

Inspection Report

9 September 2021



Younique Aesthetics Ltd

Type of service: Independent Hospital – Intense Pulse Light (IPL)
Address: 5 Monaghan Court, Monaghan Street, Newry, BT35 6BH
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>, [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and the [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

1.0 Service information

Organisation/Registered Provider: Younique Aesthetics Ltd	Registered Manager: Mrs Aine Larkin
Responsible Individual: Mrs Aine Larkin	Date registered: 13 February 2018
Person in charge at the time of inspection: Ms Sandra Brady	
Categories of care: Independent Hospital (IH) PT (IL) Prescribed techniques or prescribed technology: establishments using intense light sources.	
Brief description of how the service operates: Younique Aesthetics Ltd provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using the IPL machine that fall within regulated activity and the categories of care for which the establishment is registered with RQIA.	
Equipment available in the service:	
IPL equipment:	
Manufacturer:	Venus Versa
Model:	Tribella
Serial Number:	VE004211
IPL equipment no longer in the clinic:	
Manufacturer:	Jeisys
Model:	Celtec
Serial Number:	CCIC16004
Laser protection advisor (LPA): Ms Anna Bass (Lasermet)	
Laser protection supervisor (LPS): Ms Sandra Brady	
Medical support services: Dr Paul Myers (Lasermet)	
Authorised operators: Ms Sandra Brady, Ms Aileen Wilson and Ms Caroline Byrne	
Types of IPL treatments provided:	

Hair reduction
 Skin rejuvenation
 Facial thread veins
 Acne

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 9 September 2021 from 11:00 am to 1.30 pm.

The purpose of the inspection was to assess progress with areas for improvement identified during the last care inspection and to assess compliance with the legislation and minimum standards.

There was evidence of good practice concerning staff recruitment; authorised operator training; safeguarding; IPL safety; management of medical emergencies; infection prevention and control (IPC); the management of operations in response to the COVID-19 pandemic; the management of clinical records; and effective communication between clients and staff.

Additional areas of good practice identified included 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.

No immediate concerns were identified regarding the delivery of front line client care.

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the establishment is operating in accordance with the relevant legislation and minimum standards. Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the Quality Improvement Plan (QIP).

4.0 What people told us about the service?

Posters were issued to Younique Aesthetics Ltd by RQIA, prior to the inspection, inviting clients and staff to complete an electronic questionnaire.

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

Two of the client responses included comments pertaining to the cleanliness of the clinic and the professionalism of the clinic staff.

Two staff submitted questionnaire responses and these responses indicated that they felt client care was safe, effective, that clients were treated with compassion and that the service was well led. All staff indicated that they were very satisfied with each of these areas of client care. One of the staff responses included a positive comment complimenting the high standards within the clinic and the friendliness and professionalism of all staff.

Clients were not present on the day of the inspection and client feedback was also assessed by reviewing the most recent patient satisfaction surveys completed by Younique Aesthetics Ltd.

The clinic has appropriate systems in place to capture and review client feedback. This is further discussed in section 5.2.10 in this report.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 19 May 2021		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 15 (2) Stated: Second time	The registered person shall ensure a copy of the most recent service report for the Venus Versa IPL equipment is provided to RQIA upon submission of the Quality Improvement Plan (QIP).	Met
	Action taken as confirmed during the inspection: This information was provided by Mrs Larkin via email, on 14 June 2021, with the submission of the previous inspection report QIP and was also available for review on the day of inspection.	

<p>Area for improvement 2</p> <p>Ref: Regulation 18 (2)</p> <p>Stated: First time</p>	<p>The registered person shall implement robust oversight arrangements to ensure the authorised operators' training is kept up to date and in keeping with the RQIA training guidance; with records retained and available for inspection.</p> <hr/> <p>Action taken as confirmed during the inspection: Certificates evidencing all authorised operator's training were available for review on inspection and confirmed all training is up to date.</p>	<p>Met</p>
<p>Action required to ensure compliance with Minimum Care Standards for Independent Healthcare Establishments (July 2014)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 48.17</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the black coloured total blocking client eyewear is removed from the IPL treatment room.</p> <hr/> <p>Action taken as confirmed during the inspection: The black coloured total blocking client eyewear was observed in the IPL treatment room on the day of inspection and had not been removed as previously stated.</p>	<p>Not met Carried forward to the next inspection</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 48.19</p> <p>Stated: First time</p>	<p>The registered person shall implement a robust system to ensure the Venus Versa IPL equipment keypad code is stored securely and not left unattended in the treatment room at any time.</p> <hr/> <p>Action taken as confirmed during the inspection: Copies of the equipment keypad codes were evident on top of the IPL machine.</p>	<p>Partially met Carried forward to the next inspection</p>

