

Inspection Report

10 November 2023



Phade Laser Tattoo Removal

Type of service: Independent Hospital-Cosmetic Laser\Intense Pulsed Light
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 [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

1.0 Service information

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| <p>Organisation/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) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L)</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) laser equipment.</p> <p>Equipment available in the service:</p> <p>Laser equipment: Manufacturer: AW3 Model: Flash Ink Serial Number: C500 1220 1908 20064 Laser Class: Class 4 Wavelength: 532 nanometer (nm), 1064nm and 1320nm</p> <p>Types of laser treatments provided: Tattoo removal 532nm Tattoo removal 1064nm Skin rejuvenation Carbon peel</p> | |

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 10 November 2023 from 10.00 am to 12.50 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; 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. Posters were issued to Phade Laser Tattoo Removal by RQIA prior to the inspection inviting clients to complete an electronic questionnaire.

Two clients submitted responses. Client responses indicated that they 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. One client response included comments indicating they were very pleased with the service they had received.

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 5 August 2022; 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 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. It was noted that safeguarding adults at risk of harm level 1 training had been completed. This area is further discussed in section 5.2.3.

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.

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?

There was a robust recruitment and selection policy and procedure, which adhered to legislation and best practice guidance. There have been no authorised operators recruited since the previous inspection. During discussion Mr Wight confirmed that should authorised operators be recruited in the future all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

Discussion with Mr Wright demonstrated 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 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 had completed safeguarding adults at risk of harm Level 1 training. Mr Wright was advised that as the registered person and safeguarding lead, he should complete formal Level 2 training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and minimum standards. On 28 November RQIA received a copy of Mr Wright's training certificates which confirmed that he had completed Level 2 training in both safeguarding children and safeguarding adults and at risk of harm.

It was confirmed that Mr Wright has access to the 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) for reference.

As a result of Mr Wright completing the relevant training 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?

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 (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.

The laser treatment room was clean and clutter free. Discussion with Mr Wright 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, 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?

The management of operations to minimise the risk of COVID-19 transmission were discussed with Mr Wright who outlined the measures that taken 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. It was noted that the CO₂ extinguisher had not been serviced within the last year. This matter was discussed with Mr Wright and on 28 November 2023, RQIA received confirmation by email, that the CO₂ extinguisher had been serviced on 11 November 2023.

As a result of Mr Wright's actions taken following the inspection, 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. 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 2024.

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 3 August 2023 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 2024 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

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 25 October 2023 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).

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 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.

The arrangements for clients to share feedback on the service that they had received was discussed. Mr Wright told us that clients are provided with the opportunity to complete a satisfaction survey when their treatment is complete. Mr Wright informed us that no client satisfaction survey forms had been returned and that all feedback received to date had been provided verbally. Mr Wright was advised as to how client feedback can be sought using different formats with a written record provided. Mr Wright provided assurance that priority will be given to encouraging clients to complete a satisfaction survey, and the findings of these surveys will be collated to provide an anonymised summary report which will be made available to clients and other interested parties. It was also confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

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. 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.

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. 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.

The RQIA certificate of registration was not 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 Mr Wright 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 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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