

Annual Inspection Report 2022-2023

Suki Clinic

Independent Clinic

28 November 2022



Isle of Man
Government
Kelleys Eilan Vannin

DHSC

An announced inspection was carried out on the 28 November 2022. An inspector from the Registration and Inspection Team carried out the inspection.

Service and service type

Suki 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

Areas for improvement include fire safety, electrical safety, displaying of the complaints procedure and amending and writing documents / policies and procedures.

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.

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

People were involved in the planning of their treatment.

People's records were kept confidential and stored securely.

This was the clinic's first inspection.

About the service

Suki 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 17 November 2022. We visited the location's office/service on 28 November 2022.

What we did before the inspection

We reviewed information we received about the service since the clinic was registered. We used the information the provider sent us in the provider information return (PIR), notifications, complaints/compliments and any safeguarding issues.

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?

The provider had both a safeguarding and whistleblowing policy. A copy of the Isle of Man adult protection procedures was available. Policies on harassment and bullying and resuscitation were also examined. Both 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 treatments were carried out in a lockable room. 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. There were no reflective surfaces that could deflect a laser beam. Adequate lighting was provided. Laser operators carried out visual safety checks of the laser room.

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

An operator manual for the laser machine set out all necessary pre-treatment checks and tests. Written procedures for the use of the laser machine were in place, signed by all laser operators. A key switch protocol formed part of these procedures.

The laser machine had been serviced in November 2022. Labels identifying wavelength range and maximum output power of the radiation emitted were visible on the laser machine.

Protective eyewear was worn when a laser was being used. Eyewear was marked with the wavelength range and protection offered and were checked prior to each use.

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

Fire safety checks were being carried out, but no fire drills had taken place. A fire risk assessment had been written but was overdue a review. There was no evidence that Portable Appliance Testing (PAT) had been carried out. An electrical installation condition report confirmed the safety of the wiring in the building. Gas boiler safety was evidenced.

Staffing and recruitment

No new laser operators had been recruited since the clinic was registered. 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) and cleaning materials. Laser hand pieces were cleaned after each treatment and the treatment bed stripped and cleaned. All surfaces were regularly disinfected. Cleaning of equipment formed part of the laser treatment protocol.

Are lessons learned and improvements made when things go wrong?

A discussion was had with the manager regarding the arrangements to be informed of 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:

- The fire risk assessment was overdue a review.
- Twice yearly fire drills were not taking place.
- PAT testing had not been carried out.

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 interventions, risks and benefits of treatment. How a person wanted to be addressed was confirmed during the consultation process.

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 on core of knowledge, resuscitation and first aid. Manufacturers training on the laser machine had been completed.

How are people supported to receive ongoing treatment?

Treatments were discussed with the person and pre and post treatment information was given. Any change in health history was discussed on further consultations. Photographs were taken after each treatment to record progress.

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

Consent to treatment was carried out 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?

People's 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 an internet feedback platform.

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

The clinic provided rooms for private and confidential discussions to take place. 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 require an improvement in this area in relation to displaying the complaints procedure.

This service was found to be responsive.

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

Records examined on inspection evidenced that people were involved in 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?

No complaints had been made / recorded. The complaints procedure was not displayed in the clinic. A complaints policy had been written.

Action we require the provider to take

Key areas for improvement

- The complaints procedure must be displayed in the clinic.

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 require 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 manage 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?

Appropriate insurance cover was displayed in the clinic. People's records were kept confidential and stored securely. A discussion was had with the manager regarding their responsibilities in response to the inspection and any areas of improvement.

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 an internet feedback platform.

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

The manager had written policies and procedures as part of the registration process, but several needed to be amended / written. Documents to be amended included the statement of purpose, safeguarding policy and complaints policy. Policies to be written included a client guide, person centred treatment policy, risk management policy and training policy.

Action we require the provider to take

Key areas for improvement

- The following documents need amending:
 - Statement of purpose
 - Safeguarding policy
 - Complaints policy

- The following must be written:
 - Client guide
 - Person centred treatment policy
 - Risk management policy
 - Training policy