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 18 (2) (a)  <b>Stated:</b> First time	The registered person shall ensure that authorised operators do not provide laser treatments until they have completed mandatory training as outlined in the RQIA mandatory training guidance.  Copies of mandatory training certificates should be provided to RQIA within three months of this inspection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as met. Further detail is provided in section 5.2.1.	
<b>Action required to ensure compliance with <a href="#">Minimum Care Standards for Independent Healthcare Establishments (July 2014)</a></b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 48.21  <b>Stated:</b> First time	The registered person shall ensure that up to date local rules are retained in the laser safety file and are accessible by the authorised operators at all times.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as met. Further detail is provided in section 5.2.8.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 48.17  <b>Stated:</b> First time	The registered person shall ensure the damaged protective eyewear is removed from use. New protective eyewear as specified in the local rules should be provided.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as met. Further detail is provided in section 5.2.8.	

<b>Area for improvement 3</b> <b>Ref:</b> Standard 48.9 <b>Stated:</b> First time	The registered person shall ensure the laser register is updated with the required client treatment information each time the laser is operated.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as met. Further detail is provided in section 5.2.8.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 8.1 <b>Stated:</b> First time	The registered person shall provide a management of records policy and procedure that includes the creation, storage, recording, retention and disposal of records and data protection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement has been assessed as met. Further detail is provided in section 5.2.9.	

## 5.2 Inspection outcome

### 5.2.1 How does this service ensure that staffing levels are safe to meet the needs of clients?

Mr McKeary and the clinic manager told us there are sufficient staff in the various roles to fulfil the needs of the establishment and clients. They confirmed that laser treatments are only carried out by two named authorised operators. A register of authorised operators for the laser was maintained and kept up to date.

The clinic manager confirmed that there are no plans to recruit any new authorised operators. It was confirmed that induction training would be provided to any new authorised operators on commencement of employment, should this take place.

A review of training records evidenced that both authorised operators had up to date training in core of knowledge; application training for the equipment in use; basic life support; infection prevention and control; fire safety awareness and safeguarding adults at risk of harm in keeping with the RQIA training guidance. It was determined that the previous area of improvement 1, made against the regulations, as outlined in section 5.1, has been met.

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

### **5.2.2 How does the service ensure that recruitment and selection procedures are safe?**

A recruitment policy and procedure that adhered to legislation and best practice guidance for the recruitment of authorised operators was in place.

There have been no authorised operators recruited since the previous inspection. The clinic manager confirmed that should authorised operators be recruited in the future, all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended would be sought and retained for inspection.

### **5.2.3 How does the service ensure that it is equipped to manage a safeguarding issue should it arise?**

The clinic manager stated that laser treatments are not provided to persons under the age of 18 years.

Policies and procedures were in place for the safeguarding and protection of adults 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. The relevant contact details were not included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise. This was discussed and the clinic manager who was provided with advice regarding this. Following the inspection RQIA received confirmation that the contact details had been included in the policy.

Discussion with Mr McKeary and the clinic manager confirmed that they were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

Review of records demonstrated that Mr McKeary, as the safeguarding lead, has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and minimum standards.

It was confirmed that a copy of copies of the regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) was available for reference.

The service had appropriate arrangements in place to manage a safeguarding issue should it arise.

### **5.2.4 How does the service ensure that medical emergency procedures are safe?**

Both authorised operators had up to date training in basic life support and Mr McKeary was aware of what action to take in the event of a medical emergency. There was a resuscitation policy in place and a review of this evidenced that it was comprehensive, reflected legislation and best practice guidance.

The service had appropriate arrangements in place to manage a medical emergency.

### **5.2.5 How does the service ensure that it adheres to infection prevention and control and decontamination procedures?**

The IPC arrangements were reviewed to evidence that the risk of infection transmission to clients, visitors and staff was minimised.

There was an overarching IPC policy and associated procedures in place. A review of these documents demonstrated that they were comprehensive and reflected legislation and best practice guidance.

The laser treatment room was clean and clutter free. Discussion with Mr McKeary and the clinic manager 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, both authorised operators have up to date training in IPC.

The service had appropriate arrangements in place in relation to IPC and decontamination.

### **5.2.6 Are arrangements in place to minimise the risk of COVID-19 transmission?**

COVID-19 has been declared as a public health emergency and we all need to assess and manage the risks of COVID-19, and in particular, businesses need to consider the risks to their clients and staff.

The management of operations in response to the COVID-19 pandemic were discussed with Mr McKeary and the clinic manager who outlined the measures that are taken by Ink Unleashed Tattoo and Body Piercing to ensure current best practice measures are in place. Appropriate arrangements are in place in relation to maintaining social distancing; implementation of enhanced IPC procedures; and the client pathway to include COVID-19 screening prior to attending appointments.

