

Inspection Report

19 January 2023 and 1 February 2023



Abrade Tattoo Removal

Type of service: Independent Hospital (IH) – Cosmetic Laser
Address: 53 Spencer Road, Derry, BT47 6AA
Telephone number: 028 7131 3023

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 [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

1.0 Service information

Organisation/Registered Provider: Anthony O'Neill and David Marshall t/a Abrade Tattoo Removal	Registered Manager: Mr David Marshall Date registered: 21 December 2017
Person in charge at the time of inspection: Mr Anthony O'Neill	
Categories of care: Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L)	
Brief description of how the service operates: Abrade Tattoo Removal is registered with the Regulation and Quality Improvement Authority (RQIA) as an Independent Hospital (IH) with the following category of care: PT (L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers. On 7 February 2019 a variation to registration was approved and a condition was placed on the registration of Abrade Tattoo Removal that laser tattoo removal and hair removal will be provided in Unit 8, Dungannon Enterprise Centre, Coalisland Road, BT71 6JT on a Wednesday only. The following equipment only is to be used on the Dungannon site: <ul style="list-style-type: none"> • Q-switch Nd Yag, ADL Sapphire II laser machine, serial number S2661112279 • Lumenis Lightsheer, serial number T5086. Mr Anthony O'Neill and Mr David Marshall are the registered providers and Mr David Marshall is the registered manager. Mr Anthony O'Neill is also the registered provider for one other cosmetic laser service based in Belfast which is registered with RQIA. Laser equipment: Manufacturer: Lumenis Model: Light Sheer Serial Number: T5086 Laser Class: 4 Wavelength: 790 – 830nm	

Manufacturer: ADL
 Model: Sapphire II
 Serial Number: S2261112279
 Laser Class: 4
 Wavelength: 532nm and 1064nm

Laser protection advisor (LPA):

Mr Irfan Azam (Lasernet)

Laser protection supervisor (LPS):

Mr Anthony O'Neill

Medical support services:

Dr Paul Myers

Authorised operators:

Mr Anthony O'Neill

Mr David Marshall

Ms Krystina O'Brien

Types of Treatment Provided:

Laser hair removal

Laser tattoo removal

2.0 Inspection summary

This was an announced inspection undertaken by a care inspector which involved an onsite inspection of the Derry site on 19 January 2023 from 11.00 am to 1.00 pm and a virtual inspection of the treatment room in the Dungannon site on 1 February 2023 from 12.00pm to 12.15pm.

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); adherence to best practice guidance in relation to COVID-19; 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 Abrade Tattoo Removal 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.

Clients were not present on the day of the inspection and client feedback was assessed by reviewing the most recent client satisfaction surveys completed by Abrade Tattoo Removal.

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 6 July 2021		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 39 (2) Stated: First time	<p>The registered persons shall ensure that the laser registers are updated to include the information listed below every time the laser machines are used:</p> <ul style="list-style-type: none"> the name of the person treated the date the name of the operator the actual treatment given and area of the body the precise exposure any accident or adverse incident 	<p>Met</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	
Area for improvement 2 Ref: Regulation 39 (2) Stated: First time	The registered persons shall ensure that an accurate and up to date treatment record is maintained for every client that includes: <ul style="list-style-type: none"> • client details • medical history • signed consent form • skin assessment • patch test (where appropriate) • record of treatment delivered including the number of shots and fluence settings (where appropriate) 	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 5.2.9	
Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)		Validation of compliance
Area for improvement 1 Ref: Standard 48.13 Stated: First time	The registered persons shall ensure that staff who are not directly involved in the laser service, have laser safety awareness training and a record is maintained and available for inspection.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 5.2.1	
Area for improvement 2 Ref: Standard 48.2 Stated: First time	The registered persons shall ensure that the register of authorised operators is kept up to date.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 5.2.1	

Area for improvement 3 Ref: Standard 48.6 Stated: First time	The registered persons shall ensure that all authorised operators sign to indicate that they accept and understand the local rules and medical treatment protocols.	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 4 Ref: Standard 48.6 Stated: First time	The registered person shall ensure that in respect of the laser tattoo removal treatments that written information is provided to the client pre and post treatment outlining the treatment provided, any risk, complications and expected outcomes.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 5.2.9	

5.2 Inspection outcome

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

Mr O'Neill told us there are sufficient staff to fulfil the needs of the establishment and clients.

Mr O'Neill confirmed that laser treatments are only carried out by authorised operators. A register of authorised operators for the laser equipment was in place which was maintained and kept up to date. It was determined that previous area for improvement 2, made against the standards, as outlined in section 5.1, had been met.

A review of a new authorised operator's completed induction programme evidenced that induction training is provided to new staff on commencement of employment.

A review of training records evidenced that all authorised operators have up to date training in core of knowledge training, application training for the equipment in use, basic life support, IPC, fire safety awareness and safeguarding adults at risk of harm in keeping with the RQIA training guidance.

Mr O'Neill confirmed that no other staff are employed at the establishment. Mr O'Neill was aware that should any other staff be employed, who are not directly involved in the use of the laser equipment, that they should receive laser safety awareness training.

It was determined that previous area for improvement 1, made against the standards, as outlined in section 5.1, had been met.

It was demonstrated that appropriate staffing levels were in place to meet the needs of clients.

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

Robust recruitment and selection policies and procedures, which adhered to legislation and best practice guidance for the recruitment of authorised operators were in place.

