

Announced Care Inspection Report 20 September 2018



Abrade Tattoo Removal

**Type of Service: Independent Hospital (IH) – Cosmetic
Laser Service**

Address: 53 Spencer Road, Derry BT47 6AA

Tel No: 028 7131 3023

Inspector: Norma Munn

RQIA's Medical Physics Advisor: Dr Ian Gillen

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. Types of treatment provided are laser hair removal and laser tattoo removal.

Laser equipment:

Manufacturer: Lumenis
 Model: Light Sheer
 Serial Number: T5086
 Laser Class: 4
 Wavelength: 790 – 830nm

Types of Treatment Provided: Laser hair removal

Laser equipment:

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

Types of Treatment Provided: Laser tattoo removal

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 Melissa Wall
 Ms Nicole Doherty

3.0 Service details

Organisation/Registered Persons: Anthony O'Neill & David Marshall	Registered Manager: Mr David Marshall
Person in charge at the time of inspection: Mr David Marshall	Date manager registered: 21 December 2017
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 20 September 2018 from 10.20 to 14.15.

The inspector was accompanied by Dr Ian Gillen, RQIA's Medical Physics Advisor. The findings and report of Dr Gillen are appended to this report.

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 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.

Following the previous inspection an application for variation to the registration of this establishment was submitted to RQIA to provide laser tattoo removal and laser hair removal using the same equipment in a different location to the address registered. As a result of the issues identified in relation to laser safety during this inspection the application has not been progressed at this time.

Examples of good practice were evident in all four domains. These included the arrangements for managing medical emergencies; infection prevention and control; ensuring the core values of privacy and dignity were upheld; laser training and providing the relevant information to allow clients to make informed choices.

Several areas requiring improvement were identified. Eight areas for improvement have been made against the regulations; seven of these were in relation to laser safety and the care pathway, and one was in relation to fire safety. Six areas for improvement have been made against the standards. These relate to appraisals, safeguarding training, consent to treatment, registering with the Information Commissioners Office (ICO), staff meetings and undertaking patient satisfaction surveys.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, and enhance practice and clients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	8	6

Details of the Quality Improvement Plan (QIP) were discussed with Mr David Marshall, registered person 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 28 November 2017

No further actions were required to be taken following the most recent inspection on 28 November 2017.

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

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of RQIA. RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No client or staff questionnaires were returned to RQIA.

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

During the inspection the inspector met with Mr David Marshall, registered person and authorised operator.

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

The findings of the inspection were provided to Mr Marshall at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 28 November 2017

The most recent inspection of the Abrade Tattoo Removal was an announced follow-up pre-registration care inspection.

6.2 Review of areas for improvement from the last care inspection dated 28 November 2017

There were no areas for improvement made as a result of the last care inspection.

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.

Staffing

Discussion with Mr Marshall confirmed that there is sufficient staff to fulfil the needs of the establishment and clients.

The laser treatments are only carried out by authorised operators and a register of authorised operators for the lasers is maintained and kept up to date.

No new staff have commenced employment since the previous inspection and it was confirmed that an induction would be completed for any new staff commencing employment in the future.

A review of training records and discussion with Mr Marshall confirmed that authorised operators have up to date training in core of knowledge, application training for the equipment in use, infection prevention and control, fire and basic life support. It was identified that not all training records were available for inspection. Following the inspection RQIA received copies of two of the training certificates that could not be located on the day of the inspection.

Mr Marshall and Mr O'Neill had attended formal training in safeguarding of adults at risk of harm; however, there were no records to evidence that all authorised operators had attended safeguarding training commensurate of their role. This is discussed further in the safeguarding section of this report.

Mr Marshall confirmed that staff appraisals had not been completed. Mr Marshall was advised that a system should be developed to ensure that all authorised operators have appraisals carried out on an annual basis. An area for improvement against the standards has been made.

Recruitment and selection

As discussed, no authorised operators have been recruited since the previous inspection. During discussion Mr Marshall confirmed that, should authorised operators 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. Mr Marshall was advised that the policy should include all of the information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Mr Marshall agreed to further develop the policy accordingly.

