

Inspection Report

20 August 2025



Ink-Out Tattoo Removal

Type of service: Independent Hospital-Cosmetic Laser\Intense Pulsed Light
Address: 281/283 Woodstock Road, Belfast, BT6 8PR
Telephone number: 078 1401 2433

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: Mr Paul Clarke</p>	<p>Registered Manager: Mr Paul Clarke</p> <p>Date registered: 21 January 2016</p>
<p>Person in charge at the time of inspection: Mr Paul Clarke</p>	
<p>Categories of care: Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L) and Prescribed techniques or prescribed technology: establishments using intense light sources PT (IL).</p>	
<p>Brief description of how the service operates: Ink-Out Tattoo Removal 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 and PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources.</p> <p>Ink-Out Tattoo Removal does not provide any other cosmetic / aesthetic treatments. A beautician also operates from the same premises and Ink-Out Tattoo Removal. The beautician service shares the communal areas in the establishment. This inspection focused solely on those treatments using a Class 4 laser and/or an intense pulse light (IPL) machine that fall within regulated activity and the categories of care for which the establishment is registered with RQIA.</p> <p>Equipment available in the service:</p> <p>Multiplatform equipment:</p> <p>Manufacturer: UK Beauty Model: Voyager 3+ Serial Number: SL 1090501X Laser Class: 4 Wavelength: 532 and 1064 nm laser; 400-1200nm PL Handpieces: 1 Nd:Yag; 1 SHR and 1 IPL</p> <p>The UK Beauty Voyager 3+ is a multi-platform machine that is capable of operating as a laser and an IPL by changing the hand piece.</p>	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 20 August 2025 from 10.00 am to 12.30 pm.

The purpose of the inspection was to assess progress with areas for improvement identified during the last care inspection and to assess compliance with the legislation and minimum standards.

There was evidence of good practice concerning staff recruitment; authorised operator training; safeguarding; laser and IPL safety; management of medical emergencies; infection prevention and control (IPC); the management of clinical records; and effective communication between clients and staff.

Additional areas of good practice identified included maintaining client confidentiality, ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow clients to make informed choices.

No immediate concerns were identified regarding the delivery of front line client care.

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the establishment is operating in accordance with the relevant legislation and minimum standards. Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the quality improvement plan (QIP).

4.0 What people told us about the service

Clients were not present on the day of the inspection and client feedback was assessed by reviewing the most recent client satisfaction surveys completed by Ink-Out Tattoo Removal. This matter is discussed further in section 5.2.9.

Posters were issued to Ink-Out Tattoo Removal 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 2 September 2024		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21 (1) (a) and 21 (3) Stated: Second time	The registered person shall ensure that client care records are completed contemporaneously, retained and available for inspection.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met and further detail is provided in section 5.2.8.	
Area for improvement 2 Ref: Regulation 19 (2) (d) Stated: First time	The registered person shall ensure that all required recruitment records as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended: are in place for any person intended to be employed as an authorised operator prior to the commencement of their employment and these records should be retained for inspection.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met and further detail is provided in section 5.2.2.	
Area for improvement 3 Ref: Regulation 27 (3) (d) Stated: First time	The registered person shall ensure that confirmation of employer's liability insurance has been sought and retained and is made available for review during inspection.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met and further detail is provided in section 5.2.10.	

Action required to ensure compliance with Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area for improvement 1 Ref: Standard 48.10 Stated: Second time	The registered person shall ensure that client treatment records are maintained in accordance with Standard 48.10 at all times.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met and further detail is provided in section 5.2.8.	
Area for improvement 2 Ref: Standard 13.1 and 13.4 Stated: First time	The registered person shall ensure all authorised operators undertake mandatory training as outlined by RQIA and ensure a record of is kept of all training undertaken (including induction) and made available for review by interested parties.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met and further detail is provided in section 5.2.1	
Area for improvement 3 Ref: Standard 13.3: 13.4 and 14.6 Stated: First time	The registered person shall ensure all newly appointed authorised operators complete a structured induction programme within 3 months of employment and a job description is issued on appointment.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met and further detail is provided in section 5.2.2.	
Area for improvement 4 Ref: Standard 48.6 Stated: First time	The registered person shall ensure there is written confirmation of the appointment and duties of a certified LPA that is renewed annually.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met and further detail is provided in section 5.2.7.	

