

Inspection Report

2023-2024

You and Improved

Independent Clinic

10 January 2024

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



Isle of Man
Government
Kelleys Eilan Vannin

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 10 January 2024. Two inspectors 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

Areas for improvement are required in relation to laser key safety and staff pre-employment checks.

Systems and processes were in place to protect people from risk. Areas around the working lasers were controlled to protect others.

People's needs were assessed on consultation and informed of the recommended interventions for treatment. Laser operators held appropriate vocational qualifications and received ongoing refresher training.

Person -centred consultations were taking place in private rooms, ensuring confidentiality.

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

Records were kept confidential and stored securely. Staff felt supported by the manager and listened to.

At this inspection, we found that parts of the one area for improvement made at the last inspection, had been met. The ongoing area for improvement has been addressed in this inspection report.

About the service

You and Improved 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 3 January 2024. We visited the service on 10 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, staff records, records maintained each time the laser machine was used and records relating to the safety of the environment.

After the inspection

One person with practising privileges was emailed for feedback, as was the staff member at the clinic.

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?

All three laser operators had received safeguarding training in 2023.

The clinic had a whistleblowing policy and a safeguarding policy. There had been no safeguarding issues. A person-centred treatment policy had been written. A statement of purpose and client guide had been reviewed in August 2023.

A system was in place to record incidents / accidents.

Assessing risk, safety monitoring and management

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

Laser treatments were provided in three treatment rooms. The LPA had carried out a risk assessment on all three rooms, highlighting the laser safety controls and detailing any actions, comments and recommendations. Reflective surfaces were covered and window blinds were closed when the laser machines were in use.

Written procedures for the use of the lasers – local rules – had been provided by the LPA and were in place for all four laser machines that were used. Treatment protocols / operating manuals were also in place for each machine which set out the pre-treatment checks and tests of the laser machine.

Warning signage was displayed on the doors leading into each laser treatment room.

For all lasers with a key switch, formal arrangements for the safe custody of the key must be in place. On inspection the key was in the laser machine. The key must be kept separate from the machine when not in use.

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.

The laser machine carried labels which identified the device, wavelength range and protection offered. The servicing records for three laser machines were examined whilst the other machine was new.

The clinic had a risk management policy and procedure.

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. Pre and post treatment advice was given. Consent was sought and people were informed of the recommended interventions for treatment. Records

were kept securely. Part of the consent form informed people of their rights to access their personal information at any time.

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

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

An electrical installation condition report had been completed in 2021. Portable electrical appliance testing (PAT) had been carried out.

The boiler had been serviced recently.

Staffing and recruitment

One person had been given practicing privileges at the clinic to provide laser treatments, whilst another person worked part-time at the clinic alongside the manager providing treatments. The pre-employment checks for the part-time staff member were examined. The person's identity had been checked and two references had been sought. As part of the pre-employment checks, an application form must be completed and a health declaration sought. Interview notes must be kept.

All three laser operators had an up to date Disclosure and Barring Service (DBS) check.

Action we require the provider to take

Key areas for improvement:

- Action must be taken for all lasers with a key switch, formal arrangements for the safe custody of the key must be in place.
[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 have the following as part of the staff pre-employment checks - a completed application form, a health declaration and interview notes.
[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 not require any 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

Records evidenced that people’s needs were assessed on consultation and informed of the recommended interventions for treatment. Any change in circumstances were discussed on each following appointment.

How a person wanted to be addressed was confirmed on consultation.

Staff support; induction, training, skills and experience

All three laser operators held appropriate vocational qualifications. Manufacturers training on the laser machines had been completed and the operators were only carrying out treatments that they had been trained for. Core of knowledge training had been completed as well as first aid training. Basic life support training was refreshed annually.

The part-time staff member confirmed that she felt supported by the manager, commenting, ‘I personally work alongside (the manager) every Tuesday when I am in and she is very supportive and knowledgeable, always willing to help and discuss any worries / concerns or just general questions I may have about lasering’.

Laser operators confirmed that team meetings were held every four weeks. Comments included, ‘we are invited to ask questions, discuss topics and ideas and it is very beneficial’, and, ‘we have updates whenever suits but we fit in a catch up every four weeks to discuss any concerns or general support’.

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' preferences and needs were discussed on consultation. Leaflets were given providing pre and post treatment advice.

Consultations and treatments were carried out in rooms that ensured confidentiality and privacy.

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

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

We were informed that people were encouraged to contact the clinic if they had any outstanding questions or queries.

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

People contributed to the planning of their treatment during the initial consultation and patch test, which was tailored to their needs.

Improving care quality in response to complaints and concerns

The complaints procedure was displayed in the laser treatment rooms. The clinic had a complaints policy and procedure. No complaints had been made. People were encouraged to provide feedback by email and via the clinic’s booking system.

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?

Staff felt supported by the manager and were involved in regular team meetings where opinions were sought and ideas shared. One staff member commented, '(the manager) is always happy to listen to suggestions that I make and I always feel valued'.

Feedback was sought from people after each appointment.

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

Regular refresher training was carried out. The manager carried out one to one training. One staff member said, 'training is always ongoing and refresher training is always on hand and encouraged if needed'.

The manager kept themselves up to date with any changes to practice and could call on the LPA for advice and guidance.

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.