

Inspection Report

15 March 2024



The Carson Clinic

Type of service: Independent Hospital - Cosmetic laser service

Address: 4 - 6 Market Place, Lisburn, BT28 1AN

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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

<p>Organisation/Provider: Titanic Tattoo Ltd</p> <p>Responsible Individual: Mrs Marie Carson</p>	<p>Registered Manager: Mrs Marie Carson</p> <p>Date registered: 29 March 2024</p>
<p>Person in charge at the time of inspection: Mrs Marie Carson</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: The Carson Clinic is registered with the Regulation and Quality Improvement Authority (RQIA) as an Independent Hospital (IH) with the following categories of care: PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers.</p> <p>A tattoo studio also operates from the same premises as The Carson Clinic and shares communal areas. This inspection focused solely on those laser treatments that fall within regulated activity and the category of care for which the establishment is registered with RQIA.</p> <p>Laser equipment available in the service:</p> <p>Manufacturer: Lynton Model: Luminette Serial Number: LETQ102-21 Laser Class: 4 Wavelength: Nd YAG 532nm & 1064nm</p> <p>Types of laser treatments provided: Laser tattoo removal</p>	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 15 March 2024 from 10.30 am to 1.00 pm.

Prior to this inspection Mrs Marie Carson had submitted an application to RQIA to become the new responsible individual and registered manager of The Carson Clinic. Following a review of the application and supporting documentation and completion of the fit person interview, registration of Mrs Marie Carson with RQIA as responsible individual and registered manager is granted.

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 The Carson Clinic.

Posters were issued to The Carson Clinic 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?

Areas for improvement from the last inspection on 30 March 2023		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 25 (4) (e and f) Stated: First time	The applicant responsible individual shall ensure; <ul style="list-style-type: none"> the fire risk assessment (dated February 2022) is reviewed and the areas outlined in the action plan addressed a system is established to ensure the fire risk assessment is reviewed annually on an ongoing basis 	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 5.2.7.	
Area for Improvement 2 Ref: Regulation 7 Stated: First time	The applicant responsible individual shall ensure a statement of purpose is in place, be kept under review, revised and updated when necessary and available on request.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 5.2.11.	

<p>Area for improvement 3</p> <p>Ref: Regulation 8</p> <p>Stated: First time</p>	<p>The applicant responsible individual shall ensure the client guide is in place and available to clients, be kept under review, revised and updated when necessary and available on request.</p> <p>Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 5.2.11.</p>	<p>Met</p>
<p>Action required to ensure compliance with Minimum Care Standards for Independent Healthcare Establishments (July 2014)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 3.9</p> <p>Stated: First time</p>	<p>The applicant responsible individual shall confirm that the safeguarding lead has undertaken formal level two training in safeguarding adults, in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and minimum standards.</p> <p>Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 5.2.3.</p>	<p>Met</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 18.1</p> <p>Stated: First time</p>	<p>The applicant responsible individual shall develop a management of a medical emergency policy in keeping with best practice.</p> <p>Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 5.2.4.</p>	<p>Met</p>
<p>Area for Improvement 3</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p>	<p>The applicant responsible individual shall further develop the infection prevention and control policy in keeping with legislation and best practice guidance.</p> <p>Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 5.2.5.</p>	<p>Met</p>

<p>Area for Improvement 4</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p>	<p>The applicant responsible individual shall review and update the COVID-19 risk assessment, to ensure this reflects the current management arrangements and is in line with best practice guidance.</p> <p>Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 5.2.6.</p>	<p>Met</p>
<p>Area for Improvement 5</p> <p>Ref: Standard 48.4</p> <p>Stated: First time</p>	<p>The applicant responsible individual shall consult with their laser protection advisor to ensure that the local rules are amended and accurately reflect the following:</p> <ul style="list-style-type: none"> • the contact details of the accident and emergency and eye casualty departments • the details of the relevant bodies that incidents should be reported to that includes RQIA and the Northern Ireland Adverse Incident Centre (NIAIC) <p>Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 5.2.8.</p>	<p>Met</p>
<p>Area for Improvement 6</p> <p>Ref: Standard 48.11</p> <p>Stated: First time</p>	<p>The applicant responsible individual shall ensure the action plan included in the risk assessment undertaken by the laser protection advisor (LPA) on 5 May 2023, is signed by the laser protection supervisor to verify that all recommendations made by the LPA have been addressed.</p> <p>Action taken as confirmed during the inspection: This area for improvement has been assessed as met, further detail is provided in section 5.2.8.</p>	<p>Met</p>

<p>Area for Improvement 7</p> <p>Ref: Standard 7.1</p> <p>Stated: First time</p>	<p>The applicant responsible individual shall ensure the complaints policy is further developed in line with legislation and best practice guidance.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>This area for improvement has been assessed as met, further detail is provided in section 5.2.11.</p>		
<p>Area for Improvement 8</p> <p>Ref: Standard 9.9</p> <p>Stated: First time</p>	<p>The applicant responsible individual shall ensure the incident policy and procedure is developed in line with legislation and includes the reporting arrangements to RQIA and other relevant external bodies in accordance with legislation.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>This area for improvement has been assessed as met, further detail is provided in section 5.2.11.</p>		
<p>Area for Improvement 8</p> <p>Ref: Standard 19</p> <p>Stated: First time</p>	<p>The applicant responsible individual shall ensure policies and procedures are in place for all key operational areas and are in accordance with statutory requirements. Policies should be centrally indexed, dated when issued, reviewed and revised systematically every three years or sooner as required by best practice guidance and/or legislation.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>This area for improvement has been assessed as met, further detail is provided in section 5.2.11.</p>		

5.2 Inspection outcome

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

Mrs Carson is the only person who works in The Carson Clinic. The register of authorised operators for the laser equipment had been signed by Mrs Carson, as the only authorised operator.

A review of training records evidenced that Mrs Carson had up to date training in core of knowledge, application training for the equipment in use, basic life support, infection prevention and control, safeguarding adults at risk of harm and fire safety awareness.

It was confirmed that all other staff employed at the establishment, but not directly involved in the use of the laser equipment, had received laser safety awareness training.

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

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

As discussed The Carson Clinic does not employ any staff. A recruitment and selection policy and procedure was in place that outlined all the required documents to be sought for any new authorised operator prior to commencement of employment. Adherence to this policy would ensure that all required recruitment documentation would be sought and retained for inspection. Mrs Carson indicated that there were no plans for authorised operators to be recruited in the future.

Discussion with Mrs Carson confirmed that she had a clear understanding of the legislation and best practice guidance in relation to recruitment and selection.

It was demonstrated that arrangements were in place to ensure 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?

Mrs Carson stated that laser treatments are not provided to persons under the age of 18 years.

A policy and procedures was in place for the safeguarding and protection of adults at risk of harm. The policy 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 were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise.

Discussion with Mrs Carson confirmed that she was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

A review of records demonstrated that Mrs Carson, as the safeguarding lead, had completed level 2 training in safeguarding adults, in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and minimum standards. It was determined that area for improvement 1 made against the standards, as outlined in section 5.1, has been addressed.

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.

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?

Mrs Carson 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 written protocol in place for dealing with a medical emergency. It was determined that area for improvement 2 made against the standards, as outlined in section 5.1, has been addressed.

It was determined that 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 clinic 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. It was determined that area for improvement 3 made against the standards, as outlined in section 5.1, has been addressed.

The laser treatment room was clean and clutter free and cleaning schedules had been developed. Mrs Carson demonstrated the procedures for the decontamination of equipment between use. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided.

It was determined that 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 Mrs Carson who outlined the measures taken by The Carson Clinic to ensure current best practice measures are in place. It was determined that area for improvement 4 made against the standards, as outlined in section 5.1, has been addressed.

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 service has one treatment room. The premises were maintained to a good standard of maintenance and décor.

Observations made evidenced that a carbon dioxide (CO₂) fire extinguisher is available which has been serviced within the last year.

A fire risk assessment had been completed on 27 October 2023 and the action plan was signed to verify the identified areas had been addressed. It was determined that area for improvement 1 made against the regulations, as outlined in section 5.1, has been addressed.

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. 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 4 May 2024.

Up to date, local rules were in place which have been developed by the LPA. It was determined that area for improvement 5 made against the standards, as outlined in section 5.1, has been addressed.

The establishment's LPA completed a risk assessment of the premises during 5 May 2023 and all recommendations made by the LPA have been addressed. It was determined that area for improvement 6 made against the standards, as outlined in section 5.1, has been addressed.

Mrs Carson 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 May 2024. It was established that systems are in place to review the medical treatment protocols when due.

Mrs Carson, as the laser protection supervisor (LPS) and authorised operator has overall responsibility for safety during laser treatments and had signed to state that she 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.

The environment in which the laser equipment is used was found to be safe and controlled to protect other persons while treatment is in progress. The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out.

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

It was confirmed that a laser register was in place. Mrs Carson told us that the register is completed every time the equipment is operated. The register reviewed included:

- 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 report of the laser was reviewed.

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

5.2.9 How does the service ensure that clients have a planned programme of care and have sufficient information to consent to treatment?

Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. There is written information for clients that provides a clear explanation of any treatment and includes effects, side-effects, risks, complications and expected outcomes. Information is jargon free, accurate, accessible, up-to-date and includes the cost of the treatment.

During the initial consultation each client's personal information is recorded including their general practitioner (GP) details in keeping with legislative requirements and clients are asked to complete a health questionnaire.

The service has a list of fees available for laser tattoo removal. 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.

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.

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 Mrs Carson 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 authorised operator present. Information is provided to the client in verbal and written form at the initial consultation and subsequent treatment sessions to allow the client to make choices about their care and treatment and provide informed consent.

Appropriate measures are in place to maintain client confidentiality and observations made evidenced that client care records were stored securely in a lockable storage case.

Mrs Carson told us that clients are provided with the opportunity to complete a satisfaction survey when their treatment is complete. A number of client satisfaction surveys had been completed. Mrs Carson confirmed that the results of these will be collated to provide an anonymised summary report and will be made available to clients and other interested parties. Mrs Carson also confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

Review of a sample of completed client satisfaction questionnaires demonstrated that clients expressed a high level of satisfaction with the quality of treatment, information and care received.

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

5.2.11 How does the registered provider 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. Mrs Carson confirmed that she is in day to day charge of the service, therefore Regulation 26 unannounced quality monitoring visits do not apply.

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. It was determined that area for improvement 7 made against the standards, as outlined in section 5.1, has been addressed.

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.

An incident policy and procedure was in place which includes the reporting arrangements to RQIA. It was determined that area for improvement 8 made against the standards, as outlined in section 5.1, has been addressed. Mrs Carson confirmed that incidents are 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.

It was demonstrated that a range of policies and procedures were in place and easily accessible. Policies were indexed, dated and had a review date included. It was determined that area for improvement 9 made against the standards, as outlined in section 5.1, has been addressed.

A review of the statement of purpose and the client guide verified that both documents were fully reflective of The Independent Health Care Regulations (Northern Ireland) 2005. It was determined that areas for improvement 2 and 3 made against the regulations, as outlined in section 5.1, has been addressed.

Observation of insurance documentation confirmed that current insurance policies were in place.

It was determined that suitable arrangements are in place to enable Mrs Carson to assure herself 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.

5.2.13 Fit person interview

Providers of regulated establishments require to be registered with RQIA in accordance with Article 12 of The Health and Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, as it is an offence to carry on an establishment of any description without being registered in respect of it.

Mrs Carson submitted an application to RQIA to become the responsible individual and manager of The Carson Clinic. The relevant information, supporting documentation and appropriate fees accompanied the application.

A fit person interview was undertaken as part of this inspection. Discussion with Mrs Carson evidenced that she had a clear understanding of her role and responsibilities as a registered person/manager under the relevant legislation and minimum standards. The following issues were discussed:

- the statement of purpose and client guide
- the management of complaints
- notification of untoward events to RQIA and other relevant bodies
- quality assurance measures to monitor and improve practice as appropriate
- safeguarding children and adults at risk of harm
- responsibilities under 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
- responsibilities under the DoH Minimum Care Standards for Independent Healthcare Establishments (July 2014)
- responsibilities under health and safety legislation
- any court cases pending/disciplinary cases with employers/professional regulatory bodies

Registration of Mrs Marie Carson with RQIA as responsible individual and registered manager is granted.

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



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