

# Annual Inspection Report 2023-2024

## Tracey Bell Super Clinic

Independent Clinic

28 February 2024

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



Isle of Man  
Government  
*Kalligys Eilan Vannin*

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**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 28 February 2024. The inspection was led by an inspector from the Registration and Inspection team.

**Service and service type**

Tracey Bell Super 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 have been made in relation to fire and electrical safety, training, notifications and providing pre-inspection information.

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.

Person -centred consultations were taking place in a private space, ensuring privacy and confidentiality.

Any cultural or communication needs were acknowledged and acted upon during the consultation and treatment process.

Regular auditing of treatment records was taking place and learning discussed with the laser operators.

Improvements had been met in relation to the previous inspections areas of improvement.

**About the service**

Tracey Bell Super 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 announced inspection was part of our annual inspection programme which took place between April 2022 and March 2023.

Inspection activity started on 26 February 2024. We visited the service on 28 February 2024.

**What we did before the inspection**

The provider did not complete the requested provider information return (PIR). Information requested was seen on inspection.

**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 improvements in this area.

This service was found to be safe.

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

The provider had a safeguarding policy and a whistleblowing policy which had both been recently reviewed. Isle of Man safeguarding procedures were available. All three laser operators had completed training on safeguarding. There had been no safeguarding issues.

**Assessing risk, safety monitoring and management**

The provider had an agreement in place with a certificated Laser Protection Advisor (LPA).

The LPA had written a protocol – local rules – for the safe use of the clinic’s three laser machines. These had been signed by all authorised laser operatives to indicate understanding of the procedures.

Treatment protocols and laser machine user guides set out all necessary pre-treatment tests and recommended settings.

A risk assessment on the laser room and laser machines had been completed by the LPA.

Treatments were carried out in one room, which was lockable. Signs warning of laser use were displayed on the laser room door. Any reflective surfaces were covered and adequate lighting was provided.

Laser machines carried labels which identified the device, wavelength range and protection offered. Two laser machines were brand new and another machine had been serviced in February 2023.

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 and a procedure was also in place.

Protective eyewear, marked with the wavelength range and protection offered, were available for use by everyone in the laser room. A daily checklist was completed that covered the checking of equipment and protective eyewear.

A risk management policy had been written.

Records evidenced that people completed a medical / health assessment on initial consultation. A test patch was completed and skin type recorded. People were informed of the recommended interventions for treatment and post-treatment guidance and aftercare instruction given. Consent was recorded.

Records were securely stored electronically.

Information on how a person could access their own health records was displayed in the clinic.

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

A private fire safety management consultant had completed a fire risk assessment in August 2023. No actions had been highlighted. Fire safety checks were being carried out but there had been no recording of fire drills since 2022. We were informed that drills had been carried out but had not been recorded.

An electrical installation condition report had been completed in 2021. Portable electrical appliance testing (PAT) had not taken place since January 2023.

The boiler had been serviced.

### **Staffing and recruitment**

No new laser operators had started since the last inspection. Staff Disclosure and Barring Service (DBS) checks were up to date.

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

Key areas for improvement:

- Action must be taken to evidence that two fire drills per year have been carried out.  
[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 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**

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.

How a person wanted to be addressed was confirmed on the initial consultation. We were informed that people were able to have treatments carried out by people of the same gender and that they could have a chaperone if one was requested.

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

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. Laser operators were receiving regular additional training. Core of knowledge training must be refreshed every three years. Two laser operators were out of date with this training. First aid training had been completed and basic resuscitation training had been refreshed on an annual basis.

Staff felt supported by their line manager, with informal meetings taking place monthly.

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

Key areas for improvement:

- Action must be taken to ensure all staff receive core of knowledge training every three years.

[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**

The laser treatment room provided space that ensured confidentiality and privacy for consultations. Gender preferences were responded to.

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

Peoples' preferences, needs and expectations were discussed on consultation.

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 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 all future consultations. Any cultural or communication needs were acknowledged.

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

The clinic had a complaints policy and procedure. The complaints procedure was displayed in the clinic. A QR code displayed in the clinic’s waiting area directed people to give feedback / make a complaint.

One complaint had been made. This had been recorded in detail, including lessons learned for the provider.



## 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.

#### **Ensuring that responsibilities are clear and that quality performance and risks and regulatory requirements are understood and managed**

The clinic had appropriate insurance cover that was displayed. The manager was spoken to regarding not responding to the request to send in the provider information return (PIR). Peoples' records were kept confidential and stored securely.

The regulator was not informed of the complaint made in January 2023.

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

Laser operators felt supported by their line manager and engaged in developing the service. Feedback was gathered as part of the consultation process.

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

Laser operators were encouraged to develop their skills and knowledge through regular training. The provider felt supported by the laser machine manufacturer who provided updates on any new technology / protocols, changes in practice and training opportunities.

Learning and improvement had been highlighted following the analysis of a complaint made.

Regular auditing of treatment records was taking place and learning discussed with the laser operators.

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

Key areas for improvement:

- Action is required for the provider to respond to the regulators request for the provider information return.  
[This improvement is required in line with Regulation 15 of the Care Services Regulations 2013 – Conduct of Care Service.](#)
- Action is required for the provider to notify the regulator of any event affecting the wellbeing of clients.  
[This improvement is required in line with Regulation 10 of the Care Services Regulations 2013 – Notifications.](#)

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.