

Announced Care Inspection Report 20 March 2019



Younique Aesthetics Ltd

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

Address: 5 Monaghan Court, Monaghan Street, Newry BT35 6BH

Tel No: 028 3025 6254

Inspector: Liz Colgan

www.rqia.org.uk

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
- Wavelength: 420-800nm
- Model: Cellec
- Serial Number: CCJC16004

Laser protection advisor (LPA):	Ms Anna Bass (Lasernet)
Laser protection supervisor (LPS):	Aine Larkin and in her absence another named authorised operator
Medical support services:	Dr Paul Myers
Authorised operators:	Mrs Aine Larkin, Ms Aileen Wilson
Types of treatments to be provided:	hair removal, skin rejuvenation, red vein, pigmentation and acne

3.0 Service details

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

4.0 Inspection summary

An announced inspection took place on 20 March 2019 from 09.50 to 11.50.

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 announced pre-registration 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 managing medical emergencies; clinical records; the environment; infection prevention and control; maintaining client confidentiality; ensuring the core values of privacy and dignity were upheld; authorised operator training and providing the relevant information to allow clients to make informed choices.

One area requiring improvement was restated for the second time regarding staff recruitment.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

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.

4.2 Action/enforcement taken following the most recent care inspection dated 12 January 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 January 2018.

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

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of RQIA. Returned completed clients questionnaires were analysed prior to the inspection. RQIA invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires were returned to RQIA.

A poster informing clients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mrs Larkin, responsible individual and authorised operator and the clinic manager.

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 announced pre-registration care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the clinic manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 January 2018

The most recent inspection of the establishment was an announced pre-registration 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 12 January 2018

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
<p>Area for improvement 1</p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p>Stated: First time</p>	<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 for the two identified authorised operators.</p>	<p>Partially met</p>

	<p>Action taken as confirmed during the inspection: Review of documentation for authorised users confirmed that not all of the information required under Regulation 19 (2) Schedule 2 of the Independent Healthcare Regulations (Northern Ireland) 2005 had not been sought and retained.</p> <p>This area for improvement has been stated for the second time.</p>	
<p>Area for improvement 2 Ref: Regulation 18 (2) (a) Stated: First time</p>	<p>The registered person shall ensure that arrangements are made for staff involved in the IPL service to undertake adult safeguarding training commensurate with their roles and responsibilities.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of documentation confirmed that staff involved in the IPL service had undertaken adult safeguarding training commensurate with their roles and responsibilities.</p>	
Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 7.1 Stated: First time</p>	<p>The registered person shall ensure that the reference to the arrangement with an external agency in relation to complaints management as outlined in the complaints procedure is removed as it is not applicable.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of documentation confirmed that the reference to the arrangement with an external agency in relation to complaints management as outlined in the complaints procedure had been removed.</p>	
<p>Area for improvement 2 Ref: Standard 48.13 Stated: First time</p>	<p>The registered person shall ensure that a record of laser safety awareness training for staff not directly involved in the use of the IPL, is devised and made available for inspection.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of training records confirmed that a record of laser safety awareness training for staff not directly involved in the use of the IPL, was available for inspection.</p>	

<p>Area for improvement 3</p> <p>Ref: Standard 1.1</p> <p>Stated: First time</p>	<p>The registered person shall ensure that client information leaflets and client aftercare instructions on each specific IPL treatment are further developed and that they are provided to the clients.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Review of documentation confirmed that client information leaflets and client aftercare instructions on each specific IPL treatments had been further developed and these are provided to the clients.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p>	<p>The registered person shall contact the Information Commissioners Office (ICO) to establish if the service requires to be registered with the ICO and if required to do so, provide evidence this has been actioned.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Review of documentation confirmed that the service is registered with ICO, the certificate was available for inspection.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 48.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the following information is recorded in the IPL register each time the IPL is used:</p> <ul style="list-style-type: none"> • the name of the person treated • the date • the operator • the treatment given • the precise exposure • any accident or adverse incidents 	Met
<p>Action taken as confirmed during the inspection:</p> <p>Review of the IPL register confirmed that the above information had been recorded each time the IPL was used.</p>		
<p>Area for improvement 6</p> <p>Ref: Standard 48.10</p> <p>Stated: First time</p>	<p>The registered person shall further develop the client care record to include consent forms for each specific IPL treatment, a record of skin assessment (if applicable), and evidence of a patch test.</p>	Met

	<p>Action taken as confirmed during the inspection: Review of client care records confirmed that these had been further developed to include consent forms for each specific IPL treatment, a record of skin assessment (if applicable), and evidence of a patch test.</p>	
<p>Area for improvement 7 Ref: Standard 20 Stated: First time</p>	<p>The registered person shall ensure that written cleaning schedules are developed and implemented; the liquid soap dispenser and the disposable hand towels dispenser are wall mounted; and a pedal operated bin is made available in the IPL treatment room.</p> <p>Action taken as confirmed during the inspection: Review of documentation confirmed that written cleaning schedules had been developed and implemented; the liquid soap dispenser and the disposable hand towels dispenser were wall mounted; and a pedal operated bin had been made available in the IPL treatment room.</p>	Met

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

Discussion with the clinic manager confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients.

The clinic manager confirmed that IPL treatments are only carried out by authorised operators. A register of authorised operators for the IPL machine 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, basic life support, infection prevention and control and fire safety and protection of adults at risk of harm in keeping with the RQIA training guidance.

All other staff employed at the establishment, but not directly involved in the use of the IPL equipment, had received laser safety awareness training.

Evidence was available that staff who have professional registration undertake continuing professional development (CPD) in accordance with their professional body's recommendations. Discussion with the clinic manager and review of documentation confirmed that authorised operators take part in appraisal on an annual basis.

Recruitment and selection

A review of two personnel files of authorised operators and discussion with the clinic manager confirmed that staff have not been recruited as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. This was identified as an area for improvement at the previous inspection and is stated for the second time.

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

An IPL safety file was in place which contained all of the relevant information in relation to IPL equipment.

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.

IPL procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Paul Myers in August 2018. Systems are in place to review the medical treatment protocols on an annual basis. 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 of the premises in August 2017 all recommendations made by the LPA have been addressed.

Mrs Larkin the laser protection supervisor (LPS) has overall responsibility for safety during IPL 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.

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 key being held in safe custody, however being 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.

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 IPL 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 March 2019 was reviewed as part of the inspection process.

Management of emergencies

As discussed, authorised operators have up to date training in basic life support. 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. The clinic manager confirmed that all authorised operators are aware of the procedures 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 (CO₂) 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, induction, training, appraisal, adult safeguarding, IPL safety, management of emergencies, infection prevention and control, risk management and the environment.

Areas for improvement

All information required under Regulation 19 (2) Schedule 2 of the Independent Healthcare Regulations (Northern Ireland) 2005 should be sought and retained.

	Regulations	Standards
Areas for improvement	1	0

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. There is an accurate and up to date treatment record for every client which includes:

- 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 the clinic manager, staff and review of the management of records policy confirmed that clients have the right to apply for access to their clinical records in accordance with the General Data Protection Regulations that came into effect during May 2018 and where appropriate ICO regulations and Freedom of Information legislation.

The establishment is registered with the Information Commissioners Office (ICO).

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. The clinic manager confirmed that staff meetings are held on a regular basis.

Areas of good practice

There were examples of good practice found in relation to the management of clinical records, the range and quality of audits, health promotion strategies and ensuring effective communication between clients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	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 the clinic manager, and Mrs Larkin 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 and electronic records are password protected where applicable.

Client satisfaction surveys are carried out by the establishment on an annual basis and the results of these are collated to provide a summary report which is made available to clients and other interested parties. An action plan is developed to inform and improve services provided, if appropriate.

Review of the completed questionnaires found that clients were highly satisfied with the quality of treatment, information and care received.

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Areas for improvement	0	0

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. Mrs Larkin is the responsible individual with overall responsibility for the day to day management of the service.

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.

Discussion with the clinic manager demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Discussion with the clinic manager demonstrated she had a good awareness of complaints management.

Discussion with the clinic manager 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.

Discussion with the clinic manager confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals. The clinic manager confirmed that if required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process.

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. The clinic manager 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

Equality data

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

6.9 Client and staff views

Twenty clients submitted questionnaire responses to RQIA. All 20 clients indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All 20 clients indicated that they were very satisfied with each of these areas of their care.

Comments included in the submitted client questionnaire responses are as follows:

- “Super care here, no concerns or worries.”
- “Completely satisfied, excellent service, clean and clinical surroundings, highly trained staff.”
- “100%.”
- “1st class care in Younique Clinic.”
- “Couldn’t be more satisfied than I am with my treatments here, wonderful clinic and staff.”
- “Fabulous staff.”
- “Care most effective.”
- “Professionally treated and cared for.”
- “I couldn’t feel safer than here.”
- “The staff are superb.”
- “All is highly explained and managed.”
- “Aine and her team are the best.”

RQIA also invited staff to complete an electronic questionnaire prior to the inspection. No completed staff questionnaires 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 the clinic manager, 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.

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 19 (2) Schedule 2</p> <p>Stated: Second time</p> <p>To be completed by: 20 April 2019</p>	<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>Ref: 6.2 and 6.4</p> <p>Response by registered person detailing the actions taken: I can confirm that all, staff including Caroline Byrne have all the information set out in Regulation 19 Schedule 2 of the independent healthcare regulation Act. Including access NI checks, Adult safeguarding , Staff Application form, All staff Qualification evidence for all qualifications, Physical & Mental Health Assessment declaration ,2 X written references for yourselves, 1 from previous employer and 1 personnel reference, Fire safety awareness – Infection Control – Basic life support and most core knowledge. Access Ni check for Caroline was applied for on the 1st of July.</p>

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews