

# Announced Care and Variation to Registration Inspection Report 24 January 2019



## Zap the Ink

**Type of Service: Independent Hospital (IH) –  
Cosmetic Laser Service**

**Address: c/o Sink the Ink, 1<sup>st</sup> Floor, 44 Castle Street Belfast BT1  
1HB**

**Tel No: 028 9543 8776  
Inspector: Norma Munn**

[www.rqia.org.uk](http://www.rqia.org.uk)

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a cosmetic laser service providing laser tattoo removal treatments using a laser machine.

**Laser equipment:**

- Manufacturer: Ultrapulse
- Model: Defender 5
- Serial Number: L15020701
- Laser Class: Class 4
- Wavelength: 1064nm and 532nm

**Laser protection advisor (LPA):**  
Mr Irfan Azam (Lasernet)

**Laser protection supervisor (LPS):**

Mr Brendan Livingstone

**Medical support services:**

Dr Paul Myers

**Authorised operator:**

Mr Brendan Livingstone

**3.0 Service details**

<b>Organisation/Registered Person:</b> Mr Brendan Livingstone	<b>Registered Manager:</b> Mr Brendan Livingstone
<b>Person in charge at the time of inspection:</b> Mr Brendan Livingstone	<b>Date manager registered:</b> 18 March 2016
<b>Categories of care:</b> Independent Hospital (IH) PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers	

**4.0 Inspection summary**

An announced inspection took place on 24 January 2019 from 09.45 to 11.55.

This inspection was underpinned by The Health and Personal Social Services (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 and the Department of Health (DOH) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

During the inspection Mr Livingstone, registered person advised the inspector that he had relocated Zap the Ink laser service from a room on the second floor to a room on the first floor during October 2018. Mr Livingstone was advised a variation to registration application to relocate the laser treatment room must be submitted to RQIA retrospectively.

Following the inspection a variation to registration application to relocate the laser treatment room to a room on the first floor of the premises was submitted to RQIA by Mr Livingstone.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led. The inspection also reviewed the readiness of Zap the Ink to provide laser treatment associated with the variation to registration application. The variation to registration was approved from a care perspective following this inspection.

However, Mr Raymond Sayers, estates inspector has still to review the new arrangements associated with the variation application therefore this variation application has not been approved from an estates perspective.

Examples of good practice were evidenced in all four domains. These included the arrangements for managing clinical records; the environment; infection prevention and control; maintaining client confidentiality; ensuring the core values of privacy and dignity were upheld; authorised operator training and providing the relevant information to allow clients to make informed choices.

Two areas for improvement have been made against the regulations that relate to laser safety. Three areas for improvement have been made against the standards that relate to training, registering with the Information Commissioners Office (ICO) and reviewing policies and procedures.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and clients experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	3

Details of the Quality Improvement Plan (QIP) were discussed with Mr Brendan Livingstone, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### 4.2 Action/enforcement taken following the most recent care inspection dated 22 January 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 22 January 2018.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report
- the returned QIP from the previous care inspection

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of RQIA. One completed client questionnaire was returned and analysed prior to the inspection.

A poster informing clients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mr Livingstone, registered person.

The following records were examined during the inspection:

- staffing
- recruitment and selection
- safeguarding
- laser safety
- management of medical emergencies
- infection prevention and control
- information provision
- care pathway
- management and governance arrangements
- maintenance arrangements

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to Mr Livingstone at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 22 January 2018

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

### 6.2 Review of areas for improvement from the last care inspection dated 22 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 48.4 <b>Stated:</b> Second time	A copy of up to date local rules should be retained or confirmation retained from the appointed LPA that the local rules on file are valid.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Mr Livingstone confirmed that the local rules had been updated. A copy of the local rules	

	dated October 2018 was retained and available for review.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 48.11 <b>Stated:</b> First time	Mr Livingstone should ensure that a risk assessment is completed by the laser protection advisor every three years. An in date risk assessment should be retained and available for review.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Mr Livingstone confirmed that a risk assessment had been completed by the laser protection advisor during October 2018 and a copy was available for review.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

#### Staffing

The register of authorised operators for the laser treatments reflects that Mr Livingstone is the only authorised operator.

It was confirmed that if any new authorised operators are recruited in the future they would complete an induction programme on commencement of employment.

A review of training records evidenced that Mr Livingstone has up to date training in core of knowledge, application training for the equipment in use, safeguarding adults at risk of harm and infection prevention and control in keeping with the RQIA training guidance for cosmetic laser services.

There was no evidence that fire safety awareness training and basic life support training had been updated in keeping with the RQIA training guidance. An area for improvement against the standards has been made.

Zap the Ink do not employ any staff. The reception area and treatment room is located in a tattoo studio and Mr Livingstone confirmed that all staff employed in the tattoo studio, not directly involved in the use of the laser machine, had received laser safety awareness training.

#### Recruitment and selection

There have been no authorised operators recruited since the previous inspection. Mr Livingstone confirmed that should staff be recruited in the future robust systems and

processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

A recruitment policy and procedure was in place which was comprehensive and reflected best practice guidance, however the policy had exceeded the review date. This is discussed further in Section 6.7 of the report.

