

# Inspection Report

## 2023-2024

## Bella Luna Beauty Limited

Independent Clinic

7 December 2023

**Under the Regulation of Care Act 2013 and  
Regulation of Care (Care Services) Regulations 2013**



**DHSC**

We carried out this inspection under Part 4 of the Regulation of Care Act 2013 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements, regulations and standards associated with the Act. We looked at the overall quality of the service.

We carried out this announced inspection on the 7 December 2023. Two inspectors from the Registration and Inspection team carried out the inspection.

**Service and service type**

Bella Luna Beauty Limited 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 of improvement are required in relation to policies and procedures, records access, client record signing, fire safety, electrical safety, training and complaints.

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

Needs were assessed on consultation and people were informed of the recommended interventions for treatment. The manager was appropriately qualified and experienced.

A person’s specific preferences were discussed on an initial consultation. Person -centred consultations were taking place in a private room, ensuring confidentiality.

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

Records were kept confidential and stored securely.

This was the clinic’s first inspection.

**About the service**

Bella Luna Beauty Limited is registered as an independent clinic. The clinic is based in a private home in Derbyhaven.

**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 inspection was part of our annual inspection programme which took place between April 2023 and March 2024.

Inspection activity started on 30 November 2023. We visited the service on the 7 December 2023.

**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.

**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.

**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 manager was the sole laser operative at the clinic and had completed safeguarding training in October 2022. The clinic had a whistleblowing policy and had access to the Adult Safeguarding team contact details. There had been no safeguarding issues.

The provider did not have a policy on person-centred treatment. This policy must also include information on the use of chaperones.

The statement of purpose required some additional information adding. A client guide must be written.

A resuscitation policy was in place.

**Assessing risk, safety monitoring and management**

The clinic had access to safety advice from a certificated Laser Protection Advisor (LPA).

The LPA had written a protocol – local rules – for the safe use of the clinic’s laser machine. A treatment protocol was also in place which set out the pre-treatment checks and tests of the laser machine.

An environmental risk assessment had been completed covering the equipment used in the clinic, the environment and people, activities and hazards. Any reflective surface was covered when the laser machine was in use.

Warning signage was displayed on the door into the laser treatment room.

For all lasers with a key switch, formal arrangements for the safe custody of the key must be in place. This information formed part of the clinic’s local rules.

Protective eyewear was available and used by everyone within the laser room. These were marked with the wavelength range and protection offered. The manager said that the eyewear was checked daily.

The laser machine carried labels which identified the device, wavelength range and protection offered. The laser machine had been purchased as new and was due a service on the day of the inspection.

Two peoples’ treatment records were examined. These included an assessment of their health needs and medical history. Skin type was recorded and a patch test completed. Any risks were identified. Consent was sought and people were informed of the recommended interventions for treatment. Records were kept securely.

People must be informed of their rights to access their records at any time. The manager said that they would include this information on their social media.

Records were maintained every time the laser was operated. This included the person's name and date of birth, date and time of treatment, nature of the treatment given and its parameters. The manager / laser operator must sign once the laser has been operated.

A fire risk assessment had been completed. A fire extinguisher was located in the laser treatment room. This extinguisher was not being checked monthly and had not had an annual service.

An electrical installation condition report had been completed in 2021 and was valid for ten years. Portable electrical appliance testing (PAT) had not been carried out.

### **Staffing and recruitment**

The manager is the sole laser operator.

### **Safe use of medicines**

No medication was used in the clinic.

### **Preventing and controlling infection**

The clinic was visibly clean. We were informed that the equipment was cleaned after every treatment. Hand sanitizer was available as were disposable gloves. Infection control and cleanliness was covered in the laser machine treatment protocol. The clinic had procedures concerned with risk management.

### **Learning lessons when things go wrong**

Arrangements were in place for dealing with alert letters and hazard notices. A business plan had been written in May 2022.

