

Inspection Report

2023-2024

Skin Clinic

Independent Clinic

29 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 29 January 2024. The inspection was led by an inspector from the Registration and Inspection team.

Service and service type

Skin 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 are required in relation to documentation, fire safety, pre-employment checks and staff training.

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

Peoples' needs were assessed on consultation and they were informed of the recommended interventions for treatment.

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

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

Records were kept confidential and stored securely. The manager regularly updated their knowledge and skills.

This was the clinic's first inspection.

About the service

Skin 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 22 January 2024. We visited the service on 29 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 improvements in this area.

This service was found to not always be safe.

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

The manager and two other people carried out laser treatments in the clinic. All three staff had completed safeguarding training. A safeguarding policy needed updating to include only information relevant to the Isle of Man and to add the details of the Isle of Man safeguarding team. There had been no safeguarding issues. A copy of the Isle of Man adult protection procedures was available.

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 had been written.

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 four laser machines. Treatment protocols for the lasers were also in place, setting out the pre-treatment checks and tests of the machines. Two laser operatives had not signed the local rules, indicating their agreement and understanding of the procedures.

Risk assessments had been completed covering the equipment used in the clinic and the environment. Any reflective surface was to be covered when the laser machine was in use.

Warning signage was displayed on the doors into both laser treatment rooms.

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 to be used by everyone within the laser room. These were marked with the wavelength range and protection offered, as detailed in the local rules. Eyewear was checked daily as part of a general check of the laser machines and environment.

The laser machines carried labels which identified the device, wavelength range and protection offered. Three laser machines had been purchased as new and the servicing records for the other laser machine was dated September 2023.

Two people's 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.

Records were maintained electronically every time the laser was operated, including the date and time and the nature of the treatment given and its parameters.

A privacy policy on the clinic's website informed people of their rights to access their health records.

A fire risk assessment had been written but was in need of reviewing. Weekly alarm testing was taking place and the emergency lighting had an annual test in October 2023. The fire alarm system had annual maintenance in 2023. It was unclear in the clinic's fire book if monthly fire equipment checks and monthly emergency lighting testing was taking place. Only one fire drill had occurred in 2023. Fire exits were clear on the day of the inspection.

An electrical installation condition report had been completed in 2022 and was valid for five years. Portable electrical appliance testing (PAT) had been carried out.

A risk assessment on water safety had been written.

Staffing and recruitment

The pre-employment checks of one laser operator was examined. Two references and a Disclosure and Barring Service (DBS) check had been obtained, but no application form had been completed, interview notes kept or a health declaration recorded.

A practicing privileges policy was in place.

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 protocols. The clinic had procedures concerned with risk management.

Learning lessons when things go wrong

A system was in place to record any incidents / accidents. Arrangements were in place for dealing with alert letters and hazard notices. A business plan had been written.

Action we require the provider to take

Key areas for improvement:

- Action must be taken to update the safeguarding policy.
[This improvement is required in line with Regulation 6 of the Care Services Regulations 2013 – Safeguarding.](#)
- 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 for all laser operators to sign the local rules.
This improvement is required in line with Regulation 14 of the Care Services Regulations 2013 – Records.
- Action must be taken to complete the following concerned with fire safety:
 - Fire risk assessment to be reviewed.
 - To carry out two fire drills per year.
 - To evidence monthly checks of the firefighting equipment and emergency lighting.
 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 all staff pre-employment checks to be obtained, including a completed application form, interview notes and a health declaration.
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 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 and staff were being supported to upkeep their professional practice and knowledge.

Manufacturers training had been completed and laser operators were only carrying out treatments that they had been trained for. Core of knowledge training had been completed. For one laser operator there was no evidence provided of first aid training / annual resuscitation training.

We were informed that staff could discuss their practice with the manager either in person or via mobile communication at any time. The manager said that they hoped to hold staff meetings in the future.

Supporting people receive ongoing healthcare support

Pre and post procedure instructions were discussed with people, as well as emailed to them. Any change in circumstances was also discussed with a person when they returned for any future 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 to evidence that all staff have received training in first aid and annual basic 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

Specific preferences and needs were discussed on a person's initial consultation, including the option of a chaperone.

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 people in decision-making.

Privacy and dignity respected and promoted

Consultations and treatments were carried out in rooms that ensured confidentiality and privacy. Details on how information about a person was used 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 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 a person’s specific needs.

Improving care quality in response to complaints and concerns

The complaints procedure was being displayed in the clinic. No complaints had been made or recorded. Feedback from people was sought on consultation, as well as having the opportunity to do so via email and on the website. A suggestion box was situated in the clinic’s reception area. The provider had a complaints policy but this required some additional information in relation to the involvement of the Registration and Inspection team in the complaints process.

Action we require the provider to take

Key areas for improvement:

- 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, qualifications and experience to run the clinic effectively.

The manager said that she involved other staff members in discussions about new treatments and in the possible investment of new laser machines.

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 from people after each appointment. We were informed that staff were actively involved in developing the service.

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

The manager kept themselves up to date with any changes to practice and regularly attended training courses / seminars. The LPA could also be called 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.