

Inspection Report

9 May 2024



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. During 2018 an application to vary the registration of this establishment was submitted to RQIA by the responsible persons, to provide laser tattoo removal and laser hair removal using the same laser equipment in a different location to the address registered with RQIA. On 7 February 2019 a variation to registration was approved and the following condition was placed on the registration of Abrade Tattoo Removal. <i>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:</i> <ul style="list-style-type: none"> • Q-switch Nd Yag, ADL Sapphire II laser machine, serial number S2661112279 • Lumenis Lightsheer, serial number T5086. <i>Registration is subject to confirmation of compliance with planning service regulation at 53 Spencer Road, Derry BT47 6AA and Unit 8, Dungannon Enterprise Centre, Coalisland Road, BT71 6JT</i> Mr Anthony O'Neill and Mr David Marshall are the responsible persons and Mr David Marshall is the registered manager.	

Mr Anthony O'Neill is also the registered person for one other cosmetic laser service based in Belfast which is registered with RQIA.

During this inspection it was confirmed that the laser equipment, as stated in the above condition, had been replaced with new laser equipment as outlined below. The change in laser equipment will require the condition on the registration of Abrade Tattoo Removal to be updated. This matter will be followed up with the responsible persons.

Laser equipment:

Manufacturer: Lumenis
 Model: Light Sheer
 Serial Number: 3544
 Laser Class: 4
 Wavelength: 755 – 1064nm

Manufacturer: Medical Q Switch Laser
 Model: DY-C302
 Serial Number: 31946
 Laser Class: 4
 Wavelength: 532 – 1064nm

Types of Treatment Provided:

Laser hair removal
 Laser tattoo removal

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 9 May 2024 from 11.00 am to 1.45 pm.

As previously stated Abrade Tattoo Removal is located in 53 Spencer Road, Derry, BT47 6AA and also provides laser treatments in Unit 8, Dungannon Enterprise Centre, Coalisland Road, BT71 6JT on a Wednesday only. This inspection focuses on the main premises in Derry as the premises in Dungannon was reviewed remotely during the previous inspection and no issues were identified. During this inspection Mr O'Neill, responsible person, confirmed that since the previous RQIA inspection, there have not been any changes at the Dungannon premises other than the provision of new laser equipment.

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; 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

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.

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.

5.0 The inspection

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

The last inspection to Abrade Tattoo Removal was undertaken on 19 January 2023; no areas for improvement were identified.

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 in the various roles 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 is maintained and kept up to date.

A review of completed induction programmes evidenced that induction training is provided to new staff on commencement of employment.

A review of training records evidenced that 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 awareness and safeguarding 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 and equipment, had received laser safety awareness training.

It was determined that appropriate staffing levels were in place to meet the needs of clients and that staff are suitably trained.

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

Recruitment and selection policies and procedures were in place, which adhered to legislation and best practice guidance for the recruitment of authorised operators. These arrangements will ensure that all required recruitment documentation has been sought and retained for inspection.

Discussion with Mr O'Neill identified that a staff register was not yet in place. Advice and guidance was provided to Mr O'Neill who confirmed a staff register would be implemented at the earliest opportunity. Mr O'Neill was advised that the staff register is a live document and should be updated and amended as and when required.

Mr O'Neill confirmed that one new authorised operator had been recruited since the previous inspection. A review of the new authorised operator's of personnel file and discussion with Mr O'Neill confirmed that, in the main, all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 had been sought and were retained for inspection. The provision of two written references was discussed with Mr O'Neill and following the inspection RQIA received confirmation that two written references were in place for the new authorised operator.

There was evidence of job descriptions and induction checklists for authorised operators.

Discussion with Mr O'Neill confirmed that he had a clear understanding of the legislation and best practice guidance in relation to recruitment and selection.

It was determined that the recruitment of authorised operators complies with the legislation and best practice guidance.

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. Following the inspection RQIA received confirmation the both Mr O'Neill and Mr Marshall had completed level two training in safeguarding adults on 23 and 24 May 2024.

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.

As a result of the action taken following the inspection, it was determined that 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. Discussion with Mr O'Neill evidenced that appropriate procedures were in place for the decontamination of equipment between use. A cleaning schedule was in place and records of cleaning undertaken were seen to be up to date, signed and dated.

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.

Mr O'Neill informed us that the same infection control measures were in place in the Dungannon site with cleaning schedules in place and a record of cleaning undertaken maintained.

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?

The management of operations to minimise the risk of COVID-19 transmission were discussed with Mr O'Neill who outlined the measures that taken by Abrade Tattoo Removal to ensure current best practice measures are in place.

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

5.2.7 How does the service ensure the environment is safe?

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.

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

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

A laser safety file was in place which contained the relevant information in relation to laser equipment in place. There was written confirmation of the appointment and duties of a certified laser protection advisor (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 2024.

Two sets of local rules were in place which had been developed by the LPA. It was identified that the local rules for the Lumenis Light Sheer needed amended to refer to a keypad code. Following the inspection RQIA received confirmation from Mr O'Neill that this matter had been addressed. It was confirmed that the local rules contained the relevant information about the laser equipment being used.

The establishment's LPA completed a risk assessment of the premises during 14 December 2023 and all recommendations made by the LPA have been addressed.

Mr O'Neill confirmed that laser procedures are carried out following medical treatment protocols. The medical treatment protocols had been produced by a named registered medical practitioner. It was demonstrated that the protocols contained the relevant information about the treatments being provided and are due to expire during December 2024. It was established that systems are in place to review the medical treatment protocols when due.

Mr O'Neill, 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 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.

As previously discussed, there are two laser treatment rooms in the Derry site. 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 areas are 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 but can be opened from the outside in the event of an emergency. Mr O'Neill confirmed that all authorised operators are aware that the laser safety warning signs should only be displayed when the laser equipment is in use and removed when not in use.

The Lumenis Light Sheer laser is operated using a keypad code and the Medical Q Switch laser is operated using a key. Arrangements are in place for the safe custody of the key and keypad code when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

Abrade Tattoo Removal's laser registers are held electronically. Mr O'Neill informed us that authorised operators complete the electronic records every time the laser equipment is operated. It was confirmed that registers include;

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

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

Mr O'Neill confirmed that 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.

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 each client's personal information is recorded in keeping with legislative requirements and clients are asked to complete a health questionnaire.

It was noted that the client's general practitioner (GP) details was not recorded. This was discussed with Mr O'Neill who advised that he had not been aware of this requirement and stated that the client's personal information template will be updated to enable the recording of client's GP details in the future.

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)

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.

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.

A discussion took place regarding the arrangements Abrade Tattoo Removal have in place to seek the view and opinions of service users. Mr O'Neill told us that clients are reluctant to complete paper based questionnaires and therefore they encourage clients to complete a review on their social media page. Mr O'Neill demonstrated how the results on social media platform can be collated to produce a summative report. It was noted client's reviewed indicated that they were highly satisfied with the quality of treatment, information and care received. Mr O'Neill confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

Mr O'Neill was advised to ensure that an anonymised summary report is made available to clients and other interested parties who do not have access to social media.

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 registered provider assure themselves of the quality of the services provided?

Where the business entity operating the service is a corporate body or partnership or an individual owner who is not in day to day management of the practice, unannounced quality monitoring visits by the registered provider must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

Mr O'Neill was in day to day management of the establishment therefore the unannounced quality monitoring visits by the registered provider are not applicable.

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 patients 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.

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.

It was determined that suitable arrangements are in place to enable the responsible 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.

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, Responsible Person, as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews