

Announced Care Inspection Report 07 February 2017



Abrade Tattoo Removal

Type of Service: Independent Hospital (IH) – Cosmetic Laser
Address: c/o Belfast City Skinworks, 21 Oxford Street, Belfast, BT1 3LA
Tel No: 078 7327 0531
Inspector: Emily Campbell

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Abrade Tattoo Removal took place on 7 February 2017 from 10:00 to 12:00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the cosmetic laser service was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Observations made, review of documentation and discussion with Mr Anthony O'Neill, registered person, demonstrated that in general systems and processes were in place to ensure that care to clients was safe and avoids and prevents harm. Areas reviewed included laser safety, staffing, recruitment and selection, safeguarding, management of medical emergencies, infection prevention control and decontamination, and the general environment. Two recommendations were made in relation to formalising appraisal and updating the adult safeguarding policy.

Is care effective?

Observations made, review of documentation and discussion with Mr O'Neill demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included care pathway, audits and communication. A recommendation was made that minutes of staff meetings should be retained.

Is care compassionate?

Observations made, review of documentation and discussion with Mr O'Neill demonstrated that arrangements are in place to promote client's dignity, respect and involvement in decision making. No requirements or recommendations have been made.

Is the service well led?

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs clients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered person's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

This inspection was underpinned by 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, Social Services and Public Safety (DHSPPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Anthony O'Neill, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 22 March 2016.

2.0 Service details

Registered organisation/registered person: Mr Anthony O'Neill	Registered manager: Mr Anthony O'Neill
Person in charge of the home at the time of inspection: Mr Anthony O'Neill	Date manager registered: 05 August 2015
Categories of care: Independent Hospital (IH) PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers	

Laser Equipment

Manufacturer: ADL
 Model: Sapphire II
 Serial Number: S2120811249
 Laser Class: Class 4
 Wavelength: 532nm and 1064nm

Laser Protection Advisor (LPA) –

Anna Bass (Lasernet)

Laser Protection Supervisor (LPS) -

Anthony O'Neill

Medical Support Services –

Dr Paul Myers (Lasernet)

Authorised Operators -

Anthony O'Neill
David Marshall

Types of Treatment Provided –
Laser Tattoo Removal**3.0 Methods/processes**

Questionnaires were provided to clients and staff prior to the inspection by the establishment on behalf of the RQIA. No questionnaire responses were submitted to RQIA. Prior to inspection we analysed the submitted complaints declaration.

During the inspection the inspector met with Mr O'Neill, registered person and authorised operator. A tour of the premises was also undertaken.

Records were examined during the inspection in relation to the following areas:

- 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

4.0 The inspection**4.1 Review of requirements and recommendations from the most recent inspection dated 22 March 2016**

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 22 March 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 18 (2) (a)	Ensure that the authorised users undertake mandatory training in basic life support, fire safety and infection prevention and control.	Met

<p>Stated: Second time</p>	<p>Action taken as confirmed during the inspection: Review of documentation evidenced that both authorised operators had undertaken training in fire safety and infection prevention and control. Training records were only available in respect of Mr O'Neill for basic life support; however, Mr O'Neill confirmed that both authorised operators had undertaken this training at the same time. A copy of the training certificate in respect of the second authorised operator was submitted to RQIA following the inspection.</p>	
<p>Requirement 2 Ref: Regulation 15 (1) Stated: First time</p>	<p>The registered person must ensure that recommendations made by the LPA in the risk assessment on 7 April 2015 are fully addressed. Written confirmation should be recorded in the risk assessment action plan by the LPS.</p> <p>Action taken as confirmed during the inspection: Review of the documentation and discussion with Mr O'Neill confirmed that the recommendations made by the LPA had been addressed.</p>	Met
<p>Requirement 3 Ref: Regulation 18 (2) Stated: First time</p>	<p>The registered person must submit a copy of Mr Marshall's safe use and application training certificate to RQIA.</p> <p>Action taken as confirmed during the inspection: A copy of Mr Marshall's safe use and application training certificate was submitted to RQIA and was available for review during this inspection.</p>	Met
<p>Requirement 4 Ref: Regulation 18 (2) Stated: First time</p>	<p>The registered person must ensure that copies of training records of authorised users are retained in the premises and be available for inspection.</p> <p>Action taken as confirmed during the inspection: Copies of training records of authorised operators were retained in the premises with the exception of the basic life support training record in respect of one authorised operator as previously discussed.</p> <p>The training record was subsequently submitted to RQIA. Mr O'Neill provided assurances this had been retained in the premises and all future training records will also be retained.</p>	Met

