

Inspection Report

23 March 2022



Younique Beauty Clinic

Type of service: Independent Hospital – Intense Pulse Light (IPL)
Address: 26 Monaghan Street, Newry, BT35 6AA
Telephone number: 028 3026 7606

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

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| <p>Organisation/Registered Provider: Younique</p> <p>Responsible Individual: Mrs Bernadine Cunningham</p> | <p>Registered Manager: Mrs Bernadine Cunningham</p> <p>Date registered: 16 December 2008</p> |
| <p>Person in charge at the time of inspection: Mrs Bernadine Cunningham</p> | |
| <p>Categories of care: Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using intense light sources PT(IL)</p> | |
| <p>Brief description of how the service operates:</p> <p>Younique Beauty Clinic is registered with the Regulation and Quality Improvement Authority (RQIA) as an Independent Hospital (IH) with the following categories of care: PT (IL) Prescribed techniques or prescribed technology: establishments using intense light sources.</p> <p>Younique Beauty Clinic provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using an intense pulse light (IPL) machine that falls within regulated activity and the categories of care for which the establishment is registered with RQIA.</p> <p>IPL equipment:</p> <ul style="list-style-type: none"> • Manufacturer: Lynton Lasers • Model: Lynton Depilite • Serial Number: LUM005a • Wavelength: 550 - 1100nm <p>Laser protection advisor (LPA):</p> <ul style="list-style-type: none"> • Mr Andrew Berry <p>Laser protection supervisor (LPS):</p> <ul style="list-style-type: none"> • Mrs Bernadine Cunningham | |

Medical support services:

- Dr Ross Martin

Authorised operators:

- Mrs Bernadine Cunningham

Types of treatment provided:

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

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 23 March 2022 from 10.50am to 1.10pm.

Due to the COVID-19 pandemic the Northern Ireland (NI) Executive issued The Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment) Regulations (Northern Ireland) 2020. These regulations specified close contact services that should close for identified periods of time; as a result of these periods of closure Younique Beauty Clinic was not inspected by RQIA during the 2020-21 inspection year.

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; management of medical emergencies; infection prevention and control (IPC); the management of clinical records; the clinic's adherence to best practice guidance in relation to COVID-19; 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.

Two areas for improvement identified against the regulations at the previous inspection have not been fully met and have been stated for a second time. These areas relate to the provision of protective eyewear as outlined in the local rules and submitting to RQIA an application for registration under the new entity.

A further area for improvement has been identified against the regulations in relation to the protective eyewear.

Four areas for improvement have been identified against the standards in relation to: undertaking safeguarding refresher training; further development of the safeguarding policy; ensuring that any feedback provided by clients is collated into an anonymised report; and the review of policies and procedures.

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

Clients were not present on the day of the inspection. Posters were issued to Younique Beauty Clinic by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire. No completed client or staff questionnaires were submitted to RQIA prior to the inspection.

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 10 March 2020 | | |
|---|--|--------------------------|
| Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for Improvement 1 Ref: Regulation 18 (2) Stated: First time | The registered person shall undertake training in basic life support, infection prevention and control and fire safety awareness. | Met |
| | A robust system must be developed to ensure that authorised operators undertake mandatory training in keeping with the RQIA training guidance in the future. | |
| | Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 5.2.1. | |

| | | |
|---|---|-----------------------|
| <p>Area for Improvement 2</p> <p>Ref: Regulation 39 (1)</p> <p>Stated: First time</p> | <p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> documentary evidence is provided to RQIA, on return of the QIP, confirming that Dr Ross Martin is providing medical support services to the establishment, including the effective date of the contract; a copy should be retained in the laser safety file medical treatment protocols are developed/signed off by Dr Martin and evidence retained in the laser safety file <p>Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 5.2.8.</p> | <p>Met</p> |
| <p>Area for Improvement 3</p> <p>Ref: Regulation 39 (2)</p> <p>Stated: First time</p> | <p>The registered person shall consult with the laser protection advisor (LPA) and ensure that protective eyewear for the operator and client is provided as outlined in the local rules.</p> <p>Action taken as confirmed during the inspection: This area for improvement has been assessed as not met and has been stated for a second time. Further detail is provided in section 5.2.8.</p> | <p>Not Met</p> |
| <p>Area for Improvement 4</p> <p>Ref: Article 13 The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003</p> <p>Stated: First time</p> | <p>The registered provider shall ensure that an application for registration under the new entity is submitted to RQIA along with the associated fees.</p> <p>Action taken as confirmed during the inspection: This area for improvement has been assessed as not met and has been stated for a second time. Further detail is provided in section 5.2.11.</p> | <p>Not Met</p> |

5.2 Inspection outcome

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

Mrs Cunningham told us that IPL treatments are carried out by her as the sole authorised operator. The register of authorised operators for the IPL machine reflects that Mrs Cunningham is the only authorised operator.

A review of training records evidenced that Mrs Cunningham has 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 awareness in keeping with the RQIA training guidance. It was identified that Mrs Cunningham had not undertaken training in safeguarding adults at risk of harm since January 2018. Mrs Cunningham told us that she thought this training should be updated every five years as opposed to every three years and has agreed to undertake safeguarding training within the next month; this area is discussed further in section 5.2.3. It was determined that the previous area for improvement 1, as outlined in section 5.1, had been met.

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

Appropriate staffing levels were in place to meet the needs of clients.

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

Robust recruitment and selection policies and procedures, that adhered to legislation and best practice guidance for the recruitment of authorised operators were in place. These arrangements ensure that all required recruitment documentation has been sought and retained for inspection.

There have been no authorised operators recruited since the previous inspection. During discussion Mrs Cunningham confirmed that should authorised operators be recruited in the future all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

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

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

A policy and procedure was in place for the safeguarding and protection of adults at risk of harm. The policy included the types and indicators of abuse. The policy did not include the distinct referral pathways in the event of a safeguarding issue arising or the relevant contact details for onward referral to the local Health and Social Care Trust. This was discussed and Mrs Cunningham was advised to further develop the safeguarding policy accordingly in

keeping with regional guidance and the minimum standards. An area for improvement against the standards has been made in this regard.

Mrs Cunningham 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.

As discussed, Mrs Cunningham had not undertaken training in safeguarding adults at risk of harm since January 2018. Mrs Cunningham was advised that safeguarding training should be undertaken every three years. Mrs Cunningham told us that she thought this training should be updated every five years and has agreed to undertake safeguarding training within the next month in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and the minimum standards. An area for improvement against the standards has been made in this regard.

It was confirmed that a copy of the regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) was available for reference.

Addressing the areas identified will ensure the service has 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?

Mrs Cunningham had up to date training in basic life support and was 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.

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 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.

The IPL treatment room was clean and clutter free. Mrs Cunningham confirmed that appropriate procedures were in place for the decontamination of equipment between use. Hand washing facilities were available in a separate area close to the treatment room and adequate supplies of hand sanitiser and personal protective equipment (PPE) were provided. As discussed previously, Mrs Cunningham has up to date training in infection prevention and control.

The service had appropriate arrangements in place in relation to IPC and decontamination

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 Mrs Cunningham who outlined the measures taken to ensure current best practice measures are in place. Appropriate arrangements were in place in relation to maintaining social distancing; implementation of enhanced IPC procedures; and the client pathway.

The 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 used to provide IPL treatments. The treatment room was maintained to a good standard of maintenance and décor.

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 laser and 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 26 May 2022.

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

The establishment's LPA completed a risk assessment remotely of the premises on 27 May 2021 and all recommendations made by the LPA have been addressed.

As discussed, Mrs Cunningham is the sole authorised operator and told us that IPL procedures are carried out following medical treatment protocols produced by named registered medical practitioner. The medical treatment protocols are due to expire during May 2022. Systems are in place to review these when due. The medical treatment protocols contained the relevant information about the treatments being provided. It was determined that the previous area for improvement 2, as outlined in section 5.1, had been met.

Mrs Cunningham, as the laser protection supervisor (LPS) and sole authorised operator has overall responsibility for safety during IPL treatments. Mrs Cunningham had signed to state that she 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 key and arrangements are in place for the safe custody of the key when not in use.

The local rules, provided by the LPA, clearly outlined the protective eyewear that should be in place for both the operator and the client. The local rules stated that the operator protective eyewear should be 'Glendale lightspeed IPL glasses', which are designed to go dark in the presence of light. It was noted that the operator protective eyewear in place was not marked Glendale and did not comply with the local rules. It was also noted that the eyewear was not in a wearable condition as the battery coverings were not in place. Metallic total blackout eyewear for the client for treatments on or near the face were available however, the eyewear for the client for all other treatments observed was not as indicated in the local rules. The local rules indicated that 'IPL shade 5, GPT Glendale' glasses should be used however the protective eyewear for the client observed was not marked Glendale and there was no evidence that these offered the level of protection as stated in the local rules. At the previous inspection an area for improvement had been made against the regulations in relation to protective eyewear. This was discussed with Mrs Cunningham who confirmed that she had consulted with her LPA as advised, however there was no evidence that the protective eyewear provided was as stated in the local rules. This area for improvement has not been addressed and has been stated for a second time, in addition, a further area for improvement against the regulations has been made to ensure that protective eyewear provided in accordance with the local rules is in good working order and fit for purpose.

The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. Mrs Cunningham was 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 Beauty Clinic has an IPL register. Mrs Cunningham told us that she completes 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

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 was reviewed.

Addressing the areas identified as a matter of urgency will ensure the service will have the appropriate arrangements in place to operate the IPL equipment safely.

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.

Three 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)

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

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

Discussion with Mrs Cunningham regarding the consultation and treatment process confirmed that clients are treated with dignity and respect. The consultations and treatments 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 filing cabinet.

Mrs Cunningham told us that she encourages clients to complete a satisfaction survey when their treatment is complete either by text or on facebook. However the results of the feedback had not been collated to provide a summary report which is made available to clients and other interested parties. An area for improvement against the standards has been made in this regard.

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 Cunningham is in day to day charge of the service, therefore Regulation 26 unannounced quality monitoring visits do not apply.

In January 2019 Younique Beauty Clinic confirmed with RQIA that the entity the establishment is registered under changed to You-nique Salon Limited on 16 October 2016. This was not notified to RQIA at that time and in January 2019 Mrs Cunningham was advised that an application for registration under the new entity should be submitted to RQIA. This application had not been received at the time of the previous inspection in March 2020 and an area for improvement against the regulations was made that the application for registration under the new entity should be submitted to RQIA along with the associated fees. Details of the application process and application forms were emailed to Mrs Cunningham on 11 March 2020 by the RQIA registration team. However, RQIA have still not yet received a full and complete application in relation to the change of entity. This was discussed with Mrs Cunningham during this inspection and Mrs Cunningham agreed to submit a full and complete application with associated fees to RQIA in relation to the change of entity on or before 7 April 2022. The area for improvement previously made against the regulations has not been met and has been stated for a second time.

Policies and procedures were available outlining the arrangements associated with the IPL treatments. Observations made confirmed that policies and procedures were indexed and dated however these had not been reviewed since December 2018. Mrs Cunningham was advised that policies and procedures should be reviewed on a three yearly basis or more frequently if required. An area for improvement against the standards has been made in this regard.

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

A review of documentation evidenced that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate.

Mrs Cunningham demonstrated a clear understanding of her role and responsibility in accordance with legislation. Mrs Cunningham was aware that the statement of purpose and client's guide should be kept under review, revised and updated when necessary and available on request. However, a review of the client's guide identified that it did not reflect the current entity of the service which is an organisation and not a partnership and it also did not state that all clients treated are over the age of 18 as confirmed by Mrs Cunningham. Mrs Cunningham agreed to update the client's guide accordingly.

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 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 Cunningham.

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

7.0 Quality Improvement Plan/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 [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#).

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 3* | 4 |

The total number of areas for improvement includes two that have been stated for a second time against the regulations.

Areas for improvement and details of the QIP were discussed with Mrs Cunningham, Responsible Individual, 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 Independent Health Care Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 39 (2) Stated: Second time To be completed by: 7 April 2022 | The registered person shall consult with the laser protection advisor (LPA) and ensure that protective eyewear for the operator and client is provided as outlined in the local rules. Ref: 5.1 and 5.2.8 Response by registered person detailing the actions taken: this has been done and evidence forwarded to RQIA |

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| <p>Area for improvement 2</p> <p>Ref: Article 13 The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003</p> <p>Stated: Second time</p> <p>To be completed by: 7 April 2022</p> | <p>The registered provider shall ensure that an application for registration under the new entity is submitted to RQIA along with the associated fees.</p> <p>Ref: 5.1 and 5.2.11</p> <p>Response by registered person detailing the actions taken: application has been submitted</p> |
| <p>Area for improvement 3</p> <p>Ref: Regulation 15 (2) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: 7 April 2022</p> | <p>The responsible individual shall ensure that protective eyewear provided as outlined in the local rules is in good working order and fit for purpose.</p> <p>Ref: 5.2.8</p> <p>Response by registered person detailing the actions taken: done</p> |
| <p>Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)</p> | |
| <p>Area for improvement 1</p> <p>Ref: Standard 3.1</p> <p>Stated: First time</p> <p>To be completed by: 23 April 2022</p> | <p>The responsible individual shall further develop the safeguarding policy in keeping with regional guidance.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: done</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 3.9</p> <p>Stated: First time</p> <p>To be completed by: 23 April 2022</p> | <p>The responsible individual shall ensure that refresher safeguarding training for the authorised operator is undertaken in keeping with RQIA's training guidance.</p> <p>Ref: 5.2.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: Done and evidence forwarded to RQIA</p> |

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| <p>Area for improvement 3</p> <p>Ref: Standard 5.1</p> <p>Stated: First time</p> <p>To be completed by: 23 April 2022</p> | <p>The responsible individual shall ensure that any feedback provided by clients is collated into an anonymised format, summarised and used to inform and improve services provided.</p> <p>Ref: 5.2.10</p> <hr/> <p>Response by registered person detailing the actions taken: this will be done</p> |
| <p>Area for improvement 4</p> <p>Ref: Standard 19.5</p> <p>Stated: First time</p> <p>To be completed by: 23 April 2022</p> | <p>The responsible individual shall ensure that policies and procedures are reviewed on a three yearly basis or more frequently if required.</p> <p>Ref: 5.2.11</p> <hr/> <p>Response by registered person detailing the actions taken: ok</p> |

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