

Inspection Report

2 September 2024



Ink-Out Tattoo Removal

Type of service: Independent Hospital-Cosmetic Laser\Intense Pulsed Light
Address: 281/283 Woodstock Road, Belfast, BT6 8PR
Telephone number: 028 9508 4723

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/> [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

1.0 Service information

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| <p>Organisation/Provider: Ink-Out Tattoo Removal</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/or Prescribed techniques or prescribed technology: establishments using intense light sources PT(IL)</p> | |
| <p>Brief description of how the service operates: La Bellezza 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/or PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources.</p> <p>La Bellezza does not provide any other cosmetic/aesthetic treatments. A beautician also operates from the same premises and La Bellezza and the beautician share communal areas. This inspection focused solely on those treatments using a Class 4 laser and 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>A variation to registration application was submitted to RQIA prior to the inspection to change the name of the service from La Bellezza to Ink-Out Tattoo Removal and to change the location of the treatment room within the establishment.</p> <p>Multi platform equipment:</p> <p>Manufacturer: UK Beauty Model: Voyager 3+ Serial Number: SIL 19090501X Laser Class: 4 Wavelength: 532 and 1064nm laser, 400 – 1200nm IPL Hand pieces: 1 Nd:Yag, 1 SHR and 1 IPL</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

Types of laser treatments provided:

Tattoo removal

Types of IPL treatments provided:

Skin rejuvenation

Acne

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 2 September 2024 from 10.00 am to 1.00 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. The inspection also sought to review the arrangements associated with the variation to registration application to relocate the multi-platform laser/IPL equipment in a different treatment room within the premises.

An RQIA estates officer reviewed the variation to registration application in regards to matters relating to the premises and has approved the variation to registration application from an estates perspective.

There was evidence of good practice concerning safeguarding 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.

Two areas for improvement have been stated for a second time; one against the regulations to ensure that client care records are completed contemporaneously, retained and available for inspection; and one against the standards to ensure that client treatment records are maintained in accordance with Standard 48.10 at all times.

Two areas for improvement have been identified against the regulations regarding; recruitment of authorised operators; and confirmation of employer's liability insurance.

Six areas for improvement have been stated against the standards with regards to; completion of RQIA mandatory training and retention of training records; providing newly appointed staff with a job description and induction; ensuring there is written confirmation of the appointment of a laser protection advisor (LPA) on an annual basis; ensuring the local rules in place are up to date; ensuring the risk assessment in place is up to date; and ensuring that all authorised operators have signed to indicate the accept and understand the local rules and medical treatment protocols.

The variation to registration application in relation to the change of name of the service from La Bellezza to Ink Out Tattoo Removal and to change the location of the treatment room within the establishment was approved from a care perspective following the inspection.

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.

A range of information relevant to the service was reviewed. This included the following records:

- The submitted variation to registration application and associated documents
- The statement of purpose
- The client guide

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.

Posters were issued to the establishment 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 5 December 2023 | | |
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| 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: First time | The registered person shall ensure that client care records are completed contemporaneously, retained and available for inspection. | Not Met |
| | Action taken as confirmed during the inspection This area for improvement has been assessed as not being met and is stated for a second time. Further detail is provided in section 5.2.8. | |
| Area for improvement 2 Ref: Regulation 17 (1) Stated: First time | The registered person shall undertake a formal annual process of seeking client feedback; collate the results of the survey to provide an anonymised client satisfaction summary report to be made available to clients; and where appropriate an action plan should be developed to inform and improve services provided. A copy of the client satisfaction summary report for 2023 should be provided to RQIA upon submission of this QIP. | Met |
| | Action taken as confirmed during the inspection: This area for improvement has been assessed as met and further detail is provided in section 5.2.9. | |
| Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014) | | Validation of compliance |
| Area for improvement 1 Ref: Standard 19.1 Stated: Second time | The registered person shall ensure that policies and procedures are in place, retained and available for inspection. These should include: <ul style="list-style-type: none"> • Recruitment and selection • Medical emergency • Infection prevention and control • Safe custody of the laser key • Records management • Advertising • Incident Management | Met |