<p>Requirement 5</p> <p>Ref: Regulation 15 (2) (b)</p> <p>Stated: First time</p>	<p>The registered person must submit a copy of the most recent service engineer's report of the laser equipment to RQIA.</p> <p>All servicing reports should be retained in the laser safety file and be available for inspection.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Mr O'Neill confirmed that a copy of the most recent service engineer's report of the laser equipment was forwarded to RQIA following the previous inspection.</p> <p>Review of documentation evidenced that the laser had been serviced on 28 December 2016 and the identified date of the next service is January 2018.</p>		
<p>Requirement 6</p> <p>Ref: Regulation 27 (3) (d)</p> <p>Stated: First time</p>	<p>The registered person must submit a copy of the current insurance certificate to RQIA.</p> <p>Insurance certificates should be retained and be available for inspection.</p>	
<p>Action taken as confirmed during the inspection:</p> <p>The insurance certificate was submitted to RQIA. Review of documentation evidenced that the current insurance is in date.</p>		
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 48.5</p> <p>Stated: Second time</p>	<p>Remove the reference to the interlock system in section 9.3b of the local rules.</p> <p>Action taken as confirmed during the inspection:</p> <p>Review of the local rules identified that the reference to the interlock system had not been removed from section 9.3b of the local rules. Mr O'Neill advised that he had contacted the LPA regarding this and the LPA considered that reference should remain in the local rules. However, following this inspection Mr O'Neill again contacted the LPA and subsequently revised local rules were provided by the LPA which omitted the reference to the interlock system in section 9.3b. The revised local rules were submitted to RQIA by email on 16 February 2017 evidencing this.</p>	<p>Met</p>

<p>Recommendation 2</p> <p>Ref: Standard 5</p> <p>Stated: First time</p>	<p>The information received from the client feedback questionnaires should be collated into a summary report and made available to clients and other interested parties.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>No clients have completed client satisfaction questionnaires since the previous inspection. However, Mr O’Neill confirmed that if completed questionnaires are received these will be collated into a summary report and made available to clients and other interested parties.</p> <p>Mr O’Neill reviews comments provided by clients on the service’s Facebook page and it was suggested that these comments should be used as part of his annual client satisfaction survey in the future. Assurances were provided by Mr O’Neill in this regard.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 48.13</p> <p>Stated: First time</p>	<p>Arrangements should be established to ensure that annual laser safety awareness training is provided to staff working in the premises who are not directly involved in the operation of the laser and records retained.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of documentation evidenced that laser safety awareness training has been provided to staff working in the premises who are not directly involved in the operation of the laser. Mr O’Neill confirmed that arrangements have been established to provide this training on an annual basis.</p>		

4.3 Is care safe?

Staffing

Discussion with Mr O’Neill confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients.

Mr O’Neill confirmed that laser treatments are only carried out by authorised operators. A register of authorised operators for the laser is maintained and kept up to date.

No new staff have been recruited since the previous inspection; however, Mr O’Neill confirmed that any new staff recruited would be provided with induction training.

A review of training records evidenced that authorised operators have up to date training in core of knowledge training, application training for the equipment in use, infection prevention and control and fire safety. As discussed previously, the training record in respect of an authorised operator, for basic life support which was not available, was subsequently submitted to RQIA.

All other staff employed at the establishment, but not directly involved in the use of the laser equipment, had received laser safety awareness training.

Mr O'Neill confirmed that annual appraisal is carried out with the other authorised operator, however, this is not formalised. A recommendation was made in this regard.

Recruitment and selection

There have been no authorised operators recruited since the previous inspection. During discussion Mr O'Neill confirmed that should staff be recruited in the future robust systems and processes will be 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.

Safeguarding

Mr O'Neill 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 discussion took place in relation to the adult safeguarding arrangements and in particular the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015). An electronic copy was forwarded to Mr O'Neill on 7 March 2017, together with onward referral details should an adult safeguarding issue arise. A recommendation was made to update the establishment's adult safeguarding policy in accordance with the information forwarded and to ensure the updated policy is signed as read and understood by authorised operators. Training in safeguarding adults should be provided every two years.

Mr O'Neill confirmed the laser service is not provided to persons under the age of 18 years.

Laser safety

A laser safety file was in place which contained all of 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 30 March 2017.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers on 31 March 2015. Systems are in place to review the medical treatment protocols on an annual basis. The medical treatment protocols contained the relevant information pertaining to the treatments being provided.

Up to date local rules were in place which have been developed by the LPA. The local rules contained the relevant information pertaining to the laser equipment being used. As discussed previously, an amendment was made to the local rules by the LPA following the inspection to remove the reference to the interlock system in section 9.3b.

The establishment's LPA completed a risk assessment of the premises on 7 April 2015 and recommendations made by the LPA have been addressed.

The laser protection supervisor (LPS) has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. Authorised operators have signed to state that they have 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. Arrangements are in place for another authorised operator, who is suitably skilled to fulfil the role, to deputise for the LPS in their absence.

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 door to the treatment room is locked when the laser equipment is in use but can be opened from the outside in the event of an emergency.

The laser equipment is operated using a key. Arrangements are in place for the safe custody of the laser key 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. Laser safety warning signs are displayed when the laser equipment is in use and removed when not in use.

