

Annual Inspection Report 2022-2023

Tracey Bell Super Clinic

Independent Clinic

8 November 2022



DHSC

An announced inspection was carried out on the 8 November 2022. An inspector from the Registration and Inspection Team carried out the inspection.

Service and service type

Tracey Bell Super Clinic is registered as 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

People’s experience of using this service and what we found

To get to the heart of people’s experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people’s needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our key findings

An area of improvement was for the clinic to evidence gas safety.

Systems and processes were in place to protect people from the risk of abuse. The area around the working lasers was controlled to protect others.

Staff were appropriately qualified and trained. Further training was encouraged by the provider.

Rooms were provided for private and confidential discussions / consultations to take place.

Feedback was actively sought.

Staff felt supported.

At this inspection we found the provider had not taken action in relation to gas safety checks – an area identified at the previous inspection.

About the service

Tracey Bell Super Clinic is registered as an independent clinic.

Registered manager status

The service has a registered manager. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of Inspection

This announced inspection was part of our annual inspection programme which took place between April 2022 and March 2023.

Inspection activity started on 28 October 2022. We visited the location's service on 8 November 2022.

What we did before the inspection

The provider did not complete the requested provider information return (PIR), but some information was provided before the inspection on request.

During the inspection

A range of records were reviewed. This included client records, records maintained each time the laser machine was used and records relating to the safety of the environment and equipment.

C1 Is the service safe?**Our findings:**

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service does require an improvement in this area in relation to evidencing gas safety.

This service was found to be safe.

How do systems, processes and practices safeguard people from abuse?

The provider had a safeguarding and a whistleblowing policy. Policies concerning client chaperoning, harassment and bullying and resuscitation were also examined. Laser operators had received training on safeguarding.

How are risks to people assessed and their safety monitored and managed so they are supported to stay safe?

Laser treatment was carried out in one room which was lockable. Signs warning of laser use were displayed on the door into the laser room. The area around the working lasers were controlled to protect other persons while treatment was in progress. Adequate lighting was provided. There were no reflective surfaces that could deflect a laser beam and blinds were fitted to the windows. Daily safety checks of the laser room were being carried out.

A written agreement was in place with a certificated Laser Protection Advisor (LPA). A risk assessment on the laser room environment was in place.

Treatment protocols set out all necessary pre-treatment checks and tests for laser use. Written procedures for the use of the laser machine were in place, signed by all laser operators. A key switch protocol was in place.

Two machines were used for treatments. One machine had been serviced in November 2021 while the other was due a service in December. Labels identifying wavelength range and maximum output power of the radiation emitted were visible on the laser machines.

Protective eyewear was worn when a laser was being used. Eyewear was marked with the wavelength range and protection offered. These were checked daily.

Records were maintained each time the laser was operated. Records examined evidenced that people's health needs were assessed on an initial consultation, including medical conditions. Skin type was recorded and a patch test completed.

Fire safety checks were being carried out, including fire drills. A fire risk assessment had been written and was regularly reviewed. Portable Appliance Testing (PAT) was being carried out and an electrical installation condition report confirmed the safety of the wiring in the building. Gas boiler safety could not be evidenced.

Staffing and recruitment

No new laser operators had been recruited since the last inspection. Up to date Disclosure and Barring Service (DBS) checks were in place.

How well are people protected by the prevention and control of infection?

Systems were in place to manage risk and to prevent the risk of infection. Staff had access to appropriate Personal Protective Equipment (PPE). Laser hand pieces were cleaned after each treatment and the treatment bed stripped and cleaned. All surfaces were wiped clean at the start and end of the day. Cleaning of equipment formed part of the laser treatment protocols.

Are lessons learned and improvements made when things go wrong?

Arrangements were in place for dealing with hazard notices and alert letters. There were systems in place to monitor incidents and accidents, although none had taken place.

Action we require the provider to take

Key areas for improvement:

- Gas boiler safety must be evidenced.

Inspection Findings

C2 Is the service effective?

Our findings

Effective – this means we looked for evidence that people’s care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. The service does not require any improvements in this area.

This service was found to be effective.

Are people’s needs and choices assessed and care, treatment and support delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?

People’s needs were assessed on consultation and informed of the recommended interventions, risks and benefits of treatment. How a person wanted to be addressed was confirmed during the consultation process. People were offered the choice of having treatments carried out by a person of the same sex and could have a chaperone if one was requested.

How does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support?

Laser operators held appropriate vocational qualifications and had completed training / refresher training at the required frequency, including core of knowledge, resuscitation and first aid. Manufacturers training on the laser machines had been completed.

Staff had received an annual appraisal. Informal staff meetings were taking place monthly.

How are people supported to receive ongoing treatment?

Treatments were discussed with the person and pre and post treatment leaflets were given. Any change in circumstances / medical history was discussed on further consultations. Photographs were taken after each treatment.

Is consent to care and treatment always sought in line with legislation and guidance?

Consent to treatment and having a test patch carried out was obtained and recorded. A consent policy was in place.

Inspection Findings

C3 Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. The service does not require any improvements in this area.

This service was found to be caring.

How does the service ensure that people are treated with kindness, respect and compassion, and that they are given emotional support when needed?

Individual needs and preferences were discussed on initial consultations.

How does the service support people to express their views and be actively involved in making decisions about their care / treatment as far as possible?

Feedback was sought during consultation and people were able to leave reviews on internet feedback platforms.

How are people's privacy and dignity respected and promoted?

The clinic provided rooms for privacy and confidentiality. A client guide contained information on patient confidentiality. A discussion was had with the provider to display a sign in the clinic that informs people of their rights to access their records at any time.

Inspection Findings

C4 Is the service responsive?

Our findings:

Responsive – this means we looked for evidence that the service met people’s needs. The service does not require any improvements in this area.

This service was found to be responsive.

How do people receive personalised care that is responsive to their needs?

Records scrutinised on inspection evidenced that people contributed to the planning of their treatment, which was personalised to their needs.

How are people’s concerns and complaints listened and responded to and used to improve the quality of care?

The complaints procedure was displayed in the clinic. The client guide contained information on the complaints procedure and the complaints policy was available on request. The complaints process was discussed on a person’s consultation. No complaints had been made / recorded.

Inspection Findings

C5 Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. The service does not require any improvements in this area.

This service was found to be well-led.

Is there a clear vision and credible strategy to deliver high-quality care and support, and promote a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people?

Staff felt supported and said that additional training was provided. The provider discussed people's feedback and reviews with staff periodically.

Does the governance framework ensure that responsibilities are clear and that quality performance and risks and regulatory requirements are understood and managed?

Appropriate insurance cover was displayed in the clinic. People's records were kept confidential and stored securely. The provider did not provide a PIR prior to inspection but did provide information when further requested.

How are the people who use the service, and staff engaged and involved?

Feedback was sought as part of the consultation discussion and post treatment. Feedback could be provided via internet / social media feedback platforms.

How does the service continuously learn, improve, innovate and ensure sustainability?

Laser operators were encouraged to develop their skills and knowledge. Information from compliments were discussed and used to drive quality.