## **Action we require the provider to take**

Key areas for improvement:

- Action must be taken to have a person-centred treatment policy.  
[This improvement is required in line with Regulation 14 of the Care Services Regulations 2013 – Records.](#)
- Action must be taken to amend the statement of purpose.  
[This improvement is required in line with Regulation 5 of the Care Services Regulations 2013 – Statement of Purpose.](#)
- Action must be taken to have in place a client / service recipient guide.  
[This improvement is required in line with Regulation 7 of the Care Services Regulations 2013 – Service User Guide.](#)
- Action must be taken to inform clients of their right to access their records at any time.  
[This improvement is required in line with Regulation 14 of the Care Services Regulations 2013- Records.](#)
- Action must be taken for the laser operator to sign records each time the laser is operated.

This improvement is required in line with Regulation 14 of the Care Services Regulations 2013- Records.

- Action must be taken to check the fire extinguisher on a monthly basis and to have an annual service.

This improvement is required in line with Regulation 22 of the Care Services Regulations 2013- Fitness of premises: Health and Safety.

- Action must be taken to carry out PAT testing.

This improvement is required in line with Regulation 22 of the Care Services Regulations 2013- Fitness of premises: Health and Safety.

## 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 require improvements in this area.

This service was found to be effective.

#### **Assessing people’s needs and choices; delivering care in line with standards, guidance and the law**

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.

#### **Staff support; induction, training, skills and experience**

The manager held appropriate vocational qualifications. Manufacturers training on the laser machine had been completed and the operator was only carrying out treatments that they had been trained for. Core of knowledge training had been completed as well as first aid training. The operator had received resuscitation training, but this had not been refreshed annually.

#### **Supporting people receive ongoing healthcare support**

Pre and post procedure instructions were discussed with people, including aftercare details. Any change in circumstances was also discussed with a person when they returned for further treatments.

#### **Consent to care and treatment**

Consent to treatment was obtained and recorded and kept with peoples’ notes. There must be a policy and procedure to follow if a person does not have the capacity to give valid consent to treatment.

### **Action we require the provider to take**

Key areas for improvement:

- Action must be taken for the laser operator to receive annual refresher training on resuscitation.  
[This improvement is required in line with Regulation 16 of the Care Services Regulations 2013- Staffing.](#)
- Action must be taken to have a policy and procedure to follow if a person does not have the capacity to give valid consent to treatment.  
[This improvement is required in line with Regulation 14 of the Care Services Regulations 2013- Records.](#)

## 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.

#### **Ensuring people are well treated and supported; respecting equality and diversity**

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

#### **Supporting people to express their views and be involved in making decisions about their care**

Appointments were scheduled so that the laser operator had time to listen to people, answer their questions, provide information and involve people in decision-making.

#### **Privacy and dignity respected and promoted**

Consultations and treatments were carried out in a room that ensured confidentiality and privacy. We were informed that information on data protection was included on the clinic's website.



## 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 improvements in this area.

This service was found to be responsive.

#### **Planning personalised care to ensure people have choice and control to meet their needs and preferences**

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

#### **Improving care quality in response to complaints and concerns**

The complaints procedure was not being displayed in the clinic. No complaints had been made or recorded. Feedback from people was sought on consultation. We were informed that information on the complaints process was included on the clinic’s website. The provider had a complaints policy but this required some additional information.

### Action we require the provider to take

Key areas for improvement:

- Action must be taken to display the complaints procedure in the clinic.  
[This improvement is required in line with Regulation 19 of the Care Services Regulations 2013- Complaints.](#)
- Action must be taken to amend the clinic’s complaints procedure.  
[This improvement is required in line with Regulation 19 of the Care Services Regulations 2013- 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.

#### **Promoting 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.

#### **Ensuring 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. Peoples' records were kept confidential and stored securely.

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

Feedback was sought as part of the consultation process.

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

We were informed that the LPA updated the manager on any laser related changes.

If areas of improvement have been identified the provider will be required to produce an action plan detailing how the areas of improvement will be rectified within the timescales identified. The R&I team will follow up and monitor any actions undertaken.