The establishment has a laser register which is completed every time the equipment is operated and 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 equipment in line with the manufacturer's guidance. The most recent service report of 28 December 2016 was reviewed as part of the inspection process.

Management of emergencies

As discussed, review of documentation evidenced that Mr O'Neill had up to date training in basic life support; a copy of the second authorised operator's training certificate was submitted to RQIA following the inspection. Discussion with Mr O'Neill confirmed he was aware of what action to take in the event of a medical emergency. There is also a trained first aider in the premises.

There was a resuscitation policy in place.

Infection prevention and control and decontamination procedures

The treatment room was clean and clutter free. Discussion with Mr O'Neill 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.

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

Client and staff views

Mr O'Neill confirmed that questionnaires were provided to clients and staff, however, none were submitted to RQIA.

Areas for improvement

Annual appraisal should be formalised and records retained.

Update the adult safeguarding policy in accordance with the regional guidance. The updated policy should be signed as read and understood by the authorised operators.

Number of requirements	0	Number of recommendations	2
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4.4 Is care effective?

Care pathway

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 establishment 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, with their consent, for further information if necessary.

Six client care records were reviewed. There is an accurate and up to date treatment record for every client which includes:

- 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)

Manual records are retained and observations made evidenced that client records are securely stored. It was confirmed that a policy and procedure for the retention of records is available.

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. Information is jargon free, accurate, accessible, up-to-date. Information regarding costs is provided during the consultation.

Mr O’Neill confirmed that he has an open door policy and the other authorised operator’s views and opinions are listened to.

Mr O’Neill advised that he meets with the other authorised operator every week, however, minutes of these meetings are not retained. A recommendation was made in this regard.

It was confirmed that in the event of any incidents or complaints, the learning from these would be sheared with the other authorised operator.

Client and staff views

No client or staff questionnaires were submitted to RQIA.

Areas for improvement

Minutes of staff meetings should be retained.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

Dignity respect and involvement with decision making

Discussion with Mr O’Neill 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. 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 locked filing cabinets.

Client satisfaction surveys are carried out by the establishment on an annual basis, however, as previously discussed no clients have completed client satisfaction questionnaires since the previous inspection. Mr O’Neill confirmed that if completed questionnaires are received these will be collated into a summary report and made available to clients and other interested parties. Mr O’Neill reviews comments provided by clients on the service’s Facebook page and it was suggested that these comments should be used as part of his annual client satisfaction survey in the future. Assurances were provided by Mr O’Neill in this regard.

Client and staff views

No client or staff questionnaires were submitted to RQIA.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Management and governance

There was a clear organisational structure within the establishment and Mr O’Neill, who is an authorised operator, was able to describe his roles and responsibilities. The second authorised operator was not available to speak with at the time of the inspection. Arrangements were in place to facilitate annual staff appraisal, as discussed, a recommendation was made that this should be formalised. Mr O’Neill, 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 on an annual basis.

Discussion with Mr O’Neill demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Mr O’Neill demonstrated good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the establishment for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

Discussion with Mr O’Neill confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Discussion with Mr O’Neill confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals.

Mr O'Neill confirmed that if required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

A whistleblowing/raising concerns policy was available. Discussion with authorised operators confirmed that they were aware of who to contact if they had a concern.

Mr O'Neill demonstrated a clear understanding of his role and responsibility in accordance with legislation. The previous QIP response was not submitted within the specified timeframe; this was discussed with Mr O'Neill and it was stressed that information requested should be submitted within specified timeframes. The statement of purpose was reviewed and was up to date. Mr O'Neill confirmed that client's guide is also 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.

Client and staff views

No client or staff questionnaires were submitted to RQIA.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Anthony O'Neill, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 IH-Cosmetic Laser. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on 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

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Minimum Care Standards for Independent Healthcare Establishments(July 2014). They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to Independent.Healthcare@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 13.9 Stated: First time To be completed by: 7 May 2017	Annual appraisal should be formalised and records retained. Response by registered provider detailing the actions taken: Annual appraisals will be carried out on a yearly basis going forward and all documentation will be file in the clinic for inspection on request.
Recommendation 2 Ref: Standard 3.1 Stated: First time To be completed by: 7 May 2017	Update the adult safeguarding policy in accordance with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and include onward referral details should an adult safeguarding issue arise. The updated policy should be signed as read and understood by the authorised operators. Response by registered provider detailing the actions taken: The updated policy has now been read and signed by all members of staff and a copy is available for inspection.
Recommendation 3 Ref: Standard 12.7 Stated: First time To be completed by: 7 April 2017	Minutes of staff meetings should be retained. Response by registered provider detailing the actions taken: Minutes of all staff meeting will be held on file in our Derry studio and will be made available for inspection.

Please ensure this document is completed in full and returned to Independent.Healthcare@rqia.org.uk from the authorised email address



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