The management of COVID-19 was in line with best practice guidance and it was determined that appropriate actions had been taken in this regard.

### **5.2.7 How does the service ensure the environment is safe?**

The service has one treatment room and clients have access to a waiting area. The treatment room was maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment were in place.

Observations made evidenced that a carbon dioxide (CO<sub>2</sub>) fire extinguisher is available which has been serviced within the last year.

It was determined that appropriate arrangements were in place to maintain the environment.

### 5.2.8 How does the service ensure that laser procedures are safe?

A laser safety file was in place which contained 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 31 December 2022.

Up to date local rules were in place which has been developed by the LPA. The local rules contained the relevant information about the laser equipment being used. It was determined that the previous area of improvement 1, made against the standards, as outlined in section 5.1, has been met.

The establishment's LPA completed a virtual risk assessment of the premises during October 2021 and all recommendations made by the LPA have been addressed.

Mr McKeary and the clinic manager confirmed that laser procedures are carried out following medical treatment protocols. The medical treatment protocols had been produced by named registered medical practitioner and are valid until November 2022. Systems are in place to review the medical treatment protocols when due. It was evidenced that medical treatment protocols contained the relevant information about the treatments being provided.

Mr McKeary, as the laser protection supervisor (LPS) has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. Authorised operators had signed to state that they had 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 is operated using a key and arrangements are in place for the safe custody of the key when not in use. Protective eyewear was available for the client and operator as outlined in the local rules. During the previous inspection the protective eyewear was observed to be damaged and it was confirmed during this inspection that new protective eyewear had been provided. It was determined that the previous area of improvement 2, made against the standards, as outlined in section 5.1, has been met.

The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. Mr McKeary was aware that the laser safety warning signs should only be displayed when the laser equipment is in use and removed when not in use.

Ink Unleashed Tattoo and Body Piercing have a laser register in place. Mr McKeary and the clinic manager confirmed that the laser register is completed every time the equipment is operated.



It was determined that the previous area of improvement 3, made against the standards, as outlined in section 5.1, has been met. The laser register included:

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

Mr McKeary and the clinic manager were advised to also include the name of the operator and the area of the body treated. Following the inspection RQIA received confirmation that this had been actioned accordingly.

Mr McKeary and the clinic manager advised that the laser equipment had not been serviced since February 2021. Following the inspection RQIA received confirmation that the laser equipment would be serviced on 12 August 2022 and evidence was submitted to RQIA to confirm this. Mr McKeary has given assurances that the laser equipment will be serviced and maintained in line with the manufacturer's guidance in the future.

It was determined that appropriate arrangements were in place to operate the laser equipment.

### **5.2.9 How does the service ensure that clients have a planned programme of care and have sufficient information to consent to treatment?**

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 service 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 the size and colouring of the tattoo and is discussed and agreed with 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 (GP), with their consent, for further information if necessary.

Three client care records were reviewed. There was an accurate and up to date treatment record for every client which included:

- 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)

A policy and procedure had not been developed in relation to the management of records and advice and guidance was provided. Following the inspection RQIA received confirmation that a records management policy had been developed in line with legislation.

It was determined that the previous area of improvement 4, made against the standards, as outlined in section 5.1, has been met.

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

#### **5.2.10 How does the service ensure that clients are treated with dignity respect and involvement in the decision making process?**

Discussion with Mr McKeary and the clinic manager regarding the consultation and treatment process confirmed that clients are treated with dignity and respect. The consultation and treatment are 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 lockable storage cabinet.

Mr McKeary encourages clients to complete a satisfaction survey when their treatment is completed. Mr McKeary has agreed to collate the results to provide a summary report to be made available to clients and other interested parties. An action plan should be developed to inform and improve services provided, if appropriate.

#### **5.2.11 How does the responsible individual assure themselves of the quality of the services provided?**

Where the entity operating the service is a corporate body or partnership or an individual owner who is not in day to day management of the service, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months. Mr McKeary, Registered Person, is in day to day charge of the service, therefore Regulation 26 unannounced quality monitoring visits do not apply.

Policies and procedures were available outlining the arrangements associated with the laser treatments. Observations made confirmed that policies and procedures were indexed, dated and it was confirmed that they will be systematically reviewed on a three yearly basis or more frequently if required.

A copy of the complaints procedure was available in the establishment. Mr McKeary and the clinic manager evidenced a good awareness of complaints management.

The clinic manager confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate.

Mr McKeary demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within the specified timeframes. The clinic manager 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 displayed in a prominent place.

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

### 5.2.12 Does the service have suitable arrangements in place to record 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 McKeary and the clinic manager.

## 6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	0

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



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