

Inspection Report

5 August 2022



Phade Laser Tattoo Removal

Type of service: Independent Hospital – Cosmetic Laser

Address: 24 Sandhill Parade, Belfast, BT5 6FH

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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: Mr Stephen Wright</p>	<p>Registered Manager: Mr Stephen Wright</p> <p>Date registered: 6 October 2020</p>
<p>Person in charge at the time of inspection: Mr Stephen Wright</p>	
<p>Categories of care: Independent Hospital (IH) PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers.</p>	
<p>Brief description of how the service operates: Phade Laser Tattoo Removal is registered 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. This inspection focused solely on those treatments using the Allwhite (AW3) machine.</p> <p>Laser equipment available in the service:</p> <p>Manufacturer: AW3 Model: Flash Ink Serial Number: C500 1220 1908 20064 Laser Class: Class 4 Wavelength: 532 nanometer (nm), 1064nm and 1320nm</p> <p>Laser protection advisor (LPA): Ms Anna Bass (Lasermet)</p> <p>Laser protection supervisor (LPS): Mr Stephen Wright</p> <p>Medical support services: Dr Paul Myers (Lasermet)</p> <p>Authorised operator: Mr Stephen Wright</p>	

Types of laser treatments provided:

Tattoo removal 532nm
 Tattoo removal 1064nm
 Skin rejuvenation
 Carbon peel

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 5 August 2022 from 10.00 am to 12.30 pm.

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); 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. The arrangements for eliciting feedback from clients was discussed with Mr Wright who told us that he plans to issue client feedback questionnaires to clients on completion of their treatment.

Due to the periods of closure as a result of the Covid 19 pandemic during the 2020/21 inspection year a summary report detailing the main findings of completed client questionnaires was not generated and Mr Wright confirmed he was re-establishing a client base and had not yet undertaken a client survey for 2021/22. Now that the service is operational again Mr Wright confirmed that priority will be given to encouraging clients to complete a satisfaction survey, and the findings of these surveys will be collated and a report generated. Mr Wright also stated that an action plan would be developed to improve services provided, as appropriate. Mr Wright was reminded that eliciting client feedback is a legislative requirement.

Posters were issued to Phade Laser Tattoo Removal by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire. Eight clients submitted a questionnaire and the completed questionnaires indicated that clients felt their care was safe and effective, that they were treated with compassion and that the service was well led. All clients indicated that they were very satisfied with each of these areas of their care.

Four of the completed client questionnaires included positive comments regarding Mr Wright's professionalism; his knowledge; that every step of the process was clearly explained; that laser treatments were provided in a clean, comfortable and relaxed environment and that they had excellent support and aftercare.

Mr Wright is the only staff member; therefore we did not receive any completed staff questionnaires.

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 Phade Laser Tattoo Removal was undertaken on 19 July 2021; 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 Wright is the only person who works in Phade Laser Tattoo Removal. Mr Wright told us that laser treatments are carried out by him as the sole authorised operator. The register of authorised operators for the laser machine reflects that Mr Wright is the only authorised operator.

A review of training records evidenced that Mr Wright has up to date training in core of knowledge, 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.

As discussed Mr Wright is the sole authorised operator and Phade Laser Tattoo Removal does not employ any support staff. Mr Wright told us that should staff be recruited in the future they will complete an induction programme and that support staff not directly involved in the use of the laser would complete laser safety awareness training.

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

As discussed, Phade Laser Tattoo Removal does not employ any staff. However, there were robust recruitment and selection policies and procedures, which adhered to legislation and best practice guidance, should authorised operators be recruited in the future. This would ensure that all required recruitment documentation would be sought and retained for inspection. There was evidence of job descriptions and induction checklists for authorised operators.

Discussion with Mr Wright demonstrated that he had a clear understanding of the legislation and best practice guidance in relation to recruitment and selection.

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 Wright told us 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.

Mr Wright 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 Wright, as the safeguarding lead, has completed formal training in safeguarding adults in keeping with the [Northern Ireland Adult Safeguarding Partnership \(NIASP\) training strategy \(revised 2016\)](#) and minimum standards.

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?

Mr Wright had up to date training in basic life support and was 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 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.

The laser treatment room was generally clean and clutter free. Some dust was noted on the base of the laser machine and shelving in the room. It was noted that there was no written cleaning schedule in place however Mr Wright described his cleaning regime. Mr Wright was advised to devise a written cleaning schedule and ensure all necessary surfaces are included. This cleaning schedule should be then signed when completed. Following the inspection Mr Wright submitted to RQIA a cleaning schedule which was signed as completed. Mr Wright confirmed the couch used for clients to lie on during treatment is cleaned between clients. Mr Wright was advised to consider also using couch roll on the couch which should be changed between clients.

Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, Mr Wright had up to date training in IPC.

The service had appropriate arrangements in place in relation to IPC and decontamination which will be enhanced by the advice provided and agreed action by Mr Wright.

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 Wright who outlined the measures that had been taken by Phade Laser Tattoo Removal service. However a number of these measures were no longer in place and Mr Wright was advised that, as a regulated service, he should review the current guidance for healthcare establishments and ensure current best practice measures are in place such as appropriate arrangements in relation to maintaining social distancing; implementation of enhanced IPC procedures; and the client pathway to include COVID-19 screening prior to attending appointments.

Mr Wright agreed to fully review Covid 19 risks and re-institute previous measures as necessary and in line with current best practice guidance.

5.2.7 How does the service ensure the environment is safe?

The service has one treatment room and access to storage rooms. The premises were maintained to a good standard of maintenance and décor. As stated previously written cleaning schedules for the establishment were devised following the inspection.

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 and IPL procedures are safe?

A laser safety file was in place which contained the relevant information in relation to the 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 20 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 machine being used. The establishment's LPA completed a risk assessment of the premises on 20 July 2022 and all recommendations made by the LPA have been addressed.

As discussed, Mr Wright is the sole authorised operator and told us that laser procedures are carried out following medical treatment protocols. The medical treatment protocols had been produced by a named registered medical practitioner. The medical treatment protocols are due to expire on 20 June 2023 and systems are in place to review these when due. The medical treatment protocols contained the relevant information about the treatments being provided.

Mr Wright, as the laser protection supervisor (LPS) and sole authorised operator has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. Mr Wright had signed to state that he had read and understood the local rules and medical treatment protocols.

When the laser machine is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

The environment in which the laser machine 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 machine is in use but can be opened from the outside in the event of an emergency.

The laser is operated using a keypad code. Arrangements are in place for the safe custody of the keypad code when not in use. Protective eyewear is available for the client and operator as outlined 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. Mr Wright was aware that the laser safety warning sign should only be displayed when the laser machine is in use and removed when not in use.

Phade Laser Tattoo Removal has a laser register. Mr Wright told us that he completes the laser register every time the machine is operated, the register includes:

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

It was noted the first name only of clients was noted in the laser register and Mr Wright was advised to record the full name of the client for completeness. Following the inspection Mr Wright submitted evidence that the client's full name is now recorded in the register.

There are arrangements in place to service and maintain the laser machine in line with the manufacturer's guidance. The most recent service report for the laser dated 7 October 2021 was reviewed.

It was determined that appropriate arrangements were in place to operate the laser machine.

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. Written information is provided to the client pre and post treatment which outlines the treatment provided, any 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, 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.

Five client care records were reviewed. There was an 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)

A number of minor discrepancies were noted in relation to the recording of laser wavelength and also as previously mentioned the recording of the client's full name. Mr Wright agreed to ensure accuracy in relation to client records and advice was provided on implementing a client record audit.

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.

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 Mr Wright regarding the consultation and treatment process confirmed that clients are treated with dignity and respect. The consultation and treatments are provided in a private room with the client and Mr Wright 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 filing cabinet.

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 Wright 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.

A copy of the complaints procedure was available in the establishment. It was noted that the complaints policy and procedure had not been updated with RQIA's current address. Following the inspection Mr Wright submitted an updated complaints policy and procedure which accurately reflected RQIA's current details. Mr Wright evidenced a good awareness of complaints management.

Mr Wright 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 Wright 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 Wright confirmed that the statement of purpose and client's guide are kept under review, revised and updated when necessary and available on request.

However as with the complaints procedure RQIA's address required to be updated in the statement of purpose and client's guide. Following inspection Mr Wright submitted an updated statement of purpose and client's guide with RQIA's current address details.

The RQIA certificate of registration was not displayed in a prominent place. On discussion with Mr Wright he stated he had not received a certificate of registration from RQIA. On following this matter up after the inspection there was evidence that a certificate of registration had been posted via recorded delivery to Mr Wright at the service address in October 2020. It was agreed that the registration certificate would be re-issued by RQIA's registration team.

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 Mr Wright.

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



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