

Inspection Report

15 December 2021



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

www.rqia.org.uk

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>Organisation/Registered Provider: Andrew McKeary t/a Ink Unleashed Tattoo and Body Piercing</p>	<p>Registered Manager: Mr Andrew McKeary</p> <p>Date registered: 17 May 2018</p>
<p>Person in charge at the time of inspection: Mr Andrew McKeary</p>	
<p>Categories of care: Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L)</p>	
<p>Brief description of how the service operates: Ink Unleashed Tattoo and Body Piercing is registered with the Regulation and Quality Improvement Authority (RQIA) and provide a range of services. A tattoo studio also operates from the same premises as Ink Unleashed Tattoo and Body Piercing and share 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>Equipment available in the service:</p> <p>Laser equipment: Manufacturer: Ultrapulse Model: Defender Serial Number: L15011401 Laser Class: Class 4</p> <p>Laser protection advisor (LPA): Mr Simon Wharmby (Lasersafe)</p> <p>Laser protection supervisor (LPS): Mr Andrew McKeary</p> <p>Medical support services: Dr Paul Myers</p> <p>Authorised operators: Mr Andrew McKeary and Mr Terry Whyte</p> <p>Types of laser treatment provided: Laser tattoo removal</p>	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 15 December 2021 from 10:30 am to 12.45 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 establishment manager.

Due to the COVID-19 pandemic the Northern Ireland (NI) Executive issued The Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment) Regulations (Northern Ireland) 2020. These regulations specified close contact services that should close for identified periods of time; as a result of these periods of closure Ink Unleashed Tattoo and Body Piercing was not inspected by RQIA during the 2020-21 inspection year.

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; the management of clinical records; 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.

One area for improvement has been identified against the regulations to ensure the authorised operators undertake all areas of mandatory training before providing any laser treatments.

Four areas for improvement have been identified against the standards in relation to ensuring up to date local rules are retained in the laser safety file and made available for staff reference; to ensure the damaged protective eyewear is removed and replaced with eyewear as specified in the local rules; to ensure the laser register is completed on each occasion the laser is operated; and to develop a management of records policy.

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 8 October 2019		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 15 (1) (b) Stated: First time	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. A copy of the LPA service level agreement should be provided to RQIA upon return of this QIP.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 5.2.8	
Area for improvement 2 Ref: Regulation 15 (1) (b) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 5.2.8	

<p>Area for improvement 3</p> <p>Ref: Regulation 15 (2) (b)</p> <p>Stated: First time</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> <hr/> <p>Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 5.2.8</p>	<p>Met</p>
<p>Action required to ensure compliance with Minimum Care Standards for Independent Healthcare Establishments (July 2014)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 3.1</p> <p>Stated: First time</p>	<p>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.</p> <p>A copy of this policy should be submitted to RQIA upon return of this QIP.</p> <hr/> <p>Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 5.2.3.</p>	<p>Met</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 48.19</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a safe custody of the laser key written protocol is developed and retained in the establishment.</p> <hr/> <p>Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 5.2.8.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 48.17</p> <p>Stated: First time</p>	<p>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.</p> <hr/> <p>Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 5.2.8.</p>	<p>Met</p>

<p>Area for improvement 4</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that an infection control policy that meets the needs of the establishment is provided. A copy of the infection control policy should be provided to RQIA upon return of this QIP.</p> <p>Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 5.2.5.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 22.5</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 5.2.7.</p>	<p>Met</p>
<p>Area for improvement 6</p> <p>Ref: Standard 5.1</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 5.2.10.</p>	<p>Met</p>
<p>Area for improvement 7</p> <p>Ref: Standard 19</p> <p>Stated: First time</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 indexed, dated and systematically reviewed on a three yearly basis.</p> <p>Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 5.2.11.</p>	<p>Met</p>

5.2 Inspection outcome

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

The manager told us there are sufficient staff in the various roles to fulfil the needs of the establishment and clients.

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

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

A review of training records identified that for both authorised operators, all areas of mandatory training including core of knowledge training, application training for the equipment in use, basic life support, infection prevention and control, fire safety awareness and safeguarding adults at risk of harm training, were out of date. This was discussed with the manager who told us that due to extenuating circumstances the laser service has been temporarily suspended. The manager stated that during this period of temporary suspension, both authorised operators will complete all areas of mandatory training in keeping with RQIA mandatory training guidance. An area for improvement has been identified against the regulations to ensure both authorised operators complete mandatory training as outlined in the RQIA mandatory training guidance prior to recommencing the provision of laser treatments. Evidence of completion of the training should be provided to RQIA.

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 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 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 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 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 were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise. It was determined that the previous area of improvement 1, made against the standards, as outlined in section 5.1, has been met.

Discussion with the manager confirmed that the authorised operators 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 the safeguarding lead had last completed formal level 2 safeguarding adults at risk of harm training on 16 August 2018. This training had been due for renewal in January 2021 in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and minimum standards. As previously discussed in section 5.2.1, it was identified that the authorised operators' adult safeguarding training was out of date and an area for improvement has been made against the regulations to address this issue.

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 reference.

The service has arrangements in place to manage a safeguarding issue should it arise, however as previously discussed, an area for improvement has been made against the regulations to ensure the authorised operators undertake refresher adult safeguarding training.

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

A resuscitation policy was not in place, advice and guidance was provided. On 17 January 2022 RQIA received a copy of the resuscitation policy by email. A review of this evidenced that it was comprehensive, reflected legislation and best practice guidance.

As previously discussed in section 5.2.1, it was identified that the authorised operators' basic life support training was out of date and an area for improvement has been made against the regulations to address this issue.

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

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

The IPC policy could not be located and following this inspection advice and guidance was provided by RQIA on IPC policy development. On 17 January 2022 RQIA received a copy of the service's new IPC policy by email. A review of this policy demonstrated that it was comprehensive and reflected best practice guidance and met the needs of the service. It was determined that the previous area of improvement 4, made against the standards, as outlined in section 5.1, has been met.

It was noted that the laser treatment room was clean and clutter free. Discussion with the manager and review of relevant records demonstrated 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 previously discussed in section 5.2.1, it was identified that the authorised operators IPC training was out of date and an area for improvement has been made against the regulations to address this issue.

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 the manager who outlined the measures taken by Ink Unleashed Tattoo and Body Piercing to ensure current best practice measures are in place. It was observed that appropriate arrangements are in place in relation to maintaining social distancing; implementation of enhanced cleaning and infection 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?

This service has one treatment room and clients have access to a waiting area. 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.

Examination of the fire and legionella risk assessments identified that both risk assessments needed to be reviewed. Advice and guidance was provided to the manager in this regard. On 17 January 2022, RQIA received written correspondence to confirm that the fire and legionella risk assessments had been reviewed, signed and dated by Mr McKeary, in accordance with best practice guidance. It was determined that the previous area of improvement 5, made against the standards, as outlined in section 5.1, has been met.

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, in the main, 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. It was determined that the previous area of improvement 1, made against the regulations, as outlined in section 5.1, has been met.

Health and safety at work legislation places a general duty on employers to ensure as far as practicable, the health and safety of their employees. The registered person is responsible for ensuring that local rules and risk assessments are drafted by an LPA and implemented as part of local management procedures. The local rules should reflect safe working practices and relate to the day to day management of laser equipment in place to ensure employees are working in a safe environment and that all clients are treated safely. An area for improvement had been identified at the previous inspection relating to the provision of local rules. A copy of the local rules was provided to RQIA following the inspection.

During this inspection it was again identified that up to date local rules were not in place, this was discussed the manager, who provided assurance that this would be addressed. On 17 January 2022 a copy of the local rules was provided to RQIA by email. The local rules were written by the LPA and dated as issued January 2022. An area for improvement has been identified against the standards to ensure that the local rules are retained in the laser safety file and are accessible by the authorised operators at all times.

The establishment's LPA completed a virtual risk assessment of the premises on 25 October 2021 and it was demonstrated that all recommendations made by the LPA have been addressed. It was determined that the previous area of improvement 2, made against the regulations, in relation to the provision of local rules and a risk assessment, as outlined in section 5.1, has been met.

The manager told us 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 Andrew McKeary, as the laser protection supervisor (LPS) and authorised operator 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 risk assessment 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. Arrangements are in place for the safe custody of the key when not in use. It was determined that the previous area of improvement 2, made against the standards, as outlined in section 5.1, has been met.

Protective eyewear was available for the client and operator. An area for improvement had been identified at the previous inspection which required Mr McKeary to seek advice from the LPA regarding the suitability of the protective eyewear in place at that time. Following the previous inspection RQIA was provided with confirmation that appropriate action had been taken. It was therefore determined that the previous area of improvement 3, made against the standards, as outlined in section 5.1, has been met.

