

# Announced Care Inspection Report 22 January 2018



## Zap the Ink

**Type of Service: Independent Hospital (IH) – Cosmetic Laser Service**  
**Address: c/o Sink the Ink, 2<sup>nd</sup> Floor, 44 Castle Street, Belfast, BT1 1HB**  
**Tel No: 028 9543 8776**  
**Inspector: Stephen O'Connor**

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

Assurance, Challenge and Improvement in Health and Social Care

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 (Lasernet)

**Authorised operators:**

Mr Brendan Livingstone

**Types of treatment provided:**

Laser tattoo removal

### 3.0 Service details

<b>Registered organisation/registered person:</b> Mr Brendan Livingstone	<b>Registered manager:</b> Mr Brendan Livingstone
<b>Person in charge of the home 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 22 January 2018 from 09:50 to 11:20.

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, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

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.

Examples of good practice were evidence in all four domains. These relate to the arrangements for managing medical emergencies, clinical records, the environment, infection prevention and control, effective communication between clients and authorised operators, 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.

An area of improvement against the standards made during the previous care inspection that a copy of the up to date local rules should be retained has not been met and is stated for the second time. A further area for improvement against the standards has been made that an up to date risk assessment completed by the laser protection advisor (LPA) is in place.

All clients who submitted questionnaire responses indicated that they were very satisfied with the care and services provided. The following comments were included in submitted questionnaire responses:

- “Very professional.”
- “Very pleased with everything.”
- “Very happy with everything. Will recommend to all my friends etc.”
- “Staff are always professional and talk through everything at every session.”
- “The care Brendan showed me was more than I ever expected and the tips and wee tricks he suggested worked a treat. Brilliant service would highly recommend.”
- “The guys at Zap the Ink are very knowledgeable and are helping me through each step of the process.”

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>	0	2

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 27 February 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 27 February 2017.

#### 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 returned QIP from the previous care inspection
- the previous care inspection report
- submitted complaints declaration

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of RQIA. Returned completed client questionnaires were also analysed prior to the inspection. No staff are employed in Zap the Ink and therefore no staff questionnaires were issued by RQIA.

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

During the inspection the inspector met with Mr Brendan Livingstone, registered person and authorised operator.

The following records were examined during the inspection:

- authorised operator records
- 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 27 February 2017**

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 27 February 2017**

#### **Areas for improvement from the last care inspection**

<b>Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p>Ref: Standard 13.1</p> <p>Stated: First time</p>	<p>Mr Livingstone as the authorised operator should complete training in the following areas:</p> <ul style="list-style-type: none"> <li>● basic life support</li> <li>● fire safety awareness training</li> <li>● safeguarding training</li> </ul> <p>Arrangements should be established to ensure this training is undertaken in keeping with RQIA mandatory guidance.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of records evidenced that Mr Livingstone had completed training in all areas outlined above. Discussion with Mr Livingstone evidenced that he is aware of the frequency of refresher training in these areas.</p>	<b>Met</b>
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 48.4</p> <p>Stated: First time</p>	<p>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.</p> <p><b>Action taken as confirmed during the inspection:</b> It was observed that the local rules in the laser protection file were dated February 2016 with a review date of February 2017. Mr Livingstone advised that his laser protection advisor undertook a visit to the establishment in April 2017; however he did not receive any documents following this visit. This is discussed further in section 6.4 of this report.</p> <p>This area for improvement has not been met and it is stated for the second time.</p>	<b>Not met</b>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 1.7</p> <p>Stated: First time</p>	<p>An advertising policy should be developed. The policy should detail where and how the establishment advertises, that the content of adverts should be legal, factual and not misleading and that advertisements should not offer discounts linked to a deadline for booking appointments. The policy should be developed in keeping with the Advertising Standards Agency guidelines.</p>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Review of records evidenced that an advertising policy in keeping with the Advertising Standards Agency guidelines has been developed.</p>	
<p><b>Recommendation 4</b> <b>Ref:</b> Standard 5.2 <b>Stated:</b> First time</p>	<p>A report detailing the main findings of the client satisfaction surveys should be generated at least on an annual basis.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review of records evidenced that a report detailing the main findings of client satisfaction surveys has been generated. Mr Livingstone is aware that client feedback reports should be generated at least on an annual basis and made available to clients and other interested parties.</p>	

### 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

Mr Livingstone confirmed that laser treatments are carried out by him as the authorised operator. The register of authorised operators for the laser machine reflects that Mr Livingstone is the only authorised operator.

It was confirmed that should any new authorised operators be recruited in the future they would be provided with induction training.

A review of training records evidenced that Mr Livingstone, authorised operator had up to date training in core of knowledge, application training for the laser machine in use, basic life support, infection prevention and control, fire safety and protection of adults at risk of harm.

Zap the Ink do not employ any staff. However, it is located in a tattoo studio and review of records evidenced 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. During discussion Mr Livingstone confirmed that should authorised operators 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.