## **Safeguarding**

It was confirmed that laser treatments are not provided to persons under the age of 18 years.

Mr Livingstone is aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

As discussed, Mr Livingstone has undertaken training in safeguarding adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014 and in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

A policy and procedure was in place for the safeguarding and protection of adults at risk of harm. The policy was dated 2014 and did not reflect the regional best practice guidance. It was advised that this policy and others within the establishment are reviewed and updated at least every three years or if changes occur. This is discussed further in section 6.7 of the report.

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

## **Laser safety**

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

There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA) which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed.

Laser procedures are carried out by Mr Livingstone in accordance with medical treatment protocols produced by Dr Paul Myers on 8 September 2018. Systems are in place to review the medical treatment protocols on an annual basis. The medical treatment protocols contained the relevant information pertaining to the treatments being provided.

As discussed, up to date local rules were in place which have been developed by the LPA. The local rules contained the relevant information pertaining to the laser equipment being used.

The establishment's LPA completed a risk assessment of the newly established laser room on 19 October 2018 and recommendations made by the LPA have been addressed.

Mr Livingstone is the laser protection supervisor (LPS) and has overall responsibility for safety during laser treatments. Mr Livingstone has signed to state that he has read and understood the local rules and medical treatment protocols.

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

The newly established laser treatment room on the first floor was found to be safe and controlled to protect other persons while treatment is in progress. Mr Livingstone confirmed that the door to the treatment room is locked when the laser equipment is in use but can be opened from the outside in the event of an emergency.

The laser equipment is operated using a key. Arrangements are in place for the safe custody of the laser key when not in use. Protective eyewear is available for the client and operator. Mr Livingstone could not confirm if newly purchased protective eyewear available was as outlined in the local rules. He was advised to contact his LPA to review the protective eyewear in place. An area for improvement against the regulations has been made.

The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. Laser safety warning signs are displayed when the laser equipment is in use and removed when not in use.

The establishment has a laser register which is completed every time the equipment is operated and includes:

- the name of the person treated
- the date
- the operator
- the treatment given
- the precise exposure
- any accident or adverse incident

There was no evidence available in relation to the servicing of the laser equipment. An area for improvement against the regulations has been made that the laser equipment is serviced in accordance with manufacturer's instructions. Service reports should be retained in the establishment and be available for inspection.

### **Management of emergencies**

As discussed previously, Mr Livingstone had not undertaken basic life support training since April 2017 and this has been included in an area for improvement against the standards in regards to authorised operator training.

Mr Livingstone was aware what action to take in the event of a medical emergency.

There was a resuscitation policy in place; however the policy had exceeded the review date. This is discussed further in Section 6.7 of the report.

### **Infection prevention and control and decontamination procedures**

The newly established laser room was clean and clutter free.

Discussion with Mr Livingstone 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. Mr Livingstone was advised to display hand hygiene signage and replace the light pull cord with a wipeable pull cord to ease effective cleaning.



As discussed previously, Mr Livingstone has up to date training in infection prevention and control.

## Environment

The relocated laser treatment room was maintained to a good standard of maintenance and décor.

Observations made evidenced that a carbon dioxide (CO<sub>2</sub>) fire extinguisher was available which has been serviced within the last year.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to adult safeguarding, infection prevention and control, risk management and the environment.

## Areas for improvement

The authorised operator should undertake fire awareness training and basic life support training in keeping with RQIA training guidance for cosmetic laser services.

The protective eyewear provided should be as outlined in the local rules.

The laser equipment should be serviced in accordance with manufacturer's instructions.

	Regulations	Standards
Areas for improvement	2	1

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

## Care pathway

Mr Livingstone confirmed that clients are provided with an initial consultation to discuss their treatment and any concerns they may have. Written information is provided to the client pre and post treatment which outlines the treatment provided, any risks, complications and expected outcomes. The establishment has a list of fees available for each laser procedure.

Fees for treatments are agreed during the initial consultation and may vary depending on the type of treatment provided and the individual requirements of the client.

During the initial consultation, clients are asked to complete a health questionnaire. There are systems in place to contact the client's general practitioner, with their consent, for further information if necessary.

Three 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)

Observations made evidenced that client records are securely stored. A records management policy was in place however, the policy had exceeded the review date. This is discussed further in Section 6.7 of the report.

Mr Livingstone confirmed that clients have the right to apply for access to their clinical records in accordance with the General Data Protection Regulations that came into effect during May 2018 and where appropriate Information Commissioners Office (ICO) regulations and Freedom of Information legislation.

The establishment is not currently registered with the ICO. This was discussed and Mr Livingstone was advised to contact the Information Commissioners Office (ICO) to determine if Zap the Ink is required to register or not. Records should be maintained in this regard. An area for improvement against the standards has been made.

## Communication

As discussed, there is written information for clients that provides a clear explanation of any treatment and includes effects, side-effects, risks, complications and expected outcomes. Information is jargon free, accurate, accessible, up-to-date and includes the cost of the treatment.

## Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between clients and staff.

## Areas for improvement

The Information Commissioners Office (ICO) should be contacted to determine if Zap the Ink is required to register or not. Records should be maintained in this regard.

	Regulations	Standards
Areas for improvement	0	1

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

## Dignity respect and involvement with decision making

Discussion with Mr Livingstone regarding the consultation and treatment process, confirmed that clients are treated with dignity and respect. The consultation and treatment is provided in a private room with the client and authorised operator present. Information is provided to the client in verbal and written form at the initial consultation and subsequent treatment sessions to allow the client to make choices about their care and treatment and provide informed consent.

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

Client satisfaction surveys are carried out by the establishment on an annual basis and the results of these are collated to provide a summary report which is made available to clients and other interested parties. An action plan is developed to inform and improve services provided, if appropriate.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to 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.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

#### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

## Management and governance

Mr Livingstone is the only authorised operator and has overall responsibility for the day to day management of the service.

Policies and procedures were available outlining the arrangements associated with laser treatments. Observations made confirmed that policies and procedures were indexed and dated. However, the policies and procedures had exceeded their review dates. An area for improvement against the standards has been made to ensure that all policies and procedures are systematically reviewed and updated at least every three years or if changes occur.

A copy of the complaints procedure was available in the establishment. Mr Livingstone demonstrated good awareness of complaints management.

Mr Livingstone confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate.

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

Mr Livingstone demonstrated a clear understanding of his role and responsibility in accordance with legislation. Mr Livingstone 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 up to date and displayed appropriately.

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

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

Policies and procedures should be systematically reviewed and updated in keeping with best practice at least every three years or as changes occur.

	Regulations	Standards
Areas for improvement	0	1

## 6.8 Equality data

### Equality data

The arrangements in place in relation to the equality of opportunity for clients and the importance of equality legislation and recognising and responding to the diverse needs of clients was discussed with Mr Livingstone.

## 6.9 Client views

One client submitted a questionnaire response to RQIA. The client indicated that they felt their care was safe, effective, that they were treated with compassion, that the service was well led and was very satisfied with each of these areas of their care. No comments were included in the questionnaire response.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Livingstone, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the establishment. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 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, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DOH) Minimum Care Standards for Healthcare Establishments (July 2014).

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 39 (2) (d)  <b>Stated:</b> First time  <b>To be completed by:</b> 24 February 2019	The registered person shall ensure that the protective eyewear provided is as outlined in the local rules.  Ref: 6.4  <b>Response by registered person detailing the actions taken:</b> LPA informed by phone on Saturday 20th July and emailed a picture of protective eyewear for him to inspect on Monday 22nd July. He will report back, along with updated policies and procedures (Ref 6.7) by Friday 2nd August 2019.

	His response by email has been forwarded to my inspector on 12th September 2019.
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 15 (2) (b) <b>Stated:</b> First time <b>To be completed by:</b> 24 February 2019	<p>The registered person shall ensure that the laser equipment is serviced in accordance with manufacturer's instructions.</p> <p>The servicing reports should be retained in the establishment.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>  My laser machine is booked in for servicing on Monday 29th July 2019. It has been collected by UPS on Thursday 25th July to be delivered on Monday 29th July to The Laser Station, Heckmondwike, Wakefield, West Yorkshire. The service report will be available upon it's return. A copy of the service report is available and a copy emailed by Saturday 14th September 2019.</p>
<b>Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 13.1 <b>Stated:</b> First time <b>To be completed by:</b> 24 February 2019	<p>The registered person shall ensure that evidence is available to demonstrate that all authorised operators have completed training in keeping with RQIA training guidance for cosmetic laser services.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>  Basic Life Support Training renewed on 18th March 2019.  Fire Safety and Infection, Prevention and Control Training renewed on 28th June 2019.  Core of Knowledge purchased via Intermed e learning and yet to be completed. I aim to complete this by Friday 26th July 2019.</p> <p>Completed 9th August 2019.</p>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 8.5 <b>Stated:</b> First time <b>To be completed by:</b> 24 February 2019	<p>The registered person should contact the Information Commissioners Office (ICO) to determine if Zap the Ink is required to register or not. Records should be maintained in this regard.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b>  I completed the online self assessment as advised on the phone by I.C.O. on 9th August 2019. I'm not required to register and a copy of the assessment summary will be emailed to my inspector on Saturday 14th September 2019.</p>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 19.5	<p>The registered person shall ensure that all policies and procedures are systematically reviewed and updated in keeping with best practice at least every three years or if changes occur.</p>

<p><b>Stated:</b> First time</p>	<p>Ref: 6.7</p>
<p><b>To be completed by:</b> 24 March 2019</p>	<p><b>Response by registered person detailing the actions taken:</b> LPA informed by phone on Saturday 20th July and emailed on 22nd July 2019.. He will report back, along with updated policies and procedures by Friday 2nd August 2019.</p> <p>An emailed response from my LPA has been forwarded to my inspector on Thursday 12th September 2019.</p>

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



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)