



Department of Health and Social Care

Rhey'n Slaynt as Kiarail y Theay

Isle of Man
Government

Reiltys Ellan Vannin

Regulation of Care Act 2013

Independent Clinics

Using Class 3b/Class 4 lasers and/or Intense Pulse Lights

The Laser Room

Announced Inspection

14 January 2022

***Registration and Inspection Team,
1st Floor, Belgravia House,
34-44 Circular Road, Douglas, Isle of Man, IM1 1AE.***

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Part 1 - Service Information for Registered Service

Name of Service:

The Laser Room

Telephone No:

07624 228835

Care Service Number:

ROCA/P/0007A

Conditions of Registration:

An independent clinic, carrying out any technique or surgery (including cosmetic surgery) involving the use of the following products:

- i) Class 3B laser
- ii) Class 4 laser
- iii) Intense pulse light source or equivalent

Registered company name:

The Laser Room

Name of Responsible Person:

Mrs. Christina Mepham

Name of Registered Manager:

Mrs. Christina Mepham

Manager Registration number:

ROCA/M/0043

Date of latest registration certificate:

17 October 2017

Date of any additional regulatory action in the last inspection year (i.e. improvement measures or additional monitoring):

None

Date of previous inspection:

6 August 2020

Person in charge at the time of the inspection:

Mrs. Christina Mepham

Name of Inspector(s):

Kevin West

Part 2 - Descriptors of Performance against Standards

Inspection reports will describe how a service has performed in each of the standards inspected. Compliance statements by inspectors will follow the framework as set out below.

Compliant

Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. In most situations this will result in an area of good practice being identified and comment being made.

Substantially compliant

Arrangements for compliance were demonstrated during the inspection yet some criteria were not yet in place. In most situations this will result in a requirement being made.

Partially compliant

Compliance could not be demonstrated by the date of the inspection. Appropriate systems for regular monitoring, review and revision were not yet in place. However, the service could demonstrate acknowledgement of this and a convincing plan for full compliance. In most situations this will result in requirements being made.

Non-compliant

Compliance could not be demonstrated by the date of the inspection. This will result in a requirement being made.

Not assessed

Assessment could not be carried out during the inspection due to certain factors not being available.

Recommendations based on best practice, relevant research or recognised sources may be made by the inspector. They promote current good practice and when adopted by the registered person will serve to enhance quality and service delivery.

Part 3 - Inspection information

The Inspection report is based on the information provided as part of the pre inspection desk top analysis and the findings of the inspection visit.

The purpose of this inspection is to check the service against the service specific minimum standards – Section 37 of The Regulation of Care Act 2013 and The Regulation of Care (Care Services) Regulations 2013 part 3, regulation 9.

Inspections concentrate on specific areas on a rotational basis and for most services are unannounced.

The inspector is looking to ensure that the service is well led, effective and safe.

Summary from the last inspection

Number of requirements from last inspection:

One

Number met:

One

All requirements not met will be addressed within this inspection report

Please note that any requirement carried forward for three consecutive inspections will lead to the service being served an improvement notice.

Overview of this inspection

Due to COVID 19 the inspection process for this year has altered slightly. More information and evidence has been sought from providers electronically. The inspection team have desktop assessed this information and a service visit has then been undertaken to verify the evidence provided.

This was the clinic's annual inspection.

The Laser Room is an independent clinic that uses a Class 4 laser machine.

The manager is the sole employee and operator of the laser machine.

The inspector went through the clinic's previous requirement with the manager, before scrutinising the standards that were the focus of this year's inspection.

Feedback was given to the manager at the conclusion of the inspection.

Part 4 - Inspection Outcomes, Evidence and Requirements

Regulation of Care Act 2013, Part 2 (37) and Care Services Regulations Part 3 (9) Standard P1 – Procedures for use of Lasers and Intense Pulsed Lights

Patients receive treatment using lasers and intense pulsed lights from competent operators and in accordance with appropriate procedures.

Our Decision:

Compliant

Reasons for our decision:

An operating manual for the laser machine was examined to see if it contained all of the criteria required in a treatment protocol. For further clarity the manager sought advice from her Laser Protection Advisor (LPA) who confirmed that the operating manual contained sufficient information detailed in this standard.

The protocol was supported by written procedures – local rules – for the use of the laser machine. These were written by a LPA and had been reviewed in November 2021.

The manager had signed the local rules to indicate that she accepted and understood the procedures.

The clinic had access to safety advice from a certified LPA.

Records were maintained each time the laser machine was used, including the name and date of birth of the client, the date and time of the treatment, the name and signature of the operator, the nature of the treatment and its parameters and any accidents or adverse effects.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements:

None

Recommendations:

None

Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9) Standard P2 – Training for staff using Lasers and Intense Pulsed Lights

Patients receive treatment from appropriately trained operators.

Our Decision:

Compliant

Reasons for our decision:

The manager had received core of knowledge training in June 2019. This training must be repeated every three years.

The manager only used the laser machine for treatments for which she had been trained – laser hair removal and skin tightening.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard P3 – Safe operation of Lasers and Intense Pulsed Lights**

Patients receive treatment using lasers and intense pulsed lights from competent operators and in accordance with appropriate procedures.

Our Decision:

Compliant

Reasons for our decision:

Treatments took place in the clinic's one room. A laser warning sign was on the door to the clinic, which was lockable.

The laser machine displayed labels which identified the device and the wavelengths / maximum output used.

Protective eyewear was marked with the wavelength range and the protection offered. The eyewear to be used was specified in the local rules. Records evidenced that the protective eyewear was checked daily, as part of a laser room safety checklist.

Three client records were examined. These evidenced that questions on medical conditions formed part of the initial medical assessment. Skin type and pigmentation was assessed by using the Fitzpatrick Skin Scale. First treatments involved a test shot / patch test of the skin.

Safe custody of the laser machine's key switch was detailed in the local rules and also formed part of the laser room daily safety checklist.

The laser machine had been serviced in July 2021.

Evidence Source:

Observation	✓	Records	✓	Feedback		Discussion	✓
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Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 2 – Quality of treatment**

The treatment and care provided must be person-centred. Treatment must be provided in line with relevant clinical guidelines.

2.4, 2.5, 2.15

Our Decision:

Compliant

Reasons for our decision:

Consent for treatment forms signed by the client were kept with the person's notes.

The manager had completed an emergency first aid at work course in July 2021. This training included basic resuscitation.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 3 – Environmental and personal safety and comfort**

There must be systems, checks, policies, procedures and staff training in place to ensure that service recipients' dignity, wellbeing and safety is promoted and protected.

3.6, 3.7, 3.8, 3.13, 3.15, 3.18

Our Decision:

Compliant

Reasons for our decision:

A complaints procedure was displayed in the clinic. A complaints policy covered all of the criteria required in this standard.

No complaints had been made or recorded.

A fire risk assessment had been reviewed in October 2021. All required fire safety checks had been completed, including weekly alarm tests and monthly checks of the emergency lighting and fire extinguishers.

An electrical installation condition report had been completed on 12 October 2017. This must be repeated every five years. Portable Electrical Appliance Testing (PAT) had taken place on 17 November 2021.

The gas boiler had been maintained in November 2021.

Public liability insurance was displayed in the clinic and was due to expire in August 2022.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements:

None

Recommendations:

None

**Regulation of Care Act 2013 Part 2 (37) and Care Services Regulations Part 3 (9)
Standard 8 – Risk management**

Service recipients, staff and anyone visiting the premises must be assured that all risks are assessed and managed appropriately.

8.1

Our Decision:

Compliant

Reasons for our decision:

A laser risk assessment report had been completed by the LPA, which covered all general control measures and specific hazards in the laser room.

Other risk management policy and procedures included health and safety, infection control, waste disposal, emergencies and adult protection.

Evidence Source:

Observation		Records	✓	Feedback		Discussion	✓
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Requirements:

None

Recommendations:

None

The inspector would like to thank the management, staff and service users for their co-operation with this inspection.

If you would like to discuss any of the issues mentioned in this report or have identified any inaccuracies, please do not hesitate to contact the Registration and Inspection Team.

Inspector: Kevin West

Date: 1 February 2022

Provider's Response

From: The Laser Room

I / we have read the inspection report for the inspection carried out on **14 January 2022** at the establishment known as **The Laser Room**, and confirm that there are no factual inaccuracies in this report.

Or

I/we am/are unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s)

Signed Responsible Person Tina Mepham
Date 11/02/22

Signed Registered Manager Tina Mepham
Date 11/02/22