

Inspection Report

2023-2024

Suki Clinic

Independent Clinic

22 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 22 January 2024. The inspection was led by an inspector from the Registration and Inspection team.

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 of improvement have been made in relation to an agreement with a certificated Laser Protection Advisor, the reviewing of the local rules and environmental risk assessment, laser servicing, treatment records, fire safety, staff pre-employment checks and the displaying of the complaints procedure and liability insurance.

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

Records evidenced that people’s needs were assessed on consultation and informed of the recommended interventions for treatment.

The laser treatment room provided space that ensured confidentiality and privacy for consultations.

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

The laser operator felt supported by the manager and regular refreshing training was provided.

There had been some improvements made in relation to areas of improvement made on the last inspection. The outstanding areas of improvement have been addressed in this inspection report.

About the service

Suki Clinic 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 15 January 2024. We visited the service on 22 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.

After the inspection

We contacted the laser operator staff member to get feedback and they provided us with a response.

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 not always be safe.

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

The clinic had a safeguarding and whistleblowing policy, as well as other policies concerned with harassment and discrimination.

No safeguarding issues had been raised. Both laser operators were up to date with safeguarding training. We were informed that any laser operator completed training on safeguarding before lone working with clients.

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

Assessing risk, safety monitoring and management

The clinic's Laser Protection Advisor (LPA) had retired and the clinic were awaiting an agreement with an already identified LPA.

The LPA had written a protocol – local rules – for the safe use of the clinic's laser machine. The local rules had gone past the review date and must be reviewed by the new LPA or a new local rules written. One laser operator had not signed the local rules. Authorised users must sign to indicate that they accept and understand the procedures drawn up for the use of lasers.

The operating manual / treatment guidelines were available which set out the pre-treatment checks and tests of the laser machine.

An environmental risk assessment on the laser room had been completed by the LPA, but this had gone past its review date and must be reviewed. There were no windows to be covered in the treatment room or any reflective surfaces.

Warning signs were 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 last been serviced in November 2022 and was due a service. Evidence of servicing, carried out post-inspection, was provided.

Lasers with a key switch must have formal arrangements in place for the safe custody of the key and this information formed part of the local rules. The manager said that the key was always locked away when the machine was not in use.

Protective eyewear, marked with the wavelength range and protection offered, were available for use by everyone in the laser room. The manager said that these were checked each time a treatment was to take place. It is recommended that a checklist is produced to evidence these checks.

Records evidenced that people completed a medical / health assessment on initial 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.

Information on how a person could access their own health records formed part of the clinic's booking system.

Records were maintained every time the laser was operated. This included the person's name and date of birth, date of treatment, the name of the laser operator, nature of the treatment given and its parameters. The time of the treatment must be recorded as well as the laser operator leaving their signature.

A private fire safety management consultant had completed a fire risk assessment in February 2023. Nine areas had been highlighted to be actioned. Of these there were six still to be completed. Fire drills must be carried out at least twice per year. Only one had taken place in 2023. All other fire safety checks had taken place at the required frequency. Laser operators had received training on fire safety. The provider must evidence fire alarm system maintenance.

An electrical installation condition report had been completed in 2021. Portable electrical appliance testing (PAT) had taken place in January 2024.

The provider must evidence when the electric boiler had been serviced.

Staffing and recruitment

The pre-employment checks for the part-time laser operator were examined. A Disclosure and Barring Service (DBS) had been obtained, as well as a health declaration, but an application form had not been completed, no interview notes kept or references sought as part of the process.

Action we require the provider to take

Key areas for improvement:

- Action must be taken to have an agreement with a certificated Laser Protection Adviser.
[This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service.](#)
- Action must be taken to review the Local Rules and for these to be signed by all authorised users.
[This improvement is required in line with Regulation 14 of the Care Services Regulations 2013 – Records.](#)
- Action must be taken to review the LPA written environmental risk assessment.
[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 service the laser machine.
[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 for laser operators to sign a record each time the laser is operated, as well as recording the time of the treatment.
This improvement is required in line with Regulation 14 of the Care Services Regulations 2013 – Records.
- Action must be taken to complete all the areas highlighted in the fire risk assessment.
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 two fire drills per year.
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 evidence fire alarm system maintenance.
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 evidence boiler maintenance.
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, interview notes and two references.
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 any recurring appointments. Leaflets were given to people detailing pre and post treatment advice.

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

Staff support; induction, training, skills and experience

Both 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 staff member said that the training that they had received was ‘very thorough’ and that the manager was very supportive and that they ‘communicate constantly’.

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

The single laser treatment room provided space that ensured confidentiality and privacy for consultations. We were informed that the manager was in the process of completing a counselling course and they intended to train others in the clinic.

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

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

The manager said that people could contact the clinic at any time to ask any questions and to address any concerns.

Appointments were scheduled so that laser operators 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 require an improvement 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. The manager said that if required, treatment information could be produced in a different language for a person.

Improving care quality in response to complaints and concerns

The clinic had a complaints policy and procedure. Links to the policy were included in appointment confirmation emails. A QR code was displayed in the clinic’s waiting area that directed people to the complaints process, but the manager was asked to display the complaints procedure in the laser treatment room. No complaints had been made.

Action we require the provider to take

Key areas for improvement

- Action must be taken to display the complaints procedure in the laser treatment room. [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 require an improvement 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 but this was not publically 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?

The laser operator felt supported by the manager and engaged in developing the service.

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

Regular refresher training was taking place. The manager felt supported by the laser machine manufacturer who provided updates on any new technology / protocols, changes in practice, training opportunities. The laser operator said that she was able to access the manufacturers account to find out any information they needed.

Action we require the provider to take

Key areas for improvement

- Action is required to display the liability insurance in the laser treatment room.
[This improvement is required in line with Regulation 14 of the Care Services Regulations 2013 – Records.](#)

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.