



The Regulation and  
Quality Improvement  
Authority

**Abrade Tattoo Removal**  
**RQIA ID: 12252**  
**c/o Belfast City Skinwork**  
**21 Oxford Street**  
**Belfast**  
**BT1 3LA**

**Inspector: Emily Campbell**  
**Inspection ID: IN024122**

**Tel: 078 7327 0531**

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**Announced Care Inspection  
of  
Abrade Tattoo Removal**

**22 March 2016**

**The Regulation and Quality Improvement Authority**  
**9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)**

## 1. Summary of Inspection

An announced care inspection took place on 22 March 2016 from 13.05 to 15.50. On the day of the inspection it was identified that further development is needed to ensure the establishment is delivering safe, effective and compassionate care. One outstanding issue from the previous inspection also need to be addressed. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

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's (DHSPPS) Minimum Care Standards for Healthcare Establishments (2014).

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	6	3

The details of the 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.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mr Anthony O'Neill	<b>Registered Manager:</b> Mr Anthony O'Neill
<b>Person in Charge of the Establishment at the Time of Inspection:</b> Mr Anthony O'Neill	<b>Date Manager Registered:</b> 05 August 2015
<b>Categories of Care:</b> PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers	

**Laser Equipment**

Manufacturer: ADL  
 Laser Class: Class 4  
 Model: Sapphire II  
 Serial Number: S2120811249  
 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 Users -**

Anthony O'Neill

David Marshall

**Types of Treatment Provided –**

Laser Tattoo Removal

**3. Inspection Focus**

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

<b>Standard 4</b>	<b>Dignity, Respect and Rights</b>
<b>Standard 5</b>	<b>Patient and Client Partnerships</b>
<b>Standard 7</b>	<b>Complaints</b>
<b>Standard 48</b>	<b>Laser and Intense Light Sources</b>

Other areas inspected: Incidents, insurance arrangements and RQIA registration.

**4. Methods/Process**

Specific methods/processes used in this inspection include the following:

Prior to the inspection the following records were analysed: pre-inspection information and complaints return.

During the inspection the inspector met with Mr Anthony O'Neill, registered person.

The following records were examined during the inspection:

- Eight client care records
- Laser safety file
- Laser risk assessment
- Policies and procedures
- Client feedback questionnaires
- Incident/accident records
- Local rules
- Medical treatment protocols
- Equipment service records
- Complaints records

## 5 The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the establishment was an announced estates pre-registration inspection dated 21 July 2014. The completed QIP was returned and approved by the estates inspector. Issues identified were followed up by the estates inspector and registration of the establishment was approved on 5 August 2015.

### 5.2 Review of Requirements and Recommendations from the Last Care Pre-registration Inspection Dated 23 June 2014

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 18 (2) (a)</p> <p><b>Stated:</b> First time</p>	<p>Ensure that the authorised users undertake mandatory training in basic life support, fire safety and infection prevention and control.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Mr O'Neill confirmed that he and David Marshall, the only other authorised user, had received basic life support training on 25 September 2014. Training records were available to confirm that Mr O'Neill completed basic life support training on this date. The training certificate indicated that the training was valid for three years. There were no training records available to evidence Mr Marshall's training.</p> <p>Mr O'Neill confirmed that fire safety training is provided within the establishment on a regular basis. There was no evidence available to confirm that training had been provided in respect of fire safety and infection prevention and control.</p> <p>This requirement has not been fully addressed and is stated for the second time.</p> <p>Further information regarding training is discussed in section 5.6 of the report.</p>	<p><b>Partially Met</b></p>

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 18 (2) (a)</p> <p><b>Stated:</b> First time</p>	<p>Ensure that staff working in the premises who are not directly involved in the operation of the laser as provided with laser safety awareness training.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of training records confirmed that staff working in the premises who are not directly involved in the operation of the laser were provided with laser safety awareness training on 25 July 2014.</p> <p>This requirement has been addressed, however, laser safety awareness training should be provided on an annual basis and there was no evidence to confirm that this had been provided since 25 July 2014. This matter is discussed further in section 5.6 of the report.</p>	<p><b>Met</b></p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 15 (7)</p> <p><b>Stated:</b> First time</p>	<p>Ensure that all issues identified in relation to infection prevention and control are addressed as outlined in the main body of the report.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Review of documentation and observations made evidenced that this requirement has been addressed.</p>	<p><b>Met</b></p>
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 25 (2) (d)</p> <p><b>Stated:</b> First time</p>	<p>Ensure that all laser warning signs are removable and discuss appropriate signage with the LPA. Ensure the local rules reflect the agreement reached.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Observations made and review of documentation evidenced this requirement has been addressed.</p>	<p><b>Met</b></p>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 25 (2) (d)</p> <p><b>Stated:</b> First time</p>	<p>Discuss the protective eyewear available within the establishment with the LPA and the supplier to ensure the correct specification of eyewear is available. The local rules should be amended if necessary.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Observations made confirmed that eyewear provided is in keeping with that specified in the local rules.</p>	<p><b>Met</b></p>

<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 15 (2) (b)</p> <p><b>Stated:</b> First time</p>	<p>Obtain a copy of the most recent service report and forward a copy to RQIA prior to registration.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Mr O'Neill confirmed on the submitted QIP from the pre-registration inspection that a new servicing agreement had been established and arrangements had been arranged for a service to be carried out in August 2014. The servicing report dated 26 August 2014 was available during the inspection.</p> <p>This requirement has been addressed. However, there was no evidence available of the laser being serviced after August 2014. Mr O'Neill confirmed the machine had been serviced but the report was not available during this inspection. This matter is discussed further in section 5.6 of the report.</p>	<p><b>Met</b></p>
<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulation 25 (2) (d)</p> <p><b>Stated:</b> First time</p>	<p>Confirm the laser blocking decals have been fitted to the windows around the treatment room door.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Observations made evidenced that laser blocking decals have been fitted to the windows around the treatment room door.</p>	<p><b>Met</b></p>
<p><b>Requirement 8</b></p> <p><b>Ref:</b> Regulation 25 (4) (a)</p> <p><b>Stated:</b> First time</p>	<p>Ensure the CO2 fire extinguisher is serviced and arrangements are in place to service this on an annual basis.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Observations made evidenced that the CO2 fire extinguisher has been serviced and the next service is due in January 2017.</p>	<p><b>Met</b></p>

Previous Inspection Recommendations		Validation of Compliance
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> P2.2</p> <p><b>Stated:</b> First time</p>	<p>Remove the reference to the interlock system in section 9.3b of the local rules.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Mr O’Neill indicated on the submitted QIP from the pre-registration inspection that the LPA stated that reference to the interlock system could remain in the local rules as the reference stated “as required”. However review of the local rules confirmed that the term “as required” is not included in the statement in section 9.3b of the local rules.</p> <p>This recommendation has not been addressed and is stated for the second time.</p> <p>Note: Since the pre-registration inspection the DHSSPS Draft Independent Health Care Minimum Standards for Hospitals and Clinic have been superseded by The Department of Health, Social Services and Public Safety’s (DHSSPS) Minimum Care Standards for Healthcare Establishments (2014). This standard is now reflected as standard 48.5 in the new minimum standards.</p>	<p><b>Not Met</b></p>

### 5.3 Standard 4 – Dignity, Respect and Rights

#### Is Care Safe?

Discussion regarding the consultation and treatment process, with Mr O’Neill confirmed that clients’ modesty and dignity is respected at all times. The consultation and treatment is provided in a private room with the client and authorised user present.

Observations confirmed that client care records were stored securely in the treatment room.

#### Is Care Effective?

It was confirmed through the above discussion and observation that clients are treated in accordance with the DHSSPS standards for Improving the Patient & Client Experience.

Clients meet with the authorised user undertaking the treatment and are fully involved in decisions regarding their treatment. Clients’ wishes are respected and acknowledged by the establishment.

#### Is Care Compassionate?

Discussion with Mr O’Neill and review of eight client care records confirmed that clients are treated and cared for in accordance with legislative requirements for equality and rights.

## Areas for Improvement

No areas for improvement were identified during the inspection.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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### 5.4 Standard 5 – Patient and Client Partnership

#### Is Care Safe?

Clients are asked for their comments in relation to the quality of treatment provided, information and care received.

The information from clients' comments are collected in an anonymised format, summarised and used by the establishment to make improvements to services.

#### Is Care Effective?

Abrade Tattoo Removal obtains the views of clients on a formal and informal basis as an integral part of the service they deliver.

The establishment issues feedback questionnaires to clients on an ongoing basis. Review of the completed questionnaires found that clients were highly satisfied with the quality of treatment, information and care received. Some comments from clients included:

- “No complaints whatsoever. Laser has been very effective in lightening my tattoo and Dave has been great. Very happy with Abrade.”
- “Great customer service but painful procedure (smiley face).”
- “Very friendly and reliable service.”
- “Really very happy, laser has been great in fading my tattoo. Joe (Mr O’Neill) and Dave have been great, very helpful. Laser makes my cover-up much easier. Thanks guys.”
- “Dave is very professional and has a very infectious laugh!! I was really happy with my treatment and would recommend Abrade to anyone.”
- “Didn’t realise the treatment was so short.”
- “Very good service, highly recommended.”
- “Really professional work. Would highly recommend.”

The information received from the client feedback questionnaires is not collated into a summary report which is made available to clients and other interested parties to read. A recommendation was made in this regard.

It was confirmed through discussion that comments received from clients are reviewed by Mr O’Neill and if required an action plan is developed and implemented to address any issues identified.



## Is Care Compassionate?

Review of care records and discussion with Mr O'Neill confirmed that treatment and care are planned and developed with meaningful client involvement; facilitated and provided in a flexible manner to meet the assessed needs of each individual client.

## Areas for Improvement

The information received from client feedback questionnaires should be collated into a summary report and made available to clients and other interested parties.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## 5.5 Standard 7 - Complaints

### Is Care Safe?

No complaints have been recorded by the establishment since the last inspection. However, systems are in place to investigate and respond to complaints within 28 working days (in line with regulations) or if this is not possible, Mr O'Neill confirmed that complainants would be kept informed of any delays and the reason for this.

### Is Care Effective?

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers. However, if there is considered to be a breach of regulation as stated in The Independent Health Care Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

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 January 2014 to 31 March 2015.

The establishment operates a complaints policy and procedure in accordance with the DHSSPS guidance on complaints handling in regulated establishments and agencies and the legislation.

Mr O'Neill demonstrated a good understanding of complaints management.

Review of the complaints register noted no complaints had been received by the establishment but the records evidenced that there were systems in place to ensure complaints are well documented, fully investigated and outcomes recorded in line with the complaints procedure and legislation.

A complaints audit is in place if necessary as part of the establishment's quality assurance arrangements.

The complaints procedure is contained within the Client Guide.

### Is Care Compassionate?

A copy of the complaints procedure is provided to clients and to any person acting on their behalf.

Mr O'Neill confirmed that in the event of a complaint being made, the complainant would be notified of the outcome and action taken by the establishment to address any concerns raised.

### Areas for Improvement

No areas for improvement were identified during the inspection.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.6 Standard 48 - Laser and Intense Light Sources.

### Is Care Safe?

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.

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 30 March 2016. Mr O'Neill confirmed he had made arrangements to extend this.

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 set out:

- Indications
- Contraindications
- Technique
- Pre-treatment tests
- Pre-treatment care
- Post-treatment care
- Recognition of treatment related problems
- Procedure if anything goes wrong with the treatment
- Permitted variation on machine variables
- Procedure in the event of equipment failure

The establishment has local rules in place which have been developed by their LPA on 7 April 2015.

The local rules cover:

- The potential hazards associated with lasers
- Controlled and safe access
- Authorised operator's responsibilities
- Methods of safe working
- Safety checks
- Personal protective equipment
- Prevention of use by unauthorised persons
- Adverse incidents procedures

As discussed in section 5.2 of the report a recommendation was made for the second time that the reference to the interlock system in section 9.3b of the local rules should be removed.

The laser protection supervisor has overall responsibility for safety during laser treatments as recorded within the local rules.

A list of authorised users is maintained and authorised users have signed to state that they have read and understood the local rules and medical treatment protocols.

Clients are provided with written aftercare instructions following treatment.

The establishment's LPA completed a risk assessment of the premises on 7 April 2015. It was noted that all recommendations made by the LPA have not been addressed. A requirement was made in this regard.

Authorised users are required to undertake training in core of knowledge and the safe use and application of the laser equipment every five years. Review of training records evidenced that both authorised users had current core of knowledge training and Mr O'Neill's had current safe use and application training. No records were available in respect of Mr Marshall's safe use and application of the laser equipment. A requirement was made that a copy of Mr Marshall's safe use and application training certificate should be submitted to RQIA.

As discussed in section 5.2 of the report, with the exception of Mr O'Neill's basic life support training there was no evidence to confirm that authorised users had completed mandatory training in basic life support, fire safety and infection prevention and control. A requirement was made for the second time in this regard.

A requirement was also made that copies of training records of authorised users must be retained in the premises and be available for inspection. It was noted that this matter was also included as a recommendation in the LPA's risk assessment in April 2015.

As discussed in section 5.2 of the report, review of training records confirmed that staff working in the premises who are not directly involved in the operation of the laser were provided with laser safety awareness training on 25 July 2014. However, laser safety awareness training should be provided on an annual basis and there was no evidence to confirm that this had been provided since July 2014. A recommendation was made that arrangements should be established to ensure that training is provided on an annual basis and records retained.

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.

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

Laser safety warning signs are displayed when the laser equipment is in use and removed when not in use, as described within the local rules.

Protective eyewear is available for the client and operator as outlined in the local rules.

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.