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| | <p>Policies and procedures should be indexed, dated and systematically reviewed on a three yearly basis or more frequently if required.</p> | |
| | <p>Action taken as confirmed during the inspection:</p> <p>This area for improvement has been assessed as met and further detail is provided in section 5.2.10.</p> | |
| <p>Area for improvement 2</p> <p>Ref: Standard 48.3 and 48.21</p> <p>Stated: First time</p> | <p>The registered person shall ensure that a medical treatment protocol for each laser and IPL treatment provided is retained in the laser safety file. The medical treatment protocol for tattoo removal must be added to the laser safety file.</p> | Met |
| | <p>Action taken as confirmed during the inspection:</p> <p>This area for improvement has been assessed as met and further detail is provided in section 5.2.7.</p> | |
| <p>Area for improvement 3</p> <p>Ref: Standard 48.9</p> <p>Stated: First time</p> | <p>The registered person shall ensure that the area of the body treated is contemporaneously recorded in the multi-platform register each time the equipment is operated.</p> | Met |
| | <p>Action taken as confirmed during the inspection:</p> <p>This area for improvement has been assessed as met and further detail is provided in section 5.2.7.</p> | |
| <p>Area for improvement 4</p> <p>Ref: Standard 48.10</p> <p>Stated: First time</p> | <p>The registered person shall ensure that client treatment records are maintained in accordance with Standard 48.10 at all times.</p> | Not Met |
| | <p>Action taken as confirmed during the inspection:</p> <p>This area for improvement has been assessed as not being met and is stated for a second time. Further detail is provided in section 5.2.8.</p> | |

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| <p>Area for improvement 5</p> <p>Ref: Standard 48.9</p> <p>Stated: First time</p> | <p>The registered person shall ensure a copy of the following policies and procedures are submitted to RQIA upon submission of this QIP.</p> <ul style="list-style-type: none"> • Recruitment and selection • Medical emergency • Infection prevention and control • Safe custody of the laser key • Records management • Advertising • Incident Management | <p>Met</p> |
| | <p>Action taken as confirmed during the inspection:</p> <p>This area for improvement has been assessed as met; the afore named policies and procedures were submitted to RQIA following the previous inspection.</p> | |

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 appropriately trained?

Mr Clarke told us there are sufficient staff in the various roles to fulfil the needs of the establishment and clients.

Mr Clarke confirmed that laser and IPL treatments are only carried out by authorised operators. A register of authorised operators for the multi platform equipment in use was observed however it required to be updated. 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 core of knowledge, application training for the equipment in use, infection prevention and control (IPC), and safeguarding adults at risk of harm, in keeping with the RQIA training guidance. It was observed that fire safety awareness training for two authorised operators had expired and that basic life support and IPC training had expired for one authorised operator. An area for improvement against the standards has been stated to ensure authorised operators complete mandatory within the time frames in keeping with best practice.

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

It was determined that appropriate staffing levels were in place to meet the needs of clients and addressing the area for improvement will strengthen arrangements to ensure 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.

It was established that one authorised operator had been recruited since the previous inspection. A review of the new authorised operator's personnel file identified that not all of the required recruitment records, as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, were in place. This was discussed with Mr Clarke and following the inspection RQIA received verification that an AccessNI enhanced disclosure check had been undertaken for the authorised operator. However with the exception of one reference and photographic proof of identification, all other recruitment documents remained outstanding. An area for improvement has been made against the regulations to ensure that all recruitment records as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, are sought and retained for any new authorised operator recruited to work in the establishment.

Evidence of a job description and induction checklist for the newly recruited authorised operator was not available during the inspection. An area for improvement has been made against the standards in this regard.

Addressing the areas for improvement will ensure 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.

Mr Clarke is 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 2.1 one authorised operator was required to renew their training in basic life support and an area for improvement has been stated in this regard. Mr Clarke was aware of what action to take in the event of a medical emergency and there was a written protocol in place for dealing with recognised medical emergencies.

Addressing the area for improvement will strengthen the 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 use. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, one authorised operator was required to renew their training in IPC and an area for improvement has been stated in this regard.

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.

Addressing the area for improvement will strengthen the 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. 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.

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?

The arrangements regarding laser and IPL safety were reviewed to ensure that appropriate safeguards were in place to protect clients, visitors and staff when the multi platform equipment is in use.

A laser safety file was in place which contained the relevant information in relation to laser and IPL equipment.

In accordance with the standards there should be written confirmation of the appointment and duties of a certified LPA that is renewed annually. A review of records evidenced that a service level agreement between the establishment and the LPA was in place effective from 1 September 2024 and will expire in September 2025. However it was identified that the previous LPA service level agreement had expired in January 2024, meaning there was a period of time where the LPA service level agreement had lapsed. An area for improvement has been made against the standards to ensure that the appointment and duties of a certified LPA is renewed annually.

