

# Unannounced Care Inspection Report 10 March 2020



## Younique Aesthetics Ltd

Type of Service: Independent Hospital (IH) –  
Intense Pulse Light (IPL) Service

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Inspector: Emily Campbell

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

Younique Aesthetics Ltd provides a range of cosmetic/aesthetic treatments and is registered with RQIA for the following category of care; PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources. This inspection focused solely on those treatments that fall within regulated activity and the category of care for which the establishment is registered.

**IPL equipment:**

- Manufacturer: Jeisys
- Model: Cellec
- Serial Number: CCIC16004
- Wavelength: 420 – 800nm
- Manufacturer: Venus Versa
- Model: TriBella
- Serial Number: To be confirmed

**Laser protection advisor (LPA):**

- Ms Anna Bass (Lasernet)

**Laser protection supervisor (LPS):**

- Mrs Aine Larkin

**Medical support services:**

- Dr Paul Myers

**Authorised operators:**

- Mrs Aine Larkin, Ms Aileen Wilson, Ms Caroline Byrne and Ms Sandra Brady

**Types of treatment provided:**

- Hair removal, skin rejuvenation, red vein, pigmentation and acne

**3.0 Service details**

<b>Organisation/Registered Provider:</b> Yunique Aesthetics Ltd	<b>Registered Manager:</b> Mrs Aine Larkin
<b>Responsible Individual:</b> Mrs Aine Larkin	
<b>Person in charge at the time of inspection:</b> Mrs Aine Larkin	<b>Date manager registered:</b> 13 February 2018
<b>Categories of care:</b> Independent Hospital (IH) PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	

## 4.0 Inspection summary

An unannounced inspection took place on 10 March 2020 from 10:00 to 12:50. An announced inspection had been scheduled to be undertaken on 10 March 2020 but due to an RQIA administrative oversight the establishment had not been notified of this in advance. On the day of this inspection when we arrived the establishment manager kindly agreed to proceed with an unannounced inspection.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DoH) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidence in all four domains. These included the arrangements for staffing, recruitment, safeguarding, laser safety, the management of medical emergencies, infection prevention and control, information provision, the care pathway, the management and governance and maintenance arrangements.

Areas requiring improvement were identified. Two areas for improvement against the regulations were identified in relation to the arrangements for a new IPL machine prior to it being made operational and the completion of client care records. Two areas for improvement against the standards were made in relation to training and client satisfaction surveys.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and client's experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Aine Larkin, registered person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent care inspection dated 20 March 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 March 2019.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report
- the returned QIP from the previous care inspection

An announced inspection of this service was scheduled to be held on 13 January 2020, however, due to unforeseen circumstances, this had to be postponed by RQIA. As previously discussed an announced inspection had been scheduled by RQIA but due to an RQIA administrative oversight the establishment had not been notified of this in advance. On the day of this inspection the establishment manager kindly agreed to proceed with an unannounced inspection.

Questionnaires had been provided to clients prior to the inspection by the establishment on behalf of RQIA and staff had been invited complete electronic questionnaires, in relation to the inspection scheduled for 13 January 2020. The returned completed client questionnaires were analysed prior to this inspection. No staff questionnaire responses were received by RQIA.

During the inspection the inspector met with the establishment manager, who facilitated the inspection and an authorised operator. Mrs Aine Larkin, registered person and authorised operator was available at the conclusion of the inspection. A tour of some areas of the premises was also undertaken.

The following records were examined during the inspection:

- staffing
- recruitment and selection
- safeguarding
- laser safety
- management of medical emergencies
- infection prevention and control
- information provision
- care pathway
- management and governance arrangements
- maintenance arrangements

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to Mrs Aine Larkin, registered person, at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 20 March 2019

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 20 March 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 (2) Schedule 2  <b>Stated:</b> Second time	<p>The registered person shall ensure that all of the information required under Regulation 19 (2) Schedule 2 of the Independent Healthcare Regulations (Northern Ireland) 2005 should be sought and retained.</p> <p><b>Action taken as confirmed during the inspection:</b>            The manager confirmed that no new authorised operators had been recruited since the previous inspection. Review of the personnel files of the two most recently recruited authorised operators evidenced that all of the information as outlined in the legislation had been obtained.</p>	<b>Met</b>

### 6.3 Inspection findings



## 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

### Staffing

Staff confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients.