### **Is Care Effective?**

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

Eight 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)

The most recent service engineer report of the laser equipment available was dated August 2014; however, Mr O'Neill confirmed that the laser had been serviced since this time in line with the manufacturer's guidance. A requirement was made that a copy of the most recent service engineer's report is submitted to RQIA and that all servicing reports should be retained in the laser safety file and be available for inspection. It was noted during the inspection that the serial number of the laser was different to that identified during the previous inspection. Mr O'Neill advised that he had two lasers one of which is located in his service in Dublin. Mr O'Neill provided assurances that the lasers were both purchased at the same time and were the same make and model number. It is anticipated that the service engineer report to be submitted to

RQIA will confirm that the service was carried out in respect of the laser currently in use in Abrade Tattoo Removal.

A laser safety file is in place which contains all of the relevant information in relation to laser or intense light equipment.

### **Is Care Compassionate?**

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.

### **Areas for Improvement**

The recommendations made by the LPA in the risk assessment on 7 April 2015 should be addressed. Written confirmation should be recorded in the risk assessment action plan by the LPS.

A copy of Mr Marshall's safe use and application training certificate should be submitted to RQIA.

Ensure that the authorised users undertake mandatory training in basic life support, fire safety and infection prevention and control.

Copies of training records of authorised users must be retained in the premises and be available for inspection.

A copy of the most recent service engineer's report of the laser equipment should be submitted to RQIA. All servicing reports should be retained in the laser safety file and be available for inspection.

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.

The reference to the interlock system in section 9.3b of the local rules should be removed.

<b>Number of Requirements:</b>	<b>5</b>	<b>Number of Recommendations:</b>	<b>2</b>
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## 5.7 Additional Areas Examined

### 5.7.1 Management of Incidents

The establishment has an incident policy and procedure in place which includes reporting arrangements to RQIA.

No adverse incidents have occurred within the establishment since registration with RQIA. However systems are in place to manage, document, fully investigate incidents and disseminate the outcomes.

### 5.7.2 RQIA registration and Insurance Arrangements

Mr O'Neill confirmed that current insurance policies were in place; however, the current insurance certificate was not available during the inspection. A requirement was made that this should be submitted to RQIA. Insurance certificates should be retained and be available for inspection.

The RQIA certificate of registration was displayed in the treatment room of the premises.

#### Areas for Improvement

The current insurance certificate should be submitted to RQIA. Insurance certificates should be retained and be available for inspection.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 6 Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this 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 your premises. 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.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011.

## 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Department of Health, Social Services and Public Safety's (DHSPPS) Minimum Care Standards for Healthcare Establishments. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the establishment. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 18 (2) (a)</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 23 June 2016</p>	<p>Ensure that the authorised users undertake mandatory training in basic life support, fire safety and infection prevention and control.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>All staff working in our new studio will be going through a full train program as part of the training plan as follows:          Basic life support September 2016, Fire safety training August 2016          infection prevention and control July 2016. All certificates will be forwarded to the RQIA for their files. At the time the existing Staff will also have their training updated so that going forward all updates for the training will be arranged at the same time.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 15 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 23 April 2016</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><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>Completed</p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 18 (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 23 April 2016</p>	<p>The registered person must submit a copy of Mr Marshall's safe use and application training certificate to RQIA.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>Attached</p>
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 18 (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 23 April 2016</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><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>Completed</p>
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 15 (2) (b)</p> <p><b>Stated:</b> 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><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p>



<b>To be Completed by:</b> 23 April 2016	A am currently waiting on copies being sent from our service provider. I will email copies of same to you as soon as I receive them.		
<b>Requirement 6</b>  <b>Ref:</b> Regulation 27 (3) (d)  <b>Stated:</b> First time  <b>To be Completed by:</b> 23 April 2016	The registered person must submit a copy of the current insurance certificate to RQIA.  Insurance certificates should be retained and be available for inspection.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Attached		
<b>Recommendations</b>			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 48.5  <b>Stated:</b> Second time  <b>To be Completed by:</b> 23 May 2016	Remove the reference to the interlock system in section 9.3b of the local rules.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Have informed Lasermet and await their response.		
<b>Recommendation 2</b>  <b>Ref:</b> Standard 5  <b>Stated:</b> First time  <b>To be Completed by:</b> 23 June 2016	The information received from the client feedback questionnaires should be collated into a summary report and made available to clients and other interested parties.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Completed		
<b>Recommendation 3</b>  <b>Ref:</b> Standard 48.13  <b>Stated:</b> First time  <b>To be Completed by:</b> 23 June 2016	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.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Attached		
<b>Registered Manager Completing QIP</b>		<b>Date Completed</b>	
<b>Registered Person Approving QIP</b>		<b>Date Approved</b>	
<b>RQIA Inspector Assessing Response</b>		<b>Date Approved</b>	

*\*Please ensure this document is completed in full and returned to [independent.healthcare@rqia.org.uk](mailto:independent.healthcare@rqia.org.uk) from the authorised email address\**