

# Inspection Report

## 2023-2024

## The Laser Room

Independent Clinic

12 January 2024

**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 12 January 2024. Two inspectors 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

**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 refresher training.

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

People’s needs were assessed on consultation and informed of the recommended interventions for treatment. The manager was an experienced laser operator.

Person -centred consultations were taking place in a private room, ensuring confidentiality. A privacy and dignity policy had been written.

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

A Quality Assurance Report had been written which detailed the clinic’s quality assurance systems.

No areas of improvement had been made on the last inspection.

**About the service**

The Laser Room is registered as an independent clinic. The clinic is based in Douglas.

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

Inspection activity started on 5 January 2024. We visited the service on 12 January 2024.

**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, training 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 an improvement in this area.

This service was found to be safe.

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

Policies and procedures were in place concerned with safeguarding, harassment and discrimination. No safeguarding issues had been raised. The manager had last received safeguarding training in 2020 and must refresh this training.

People were given copies of the client guide and statement of purpose – which contained a section on safeguarding - during the initial consultation.

A system was in place to record any incident / accident.

**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. The operating manual was also available which set out the pre-treatment checks and tests of the laser machine.

An environmental risk assessment had been completed by the LPA covering the equipment used in the clinic, highlighting general control measures and specific hazards. Any reflective surface was covered when the laser machine was in use and window blinds closed.

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

The laser machine carried labels which identified the device, wavelength range and protection offered. The machine had been serviced in February 2023.

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 for use 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 as part of a daily safety checklist which also included a visual of the environment.

Peoples’ records evidenced that a medical assessment was carried out on consultation. A test patch was completed and skin type recorded. Pre and post treatment / aftercare instructions were given and consent obtained. Records were kept securely.

Clients were given a copy of the client guide which contained information on peoples’ rights to access their own health records.

Records were maintained every time the laser was operated. This included the person's name and date of birth, date and time of treatment, the name and signature of the laser operator, nature of the treatment given and its parameters.

The manager had completed a fire risk assessment. All fire safety checks had been completed at the required frequency, including two fire drills in 2023.

An electrical installation condition report had been completed in 2023 and was valid for ten years. Portable electrical appliance testing (PAT) had been carried out.

Boiler maintenance had been carried out in January 2023.

A risk assessment on the risk of the hot water in the treatment room had been written.

### **Staffing and recruitment**

The manager is the sole laser operator.

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

Key areas for improvement:

- Action must be taken for the laser operator to receive refresher training on safeguarding adults.

[This improvement is required in line with Regulation 16 of the Care Services Regulations 2013- Staffing.](#)

## 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 an improvement 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. Any change in circumstances was discussed with the person on each further appointment.

How a person wanted to be addressed was confirmed on consultation. Consent was obtained and recorded.

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

The manager had obtained an appropriate vocational qualification and was an experienced laser operator. 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.

### **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.](#)

## 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**

Peoples' specific preferences and needs were discussed on an initial consultation, including the need for a chaperone. Expected treatment outcomes were also discussed.

Consultations and treatments were carried out in a room that ensured confidentiality and privacy. A privacy and dignity policy had been written.

#### **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 them in decision-making.

## 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.

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

A person’s consultation and treatment plan evidenced that treatment was personalized and that people contributed to the planning.

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

The complaints procedure was displayed in the laser treatment room. The clinic had a complaints policy and procedure. No complaints had been made. Both the client guide and The Laser Room quality assurance report contained a section on complaints. A feedback questionnaire was available at the clinic for people to make a complaint or put forward any suggestion or comment.



## 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.

#### **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 and questionnaires were available for people to complete as part of the quality assurance process. There was also the opportunity to make comments about the clinic on social media.

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

The LPA updated the manager on any laser related changes.

A Quality Assurance Report had been written in February 2023 and contained information on quality monitoring, client satisfaction and complaints.

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.