Area for improvement 5 Ref: Standard 48.4 Stated: First time	The registered person shall ensure the local rules in place are up to date.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met and further detail is provided in section 5.2.7.	
Area for improvement 6 Ref: Standard 48.11 Stated: First time	The registered person shall ensure the risk assessment in place is up to date and has been reviewed in agreement with the LPA.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met and further detail is provided in section 5.2.7.	
Area for improvement 7 Ref: Standard 48.2 and 48.6 Stated: First time	The registered person shall ensure all authorised operators sign the authorised operator register to indicate that they accept and understand the local rules and medical treatment protocols.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met and further detail is provided in section 5.2.7.	

5.2 Inspection outcome

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

Mr Clarke confirmed that laser and IPL treatments are only carried out by authorised operators. A review of the register of authorised operators for the multiplatform equipment evidenced it had not been signed by all authorised operators. This matter is discussed further in section 5.2.7.

A review of training records evidenced that authorised operators have up to date training in, infection prevention and control (IPC), fire safety awareness and safeguarding adults at risk of harm in keeping with the RQIA training guidance. Confirmation of core of knowledge and application training for the equipment in use was not available for review for one authorised operator, and basic life support and fire safety awareness training had expired for Mr Clarke. This matter was discussed and following the inspection, Mr Clarke provided confirmation that all mandatory training requirements had been met. Mr Clarke provided this confirmation in a timely way. It was determined that the previous area for improvement 2, made against the standards, as outlined in section 5.1. has been met.

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

It was determined that appropriate staffing levels were in place to meet the needs of clients and as a result of the action taken following the inspection, that staff are suitably trained.

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

Recruitment and selection policies and procedures were in place, which adhered to legislation and best practice guidance for the recruitment of authorised operators. These arrangements will ensure that all required recruitment documentation has been sought and retained for inspection.

There have been no authorised operators recruited since the previous inspection. The personnel file of an authorised operator recruited prior to the previous inspection was reviewed. It was identified that a number of documents as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 were not available for review. This matter was discussed with Mr Clarke and following the inspection RQIA received further documentation in respect of Schedule 2. Documentation was provided by Mr Clarke in a timely way and included evidence of an induction and job description for authorised operators. It was determined that the previous area for improvement 2, made against the regulations and area for improvement 3 made against the standards, as outlined in section 5.1. have been met.

As a result of the action taken following the inspection 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 Clarke stated that laser and IPL treatments are not provided to persons under the age of 18 years.

A policy and procedure 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 Mr Clarke confirmed that he 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 Clarke, as the safeguarding lead, has completed formal level two training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and minimum standards.

It was confirmed that a copy of the regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) was 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?

As discussed in section 5.2.1 confirmation that all authorised operators had up to date training in basic life support was provided to RQIA following the inspection. Mr Clarke confirmed authorised operators were aware of what action to take in the event of a medical emergency.

There was a written protocol in place for dealing with recognised medical emergencies.

As a result of the action taken following the inspection 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 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.

The laser and IPL treatment room was clean and clutter free. Discussion with Mr Clarke evidenced that appropriate procedures were in place for the decontamination of equipment between uses. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. Cleaning schedules for the establishment were in place. As discussed previously, authorised operators had up to date training in IPC.

Mr Clarke is aware that the Department of Health (DOH) and Public Health Agency (PHA) websites provide advisory information, guidance and alerts with regards to IPC.

It was determined that the service had appropriate arrangements in place in relation to IPC and decontamination.

5.2.6 How does the service ensure the environment is safe?

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.

It was confirmed that the fire risk assessment had been reviewed since the previous inspection.

It was determined that appropriate arrangements were in place to maintain the environment.

5.2.7 How does the service ensure that laser and IPL procedures are safe?

A laser safety file was in place which contained the relevant information in relation to the multiplatform equipment. There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA) which is reviewed on an annual basis. It was determined that the previous area for improvement 4, made against the standards, as outlined in section 5.1. has been met. The service level agreement between the establishment and the LPA was reviewed and this expires during September 2025.

Local rules were in place which have been developed by the LPA. It was noted that the confirmation of appointment letter issued by the LPA to the establishment dated September 2024 had requested submission of further information and images of the treatment room to ensure that the local rules remained relevant and did not require to be updated. Evidence that the LPA had confirmed the local rules remained relevant and did not require to be updated was not available for review during the inspection. This matter was discussed with Mr Clarke and following the inspection Mr Clarke provided evidence to RQIA that this matter had been addressed. Mr Clarke provided this information in a timely way. The local rules contained the relevant information about the multiplatform equipment being used. It was determined that the previous area for improvement 5, made against the standards, as outlined in section 5.1. has been met.