## **Safeguarding**

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

Review of records demonstrated that Mr Livingstone had received training in safeguarding adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014.

Review of documentation evidenced that the appointed laser protection advisor (LPA) has provided the establishment with separate child and adult protection policies. Local contact numbers for onward referral in the event of an issue being identified were included.

Mr Livingstone confirmed that laser tattoo removal treatments are not provided to persons under the age of 18 years.

## **Laser safety**

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

There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA) which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on 7 August 2018.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers on 8 September 2017. 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 it was observed that the local rules retained within the laser protection file were dated February 2016 with a review date identified as February 2017. Mr Livingstone confirmed that the LPA undertook a site visit during April 2017. However, the LPA did not reissue the local rules. As discussed an area for improvement had been made during the previous care inspection to ensure the local rules were up to date. This area for improvement has not been met and is stated for the second time.

The most recent LPA risk assessment within the laser protection file was dated 21 August 2014. Mr Livingstone was advised that the LPA should undertake a risk assessment every three years. An area for improvement against the standards has been made to address this.

The laser protection supervisor (LPS) has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. Authorised operators have signed to state that they have read and understood the local rules and medical treatment protocols.

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

The environment in which the laser equipment is used was found to be safe and controlled to protect other persons while treatment is in progress. The door to the treatment room is locked when the laser equipment is in use but can be opened from the outside in the event of an emergency.

The laser equipment is operated using a key. Arrangements are in place for the safe custody of the laser key when not in use. Protective eyewear is available for the client and operator. Mr Livingstone confirmed that following the previous inspection he purchased new protective eyewear from his LPA. Review of this eyewear evidenced that it offered the same level of protection as outlined in the local rules. However, it was noted that the local rules specify a particular make and model of eyewear and the eyewear available is a different make and model than those outlined in the local rules. Mr Livingstone was advised that as he requires the local rules to be updated the updated local rules must include the details of the eyewear available.

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

Review of records evidenced that a service level agreement is in place in respect of the routine servicing and maintenance of the laser machine.

### **Management of emergencies**

As discussed, Mr Livingstone has up to date training in basic life support. Discussion with Mr Livingstone evidenced that he is aware of what action to take in the event of a medical emergency.

There was a resuscitation policy in place.

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

The treatment room was clean and clutter free. Discussion with Mr Livingstone evidenced that appropriate procedures were in place for the decontamination of equipment between use. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, authorised operators have up to date training in infection prevention and control.

### **Environment**

The premises were maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment were in place.

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

### Client and staff views

Eleven clients submitted questionnaire responses. All 11 clients indicated that they felt their care was safe. Comments included in submitted client questionnaires can be found in section 4.0 of this report.

As discussed Zap the Ink does not employ any staff, therefore no staff questionnaires were issued by RQIA prior to the inspection.

### Areas of good practice

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

### Areas for improvement

A copy of up to date local rules should be retained.

A risk assessment completed by the LPA within the previous three years should be in place.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

### 6.5 Is care effective?

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

### Care pathway

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

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.

Four 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 policy and procedure is available which includes the creation, storage, recording, retention and disposal of records and data protection.

Mr Livingstone confirmed that he completed an online self-assessment and confirmed that the establishment is not required to register with the Information Commissioners Office (ICO).

### **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.

The establishment has a policy for advertising and marketing which is in line with legislation.

### **Client and staff views**

All eleven clients submitted questionnaire responses indicated that they felt their care was effective.

### **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**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

#### **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, authorised operator, 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.

Review of the completed questionnaires found that clients were highly satisfied with the quality of treatment, information and care received. The following comment was included in a client questionnaire:

- “Happy with the service I have been given throughout.”

**Client and staff views**

All eleven clients submitted questionnaire responses indicated that they felt they were treated with compassion.

**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
<b>Total number of areas for improvement</b>	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 in this establishment. Policies and procedures were available outlining the arrangements associated with laser treatments. Observations

made confirmed that policies and procedures were indexed, dated and Mr Livingstone confirmed these were reviewed on an annual basis.

Discussion with Mr Livingstone evidenced that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Mr Livingstone evidenced a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the establishment for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2016 to 31 March 2017.

Discussion with 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. A system was in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

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

Mr Livingstone, registered person, demonstrated a clear understanding of his role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. 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.

### **Client and staff views**

All eleven clients submitted questionnaire responses indicated that they felt their care was well led/managed.

### **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**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 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 Brendan Livingstone, 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 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) 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 Minimum Care Standards for Healthcare Establishments (July 2014)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 48.4  <b>Stated:</b> Second time  <b>To be completed by:</b> 22 February 2018	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.  Ref: 6.4  <b>Response by registered person detailing the actions taken:</b> I have requested this from my LPA on 17th February 2018 and again on 1st March 2018. I await his response.

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 48.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 22 March 2018</p>	<p>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.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> I have requested this from my LPA on 17th February 2018 and again on 1st March 2018. I await his response.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**