It was confirmed that one new authorised operator had been appointed since the previous inspection. A review of the new authorised operator's personnel documents evidenced that, in the main, all recruitment documents had been sought and retained as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. It was noted that the date the Access NI enhanced disclosure check had been received was after their commencement of employment date. This was discussed with Mr O'Neill as no new authorised operator should commence work in Abrade Tattoo Removal until after a satisfactory Access NI enhanced disclosure check has been received. Mr O'Neill stated that there was a significant delay in obtaining the individual's AccessNI check for genuine reasons beyond their control. Mr O'Neill stated the individual commenced employment solely to undertake mandatory training and stated that they were constantly supervised until the Access NI enhanced disclosure check was received. Following further discussion Mr O'Neill provided assurance that he understood the legislative requirement and stated that in the future no new authorised operator would commence work in the establishment until a satisfactory Access NI enhanced disclosure check had been received.

It was demonstrated that arrangements are in place to ensure that all required recruitment documentation has been sought and retained.

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

Mr O'Neill 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.

Discussion with Mr O'Neill confirmed that he was 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 O'Neill and Mr Marshall are the safeguarding leads for the establishment and had completed level one training in safeguarding adults. Mr O'Neill was advised that as the safeguarding leads they should complete formal level two training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and minimum standards.

Mr O'Neill stated that safeguarding training was due to be refreshed in February 2023 and confirmed that he would ensure that both he and Mr Marshall would undertake level two training as advised.

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 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?

As previously stated it was evidenced that all authorised operators had up to date training in basic life support and were 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 (IPC) 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.

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 in all areas.

Two laser treatment rooms are provided in the Derry site and one in the Dungannon site, all of these were clean and clutter free. Discussion with Mr O'Neill 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 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 O'Neill who outlined the measures taken by Abrade Tattoo Removal 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 in Derry has two treatment rooms and access to storage rooms and the service in Dungannon has one treatment room. Both premises were observed to be maintained to a good standard of maintenance and décor. Cleaning schedules for the establishments were in place.

Observations made evidenced that a carbon dioxide (CO₂) fire extinguisher is available in each site which had 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 the laser equipment in place. 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 27 June 2023.

Up to date, local rules were in place which have been developed by the LPA. The local rules contained the relevant information about the laser equipment being used.

The establishment's LPA completed a risk assessment of the premises on 19 December 2021 and conducted a virtual review of this on 7 December 2022; all recommendations made by the LPA have been addressed.

Mr O'Neill told us that laser procedures are carried out following medical treatment protocols. The medical treatment protocols had been produced by named registered medical practitioner. It was demonstrated the protocols contained the relevant information about the treatments being provided and are due to expire during June 2023. It was established that a systems are in place to review the medical treatment protocols when due.

Mr O'Neill, 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. It was determined that the previous area for improvement 3, made against the standards, as outlined in section 5.1, had been met.

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 controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out.

The door to each treatment room is locked when the laser equipment is in use and each door can be opened from the outside in the event of an emergency. Mr O'Neill confirmed that the 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.

Each laser machine is operated using a key. Arrangements are in place for the safe custody of the laser keys when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

Abrade Tattoo Removal has a separate laser register for each laser. Mr O'Neill told us that the authorised operators complete the relevant register every time the equipment is operated. A review of the laser registers evidenced that all of the information as outlined below had been recorded

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

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

There are arrangements in place to service and maintain the laser equipment in line with the manufacturer's guidance. The most recent service reports of the laser equipment were reviewed.

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

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 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 (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)

It was determined that the previous area for improvement 2, made against the regulations, as outlined in section 5.1, had been met.

Observations made evidenced that client records are securely stored. A policy and procedure was available which included the creation, storage, recording, retention and disposal of records and data protection.

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

It was determined that appropriate arrangements were in place to ensure that clients have a planned programme of care and have sufficient information to consent to treatment.

5.2.10 How does the service ensure that clients are treated with dignity, respect and are involved in the decision making process?

Discussion with Mr O'Neill 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 case.

Mr O'Neill told us that clients are provided with the opportunity to complete a satisfaction survey when their treatment is complete. The results of these are collated to provide an anonymised summary report which is made available to clients and other interested parties. Mr O'Neill confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

Review of the most recent client satisfaction report found that clients were highly satisfied with the quality of treatment, information and care received.

It was determined that appropriate arrangements were in place to ensure that clients are treated with dignity, respect and are involved in decisions regarding their choice of treatment.

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. Either Mr O'Neill or Mr Marshall 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 systematically reviewed on a three yearly basis or more frequently if required.

The arrangements for the management of complaints and incidents were reviewed to ensure that they were being managed in keeping with legislation and best practice guidance.

The complaints policy and procedure provided clear instructions for clients and staff to follow. Clients were made aware of how to make a complaint by way of the client's guide. Arrangements were in place to record any complaint received in a complaints register and retain all relevant records including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

A review of records confirmed that no complaints had been received since the previous inspection.

Discussion with Mr O'Neill confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Mr O'Neill confirmed that incidents would be effectively documented and investigated in line with legislation. All relevant incidents are reported to RQIA and other relevant organisations in accordance with legislation and RQIA [Statutory Notification of Incidents and Deaths](#). Arrangements are in place to audit adverse incidents to identify trends and improve service provided.

Mr O'Neill demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within the specified timeframes. Mr O'Neill 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.

It was determined that suitable arrangements are in place to enable the registered persons to assure themselves of the quality of the services provided.

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 O'Neill. It was demonstrated that the equality data collected was managed in line with best practice.

6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

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



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