

Independent Healthcare Inspection (Announced)

Laser Ninja Tattoo Removal

Inspection date: 28 January 2020

Publication date: 23 June 2020

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Fax: 0300 062 8387
Website: www.hiw.org.uk**

Contents

1.	What we did	5
2.	Summary of our inspection	6
3.	What we found	7
	Quality of patient experience	8
	Delivery of safe and effective care	12
	Quality of management and leadership	18
4.	What next?	20
5.	How we inspect independent services	21
	Appendix A – Summary of concerns resolved during the inspection	22
	Appendix B – Immeadiante improvement plan	25
	Appendix C - Improvement plan	25

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care

Promote improvement:

Encourage improvement through reporting and sharing of good practice

Influence policy and standards:

Use what we find to influence policy, standards and practice

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Laser Ninja Tattoo Removal on the 28 January 2020.

Our team, for the inspection comprised of two HIW inspectors.

HIW explored how the service complied with the Care Standards Act 2000, requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards for Independent Health Care Services in Wales.

Further details about how we conduct independent service inspections can be found in Section 5 and on our website.

2. Summary of our inspection

We found that Laser Ninja was committed to providing a positive patient experience and we found suitable processes in place to support this.

However, we found evidence that the service was not fully compliant with all standards/regulations in all areas.

This is what we found the service did well:

- There was a good process for obtaining initial patient consent
- Staff were appropriately trained in the use of laser equipment
- There was a good level of individual patient record keeping

This is what we recommend the service could improve:

- A treatment register must be used to record all treatments
- Patients consent must be recorded before each course of treatment
- Safeguarding training must be completed and a policy created.

Refer to appendix C for a full list of areas of improvement.

We identified the service was not compliant in the following areas and that immediate corrective action was required:

- Fire safety awareness training had not been undertaken
- A fire risk assessment had not been undertaken and there was no fire policy in place for the service
- Fire drills had not been conducted

These are serious matters and resulted in the issue of a non-compliance notice to the service. At the time of publication of this report, HIW has received sufficient assurance of the actions taken to address the improvements needed.

3. What we found

Background of the service

Laser Ninja Tattoo Removal is registered as an independent hospital to provide Class 3B/4 laser treatment at 196 High Street, Bangor, LL57 1NU.

The service has one member of staff who is the registered manager and authorised laser operator.

The service is registered to provide laser tattoo removal to patients over the age of 18 years old.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

We found that the service was committed to understanding the care and treatment needs of patients in order to provide a positive patient experience.

Patients were provided with sufficient information pre and post treatment to help them make an informed decision about their treatment. However, the service should ensure that this information is regularly reviewed and updated.

The service must ensure that patient consent is appropriately recorded at subsequent appointments to ensure their continued knowledge and understanding of the laser procedure.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the services provided. Unfortunately no questionnaires were completed, as the service had not treated any patients in the weeks leading up to the inspection. However, we did look at some of the reviews left by patients on the Laser Ninja social media pages and found positive comments.

Health promotion, protection and improvement

We saw evidence that patients were asked to complete a medical history prior to their initial treatment, and that this was checked for changes at any subsequent appointment. We also saw that medical histories were signed by the patient and operator, which helps to ensure that appropriate treatments are provided in a safe way.

Dignity and respect

To ensure patient privacy, the registered manager told us that patient consultations are always carried out in the treatment room and that all patients are seen on a strictly appointment only basis.

To ensure patient dignity pre and post treatment, we saw that a privacy screen was available for use and that the treatment room is lockable during treatment. We saw that the treatment room door was fitted with a keypad lock and 'do not enter' signage was displayed.

The registered manager told us that a friend or family member is welcome to accompany patients to their consultation, but not whilst the treatment is being carried out. We would recommend that this practice continues due to space limitations in the treatment area and the lack of additional safety glasses. However, the registered manager must ensure that this is made clear to patients in advance in any available patient information.

Improvement needed

The service must update its patient information in relation to chaperones.