Staff confirmed that IPL treatments are only carried out by authorised operators. A register of authorised operators for the IPL is maintained and kept up to date.

A review of completed induction programmes evidenced that induction training is provided to new staff on commencement of employment.

A review of training records evidenced that authorised operators have up to date training in core of knowledge training, application training for the equipment in use, infection prevention and control, and safeguarding adults at risk of harm in keeping with the RQIA training guidance. However, basic life support and fire safety awareness training was overdue in respect of some authorised operators. An area for improvement against the standards was made to ensure that all authorised operators have up to date training in basic life support and fire safety awareness.

The manager, who is not an authorised operator, confirmed that all other staff employed at the establishment, but not directly involved in the use of the IPL equipment, had received laser safety awareness training. The manager demonstrated good awareness in this regard. Mrs Larkin was advised to ensure that a record of all annual training should be retained in the laser safety file.

Evidence was available that staff who have professional registration undertake continuing professional development (CPD) in accordance with their professional body's recommendations. Discussion with staff confirmed that authorised operators take part in appraisal on an annual basis. Mrs Larkin advised that staff appraisal is scheduled to take place in April 2020.

### Recruitment and selection

As discussed previously, no new authorised operators had been recruited since the previous inspection. However, review of the personnel files of the two most recently recruited authorised operators evidenced that all of the information as outlined in the legislation had been obtained.

A recruitment policy and procedure was in place which was comprehensive and reflected best practice guidance.

## **Safeguarding**

It was confirmed that IPL treatments are not provided to persons under the age of 18 years.

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified, including who the nominated safeguarding lead was.

Review of records demonstrated that all staff in the establishment had received training in safeguarding children and adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014. It was confirmed that the safeguarding lead has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016).

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

It was confirmed that copies of the regional policy entitled 'Co-operating to Safeguard Children and Young People in Northern Ireland' (August 2017) and the regional guidance document entitled 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) were both available for staff reference.

## **IPL safety**

A laser safety file was in place which contained all the relevant information in relation to the Jeisys IPL machine.

There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA) which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on 2 August 2020.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers which were valid to May 2020. The medical treatment protocols contained the relevant information pertaining to the treatments being provided.

Up to date local rules were in place which have been developed by the LPA. The local rules contained the relevant information pertaining to the IPL equipment being used.

The establishment's LPA completed a risk assessment and site visit of the premises on 23 January 2020 and the establishment is awaiting the LPA report. It was confirmed that any recommendations made by the LPA would be addressed.

The laser protection supervisor (LPS) has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. Authorised operators have signed to state that they have read and understood the local rules and medical treatment protocols.



When the IPL equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS. Arrangements are in place for another authorised operator, who is suitably skilled to fulfil the role, to deputise for the LPS in their absence. Discussion with staff confirmed that systems are in place to ensure other authorised operators are aware of who is the LPS on duty.

The environment in which the IPL equipment is used was found to be safe and controlled to protect other persons while treatment is in progress. The door to the treatment room is locked when the IPL equipment is in use but can be opened from the outside in the event of an emergency.

The IPL machine is neither key nor keypad operated and is activated when the machine is plugged in. The specific IPL safety arrangements, in line with the machine not being key or keypad operated, is clearly outlined in the local rules and includes; having a key lock on the treatment room door; the duplicate treatment room door key being held in safe custody and available in the event of an emergency; and the power cable for the machine being stored separate from the machine when not in use. Discussion with authorised operators confirmed they were aware of these arrangements and their responsibility to adhere to them. Protective eyewear is available for the client and operator as outlined in the local rules.

The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. Laser safety warning signs are displayed when the laser equipment is in use and removed when not in use.

The establishment has an IPL register which is completed every time the equipment is operated and includes:

- the name of the person treated
- the date
- the operator
- the treatment given
- the precise exposure
- any accident or adverse incident

There are arrangements in place to service and maintain the IPL equipment in line with the manufacturer's guidance. The most recent service report of 1 October 2019 was reviewed as part of the inspection process.

In October/November 2019 a new IPL machine – a Venus Versa TriBella was purchased. It was confirmed that this IPL is not yet operational as authorised operators have not completed their application training in the safe use of the machine. We were unable to establish exact details of the machine; there was no serial number evident on the machine; the operator manual could not be located and the commissioning report was not available. The LPA has provided local rules in relation to this IPL and Mrs Larkin confirmed that servicing arrangements for the machine would be established. An area for improvement against the regulations was made that in relation to the Venus Versa IPL that the following areas should be addressed prior to it being made operational:

- all relevant information pertaining to the IPL is located and retained in the laser safety file
- any recommendations made by the LPA are addressed
- a copy of the commissioning report should be submitted to RQIA

## Management of emergencies

As discussed previously, not all authorised operators have up to date training in basic life support and an area for improvement was made in this regard. Discussion with staff confirmed they were aware what action to take in the event of a medical emergency.

There was a resuscitation policy in place.

## Infection prevention and control and decontamination procedures

The treatment room was clean and clutter free. Discussion with staff evidenced that appropriate procedures were in place for the decontamination of equipment between use. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, authorised operators have up to date training in infection prevention and control.

## Environment

The premises were maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment were in place.

Observations made evidenced that a carbon dioxide (CO<sub>2</sub>) fire extinguisher is available which has been serviced within the last year.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, appraisal, adult safeguarding, IPL safety, management of emergencies, infection prevention and control, risk management and the environment.

## Areas for improvement

Ensure that all authorised operators have up to date training in basic life support and fire safety awareness.

Ensure that all relevant information pertaining to the Venus Versa IPL is located and retained in the laser safety file, any recommendations made by the LPA are addressed and a copy of the commissioning report is submitted to RQIA.

	Regulations	Standards
<b>Areas for improvement</b>	1	1

## 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

### Care pathway

Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. Written information is provided to the client pre and post treatment which outlines the treatment provided, any risks, complications and expected outcomes. The establishment has a list of fees available for each IPL procedure.

Fees for treatments are agreed during the initial consultation and may vary depending on the type of treatment provided and the individual requirements of the client.

During the initial consultation, clients are asked to complete a health questionnaire. There are systems in place to contact the client's general practitioner, with their consent, for further information if necessary.

Five client care records were reviewed. Whilst two records were comprehensively completed, there was no medical history in two records and no signed consent in three records. An area for improvement against the regulations was made to ensure that the following is included in all client care records:

- client details
- medical history
- signed consent form
- skin assessment (where appropriate)
- patch test (where appropriate)
- record of treatment delivered including number of shots and fluence settings (where appropriate)

Observations made evidenced that client records are securely stored. A policy and procedure is available which includes the creation, storage, recording, retention and disposal of records and data protection.

Discussion with Mrs Larkin and review of the management of records policy confirmed that patients have the right to apply for access to their clinical records in accordance with the General Data Protection Regulations May 2018 and where appropriate Information Commissioners Office (ICO) regulations and Freedom of Information legislation.

The establishment is registered with the ICO.

### Audits

Discussion with Mrs Larkin confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals. Mrs Larkin confirmed that if required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process. It was suggested that client care record audits would further enhance the governance arrangements in the establishment.

## Communication

As discussed, there is written information for clients that provides a clear explanation of any treatment and includes effects, side-effects, risks, complications and expected outcomes. Information is jargon free, accurate, accessible, up-to-date and includes the cost of the treatment.

The establishment has a policy for advertising and marketing which is in line with legislation.

Staff confirmed that management is approachable and their views and opinions are listened to. Staff confirmed that staff meetings are held on a regular basis and minutes are retained; these were not reviewed during the inspection.

## Areas of good practice

There were examples of good practice found in relation to the management of clinical records and ensuring effective communication between clients and staff.

## Areas for improvement

Ensure that client care records are comprehensively completed to include all relevant details.

	Regulations	Standards
Areas for improvement	1	0

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

## Dignity respect and involvement with decision making

Discussion with Mrs Larkin and staff regarding the consultation and treatment process, confirmed that clients are treated with dignity and respect. The consultation and treatment is provided in a private room with the client and authorised operator present. Information is provided to the client in verbal and written form at the initial consultation and subsequent treatment sessions to allow the client to make choices about their care and treatment and provide informed consent.

Appropriate measures are in place to maintain client confidentiality and observations made evidenced that client care records were stored securely in and electronic records are password protected.

Formal client satisfaction surveys are not carried out by the establishment and an area for improvement against the standards was made in this regard. The result of surveys should be collated to provide a summary report on an annual basis, which is made available to clients and other interested parties. An action plan should be developed to inform and improve services provided, if appropriate.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining client confidentiality ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow clients to make informed choices.

## Areas for improvement

Client satisfaction surveys should be carried out on an annual basis.

	Regulations	Standards
Areas for improvement	0	1

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

## Management and governance

There was a clear organisational structure within the establishment and authorised operators were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Authorised operators confirmed that there were good working relationships and the management were responsive to any suggestions or concerns raised. Arrangements were in place to facilitate annual staff appraisal. There was a nominated individual with overall responsibility for the day to day management of the service.

Where the entity operating the establishment is a corporate body or partnership or an individual owner who is not in day to day management of the establishment, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months.

Mrs Larkin is in day to day charge of the practice, therefore Regulation 26 unannounced quality monitoring visits do not apply.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis. Staff spoken with were aware of the policies and how to access them.

It was confirmed that there was a complaints policy and procedure available; this was not reviewed during the inspection. Discussion with Mrs Larkin and staff demonstrated a good awareness of complaints management. Mrs Larkin confirmed that there have been no complaints since the previous inspection.

The establishment retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

Discussion with Mrs Larkin confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

A whistleblowing/raising concerns policy was available. Discussion with authorised operators confirmed that they were aware of who to contact if they had a concern.

Mrs Larkin demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. Mrs Larkin confirmed that the statement of purpose and client's guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

### 6.8 Equality data

The arrangements in place in relation to the equality of opportunity for clients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of clients was discussed with Mrs Larkin.

### 6.9 Client and staff views

Sixteen clients submitted questionnaire responses to RQIA. All indicated that they were very satisfied that their care was safe and that the service was well led. Fifteen clients indicated they were very satisfied and one that they were satisfied that their care was effective and they were treated with compassion. No comments were provided in questionnaire responses.

Staff were invited to submitted questionnaire responses to RQIA; no questionnaire responses were received.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Aine Larkin, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the establishment. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health (DOH) Minimum Care Standards for Healthcare Establishments (July 2014).

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 15 (2)  <b>Stated:</b> First time  <b>To be completed by:</b> 10 May 2020	<p>The registered person shall ensure that in relation to the Venus Versa IPL the following should be addressed prior to it being made operational:</p> <ul style="list-style-type: none"> <li>• all relevant information pertaining to the IPL is located and retained in the laser safety file</li> <li>• any recommendations made by the laser protection advisor (LPA) are addressed</li> <li>• a copy of the commissioning report is submitted to RQIA</li> </ul> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            This has been actioned and a copy of the commissioning report will be submitted to RQIA</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 21 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> 11 March 2020	<p>The registered person shall ensure that the following is included in client care records:</p> <ul style="list-style-type: none"> <li>• client details</li> <li>• medical history</li> <li>• signed consent form</li> <li>• skin assessment (where appropriate)</li> <li>• patch test (where appropriate)</li> <li>• record of treatment delivered including number of shots and fluence settings (where appropriate)</li> </ul> <p>Ref 6.5</p> <p><b>Response by registered person detailing the actions taken:</b>            The above has been implemented</p>
<b>Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 48.12  <b>Stated:</b> First time  <b>To be completed by:</b> 10 May 2020	<p>The registered person shall ensure that all authorised operators have up to date training in basic life support and fire safety awareness.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            This has been actioned</p>

<p><b>Area for improvement</b> <b>2</b></p> <p><b>Ref:</b> Standard 5.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 June 2020</p>	<p>The registered person shall ensure that client satisfaction surveys are carried out by the establishment. The result of surveys should be collated to provide a summary report on an annual basis, which is made available to clients and other interested parties. An action plan should be developed to inform and improve services provided, if appropriate.</p> <p>Ref: 6.6</p>
	<p><b>Response by registered person detailing the actions taken:</b> This has been actioned</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**

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