

Announced Care Inspection Report 8 October 2019



Ink Unleashed Tattoo and Body Piercing

**Type of Service: Independent Hospital (IH) –
Cosmetic Laser Service**
Address: 5 Circular Road, Coleraine, BT52 1PS
Tel No: 028 7035 3001
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 an Independent Hospital (IH) – Cosmetic Laser Service which provides laser tattoo removal.

Laser equipment:

- Manufacturer: Ultrapulse
- Model: Defender 5
- Serial Number: L15011401
- Laser Class: Class 4

Laser protection advisor (LPA): None at present

Laser protection supervisor (LPS): Mr Andrew McKeary

Medical support services: Dr Paul Myers

Authorised operators: Mr Andrew McKeary and Mr Terry Whyte

Types of treatment provided: Laser tattoo removal

3.0 Service details

Organisation/Registered Provider: Andrew McKeary t/a Ink Unleashed Tattoo and Body Piercing	Registered Manager: Mr Andrew McKeary
Person in charge at the time of inspection: Mr Andrew McKeary	Date manager registered: 17 May 2018
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 8 October 2019 from 10.00 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 managing medical emergencies; clinical records; the environment; infection prevention and control; maintaining client confidentiality; ensuring the core values of privacy and dignity were upheld; authorised operator training and providing the relevant information to allow clients to make informed choices.

Three areas for improvement against the regulations and seven areas for improvement against the standards have been made.

The areas for improvement against the regulations relate to ensuring the establishment appoints a new Laser Protection Advisor (LPA) as a matter of priority; ensuring that the new LPA provides Local Rules pertaining to the laser equipment and undertakes a Risk Assessment of the premises and to also ensure that any recommendations made by the LPA are addressed; and ensuring that a copy of the most recent service report for the laser machine is provided to RQIA upon return of the Quality Improvement Plan (QIP).

The areas for improvement against the standards relate to; the provision of a safeguarding and protection of adults at risk of harm policy; the development of a written safe custody of the laser key protocol; seeking advice from the new LPA regarding the provision of protective eyewear; provision of an infection prevention and control policy; review of the fire and legionella risk assessments; provision of a copy of the most recent client consultation summary report to RQIA and to ensure all policies and procedures are retained within the establishment and are available to all staff.

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	3	7

Details of the QIP were discussed with Mrs Ashley McKeary, establishment manager, 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 17 October 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 17 October 2018.

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. Two questionnaires were returned to the inspector during this inspection. RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were submitted to RQIA.

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

During the inspection the inspector met with Mrs Ashley McKeary, establishment manager. Mr Andrew McKeary, registered person and authorised operator was treating clients and Mrs McKeary facilitated the inspection on his behalf.

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 Mrs McKeary, manager, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 17 October 2018

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 17 October 2018

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 Stated: First time	<p>The registered person shall ensure that the service level agreement between the establishment and the Laser Protection Advisor (LPA) is renewed on an annual basis. A copy of the up-to-date LPA service level agreement should be provided to RQIA upon return of this QIP.</p>	Met
	<p>Response by registered person detailing the actions taken: A copy of the LPA service level agreement had been provided to RQIA on return of the previous QIP as required. However during this inspection we were informed that the LPA had recently advised Mr McKeary that they were no longer in a position to offer this service and had provided the contact details of two alternative LPAs</p> <p>This area for improvement has been met, and new area for improvement has been made to ensure that a new LPA is appointed as a matter of priority. This is further discussed in Section 6.4 of the report.</p>	
Area for improvement 2 Ref: Regulation 15 (2) (b) Stated: First time	<p>The registered person shall ensure that the laser equipment is serviced in line with manufacturer's instructions.</p> <p>A copy of the most recent service report for the laser machine is submitted to RQIA upon return of the QIP.</p>	Met
	<p>Response by registered person detailing the actions taken: A copy of a service report for the laser machine was submitted to RQIA upon return of the previous QIP which verified that the service had been undertaken on 20 October 2018. Mrs McKeary stated that arrangements were in place for the laser machine to be serviced on 20 October 2019. It was agreed that a copy of the service report would be provided to RQIA upon return of this QIP. This is further discussed in Section 6.4 of the report.</p>	

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 8.5 Stated: Second time	Mr McKeary should ensure that any information requested by RQIA, and specifically the completion of a QIP, is submitted to RQIA within the timescales specified.	Met
	Response by registered person detailing the actions taken: The previous QIP was submitted outside of the stated timescales however this was due to difficulties with the RQIA web portal and was not the fault of the registered person. Mrs McKeary provided assurance to RQIA that this QIP will be submitted within the specified timescale.	
Area for improvement 2 Ref: Standard 48.9 Stated: First time	The registered person should ensure that a laser register is provided and completed each time the laser machine is operated and include the following information; <ul style="list-style-type: none"> • the name of the person treated • the date • the operator • the treatment given • the precise exposure • any accident or adverse incident 	Met
	Response by registered person detailing the actions taken: Review of the laser register confirmed it has been completed to include all of the above areas.	
Area for improvement 3 Ref: Standard 5.1 Stated: First time	The registered person shall ensure that a copy of the most recent patient consultation summary report is provided to RQIA upon return of the QIP.	Met
	Response by registered person detailing the actions taken: A copy of the client consultation summary report was provided to RQIA upon return of the previous QIP.	

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.

Mrs McKeary confirmed that there are sufficient staff members in various roles to fulfil the needs of the establishment and clients. Mrs McKeary also 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.

It was confirmed that should authorised operators be recruited in the future they will complete an induction programme and records will be retained.

A review of training records evidenced that both authorised operators have 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 safeguarding 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 it was confirmed that should a new authorised operator 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 would be sought and retained for inspection.

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

Safeguarding

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

Review of records demonstrated that both authorised operators had received training in safeguarding children and adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014. It was confirmed that the safeguarding lead has completed formal level 2 training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

Mrs McKeary confirmed that both authorised operators are 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.

The policy and procedures for the safeguarding and protection of adults at risk of harm was not available in the establishment. Mrs McKeary was informed that a safeguarding and protection of adults at risk of harm policy should be available in the establishment at all times. An area for improvement against 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 (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.

As previously discussed the previous LPA had informed Mr McKeary that they were no longer in a position to offer this service and had provided the contact details of two alternative LPAs. At the time of this inspection an LPA had not yet been appointed and an area for improvement against the regulations has been made in this regard.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers on 1 September 2019. 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.

Local Rules and a Risk Assessment which had been developed by the previous LPA were in place. Mrs McKeary was informed that up to date Local Rules pertaining to the laser equipment being used and a Risk Assessment of the premises should be provided by the new LPA and any recommendations made by the LPA should be addressed. An area for improvement against the regulations has been made in this regard.

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. Mrs McKeary outlined the arrangements in place for the safe custody of the laser key when the laser equipment is not in use. However these arrangements are not documented. An area for improvement against the standards has been made to develop a written safe custody of the laser key protocol.

Protective eyewear is available for the client and operator, review of the protective eyewear identified that there were two pairs of protective eyewear for the operator; the frame of one pair of eyewear was cracked, Mrs McKeary was informed that this pair should be removed from use. It was not clear if the other pair of protective eyewear complied with level of protection as outlined in the Local Rules. An area for improvement against the standards has been made for the registered person to seek advice from their new LPA regarding the provision of protective eyewear, confirmation of this must be provided to RQIA upon return of this QIP.

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

Mrs McKeary stated that 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 20 October 2018 was reviewed as part of the inspection process. Mrs McKeary stated that arrangements were in place of the laser machine to be serviced on 20 October 2019. It was agreed that a copy of this service report would be provided to RQIA upon return of this QIP. An area for improvement against the regulations has been made in this regard.

Management of emergencies

As discussed, authorised operators have up to date training in basic life support. Mrs McKeary confirmed that authorised operators were 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 Mrs McKeary 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 operators have up to date training in infection prevention and control.

An infection and prevention and control policy was not available, advice and guidance was provided to Mrs McKeary. An area for improvement against the standards was made to ensure the establishment has an infection control policy in place that meets the needs of the establishment.

Environment

The premises were maintained to a good standard of maintenance and décor and a cleaning schedule 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.