Patient information and consent

We saw evidence that patients were provided with sufficient information in order to make an informed decision about their treatment. This is because the service provides information in a variety of formats. This includes a patients' guide which is available for patients to view. This is supplemented by a detailed web page which outlines the treatments offered.

We confirmed that, prior to treatment, all patients are provided with a face-to-face consultation. This includes a discussion around the risks, benefits and likely outcome of the desired treatment.

We found that the provisions for obtaining initial informed consent were of a good standard and the registered manager confirmed that consent from patients is taken verbally at subsequent appointments. However, we would recommend that patients are asked to provide their signature to confirm this before each treatment to ensure their continued understanding of the procedure.

We were told that following treatment all patients receive verbal aftercare advice and saw evidence of the information that is provided to patients.

Improvement needed

The service must ensure that evidence of patient consent is recorded before each course of treatment.

Communicating effectively

A patients' guide was available for patients to review before committing to any course of treatment. The guide, which included the statement of purpose¹, contained all of the necessary information regarding the services available. We would recommend that the service reviews the patients' guide and statement of purpose on an annual basis, ensuring that the registered manager's home address is replaced with the business address.

The service also has a good website which outlines the services available and a range of supporting information.

Improvement needed

The service must ensure that its statement of purpose and patients' guide are reviewed at least annually.

Care planning and provision

We saw evidence to confirm that all patients receive a face-to-face consultation prior to the start of any treatment. As part of this consultation, patient histories are collected to ensure suitability of the chosen treatment.

We reviewed a sample of patient notes and found evidence of good record keeping, including hard copy notes that were kept consistently in individual patient files.

We found that whilst the service kept individual patient records, there was no overarching treatment register in use. A treatment register is needed to capture each time the laser is used and the nature of the treatment provided. This would enable the registered manager to maintain a system and audit trail in the event of any adverse patient treatment reactions or equipment issues.

¹ Every service provider is required to have a statement of purpose which should include specific details about the service, what treatments are provided, to who (age), by whom and any equipment used

Improvement needed

The service must implement a treatment register to record all treatments.

Equality, diversity and human rights

The service is located in a shared premises, with a step to the laser treatment room. The registered manager told us that there had been one occasion where they had been unable to provide a service to a potential patient due to accessibility requirements. In order to make potential patients aware of any access issues, we recommend that this is made clear to patients in the patients' guide and on the service's website.

Improvement needed

The service must update its patient information in relation to accessibility.

Citizen engagement and feedback

The registered manager told us that patients frequently provide verbal and informal feedback, which is recorded in the patients' file and is acted upon accordingly, where appropriate. We were also told that patients are able to provide feedback and reviews through social media, which is monitored by the registered manager.

We also saw that a feedback box was available in the treatment room, but had not been used to date.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

We found staff to be sufficiently trained to provide laser treatment to patients. This was supported by up-to-date treatment protocols and local rules for the safe operation of the laser equipment.

However, the service must ensure that all aspects of fire safety are regularly reviewed in line with the relevant standards and regulations.

Safeguarding training must be undertaken and a policy created to ensure the protection of vulnerable adults.

Cleaning schedules must be maintained in order to maintain and evidence a clean and safe environment.

Managing risk and health and safety

We saw no evidence to confirm that a written fire risk assessment had been produced and this was confirmed by the registered manager. As a consequence, we could not be assured that all of the fire risks relevant to the service had been identified and mitigated effectively.

The nearest fire extinguisher was located within the vicinity of the treatment room. However, the registered manager was unable to confirm whether this type of fire extinguisher was appropriate to use in the event of a fire involving their laser equipment.

The registered manager told us that the maintenance of the fire extinguishing equipment is the responsibility of the landlord and was unable to confirm when the last servicing had taken place. Whilst we confirmed, through a visual check, that fire extinguishing equipment had been serviced within the last 12 months, the registered manager must take responsibility for and be able to demonstrate the adequacy and suitability of fire equipment.

When we enquired about what fire safety training had been undertaken, the registered manager confirmed that they had not undertaken any relevant training.

