

Annual Inspection Report 2022-2023

The Laser Room

Independent Clinic

15 September 2022



DHSC

An announced inspection was carried out on 15 September 2022. An inspector from the Registration and Inspection Team carried out the inspection.

Service and service type

The Laser Room 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

The manager is a sole trader and manages the clinic.

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

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

The manager was appropriately qualified and received refresher training. The manager was continuously wanting to learn and improve.

Thorough, person centred consultations were taking place in a private room, ensuring confidentiality.

The client guide was given to people and contained information on the complaints procedure.

We found the following areas where the service needs to make improvements:

N/A

About the service

The Laser Room is registered as an independent clinic.

Registered manager status

The service has a registered manager. This means that they 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 8 September 2022. We visited the location's service on 15 September 2022.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR), notifications, complaints/compliments and any safeguarding issues. The manager was asked to display a poster informing people that an inspection was due to take place and asking for feedback.

During the inspection

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

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 not require any improvements in this area.

This service was found to be safe.

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

The manager had received safeguarding training which was due to be updated. The provider had a safeguarding and a whistleblowing policy. A copy of the latest Isle of Man safeguarding procedures was available. Other policies concerned with safeguarding included a client chaperone and accompanying policy and a harassment and bullying policy.

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

The provider had a written agreement in place with a certificated Laser Protection Advisor (LPA). The LPA had written a risk assessment on the laser room, highlighting general control measures and specific hazards.

The area around the working laser was controlled to protect other persons while treatment was in progress. A sign warning of laser use was displayed on the door into the laser room. Where the laser was operated there were no reflective surfaces that could deflect a laser beam. Blinds were fitted to the windows and there was adequate lighting.

The laser machine operating manual set out all necessary pre-treatment checks and tests. The LPA had produced written procedures for the use of the laser machine, including safe custody of the key switch.

The laser machine was serviced annually. Everyone within the laser room wore protective eyewear whenever a laser was being used. Eyewear was marked with the wavelength range and protection offered. These were checked daily. Records were maintained every time the laser was operated. These included the name and date of birth of the client, date and time of the treatment, name and signature of the operator, nature of the treatment given and any accidents or adverse effects.

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

A fire risk assessment had been written and reviewed. Regular fire safety checks were being carried out, including fire drills. Emergency lighting checks were taking place. Portable Appliance Testing (PAT) was being carried out and an electrical installation condition report confirmed the safety of the wiring in the building.

An assessment on the risk of hot water in the clinic had been written. The boiler had been serviced.

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. The manager had access to appropriate Personal Protective Equipment (PPE). COVID-19 mitigations were in

place. After every procedure laser heads and protective eyewear were cleaned. The manager completed a daily safety checklist, which included infection control. An infection control policy was in place, as well as a health and safety measures policy that incorporated procedures including waste disposal and hand hygiene.

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. The manager discussed business continuity arrangements.

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 for treatment. How a person wanted to be addressed was confirmed on consultation. People were offered a chaperone and informed that they were able to bring in a relative or friend if they wished.

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

The manager held an appropriate vocational qualification. They had completed training / refresher training at the required frequency, including core of knowledge, resuscitation and first aid. Manufacturers training on the laser machine had been completed.

How are people supported to receive ongoing treatment?

Procedures were discussed with the client. Pre and post procedure instructions were given to a client, including aftercare details. A change in circumstances form was completed when a person returned for treatment.

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

Consent to treatment was obtained and recorded and kept with the person’s notes. 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?

A person's specific preferences and needs were discussed on an initial consultation.

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?

Appointments were scheduled so that people did not feel rushed and that they felt listened to.

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

The laser room provided an environment that promoted privacy and confidentiality. A privacy and dignity policy was in place. The client guide contained information on access to health records as well as highlighting a confidentiality policy. The guide was given to all clients.

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?

People contributed to the planning of their treatment, which was personalised.

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

The client guide contained information on the complaints procedure. The complaints procedure was displayed in the laser room. No complaints had been made or recorded. Feedback from clients was sought on consultation.

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?

The manager had the skills, knowledge and experience to run the clinic effectively.

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

The clinic had appropriate insurance cover which was displayed. The manager understood their responsibilities as a registered manager. Client records were kept confidential and stored securely.

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

Feedback was sought as part of the consultation discussion.

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

The manager had written an annual quality assurance report. The LPA updated the manager on any laser related changes.