During this inspection it was observed that protective eyewear was in place for the client and the authorised operator. It was noted that one set of protective eyewear had a cracked frame around the lens area. An area for improvement has been identified against the standards to remove the damaged eyewear and provide new protective eyewear as specified 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. It was confirmed that authorised operators were 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 has a laser register to be completed each time the laser is operated. The laser register should include the following information:

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

Review of the laser register identified that the laser register had not been completed since March 2020. Examination of client treatment records evidenced that a number of laser treatments had been undertaken since March 2020 which had not been recorded in the laser register. This was discussed with the manager and an area for improvement against the standards has been identified.

It was confirmed that arrangements are in place to service and maintain the laser equipment in line with the manufacturer's guidance. The most recent service report of the laser dated 4 February 2021 was reviewed. It was determined that the previous area of improvement 3, made against the regulations, as outlined in section 5.1, has been met.

It was determined that, in the main, 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?

The manager confirmed that clients are provided with an initial consultation to discuss their treatment and any concerns they may have. A review of client records demonstrated that written information is provided to the client pre and post treatment which outlines the laser tattoo removal treatment, any risks, complications and expected outcomes.

The service has a list of fees available for laser tattoo removal. Fees for treatments are agreed during the initial consultation and may vary depending on the size of the treatment area 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 (GP), with their consent, for further information if necessary.

Four 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)

Observations made evidenced that client records are securely stored in a lockable storage cabinet. A policy and procedure was not available to include the creation, storage, recording, retention and disposal of records and data protection. An area for improvement has been identified against the standards to develop a management of records policy which should include the areas as outlined above.

There is written information for clients that provides a clear explanation of laser tattoo removal 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 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 and respect and are involved in the decision making process?

Discussion with the 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.

It was confirmed that clients are encouraged to complete a satisfaction survey when their treatment is complete. An area for improvement had been identified at the previous inspection relating to the client consultation process. A copy of the client satisfaction survey had been provided to RQIA following the inspection as required. It was determined that the previous area of improvement 6, made against the standards, as outlined in section 5.1, has been met.

The manager informed us that due to the impact of the COVID-19 pandemic, the number of completed laser treatments undertaken had fallen and only a small number of clients had completed a course of treatment. The manager stated that when an adequate number of client satisfaction completed questionnaires are returned, the results of these will be collated to provide a summary report which will be made available to clients and other interested parties. The manager confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

The summative analysis report of feedback provided by clients receiving laser treatments will be reviewed at the next RQIA care inspection.

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 Andrew 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 treatment. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis or more frequently if required. It was determined that the previous area of improvement 7, made against the standards, as outlined in section 5.1, has been met.

A copy of the complaints procedure was available and the manager evidenced a good awareness of complaints management.

The 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.

The manager informed us that Mr McKeary had a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within the specified timeframes. It was 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 the manager. A review of information evidenced that the equality data collected was managed in line with best practice.

7.0 Quality Improvement Plan/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 Minimum Care Standards for Independent Healthcare Establishments (July 2014).

	Regulations	Standards
Total number of Areas for Improvement	1	4

Areas for improvement and details of the QIP were discussed with the manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 18 (2) (a) Stated: First time To be completed by: 15 March 2022	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. Ref: 5.2.1
	Response by registered person detailing the actions taken: All training and is now up to date and certificate copies have been sent to RQIA.

Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)	
Area for improvement 1 Ref: Standard 48.21 Stated: First time To be completed by: 15 December 2021	<p>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.</p> <p>Ref: 5.2.8</p> <p>Response by registered person detailing the actions taken: A copie of an up to date local rules has been sent to RQIA</p>
Area for improvement 2 Ref: Standard 48.17 Stated: First time To be completed by: 15 February 2022	<p>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.</p> <p>Ref: 5.2.8</p> <p>Response by registered person detailing the actions taken: The damaged eyewear has been removed and a new set has been purchased and a copie of the purchase will be forwarded to RQIA on arrival.</p>
Area for improvement 3 Ref: Standard 48.9 Stated: First time To be completed by: 15 December 2021	<p>The registered person shall ensure the laser register is updated with the required client treatment information each time the laser is operated.</p> <p>Ref: 5.2.8</p> <p>Response by registered person detailing the actions taken: The laser register for peoples treatment has been updated.</p>
Area for improvement 4 Ref: Standard 8.1 Stated: First time To be completed by: 15 February 2022	<p>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.</p> <p>Ref: 5.2.9</p> <p>Response by registered person detailing the actions taken:</p> <ol style="list-style-type: none"> 1. Everything is locked down 2. Security and fire alarms are installed 3. limited access to criticle records 4. All files are labled correctly 5. destroy records securly and document when doing so.

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



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