Neither the fire risk assessment nor the legionella risk assessment were available for inspection. Mrs McKeary stated that both risk assessments had previously been in place however these could not be located. An area of improvement against the standards has been made to ensure that these risk assessments are reviewed in keeping with best practice guidance, retained in the establishment and available for inspection; the most recent fire risk assessment and legionella risk assessment are to be submitted to RQIA upon return of the QIP.

Areas of good practice

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

Areas for improvement

A safeguarding and protection of adults at risk of harm policy should be available in the establishment at all times. A copy of this policy should be submitted to RQIA upon return of this QIP.

Ensure that a new LPA is appointed as a matter of priority. The service level agreement between the establishment and the LPA should be renewed on an annual basis. A copy of the LPA service level agreement should be provided to RQIA upon return of this QIP.

Local Rules pertaining to the laser equipment being used and a Risk Assessment of the premises should be provided by the new LPA and any recommendations made by the LPA should be addressed.

Develop a written safe custody of the laser key protocol.

Mr McKeary should seek advice from the new LPA regarding the provision of protective eyewear, confirmation of this must be provided to RQIA upon return of this QIP.

A copy of the most recent laser equipment service report should be submitted to RQIA upon return of this QIP.

Provide an infection control policy that meets the needs of the establishment.

The fire risk assessment and the legionella risk assessment should be reviewed in keeping with best practice guidance and available for inspection. The most recent fire risk assessment and legionella risk assessment should be submitted to RQIA upon return of the QIP.

	Regulations	Standards
Areas for improvement	3	5

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. Mrs McKeary confirmed that this policy is under review.

Discussion with Mrs McKeary 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 GDPR that came into effect during May 2018 and where appropriate Information Commissioners Office (ICO) regulations and Freedom of Information legislation.

Mrs McKeary confirmed that following the previous inspection she had contacted the ICO and were informed that the establishment was not required to register. Discussion took place regarding the application of the new GDPR and Mrs McKeary 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.

An advertising policy had not been developed. Advice and guidance was provided to Mrs McKeary in this regard who confirmed that a policy will developed in this regard.

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range 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 Mrs McKeary 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 in the treatment room which is kept locked when not in use.

Mrs McKeary has developed a client satisfaction questionnaire which has been distributed to a sample of clients following laser treatments. The establishment is in the process of analysing the results of completed client satisfaction questionnaires which will be collated to provide a summary report and made available to clients and other interested parties. A copy of the summary report should be provided to RQIA upon return of the QIP. An area of improvement has been made against the standards in this regard.

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

A copy of the most recent client consultation summary report should be provided to RQIA upon return of the QIP.

	Regulations	Standards
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 McKeary, registered person and authorised operator has overall responsibility for the day to day management of the service and as previously discussed one other authorised operator is involved in the delivery of the laser service.

Where the entity operating the establishment is a corporate body or partnership or an individual owner who is not in day to day management of the establishment, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months.

Mr McKeary is in day to day charge of the practice, therefore Regulation 26 unannounced quality monitoring visits do not apply.

Review of the complaints policy and procedure identified that further development is needed to ensure the complaints management and associated procedures are in accordance with legislation and DoH guidance on complaints handling. Advice and guidance was provided and Mrs McKeary stated that she would update the complaints policy later that day. Clients and/or their representatives were made aware of how to make a complaint by way of the clients's guide and information on display in the establishment.

Mrs McKeary confirmed that no complaints have been received by the establishment. Mrs McKeary also confirmed that both authorised operators were knowledgeable on how to respond to complaints and that should a complaint be made, that arrangements were in place to effectively manage complaints from clients, their representatives or any other interested party. Mrs McKeary was aware that a record of complaint should included detail of any investigation undertaken, all communication with the complainant, the outcome of the complaint and the complainant's level of satisfaction.

Policies and procedures were available for staff reference. As previously discussed, we identified that some policies could not be located or had not yet been developed. Mrs McKeary was advised to retain all policies and procedures in a folder which is kept in the establishment and is readily available of staff reference. Polices should be indexed, dated and systematically reviewed on a three yearly basis. An area for improvement has been made in this regard.

Discussion with Mrs McKeary 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 in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with Mrs McKeary 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.

Mrs McKeary confirmed that Mr McKeary had a clear understanding of his role and responsibility in accordance with legislation. 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 and quality improvement.

Areas for improvement

All policies and procedures should be retained within the establishment and readily available. Policies should be should be indexed, dated and systematically reviewed on a three yearly basis.

	Regulations	Standards
Areas for improvement	0	1

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 Mrs McKeary.

6.9 Client and staff views

Two clients submitted questionnaire responses were provided during the inspection. Both respondents indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. Both clients indicated that they were very satisfied with each of these areas of their care. No comments were provided in questionnaire responses.

Staff were invited to submit questionnaires electronically. No staff questionnaire responses were provided to RQIA.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Ashley McKeary, manager, 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 and 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 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 via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 15 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 12 December 2019</p>	<p>The registered person shall ensure that the establishment appoints a new Laser Protection Advisor (LPA) as a matter of priority. The service level agreement between the establishment and the LPA should be renewed on an annual basis.</p> <p>A copy of the LPA service level agreement should be provided to RQIA upon return of this QIP.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The LPA has been renewed and confirmation will be email.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 15 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 12 December 2019</p>	<p>The registered person shall ensure that Local Rules pertaining to the laser equipment being used and a Risk Assessment of the premises is provided by the new LPA and any recommendations made by the LPA are addressed.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: copy of risk assessment date has been emailed with the confirmation.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 15 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 12 December 2019</p>	<p>The registered person shall ensure that a copy of the most recent service report for the laser machine is submitted to RQIA upon return of the QIP.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The LPA service report was completed and a new handle was replaced. A copie of the receipt has been emailed to RQIA</p>

Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)	
Area for improvement 1 Ref: Standard 3.1 Stated: First time To be completed by: 12 December 2019	The registered person shall ensure that a safeguarding and protection of adults at risk of harm policy is available in the establishment at all times. A copy of this policy should be submitted to RQIA upon return of this QIP. Ref: 6.4
	Response by registered person detailing the actions taken: safeguarding and protection of adults at risk of harm. A copy has been fwd to RQIA
Area for improvement 2 Ref: Standard 48.19 Stated: First time To be completed by: 12 December 2019	The registered person shall ensure that a safe custody of the laser key written protocol is developed and retained in the establishment. Ref: 6.4
	Response by registered person detailing the actions taken: The laser key written protocol is now on establishment.
Area for improvement 3 Ref: Standard 48.17 Stated: First time To be completed by: 12 December 2019	The registered person should seek advice from the new Laser Protection Advisor regarding the provision of protective eyewear, confirmation of this must be provided to RQIA upon return of this QIP. Ref: 6.4
	Response by registered person detailing the actions taken: LPA confirmed that the protective eyewear was satisfactory
Area for improvement 4 Ref: Standard 20.2 Stated: First time To be completed by: 12 December 2019	The registered person shall ensure that an infection control policy that meets the needs of the establishment is in provided. A copy of the infection control policy should be provided to RQIA upon return of this QIP. Ref: 6.4
	Response by registered person detailing the actions taken: Infection control policy meets the needs of the establishment.

<p>Area for improvement 5</p> <p>Ref: Standard 22.5</p> <p>Stated: First time</p> <p>To be completed by: 12 December 2019</p>	<p>The registered person shall ensure that the fire risk assessment and the legionella risk assessment have been reviewed in keeping with best practice guidance and are available for inspection. The most recent fire risk assessment and legionella risk assessment should be submitted to RQIA upon return of the QIP.</p> <p>Ref: 6.4</p>
<p>Area for improvement 6</p> <p>Ref: Standard 5.1</p> <p>Stated: First time</p> <p>To be completed by: 12 December 2019</p>	<p>Response by registered person detailing the actions taken: The fire risk assessment and legionella risk assessment has been updated and evidence sent.</p> <p>The registered person shall ensure that a copy of the most recent client consultation summary report is provided to RQIA upon return of the QIP.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: client consultation summary report is updated and sent to rqia</p>
<p>Area for improvement 7</p> <p>Ref: Standard 19</p> <p>Stated: First time</p> <p>To be completed by: 12 December 2019</p>	<p>The registered person shall ensure that all policies and procedures are retained within the establishment and available to all staff. Policies should be should be indexed, dated and systematically reviewed on a three yearly basis.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: All policies and procedures are up date and able for review at establishment</p>

Please ensure this document is completed in full and returned via Web Portal



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