Local rules were in place which have been developed by the LPA. The local rules contained information about the laser and IPL equipment being used. As stated in section 2.0, the multi platform equipment had been relocated to a new location within the establishment. It was noted that the confirmation of appointment letter issued by the LPA to the establishment 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 following the relocation of the multi platform equipment. This matter was discussed with Mr Clarke who confirmed that this information had not yet been provided to the LPA for review. An area for improvement has been made against the standards to ensure the local rules are in place and are up to date.

The establishment's LPA completed a remote risk assessment of the premises on 1 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 with respect to the relocation of the multi platform equipment. Mr Clarke confirmed that this information had not yet been provided to the LPA for review. An area for improvement has been made against the standards to ensure the risk assessment in place is up to date.

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 noted that the medical practitioner had provided the establishment with an appointment certificate for each of the laser and IPL treatments provided. The appointment certificate for the provision of tattoo removal had not been signed by the medical practitioner. Mr Clarke was advised to ensure that this matter was addressed with the appointed medical practitioner and following the inspection RQIA received a copy of the tattoo removal protocol which had been signed by the medical practitioner. It was established that systems are in place to review the medical treatment protocols when due.

Mr Clarke, as the laser protection supervisor (LPS) and an authorised operator, has overall responsibility for safety during laser and IPL treatments and a list of authorised operators is maintained. It was identified that authorised operators had not signed the authorised operators register to confirm that they had read and understood the local rules and medical treatment protocols. Mr Clarke signed the authorised operator register during the inspection. An area for improvement has been made against the standards to ensure all authorised operators sign this register to indicate that they accept and understand the local rules and medical treatment protocols.

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

The new treatment room (controlled area) in which the multi platform 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 door to the treatment room is locked when the multi platform equipment is in use but can be opened from the outside in the event of an emergency. Mr Clarke confirmed that authorised operators were aware that the laser and IPL safety warning signs should only be displayed when the multi platform equipment is in use and removed when not in use.

The multi platform 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.

The establishment has one register for laser and IPL treatments.

Mr Clarke told us that authorised operators complete the relevant section of the register every time the equipment is operated. The registers reviewed included:

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

Review of the register confirmed that the area of the body treated is contemporaneously recorded each time the equipment is operated. It was determined that the previous area for improvement 3 made against the standards, as outlined in section 5.1, has been met. It was noted that the register did not include a section to record any accident or adverse incident. Review of the register also evidenced that it was incomplete for one client and this matter is discussed further in section 5.2.8. Mr Clarke was advised to ensure all information is documented in the laser register on each occasion the laser equipment is operated and to develop the register to include a section to record any accident or adverse incident. Mr Clarke gave us assurances these matters would be addressed following the inspection.

Mr Clark confirmed that there are arrangements in place to service and maintain the multi platform equipment in line with the manufacturer's guidance. However the most recent service report of the multi platform equipment was not available for review during the inspection. This matter was discussed with Mr Clarke and following the inspection a copy of the servicing report was provided to RQIA. Review of this report confirmed that the equipment had been serviced during February 2024.

Addressing the areas for improvement will strengthen the arrangements in place to operate the multi platform 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 was written information for clients that provides an explanation for tattoo removal treatment and includes pre and post treatment care information. Advice was provided to Mr Clarke to ensure that written information for clients was available for all treatments provided and following the inspection RQIA received confirmation this matter had been addressed.

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.

Six client care records were reviewed. There was an accurate and up to date treatment record for three of the six clients 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)

One of the client records reviewed did not include a record of a patch test having been undertaken however when cross referenced with the laser and IPL register, evidence was recorded that this client did have a patch test undertaken. Further exploration of the client's treatment record evidenced four appointments for laser treatments, however only one of these treatment dates was recorded in the laser register. This client's treatment record included a template for recording patch testing however it was found to be incomplete; date and clients name had been omitted. Review of two further client records were also found to have an incomplete patch testing record. It was determined that the previous areas for improvement 1 made against the regulations, and 4 made against the standards as outlined in section 5.1, had not been met and are stated for a second time.

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.

Addressing the areas for improvement will strengthen arrangements 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 is aware that an action plan is required to be developed to inform and improve services provided, if appropriate.

Following the last inspection Mr Clarke submitted a client satisfaction report for January 2023 to January 2024 which found that clients were highly satisfied with the quality of treatment, information and care received. It was determined that the previous area for improvement 2 made against the regulations, as outlined in section 5.1, has been met.

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 business entity operating the service is a corporate body or partnership or an individual owner who is not in day to day management of the practice, 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. It was determined that the previous area for improvement 1 made against the standards, as outlined in section 5.1, have been met. A number of policies and procedures were submitted to RQIA following the previous inspection and as a result the previous area for improvement 5, made against the standards and as outlined in section 5.1, has been met.

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. Mr Clarke was advised to update the policy to reflect the current RQIA address. Mr Clarke gave us assurances this matter would be addressed following the inspection.

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.

Mr Clarke is aware that arrangements are required to be 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.

Mr Clarke told us that no complaints had been received since the previous inspection.

Review of policy and procedures confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Mr Clarke is aware that incidents are required to be 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](#). Mr Clarke is aware that arrangements are required to be in place to audit adverse incidents to identify trends and improve service provided.

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

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

Observation of insurance documentation confirmed that current insurance policies were in place for public liability and professional indemnity. However confirmation of employer's liability insurance was not available for review during the inspection. An area for improvement has been made against the regulations in this regard.

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.

The variation to registration application was approved from a care and estates perspective following the inspection.

5.2.12 Is the statement of purpose in keeping with Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005?

A statement of purpose was prepared in a recognised format which covered the key areas and themes outlined in Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. Mr Clarke is aware that the statement of purpose is considered to be a live document and should be reviewed and updated as and when necessary.

5.2.13 Is the client guide in keeping with Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005?

A patient guide was prepared in a recognised format which covered the key areas and themes outlined in Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. Mr Clarke is aware that the patient guide is considered to be a live document and should be reviewed and updated as and when necessary.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 3* | 6* |

*the total number of areas for improvement includes two that have been stated for a second time.

Areas for improvement and details of the QIP were discussed with Mr Clarke, Registered Person as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
|---|---|
| Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 21 (1) (a) and 21 (3) Stated: Second time To be completed by: 2 September 2024 | The registered person shall ensure that client care records are completed contemporaneously, retained and available for inspection. Ref: 5.2.8 Response by registered person detailing the actions taken: Met |

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| <p>Area for improvement 2</p> <p>Ref: Regulation 19 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 2 September 2024</p> | <p>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.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Met</p> |
| <p>Area for improvement 3</p> <p>Ref: Regulation 27 (3) (d)</p> <p>Stated: First time</p> <p>To be completed by: 2 September 2024</p> | <p>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.</p> <p>Ref: 5.2.10</p> <p>Response by registered person detailing the actions taken: Met</p> |
| <p>Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)</p> | |
| <p>Area for improvement 1</p> <p>Ref: Standard 48.10</p> <p>Stated: Second time</p> <p>To be completed by: 2 September 2024</p> | <p>The registered person shall ensure that client treatment records are maintained in accordance with Standard 48.10 at all times.</p> <p>Ref: 5.2.8</p> <p>Response by registered person detailing the actions taken: Met</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 13.1 and 13.4</p> <p>Stated: First time</p> <p>To be completed by: 2 September 2024</p> | <p>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.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Met</p> |

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| Area for improvement 3 Ref: Standard 13.3: 13.4 and 14.6 Stated: First time To be completed by: 2 September 2024 | 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. Ref: 5.2.2 |
| | Response by registered person detailing the actions taken: Met |
| Area for improvement 4 Ref: Standard 48.6 Stated: First time To be completed by: 2 September 2024 | The registered person shall ensure there is written confirmation of the appointment and duties of a certified LPA that is renewed annually. Ref: 5.2.7 |
| | Response by registered person detailing the actions taken: Met |
| Area for improvement 5 Ref: Standard 48.4 Stated: First time To be completed by: 2 September 2024 | The registered person shall ensure the local rules in place are up to date. Ref: 5.2.7 |
| | Response by registered person detailing the actions taken: Met |
| Area for improvement 6 Ref: Standard 48.11 Stated: First time To be completed by: 2 September 2024 | The registered person shall ensure the risk assessment in place is up to date and has been reviewed in agreement with the LPA. Ref: 5.2.7 |
| | Response by registered person detailing the actions taken: Met |
| Area for improvement 7 Ref: Standard 48.2 and 48.6 Stated: First time To be completed by: 2 September 2024 | The registered person shall ensure all authorised operators sign the authorised operator register to indicated that they accept and understand the local rules and medical treatment protocols. Ref: 5.2.7 |
| | Response by registered person detailing the actions taken: Met |

Please ensure this document is completed in full and returned via Web Portal



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