

## **Regulation of Care Act 2013**

### **Independent Clinics Using Class 3b/Class 4 lasers and/or Intense Pulse Lights**

Tracey Bell Super Clinic

### **Announced Inspection**

26 January 2022

***The provider did not return their response within the specified timescale and consequently it has been published to the website without the response.***

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**Part 1 - Service Information for Registered Service**

**Name of Service:**

Tracey Bell Super Clinic

**Telephone No:**

(01624) 613323

**Care Service Number:**

ROCA/P/0190A

**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:**

Kensington Aesthetic Clinic

**Name of Responsible Person:**

Dr James Garritt

**Name of Registered Manager:**

Dr James Garritt

**Manager Registration number:**

ROCA/M/0031

**Date of latest registration certificate:**

10 June 2014

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

None

**Date of previous inspection:**

1 October 2020

**Person in charge at the time of the inspection:**

Lisa Sum

**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:**

Two

**Number met:**

One

**Number not 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 inspector went through the clinic's previous requirements to see if they had been met before scrutinising the standards that were the focus of this year's inspection.

Feedback was given 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:

Substantially compliant

#### Reasons for our decision:

Three laser machines were being used at the clinic. On the day of the inspection, a treatment protocol had been produced for one of the laser machines. The treatment protocol sets out all of the necessary pre-treatment checks and tests for the use of the machine. It is recommended that the protocol be reviewed to evidence that it is still current.

Treatment protocols were not in place for the other two laser machines. Operating manuals for both machines were examined but these did not cover all of the criteria required in a treatment protocol. A requirement has been made.

Local rules – written procedures for the use of devices, were in place for all three laser machines. These had been written in-house. The clinic must evidence that the local rules have been produced in accordance with the advice and approval of a recognised Laser Protection Advisor (LPA) and a requirement had been made.

Authorised users of the lasers had signed the local rules to indicate that they accepted and understood the procedures.

The clinic had access to safety advice from a certificated LPA and a written agreement was in place.

A person with overall on-site responsibility for lasers and intense pulse lights was in place.

Treatment logs were examined. These included the name and date of birth of the patient / client, the date and time of the treatment, the name 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:

Two

#### Recommendations:

One

### 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:**

All laser operators were up to date with their core of knowledge training. This training must be repeated every three years.

Laser operators had received regular training in relation to technological developments and only carried out treatments that they had been trained for. The inspector saw evidence of qualifications.

**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:**

Substantially compliant

**Reasons for our decision:**

One room was used for laser treatments. The room was clearly defined, with laser warning signs displayed on the door. The laser room contained three laser machines which were not in use at the same time.

Laser machines had labels identifying the device, their wavelength and maximum output power of the radiation emitted.

Protective eyewear was provided and worn when the lasers were used. The inspector was informed that the eyewear provided from the laser manufacturers was not marked with the wavelength range and protection offered. The eyewear was colour coded with the specifications contained on a label.

The clinic could not evidence that the protective eyewear was checked daily and a requirement has been made.

Patient / client records examined evidenced that medical history / conditions were checked. Skin type was identified and test patches carried out.

Arrangements for the safe custody of the laser machine key were detailed in each machine's local rules.

One laser machine had been serviced in November 2021, but on the day of the inspection, the servicing records for one of the laser machines was not available to evidence compliance with this standard and a requirement has been made. The third laser machine was purchased new in December 2021.

**Evidence Source:**

Observation	✓	Records	✓	Feedback		Discussion	✓
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**Requirements:**

Two

**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:**

Patient / client records evidenced that consent was sought for both the test patch and for the actual treatment.

All of the laser operators has received training on resuscitation in July 2021. This training must be updated annually.

**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:**

Substantially compliant

**Reasons for our decision:**

The clinic had a complaints policy and procedure that included all of the criteria required in this standard. A complaints procedure was also displayed in the clinic.

The inspector was informed that no complaints had been made or recorded.

A fire safety risk assessment had been completed by a risk analysis and mitigation company, and reviewed in August 2021. No actions were required.

Records confirmed that weekly alarm testing had taken place, as well as monthly checks on the emergency lighting and firefighting equipment. An annual test of the fire alarm system had taken place in December 2021. The firefighting equipment had not been serviced since October 2020 and a requirement has been made.

An Electrical Installation Condition Report (EICR) had been completed on 11 October 2021. This must be updated every five years.

Portable Electrical Appliance Testing (PAT) had taken place on the 18 January 2022.

A gas safety check had not taken place since September 2020. A requirement has been made.

Appropriate public liability insurance was displayed in the clinic.

**Evidence Source:**

Observation	✓	Records	✓	Feedback		Discussion	✓
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**Requirements:**

Two

**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:**

Risk assessments were in place which covered all general control measures and specific hazards in the laser room.

Other risk management policy and procedures included infection control, clinical waste, safeguarding, first aid emergencies and managing adverse events / reactions.

**Evidence Source:**

Observation	✓	Records	✓	Feedback	✓	Discussion	✓
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**Requirements:**

None

**Recommendations:**

None

<b>Other areas identified during this inspection</b>
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Standard 5.6 - One laser operator had not received safeguarding training and a requirement has been made.

**Evidence Source:**

Observation		Records	✓	Feedback		Discussion	✓
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**Requirements:**

One

**Recommendations:**

None

**The inspector would like to thank the management and staff 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:** 18 February 2022

**Provider's Response**

**From:** Tracey Bell Super Clinic

I / we have read the inspection report for the inspection carried out on **26 January 2022** at the establishment known as **Tracey Bell Super Clinic**, and confirm that there are no factual inaccuracies in this report.

I/we agree to comply with the requirements/recommendations within the timescales as stated 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**  
**Date**

**Signed**  
**Registered Manager**  
**Date**

***The provider did not return their response within the specified timescale and consequently it has been published to the website without the response.***