Safeguarding

Mr Marshall confirmed that the staff are aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified. Mr Marshall is the nominated safeguarding lead for the establishment.

As discussed a review of records demonstrated that both Mr Marshall and Mr O'Neill have recently attended formal safeguarding adults training in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016). However, not all authorised operators had completed safeguarding adults training in keeping with RQIA training guidance and as outlined in the Minimum Care Standards for Independent Healthcare Establishments (July 2014). An area for improvement against the standards has been made.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policy for adults was reviewed and included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

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

Laser safety

Mr Marshall confirmed that the ADL Sapphire II Laser machine on site on the day of the inspection was not the same laser machine that was on site during the previous inspection. Mr Marshall also confirmed that the name of the LPA had changed from Ms Anna Bass (Lasernet) to Mr Irfan Izam (Lasernet).

The laser safety file reviewed did not contain accurate and relevant information in relation to the laser equipment on site. The file had not been updated to include the details of the newly appointed certified LPA and the document control certificate prepared by the LPA referred to local rules for the ADL Sapphire II laser dated 21 June 2016; however, a more recent set of local rules dated November 2017 was included in the file. It was advised that the laser safety file should be reviewed to ensure it contains accurate and relevant information. An area for improvement against the regulations has been made.

The laser protection supervisor (LPS) is Mr Anthony O'Neill, registered person. Mr O'Neill was not present during the inspection. Mr Marshall confirmed that Mr O'Neill has overall responsibility for safety during laser treatments and a list of authorised operators was maintained. Mr Marshall confirmed that when the laser equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

Mr Marshall confirmed that laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers. It was identified that not all of the treatment protocols referred to in the medical support certificate were available to review. The date recorded on the medical support certificate was July 2017 and there was no evidence that the medical treatment protocols had been reviewed. An area for improvement against the regulations had been made.

The LPA provided a report following the most recent site visit in June 2018. The serial numbers of the laser equipment recorded within the report did not match the serial numbers of the

equipment onsite and there was no evidence that the recommendations made during the site visit had been addressed. An area for improvement against the regulations has been made.

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. Mr Marshall confirmed that the door to both of the treatment rooms is locked when the laser equipment is in use but can be opened from the outside in the event of an emergency.

Both laser machines are operated using a key. Arrangements are in place for the safe custody of the laser keys when not in use. Protective eyewear was available for the client and operator. However the protective eyewear available for use with the Lumenis Light Sheer laser offered a lower level of protection than outlined in the local rules. An area for improvement against the regulations has been made.

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.

There were two laser registers in place. The entries in the laser registers did not always include a full record of the name of the client, the name of the authorised operator, the treatment given, the area of the body treated and the precise exposure given. Mr Marshall confirmed that patch testing is not always recorded in the laser register. An area for improvement against the regulations has been made.

Mr Marshall confirmed that there were arrangements in place to service both laser machines used on the premises. An up to date service report was available for the Lumenis Light Sheer laser machine however there was no record of an annual service being carried out in respect of the Sapphire II laser machine. An area for improvement against the regulations has been made.

Observations made evidenced that a carbon dioxide (CO₂) fire extinguisher was available in close proximity to the area the lasers are being used which has been serviced within the last year.

Management of emergencies

As discussed, authorised operators have up to date training in basic life support. Discussion with Mr Marshall confirmed they he was 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 rooms were clean and clutter free. Discussion with Mr Marshall 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.

Environment

The premises were maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment were in place.

A fire risk assessment had been completed during June 2016; however, there was no evidence that the risk assessment had been reviewed since then. Mr Marshall confirmed that fire training had taken place and staff were aware of the action to take in the event of a fire. However, there was no evidence that fire drills had been carried out. A review of documentation confirmed that firefighting equipment, the fire alarm and emergency lighting had been serviced within the last year however, there was no record to confirm that routine weekly and monthly fire safety checks had been carried out and recorded. An area for improvement against the regulations in relation to fire safety has been made.

Areas of good practice

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

Areas for improvement

All authorised operators should have an appraisal carried out on an annual basis.

