

Annual Inspection Report 2022-2023

You and Improved

Independent Clinic

26 September 2022



DHSC

An announced inspection was carried out on 26 September 2022. An inspector from the Registration and Inspection Team carried out the inspection.

Service and service type

You and Improved 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 identified in regards obtaining references and a new Disclosure and Barring Scheme (DBS) check for people with practising privileges.

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.

The laser operators were appropriately qualified and trained.

Detailed person centred consultations were taking place in private rooms, ensuring confidentiality.

Client feedback was actively sought.

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

- Two references and a DBS check must be obtained as part of checks for all new starters / people with practising privileges.

About the service

You and Improved is registered as an independent clinic.

Registered manager status

The service has a registered manager who is also the owner. 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 13 September 2022. We visited the location's office/service on 26 September 2022.

What we did before the inspection

We reviewed information we received about the service. 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 client records, records maintained each time the laser machine was used and records relating to the safety of the environment and equipment.

SECTION C Inspection Findings

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 improvements in this area.

This service was found to be safe.

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

Laser operators had received safeguarding training which was refreshed annually. The provider had a safeguarding and a whistleblowing policy, as well as policies concerning client chaperoning, harassment and bullying and resuscitation. A copy of the latest Isle of Man safeguarding procedures was available. The provider had a book to record incidents / accidents.

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 two rooms. The area around the working lasers was controlled to protect other persons while treatment was in progress. Signs warning of laser use were displayed on the door into the laser rooms. There were no reflective surfaces that could deflect a laser beam and blinds were fitted to the windows. There was adequate lighting.

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 environments. The provider also had several policies covering risk management.

Laser machine treatment protocols set out all necessary pre-treatment checks and tests. The LPA had produced written procedures for the use of the laser machine, signed by all laser operators.

Three laser / Intense Pulsed Light (IPL) machines were used for treatments. Two machines were brand new. One machine had been serviced recently. Machines displayed labels identifying wavelength range and maximum output power of the radiation emitted.

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 each time a treatment was about to take place. 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.

A fire risk assessment had been written and reviewed. Regular fire safety checks were being carried out, including fire drills. Portable Appliance Testing (PAT) was being carried out and an electrical installation condition report confirmed the safety of the wiring in the building. A new boiler had been installed less than a year ago.

Staffing and recruitment

A laser operator had been granted practising privileges (the grant to a person who is not employed in the establishment, permission to practice on those premises). No references had been obtained prior to them being granted practising privileges. A new Disclosure and Barring Service (DBS) check had also not been carried out. Qualifications had been verified and refresher training completed.

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 were cleaned and the treatment bed cleaned / disinfected. A cross infection and hygiene control policy had been written.

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:

- Prior to granting practising privileges / employing laser operators, as part of the pre-employment process, two references must be sought and a new DBS check completed.

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 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. They 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.

The manager said that she met regularly with her colleague to discuss business matters.

How are people supported to receive ongoing treatment?

Treatments were discussed with the client and asked to sign that they understood the information given to them. Pre and post advice / aftercare leaflets were given to a person. Any change in circumstances was discussed on further consultations.

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

Consent to treatment 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?

Specific preferences and needs were discussed on a person's 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?

An email was sent out to all clients asking for feedback following treatment. Feedback was sought during consultation. People were able to leave reviews on an internet feedback platform.

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

The laser rooms provided privacy and confidentiality. A privacy and dignity policy was in place, as well as a confidentiality policy. Client consent contained information on access to health records.

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 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 laser treatment rooms. The client guide contained information on the complaints procedure. The clinic had received no complaints.

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 lead 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 displayed appropriate insurance cover. A discussion was had with the manager regarding their responsibilities as a registered manager. People's 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 and post treatment. The manager said that she held regular discussions with her fellow laser operator.

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

A business plan had been written and updated.