As a consequence, we could not be assured that the registered manager had sufficient awareness and training in fire prevention.

The registered manager also confirmed that fire drills had not been conducted, neither were we able to see a policy or procedure for staff and patients to follow in the event of a fire.

Due to the potential risk of harm presented by the inadequate fire safety arrangements we could not be assured that the service was fulfilling its responsibility to protect the welfare and safety of its staff, patients and occupants of the wider building.

The above matters were dealt with and resolved under our non-compliance process. Details of action taken can be found in Appendix B.

We found that the step into the treatment room was marked using white 'fragile' tape which had worn. We recommend that the service replaces this with more suitable stripping or hazard tape to minimise the risk of trips and falls.

To help ensure that electrical appliances are safe to use, we saw satisfactory evidence that a five-yearly building electrical wiring check had last been conducted in 2016. We also saw that Portable Appliance Testing (PAT) was up-to-date.

The registered manager told us they had undertaken a first aid course, but had not undertaken a refresher course in order to maintain up-to-date skills and knowledge. We would advise the registered manager to review their training needs to help them decide whether or not they would benefit from attending a first aid refresher course.

We would also recommend that the registered manager obtains a first aid kit for the service.

Improvement needed

The service must ensure that the step into the treatment room is appropriately indicated to patients.

The service must ensure that a first aid kit is available on-site.

Infection prevention and control (IPC) and decontamination

The service had a basic infection prevent and control policy in place which outlined how the service maintains a clean and safe environment. This included

a daily start-of-day checklist and a checklist of actions to take in between patients. However, there was no evidence available to confirm that these checks had been undertaken. We would therefore recommend that these checks are placed into a cleaning schedule and are logged daily by the registered manager to demonstrate what actions have been taken.

We found that some surfaces in the treatment room, such as cupboard tops, edges and the bed frame, were visibly unclean due to a build-up of dust. Whilst we acknowledge that the treatment room was not used for some weeks prior to the inspection, implementing a daily cleaning schedule or checklist will help to prevent this.

We saw that appropriate hand washing facilities were available. We also saw that the treatment room contained an appropriate clinical waste bin and evidence that there was a contract in place for both general and clinical waste.

Improvement needed

The service must begin to maintain a cleaning schedule, ensuring that actions taken are appropriately logged.

Safeguarding children and safeguarding vulnerable adults

The service is registered to provide treatment to adults over the age of 18 only. We saw evidence of a policy which explicitly excludes treatment or services to those under the age of 18. The registered manager confirmed that this is complied with.

We did not see evidence of a safeguarding policy or evidence that an appropriate level of safeguarding training had been completed.

The registered manager confirmed to us that adult safeguarding training had been completed, but was unable to provide evidence of this on the day of the inspection. The service must provide evidence to HIW that an appropriate level (minimum level 2) of adult safeguarding training has been completed.

The registered manager must also produce an adult safeguarding policy, ensuring that the policy contains clear procedures to follow in the event of a safeguarding concern, local authority points of contact, staff responsibilities and guidance on spotting signs of abuse.

Improvement needed

The service must provide evidence that safeguarding training has been completed.

The service must produce an adult safeguarding policy.

Medical devices, equipment and diagnostic systems

We saw evidence that appropriate treatment protocols were in place and that these had been overseen by an expert medical practitioner. However, a copy of the treatment protocols were not readily accessible on-site. The registered manager must ensure that treatment protocols remain on-site for immediate access when required.

We also saw that there was a contract in place with a Laser Protection Advisor (LPA) and local rules² detailing the safe operation of the machines. The local rules had been reviewed within the last 12 months by the LPA and signed by the laser operators. The registered manager must ensure that the local rules also remain on-site for immediate access.

The local rules included a risk assessment of hazards that was completed by the LPA. However, this aspect had not been reviewed on an annual basis. The registered manager confirmed that this was underway with the LPA and evidence would be submitted to HIW as soon as it becomes available.

We saw evidence which confirmed that servicing of the laser machine was last undertaken in January 2020. The servicing report confirmed that the laser machine was in satisfactory condition.

