

# Announced Care Inspection Report 10 January 2017



## Younique Beauty Clinic

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

**Address: 26 Monaghan Street, Newry, BT35 6AA**

**Tel No: 028 30267606**

**Inspector: Winnie Maguire**

## 1.0 Summary

An announced inspection of Younique Beauty Clinic took place on 10 January 2017 from 10:00 to 1220.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the IPL service was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

Observations made, review of documentation and discussion with Mrs Bernadine Cunningham, registered person, demonstrated that systems and processes were in place to ensure that care to clients was safe and avoids and prevents harm. Areas reviewed included staffing, recruitment and selection, safeguarding, IPL safety, management of medical emergencies, infection prevention control and decontamination, and the general environment. Two recommendations were made in relation to the provision of mandatory training records and the arrangements for adult safeguarding.

### **Is care effective?**

Observations made, review of documentation and discussion with Mrs Cunningham demonstrated that systems and processes were in place to ensure that care provided in the establishment was effective. Areas reviewed included care pathway, audits and communication. No requirements or recommendations have been made.

### **Is care compassionate?**

Observations made, review of documentation and discussion with Mrs Cunningham demonstrated that arrangements are in place to promote clients dignity, respect and involvement in decision making. No requirements or recommendations have been made.

### **Is the service well led?**

Information gathered during the inspection evidenced that there was effective leadership and governance arrangements in place which creates a culture focused on the needs of clients in order to deliver safe, effective and compassionate care. Areas reviewed included organisational and staff working arrangements, the arrangements for policy and risk assessment reviews, the arrangements for dealing with complaints, incidents and alerts, insurance arrangements and the registered person's understanding of their role and responsibility in accordance with legislation. No requirements or recommendations have been made.

This inspection was underpinned by 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, Social Services and Public Safety (DHSPPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Cunningham, 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.

## 1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Younique Beauty Clinic Mrs Bernadine Cunningham	<b>Registered manager:</b> Mrs Bernadine Cunningham
<b>Person in charge of the establishment at the time of inspection:</b> Mrs Bernadine Cunningham	<b>Date manager registered:</b> 16 December 2008
<b>Categories of care:</b> Independent Hospital (IH) PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	

### IPL equipment

Manufacturer: Lynton Lasers  
Model: Lynton Depilite  
Serial Number: LUM005a

**Laser protection advisor (LPA):** Dr Andrew Berry

**Laser protection supervisor (LPS):** Mrs Bernadine Cunningham

**Medical support services:** Dr Ross Martin

**Authorised users:** Mrs Bernadine Cunningham, Ms Cathy Murphy

**Types of treatment provided:** Hair removal, red vein pigmentation, skin rejuvenation

### 3.0 Methods/processes

Questionnaires were provided to clients and staff prior to the inspection by the establishment on behalf of the RQIA. No completed staff questionnaires were returned. Prior to inspection we analysed the following records: complaints declaration and returned completed client questionnaires.

During the inspection the inspector met with Mrs Cunningham, registered person. A review of the IPL treatment room, toilet facilities and waiting area was also undertaken.

Records were examined during the inspection in relation to the following areas:

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

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 19 October 2015

The most recent inspection of the establishment was an announced care inspection. No requirements or recommendations were made during this inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 19 October 2015

As above.

#### 4.3 Is care safe?

##### Staffing

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

Mrs Cunningham confirmed that IPL treatments are only carried out by authorised users. A register of authorised users for the IPL machine is maintained and kept up to date.

No new staff had commenced employment since the last inspection however an induction programme is available.

Mrs Cunningham gave assurances that arrangements were in place to ensure that authorised users 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. Some of the records of training were unavailable for inspection and a recommendation was made on this matter.

Mrs Cunningham gave assurances that all other staff employed at the establishment, but not directly involved in the use of the IPL equipment, had received IPL safety awareness training.

### **Recruitment and selection**

There have been no authorised users recruited since the previous inspection. During discussion it was confirmed that should staff be recruited in the future robust systems and processes have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

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

### **Safeguarding**

Mrs Cunningham was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

A lengthy discussion took place in relation to the adult safeguarding arrangements and in particular the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015). An electronic copy was forwarded to Mrs Cunningham following inspection together with onward referral details should an adult safeguarding issue arise. A recommendation was made to update the establishment's adult safeguarding policy in accordance with the information forwarded and to ensure the updated policy is signed as read and understood by both authorised users.

Mrs Cunningham confirmed the IPL service is not provided to persons under the age of 18 years.

### **IPL safety**

An IPL safety file was in place which contained all of the relevant information in relation to IPL equipment. It was suggested the IPL safety file be de-cluttered to ensure current documentation is easily accessible. Information removed from the file should be archived and stored in accordance with the establishment's record management policy.

There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA) which is reviewed on an annual basis.

IPL procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Ross Martin on October 2015. 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 on October 2015 and all recommendations made by the LPA have been addressed.

The laser protection supervisor (LPS) has overall responsibility for safety during IPL treatments and a list of authorised users is maintained. Authorised users 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 equipment is operated using a key. Arrangements are in place for the safe custody of the IPL key when not in use. 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/IPL 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.

### **Management of emergencies**

As discussed, there are arrangements in place for authorised users have up to date training in basic life support. It was 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 Mrs Cunningham 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. Mrs Cunningham confirmed that she and the other authorised user will be attending an update on infection prevention and control in the coming weeks.

## Environment

The premises were maintained to a good standard of maintenance and décor. Cleaning schedules for the treatment room 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.

## Client and staff views

Three clients submitted questionnaire responses to RQIA. All indicated that they felt safe and protected from harm. No comments were included in submitted questionnaire responses.

As stated previously there were no submitted staff questionnaire responses.

## Areas for improvement

A record of training to include core of knowledge, application training for each type of IPL treatment provided, basic life support, infection prevention and control, fire safety, adult safeguarding for all authorised users and IPL safety awareness training for staff not directly involved in the IPL service; should be retained and made available for inspection.

Update the establishment's adult safeguarding policy in accordance with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and include onward referral details should an adult safeguarding issue arise; the updated policy should be signed as read and understood by the authorised users.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	2
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### 4.4 Is care effective?

## Care pathway

Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. Mrs Cunningham gave assurances written information will be 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.

Six 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.

Mrs Cunningham confirmed arrangements have been made to register with the Information Commissioners Office (ICO).

**Communication**

Mrs Cunningham outlined in detail how clients are provided with 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.

**Client and staff views**

All clients who submitted questionnaire responses indicated that they get the right care, at the right time and with the best outcome for them. No comments were included in submitted questionnaire responses.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.5 Is care compassionate?**

**Dignity respect and involvement with decision making**

Discussion with the Mrs Cunningham 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 user 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 locked filing cabinet.

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.

### **Client and staff views**

All clients who submitted questionnaire responses indicated that they are treated with dignity and respect and are involved in decision making affecting their care. No comments were included in submitted questionnaire responses.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## **4.6 Is the service well led?**

### **Management and governance**

There was a clear organisational structure within the establishment and Mrs Cunningham gave assurances that the other authorised user was aware of who to speak to if she had a concern. Arrangements were in place to facilitate annual staff appraisal. Mrs Cunningham has 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 advice was given to ensure they are systematically reviewed on a three yearly basis.

A copy of the complaints procedure was available in the establishment. Discussion with Mrs Cunningham demonstrated she had a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the establishment for completion. The returned questionnaire indicated that no complaints have been received for the period 1 April 2015 to 31 March 2016.

It was confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. There has been no occurrence of notifiable events since registration with the RQIA. 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 Mrs Cunningham confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to clients at appropriate intervals.

A whistleblowing/raising concerns policy was available. It was confirmed that staff are aware of who to contact if they had a concern.

Mrs Cunningham demonstrated a clear understanding of her role and responsibility in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. Advice was given to ensure 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.

**Client and staff views**

All clients who submitted questionnaire responses indicated that they felt that the service is well managed. No comments were included in submitted questionnaire responses.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**5.0 Quality improvement plan**

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Bernadine Cunningham, registered person as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 IH- Intense Pulsed Light service. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**5.1 Statutory requirements**

This section outlines the actions which must be taken so that the registered person meets legislative requirements based on 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

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Minimum Care Standards for Independent Healthcare Establishments (July 2014). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [Independent.Healthcare@rqia.org.uk](mailto:Independent.Healthcare@rqia.org.uk) for assessment by the inspector

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

Recommendations	
<p><b>Recommendation 1</b></p> <p>Ref: Standard 48.12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 March 2017</p>	<p>A record of training to include core of knowledge, application training for each type of IPL treatment provided, basic life support, infection prevention and control, fire safety, adult safeguarding for all authorised users and IPL safety awareness training for staff not directly involved in the IPL service; should be retained and made available for inspection.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> THIS HAS BEEN COMPLETED</p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 3.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 10 February 2017</p>	<p>Update the establishment's adult safeguarding policy in accordance with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and include onward referral details should an adult safeguarding issue arise; the updated policy should be signed as read and understood by the authorised users.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> COMPLETED</p>

**\*Please ensure this document is completed in full and returned to [Independent.Healthcare@rqia.org.uk](mailto:Independent.Healthcare@rqia.org.uk) from the authorised email address\***



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