Area for improvement 3 Ref: Standard 8.4 Stated: First time	The registered person shall ensure client records are stored securely at all times.	Met
	Action taken as confirmed during the inspection: Client records are stored securely at all times in a locked drawer in the clinic office; this was observed on the day of inspection.	
Area for improvement 4 Ref: Standard 48.9 Stated: First time	The registered person shall ensure that the laser register is completed every time the IPL is operated.	Met
	Action taken as confirmed during the inspection: The laser register was reviewed and it was evidenced as being completed every time the IPL is operated.	
Area for improvement 5 Ref: Standard 48.7 Stated: First time	The registered person should ensure that an LPS is in place who is suitably experienced, knowledgeable and skilled to undertake this role.	Met
	Action taken as confirmed during the inspection: A new LPS has been appointed and it was evidenced on inspection the LPS was suitably experienced, knowledgeable and skilled to undertake this role.	

5.2 Inspection outcome

5.2.1 How does this service ensure that staffing levels are safe to meet the needs of clients?

The LPS and the clinic manager told us there is sufficient staff in the various roles to fulfil the needs of the establishment and clients. They also confirmed that IPL treatments are only carried out by authorised operators.

Laser clinics are required to maintain a register of authorised operators for the IPL machine. A review of this register confirmed that it included all required information and was kept up to date.

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, fire safety awareness and safeguarding 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.

5.2.2 How does the service ensure that recruitment and selection procedures are safe?

The LPS stated Mrs Larkin has not recruited any new staff, pertaining to the IPL service, in the previous three years. However, there were robust recruitment and selection policies and procedures in place that adhered to legislation and best practice guidance, should authorised operators be recruited in the future.

Discussion with the LPS confirmed that she had a clear understanding of the legislation and best practice guidance in relation to recruitment and selection.

5.2.3 How does the service ensure that is equipped to manage a safeguarding issue should it arise?

The LPS stated that IPL treatments are not provided to persons under the age of 18 years.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies 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 were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise.

Discussion with the LPS confirmed that she was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

Review of records demonstrated that Mrs Larkin, as the safeguarding lead for Younique Aesthetics Ltd, has completed formal training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and minimum standards. Although Mrs Larkin has the required safe guarding training, to be the nominated lead, advice was given to review the current policy as Mrs Larkin was referred to throughout the policy as safe guarding champion. In order to be a safe guarding champion there is a higher level of training required.

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 reference.

The service had appropriate arrangements in place to manage a safeguarding issue should it arise.

5.2.4 How does the service ensure that medical emergency procedures are safe?

All authorised operators had up to date training in basic life support and were aware of what action to take in the event of a medical emergency. There was a resuscitation policy in place and a review of this evidenced that it was comprehensive, reflected legislation and best practice guidance.

The service had appropriate arrangements in place to manage a medical emergency.

5.2.5 How does the service ensure that it adheres to infection prevention and control and decontamination procedures?

The IPC arrangements were reviewed throughout the establishment to evidence that the risk of infection transmission to clients, visitors and staff was minimised.

There was an overarching IPC policy and associated procedures in place. A review of these documents demonstrated that they were comprehensive and reflected legislation and best practice guidance in all areas.

The IPL treatment room was clean and clutter free. Discussion with the LPS evidenced that appropriate procedures were in place for the decontamination of equipment between client use. It was observed on the previous inspection that the treatment couch covering had some small tears. As these torn areas cannot be effectively cleaned and decontaminated; this was raised with Mrs Larkin. On 25 May 2021, RQIA received correspondence from Mrs Larkin which confirmed that the IPL treatment room couch had been replaced. It was observed on this inspection that the treatment room couch had a cloth cover. The LPS advised the cloth cover not is normally used when providing treatments and when removed the small tears on the couch remained evident. Therefore an area for improvement has been identified against the standards to ensure the tears in the treatment room couch are addressed.

Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. It was observed on the previous inspection that the hot water dispensed from the basin was at a very high temperature and therefore posed a risk of scalding. Advice was given and it was observed on this inspection the warning sign to advise staff and clients regarding the hot temperature of the water was in place.

As discussed previously, authorised operators had up to date training in infection prevention and control.

The service had arrangements in place in relation to IPC and decontamination. However, the action taken to address the area for improvement identified will further strengthen these arrangements.

5.2.6 Are arrangements in place to minimise the risk of COVID-19 transmission?

COVID-19 has been declared as a public health emergency and we all need to assess and manage the risks of COVID-19, and in particular, businesses need to consider the risks to their clients and staff.

The management of operations in response to the COVID-19 pandemic were discussed with the LPS who outlined the measures that are currently being taken by Younique Aesthetics Ltd to ensure current best practice measures are in place. Appropriate arrangements are in place

in relation to maintaining social distancing; implementation of enhanced IPC procedures; and the client pathway to include COVID-19 screening prior to attending appointments.

The proposed management of COVID-19 was in line with best practice guidance and it was determined that appropriate actions had been taken in this regard.

5.2.7 How does the service ensure the environment is safe?

The service has one treatment room and access to storage rooms. 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.

It was determined that appropriate arrangements were in place to maintain the environment.

5.2.8 How does the service ensure that IPL procedures are safe?

A laser safety file was in place which contained the relevant information in relation to the IPL equipment. There was written confirmation of the appointment and duties of a certified LPA which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on 14 February 2022.

Up to date Local Rules were in place which has been developed by the by the LPA. The Local Rules contained the relevant information about the IPL equipment being used.

The establishment's LPA completed a risk assessment of the premises on 6 September 2021 and provided an Annual Site Audit Report that included an action plan. The action plan listed four areas to be addressed and stated these areas were to be completed before the IPL machine could be used. The action plan had been signed by the LPS on 7 September 2021 indicating that all recommendations contained within the action plan had been satisfactorily completed. A review of the listed LPA recommendations demonstrated that only two of these areas had been addressed.

The first recommendation directed the marking of client eyewear to ensure correct usage (client verse operator goggles) according to the Local Rules. One pair of eyewear was found to be labelled incorrectly. The Local Rules stipulate that client eyewear must be a shade five and operator eyewear must be a shade three, it was observed that the shade three eyewear had been incorrectly labelled 'client' instead of 'operator'. This was discussed with the LPS on the day of inspection and was immediately addressed.

A second recommendation included in the Annual Site Audit Report action plan related to the provision of client total blocking eyewear, as specified in the Local Rules. Two sets of client total blocking eyewear were in place, one set of white coloured total blocking eyewear and one set of black coloured total blocking eyewear.

The markings on the black coloured total blocking eye wear was unreadable; therefore it was not possible to determine if this eyewear provided the required level of protection as stated in the local rules. Protective eye wear was discussed with the LPS who stated the black eyewear would be removed from the treatment room immediately. This was identified as an area for improvement against the standards during the previous inspection and has therefore been carried forward as not met and stated for a second time.

The LPS told us that the IPL procedures are carried out following medical treatment protocols. The medical treatment protocols had been produced by a named registered medical practitioner. The medical treatment protocols are due to expire during August 2022. Systems are in place to review the medical treatment protocols when due. The medical treatment protocols contained the relevant information about the treatments being provided.

The LPS has overall responsibility for safety during IPL treatments and a list of authorised operators is maintained. Authorised operators had signed to state that they had 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 operated using a keypad code. On the day of the inspection paper containing various keypad codes was noted to be stored on the top of the machine display panel. The LPS advised the codes were previous codes to the machine that had not been discarded. This had been identified as an area for improvement during the previous inspection. The importance of a robust system of storing of the keypad code was discussed with the LPS. The previous area for improvement has been cited as partially met and stated for a second time against the standards to ensure suitable robust arrangements are in place for the safe custody of the keypad code when the IPL machine is not in use.

The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. The LPS and clinic manager were aware that the laser safety warning signs should only be displayed when the IPL equipment is in use and removed when not in use.

Younique Aesthetics Ltd had an IPL register and the LPS told us that they complete the relevant section of the register every time the equipment is operated, the register includes:

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

Advice was given on the day of inspection to clearly mark the IPL register with the name of the IPL machine in use. The LPS advised this had been accidentally covered up on the register and this was immediately addressed. It was also observed that parts of the IPL register had been completed in blue ink.

The importance of using black ink on the IPL register was discussed with the LPS. The LPS advised that going forward all entries in the IPL register would be written in black ink.

There are arrangements in place to service and maintain IPL equipment in line with the manufacturer's guidance. The most recent service report of the IPL machine undertaken in June 2021 was reviewed.

It was determined that arrangements were in place to operate the IPL equipment.

5.2.9 How does the service ensure that clients have a planned programme of care and have sufficient information to consent to treatment?

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 service 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 (GP), with their consent, for further information if necessary.

Five client care records were reviewed. There was an accurate and up to date treatment record for every client which included:

- 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)

The records were found to have been completed to a satisfactory standard. Advice was given to clearly mark patch testing on all client records and to implement an audit system to address this. The LPS advised going forward the patch testing would be clearly visible on all client records.

Observations made evidenced that client records are securely stored in a locked cabinet in the clinic office. A policy and procedure was available which included the creation, storage, recording, retention and disposal of records and data protection.

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

Younique Aesthetics Ltd is registered with the Information Commissioner's Office (ICO). A review of the current registration certificate evidenced that registration is due to expire during January 2022.

5.2.10 How does the service ensure that clients are treated with dignity respect and involvement in the decision making process?

Discussion with the LPS regarding the consultation and treatment process confirmed that clients are treated with dignity and respect. The consultation and treatment are 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 a lockable storage case.

The LPS told us that she encourages clients to complete a satisfaction survey when their treatment is complete and that the results of these are collated to provide a summary report which is made available to clients and other interested parties. The LPS also confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

Review of the most recent client satisfaction report dated August 2021 found that clients were highly satisfied with the quality of treatment, information and care received.

5.2.11 How does the responsible individual assure themselves of the quality of the services provided?

Where the entity operating the service is a corporate body or partnership or an individual owner who is not in day to day management of the service, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months. Mrs Aine Larkin, Responsible Individual, is in day to day charge of the service, therefore Regulation 26 unannounced quality monitoring visits do not apply.

Policies and procedures were available outlining the arrangements associated with the IPL treatments. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis or more frequently if required.

A copy of the complaints procedure was available in the establishment. Authorised operators evidenced a good awareness of complaints management.

The LPS confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate.

The LPS demonstrated a clear understanding of her role and responsibility in accordance with legislation and that Information requested by RQIA must be submitted within the specified timeframes. The LPS also 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 displayed in a prominent place.

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

5.2.12 Does the service have suitable arrangements in place to record 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 LPS and the clinic manager.

Discussion and review of information evidenced that the equality data collected was managed in line with best practice.

6.0 Conclusion

As discussed throughout the report, issues were identified in relation to client eyewear, the security keypad of the IPL keypad code and IPC. Based on the inspection findings and discussions held we are satisfied that this service is providing effective care in a caring and compassionate manner. To be assured that care is safe and that the service is well led three areas for improvement against the standards have been made.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

	Regulations	Standards
Total number of Areas for Improvement	0	3

The total number of areas for improvement includes two that have been stated for a second time for review at the next inspection.

Areas for improvement and details of the QIP were discussed with Ms Sandra Brady, LPS, and the clinic manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)	
Area for improvement 1 Ref: Standard 48.17 Stated: Second time To be completed by: 3 November 2021	<p>The registered person shall ensure that the black coloured total blocking client eyewear is removed from the IPL treatment room.</p> <p>Ref: 5.2.8</p> <hr/> <p>Response by registered person detailing the actions taken: aThis has been removed from the IPL treatment room</p>
Area for improvement 2 Ref: Standard 8.4 Stated: Second time To be completed by: 3 November 2021	<p>The registered person shall implement a robust system to ensure the Venus Versa IPL equipment keypad code is stored securely and not left unattended in the treatment room at any time.</p> <p>Ref: 5.2.8</p> <hr/> <p>Response by registered person detailing the actions taken: Once the code has been activated by the therapist, it is discarded so no one else has access to it.</p>
Area for improvement 3 Ref: Standard 20 Stated: First time To be completed by: 3 November 2021	<p>The Registered Person shall ensure all items in the laser treatment room, including furnishings, can be effectively cleaned. The IPC audit tool should be further developed to include this area.</p> <p>Ref: 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: Yes, everything in the laser room can be cleaned and our IPC audit tool now includes this.</p>

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



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