² Local rules (or safe working procedures) should reflect safe working practices and relate to the day-to-day safety management of lasers, IPL systems and LED's. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_guidance_Oct_2015.pdf

Improvement needed

The service must ensure that its treatment protocol and local rules are kept on-site.

The service must provide evidence of the latest risk assessment once it becomes available.

Safe and clinically effective care

We saw evidence that the laser operator had completed Core of Knowledge³ training and manufacturer training in the use of the laser machine.

We saw that eye protection was available for patients and the laser operator. The eye protection was in good condition and conformed to the local rules.

The treatment room was fitted with a lock and 'do not enter' signs to prevent unauthorised access whilst the machine is in use. The registered manager confirmed that the key to operate the laser machine is kept on their person at all times to further prevent unauthorised use of the machine.

Participating in quality improvement activities

The registered manager described that they seek to improve the service by seeking patient feedback and through continually communicating with patients throughout the course of their treatments.

We recommend that the service explores further quality improvement activities, such as proactively seeking patient feedback or by carrying out record keeping audits in order to continuously improve the service it provides.

³ Core of Knowledge training provides a foundation in the safe and effective use of laser and IPL machines

Improvement needed

The service should explore further quality improvement activities.

Records management

We reviewed a sample of patient records and found evidence of good record keeping. The records were completed in a sufficiently detailed, consistent and clear manner, which promotes safe and effective care in the planning and recording of patient treatment.

We found that hard copy files were kept securely at the service.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Independent Health Care Regulations and National Minimum Standards.

The registered manager demonstrated a commitment to providing a good service, but we advise that they familiarise themselves with the relevant regulations and supporting standards and guidance in order to ensure that they are fully aware of the regulatory requirements applicable to their service.

Governance and accountability framework

Laser Ninja is run on a day-to-day basis by the registered manager who is the owner and solely authorised laser operator.

We saw a current HIW certificate of registration and public liability insurance certificate on display.

The service had some policies and procedures in place. We reviewed a sample of these and found that some of the policies were not localised / relevant to the service and others which needed further developed, as outlined earlier in this report. Other policies and procedures were not readily accessible to view on the day of the inspection. The registered manager must ensure that all policies are available to be referred to when necessary and are reviewed on a regular basis, with the appropriate version control and review dates listed.

Through discussions held on the day of the inspection, the registered manager demonstrated a commitment to providing a good service, but lacked awareness and understanding of particular standards and regulations. The registered manager should familiarise themselves with the relevant regulations and supporting standards and guidance in order to ensure that they are fully aware of the regulatory requirements applicable to their service.

Improvement needed

The service must ensure that all policies are reviewed and updated at least annually.

The registered manager must review the relevant standards and regulations applicable to their service.

Dealing with concerns and managing incidents

We found that the service had an appropriate complaints policy and procedure in place and that this included the contact details for HIW. A summary of the complaints procedure was included in the statement of purpose and clients' guide.

The registered manager demonstrated a commitment to working with patients to achieve their desired outcomes and in managing expectations through the course of a patient's treatment.

Workforce planning, training and organisational development

As mentioned earlier in this report, we saw certificates showing that the registered manager, as the sole authorised laser operator, had completed Core of Knowledge training and manufacturer training in use of the registered laser machine.

Workforce recruitment and employment practices

We saw evidence that the registered manager had an appropriate Disclosure and Barring Service (DBS) check in place to help protect and safeguard patients.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we issued a non compliance notice asking the service to tell us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a [non-compliance notice](#). The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect independent services

Our inspections of independent services may be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections of independent healthcare services will look at how services:

- Comply with the [Care Standards Act 2000](#)
- Comply with the [Independent Health Care \(Wales\) Regulations 2011](#)
- Meet the [National Minimum Standards](#) for Independent Health Care Services in Wales.

We also consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within independent services.