The establishment's LPA completed a remote risk assessment of the premises during September 2024. As previously discussed the LPA had requested further information from Mr Clarke and this was also required to confirm whether the risk assessment required updating. Evidence from the LPA confirming that the risk assessment remained relevant and did not require to be updated was not available for review during the inspection. This matter was discussed with Mr Clarke and following the inspection Mr Clarke provided evidence to RQIA that this matter had been addressed and that the risk assessment remained relevant. This information was provided in a timely way. It was determined that the previous area for improvement 6, made against the standards, as outlined in section 5.1. has been met.

Mr Clarke confirmed that laser and IPL 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 August 2025. It was established that systems are in place to review the medical treatment protocols when due.

Mr Clarke is aware that the laser protection supervisor (LPS) has overall responsibility for safety during laser and IPL treatments. A review of the register of authorised operators for the multiplatform equipment evidenced it had not been signed by all authorised operators to state that they had read and understood the local rules and medical treatment protocols. This matter was discussed with Mr Clarke and following the inspection RQA received confirmation this matter had been addressed. Mr Clarke provided this information in a timely way. It was determined that the previous area for improvement 7, made against the standard, as outlined in section 5.1. has been met.

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

The environment in which the multiplatform 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 other areas, when treatment is being carried out.

The door to the treatment room is locked when the multiplatform equipment is in use but can be opened from the outside in the event of an emergency. Mr Clarke confirmed authorised operators were aware that the laser safety warning sign should only be displayed when the multiplatform equipment is in use and removed when not in use.

The multiplatform equipment 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.

Ink-Out Tattoo Removal has separate laser and IPL registers.

The registers reviewed included:

- the name of the person treated
- the date
- the operator
- the treatment given
- the precise exposure

Review of the registers evidenced that; they did not contain a section to record any accident or adverse incident; the area of the body treated was not consistently recorded; Mr Clarke and the authorised operator were not signing the registers. This matter was discussed with Mr Clarke and following the inspection Mr Clarke provided confirmation that laser and IPL registers had been further developed in this regard.

There are arrangements in place to service and maintain the multiplatform equipment in line with the manufacturer's guidance. The most recent service report of the multiplatform equipment were reviewed.

As a result of the action taken following the inspection it was determined that appropriate arrangements were in place to operate the multiplatform equipment.

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

Mr Clarke confirmed that 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 pre and post treatment information.

The service has a list of fees available for each laser and IPL 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 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.

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)

It was determined that the previous area for improvement 1, made against the regulations and previous area for improvement ,1 made standards, as outlined in section 5.1. have been met.

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.

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.

5.2.9 How does the service ensure that clients are treated with dignity, respect and are involved in the decision making process?

Discussion with Mr Clarke regarding the consultation and treatment process confirmed that clients are treated with dignity and respect. The consultation and treatment 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.

Mr Clarke told us that clients are provided with the opportunity to complete a satisfaction survey when their treatment is complete. The results of these are collated to provide an anonymised summary report which is made available to clients and other interested parties. Mr Clarke confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

Review of the most recent client satisfaction report dated July 2025 found that clients were very satisfied 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.

5.2.10 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, unannounced quality monitoring visits by the registered provider must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

Mr Clarke was in day to day management of the practice, therefore the unannounced quality monitoring visits by the registered provider are not applicable.

Policies and procedures were available outlining the arrangements associated with the laser and IPL 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 clients 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.

Discussion with Mr Clarke confirmed that no complaints had been received since the previous inspection.

Discussion with Mr Clarke confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Mr Clarke confirmed that incidents would be effectively documented and investigated in line with legislation and 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.

Mr Clarke is aware that the statement of purpose and client's guide are to be kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was displayed in a prominent place.

Observation of insurance documentation confirmed that current insurance policies were in place. It was determined that the previous area for improvement 3, made against the regulations, as outlined in section 5.1. has been met.

It was determined that suitable arrangements are in place to enable the Mr Clarke, Responsible Person, to assure himself of the quality of the services provided.

5.2.11 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 Clarke.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Clarke, Responsible Person, as part of the inspection process and can be found in the main body of the report.



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