All authorised operators should complete safeguarding adults training.

The laser safety file should be reviewed to ensure it contains accurate and relevant information in relation to the laser equipment, the details of the LPA, and local rules for the laser equipment in place.

The medical treatment protocols referred to in the medical support certificate should be available and subject to continuous review.

The most recent site audit report completed by the LPA should accurately reflect the details of the laser equipment on site. Any recommendations made during the site visit should be addressed.

Protective eyewear should be provided as outlined in the local rules.

The laser registers should be updated every time the laser machines are used to include the information specified in the main body of the report.

All laser equipment should be serviced in line with manufacturer's instructions.

The fire risk assessment should be reviewed annually, routine fire safety checks should be carried out and recorded and fire drills should be undertaken annually.

	Regulations	Standards
Areas for improvement	7	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Care pathway

Mr Marshall confirmed that 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. Mr Marshall confirmed that a list of fees was 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.

Mr Marshall confirmed that clients are asked to complete a health questionnaire and there are systems in place to contact the client's general practitioner.

Three client care records reviewed identified that not all information in relation clients care and treatment had been accurately recorded. Mr Marshall confirmed that the consent to treatment record had been signed by the clients on the date of the first full treatment session. Mr Marshall was advised that the consent to treatment should be signed prior to the clients receiving a patch test and not on the first day of the treatment session. An area for improvement against the standards has been made.

Mr Marshall confirmed that patch tests had been carried out; however, these had not been recorded in the laser registers or in the clients care records. The number of shots and fluence settings and the area of the body treated had not been recorded. Mr Marshall was advised that an accurate and up to date treatment record should be maintained for every client to include:

- client details
- medical history
- signed consent form prior to treatment
- skin assessment (where appropriate)
- patch test (where appropriate)
- record of treatment delivered including number of shots and fluence settings (where appropriate)

An area for improvement against the regulations has been made.

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

Discussion with Mr Marshall confirmed that patients have the right to apply for access to their clinical records in accordance with the General Data Protection Regulations (GDPR) that came into effect during May 2018. Mr Marshall confirmed that the establishment is not yet registered with the ICO. Mr Marshall was advised to contact the ICO regarding this and an area for improvement against the standards has been made.

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. The information in relation to laser hair removal was reviewed and found to be jargon free, accurate, accessible, up-to-date and includes the cost of the treatment.

Mr Marshall confirmed that the establishment has a policy for advertising and marketing which is in line with legislation.

The most recent staff meeting was held during March 2018 and was attended by Mr Marshall and Mr O'Neill. It was advised that staff meetings should be held on a more frequent basis and it was suggested that future staff meetings should include all authorised operators who work in the establishment. An area for improvement against the standards has been made.

Areas of good practice

There were examples of good practice found in relation to ensuring effective communication between clients and staff.

Areas for improvement

Client consent should be obtained and recorded prior to providing any treatment.

An accurate and up to date treatment record should be maintained for every client.

The establishment should be registered with the ICO.

Staff meetings should be held on a regular basis and minutes should be retained.

	Regulations	Standards
Areas for improvement	1	3

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 Mr Marshall 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. Mr Marshall confirmed that information is provided to the client in verbal and written form at the consultation and treatment sessions to allow the client to make choices about their care and treatment.

Mr Marshall confirmed that appropriate measures were in place to maintain client confidentiality. The client care records were stored securely in a locked cupboard on site.

Mr Marshall confirmed that client satisfaction questionnaires had been developed however these had not been distributed to patients. A Facebook site has been developed and clients are

invited to leave comments regarding the service on this site. It was advised that client satisfaction surveys should be carried out by the establishment. Any feedback provided by clients on the quality of treatment, information and care received should be collated into an anonymised format, summarised by the establishment and used to inform and improve services provided. A summary report should be generated at least on an annual basis. The summary report should be made available to clients and other interested parties. An area for improvement against the standards has been made.

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

Client satisfaction surveys should be carried out to include the quality of treatment and other services provided. Any feedback provided by clients should be collated into an anonymised format, summarised and used to inform and improve services provided. A summary report should be generated at least on an annual basis. The summary report should be made available to clients and other interested parties.

	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

There was a clear organisational structure within the establishment and Mr Marshall confirmed that staff know who to speak to if they had a concern. Mr Marshall has overall responsibility for the day to day management of the service.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed.

A copy of the complaints procedure was available in the establishment. Mr Marshall demonstrated good awareness of complaints management.

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

Mr Marshall has agreed to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals and if required develop an action plan and embed this into practice to address any shortfalls identified during the audit process.

Mr Marshall was aware of his role and responsibility in accordance with legislation and 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 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 maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

6.8 Equality data

Equality data

The arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with Mr Marshall.

6.9 Client and staff views

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of RQIA. RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No client or staff questionnaires were returned 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 Mr Marshall, registered person, 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, 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	
Area for improvement 1 Ref: Regulation 39 (2) Stated: First time To be completed by: 20 October 2018	The registered persons shall ensure that the laser safety file contains accurate and relevant information in relation to: <ul style="list-style-type: none"> • the details of the current certified laser protect advisor (LPA) • a set of local rules for the laser equipment in place Ref: 6.4
	Response by registered person detailing the actions taken: New paperwork now received from Lasermet
Area for improvement 2 Ref: Regulation 39 (1) Stated: First time To be completed by: 20 October 2018	The registered persons shall ensure that: <ul style="list-style-type: none"> • copies of the medical treatment protocols referred to in the medical support certificate are retained • the medical treatment protocols are subject to continuous review by a named medical practitioner Ref: 6.4
	Response by registered person detailing the actions taken: New paperwork now received from Lasermet

<p>Area for improvement 3</p> <p>Ref: Regulation 39 (2)</p> <p>Stated: First time</p> <p>To be completed by: 20 October 2018</p>	<p>The registered persons shall ensure that the most recent site audit report completed by the laser protection advisor (LPA) accurately reflects the details of the laser equipment on site. Any recommendations made should be addressed and signed and dated on completion.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: New paperwork now received from Lasermet</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 39 (2)</p> <p>Stated: First time</p> <p>To be completed by: 20 October 2018</p>	<p>The registered persons shall ensure that the protective eyewear provided is as outlined in the local rules.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Eyewear in studio matches local rules</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 39 (2)</p> <p>Stated: First time</p> <p>To be completed by: 20 September 2018</p>	<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>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Registers now updated to reflect above</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 15 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 20 October 2018</p>	<p>The registered persons shall ensure that all laser equipment is serviced in line with manufacturer's instructions.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Service records held in Clinic for inspection</p>

<p>Area for improvement 7</p> <p>Ref: Regulation 25 (4) (d) (e) (f)</p> <p>Stated: First time</p> <p>To be completed by: 20 October 2018</p>	<p>The registered persons shall ensure that the fire risk assessment is reviewed annually, routine fire safety checks are carried out and recorded and fire drills are undertaken annually.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Completed 25/09/18 available in clinic for inspection</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 21 (1) (3)</p> <p>Stated: First time</p> <p>To be completed by: 20 September 2018</p>	<p>The registered persons shall ensure that an accurate and up to date treatment record is maintained for every client that includes:</p> <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) <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Consultation form updated to reflect above</p>
<p>Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 10.6</p> <p>Stated: First time</p> <p>To be completed by: 20 November 2018</p>	<p>The registered persons shall ensure that all authorised operators have an appraisal carried out on an annual basis.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: On-going, initial appraisal to be completed 03/12/18</p>
<p>Area for improvement 2</p> <p>Ref: Standard 3.9</p> <p>Stated: First time</p> <p>To be completed by: 20 October 2018</p>	<p>The registered persons shall ensure that all authorised operators complete safeguarding adults training commensurate with their role in keeping with RQIA training guidance and as outlined in the Minimum Care Standards for Independent Healthcare Establishments (July 2014).</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All training now up to date</p>

<p>Area for improvement 3</p> <p>Ref: Standard 2.3</p> <p>Stated: First time</p> <p>To be completed by: 20 September 2018</p>	<p>The registered persons shall ensure that consent is obtained and recorded before providing any treatment.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Consent is obtained from all clients pre patch test (new consultation form)</p>
<p>Area for improvement 4</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 20 November 2018</p>	<p>The registered persons shall ensure that the establishment is registered with the Information Commissioners Office (ICO).</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Registered 03/10/18 cert available for inspection in clinic</p>
<p>Area for improvement 5</p> <p>Ref: Standard 12.7</p> <p>Stated: First time</p> <p>To be completed by: 20 November 2018</p>	<p>The registered persons shall ensure that staff meetings take place on a regular basis, at least quarterly and the minutes of the meetings are retained.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Ongoing available to view in clinic</p>
<p>Area for improvement 6</p> <p>Ref: Standard 5.1</p> <p>Stated: First time</p> <p>To be completed by: 20 November 2018</p>	<p>The registered persons shall ensure that a client satisfaction survey is carried out annually that includes the quality of treatment and other services provided.</p> <p>Any feedback provided by clients should be collated into an anonymised format, summarised and used to inform and improve services provided.</p> <p>The summary report should be made available to clients and other interested parties.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Ongoing available to view in clinic</p>

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

21st September 2018

Mrs N Munn
Regulation & Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Dear Mrs Munn

Laser Protection Report

Abrade Tattoo Removal, 53 Spencer Road, Londonderry BT47 6AA

Introduction

Further to yesterday's inspection of the above premises, this report summarises the main laser protection aspects where improvement may be required. The findings are based on the requirements of current legislation, relevant guidance notes and European Standards.

Deficiencies / Comments

ADL Sapphire Laser

A recent service record corresponding to the serial number of the laser on site was not available on the day of the inspection. Copies of service reports should be retained and made available to RQIA during inspections

Document Control Certificate

The document control certificate prepared by Lasermet refers to local rules for the ADL Sapphire laser dated 21 June 2016, however a more recent set of local rules dated November 2017 were within the laser safety file. The clinic should request an amended certificate from Lasermet.

Lumenis Lightsheer (protective Eyewear)

The protective eyewear for use by the operator (or patient when treating areas distant from the face) is of a lower protection level to that specified in the local rules. This matter should be discussed with the clinic's LPA and the local rules amended or alternative eyewear obtained.

Treatment Protocols

The treatment protocol MY15 – Nd YAG Laser (532) Tattoo Removal referred to in the Lasermet Medical Support Certificate was not available on the day of inspection. A copy should be placed in the Laser Safety file to ensure that it is available to the operator during treatments.

Risk assessment

Lasernet have provided a report following the site visit in June 2018. The clinic should also request an updated risk assessment, which should reflect the current status of safety arrangements.

LPA Certificate

The Laser Safety file contains the LPA certificate for Anna Bass, however the recent LPA service was provided by Irfan Azam and therefore a copy of his LPA certificate should also be placed in the laser safety file.

Treatment Record

Currently the client and operator sign the consent/treatment form on the date of the first full treatment, however as discussed during the visit this process should be completed before the client receives laser shots on the day of the patch test. It was also noted that a record is not currently made of the patch test and the clinic agreed to maintain this record in future. The requirement to retain a full record of factors such as treatment wavelength and exact treatment area was discussed. Sufficient information should be available to enable the exact treatment regime to be reproduced.

A handwritten signature in blue ink that reads "Ian Gillan". The signature is written in a cursive style.

Dr Ian Gillan
Laser Protection Adviser to RQIA

Appendix

Laser Systems

Abrade Tattoo Removal, 53 Spencer Road, Londonderry BT47 6AA

Hair Removal laser

Manufacturer	Lumenis
Model	Lightsheer
Serial Number:	T5086
Output wavelength:	790 – 830nm
Laser Class:	4

Tattoo Removal laser

Manufacturer	ADL
Model	Saphire
Serial Number:	52261112279
Output wavelength:	532nm & 1064nm
Laser Class:	4

Laser Protection Adviser

Irfan Azam, Lasermet

Date of last visit June 2018



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