Further detail about [how HIW inspects independent services](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified			

Appendix B – Immediate improvement plan

Service: Laser Ninja

Date of inspection: 28 January 2020

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
The registered manager must produce a written fire risk assessment	26(4)f	Document provided	Registered Manager	2 weeks
The registered manager must ensure that the fire extinguishing equipment is suitable for the service The registered manager must ensure that fire safety equipment is maintained on an annual basis	26(4)a	Co2 fire extinguisher to be used with the laser tattoo machine in the case of a fire. Fire extinguisher kept onsite and annually maintained. Last serviced 9/10. Next service due 9/20.	Registered Manager	Immediately

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
The registered manager must complete a suitable training course in fire safety and prevention.	26(4)c	Online course complete by vital skills.co.uk H.S.Q.E (Certificate provided)	Registered Manager	1 week
The registered manager must begin, or arrange, to conduct fire drills at intervals of no less than 6 months <u>and</u> log these accordingly	26(4)d	Fire drills to be conducted by landlord at 6 monthly intervals and logged.	Registered Manager	Immediately
The registered manager must produce a fire safety policy, including a procedure for staff and patients to follow in the event of a fire, which must be reviewed every 12 months.	26(4)d	Fire safety policy provided	Registered Manager	1 week

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print): J Devlin

Job role: Registered Manager

Appendix C – Improvement plan

Service: Laser Ninja

Date of inspection: 28 January 2020

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The service must update its patient information in relation to chaperones.	10. Dignity and respect	Website and patients guide will be updated to make it clear that chaperones may only attend the consultation.	JD	
The service must ensure that evidence of patient consent is recorded before each course of treatment.	9. Patient information and consent	Written consent (signature and date) will be obtained and recorded on patient records prior to each follow-up session.	JD	
The service must ensure that its statement of purpose and patients' guide are reviewed at least annually.	18. Communicatin g effectively	This will be reviewed and updated if required.	JD	

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The service must implement a treatment register to record all treatments.	8. Care planning and provision	A treatment register was in place, but not used. This will now be used to create a secondary record all treatments.	JD	
The service must update its patient information in relation to accessibility.	2. Equality, diversity and human rights	The website and patients guide will be updated.	JD	
Delivery of safe and effective care				
<p>The service must ensure that the step into the treatment room is appropriately indicated to patients.</p> <p>The service must ensure that a first aid kit is available on-site.</p>	<p>22. Managing risk and health and safety</p> <p>12. Environment</p> <p>4. Emergency Planning Arrangements</p>	<p>Yellow and black hazard tape has already been installed on to the step.</p> <p>A first aid kit will be purchased.</p>	JD	
The service must begin to maintain a cleaning schedule, ensuring that actions taken are appropriately logged.	13. Infection prevention and control (IPC) and decontamination	A template grid has already been created and implemented to log cleaning.	JD	

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<p>The service must provide evidence that safeguarding training has been completed.</p> <p>The service must produce an adult safeguarding policy.</p>	<p>11. Safeguarding children and safeguarding vulnerable adults</p>	<p>Safeguarding training has been delayed due to Covid-19 but either face-to-face or online training options are being explored.</p> <p>Safeguarding policy is now in place</p>	<p>JD</p>	
<p>The service must ensure that its treatment protocol and local rules are kept on-site.</p> <p>The service must provide evidence of the latest risk assessment once it becomes available.</p>	<p>16. Medical devices, equipment and diagnostic systems</p>	<p>Hard copies are now kept on-site.</p>	<p>JD</p>	
<p>The service should explore further quality improvement activities</p>	<p>6. Participating in quality improvement activities</p> <p>21. Research, Development and Innovation</p>	<p>Further ways of obtaining patient feedback and checking of client records will be explored.</p>	<p>JD</p>	
Quality of management and leadership				
<p>The service must ensure that all policies are reviewed and updated at least annually.</p>	<p>1 Governance and</p>	<p>Policies will be reviewed annually and updated if required.</p>	<p>JD</p>	

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered manager must review the relevant standards and regulations applicable to their service.	accountability framework			

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): J Devlin

Job role: Registered Manager

Date: