

Unannounced Care Inspection Report

10 March 2020



Younique Beauty Clinic

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

Address: 26 Monaghan Street, Newry, BT35 6AA

Tel No: 028 3026 7606

Inspector: Emily Campbell

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 Beauty Clinic 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: Lynton Lasers
- Model: Lynton Depilite
- Serial Number: LUM005a
- Wavelength: 550 - 1100nm

Laser protection advisor (LPA):

- Mr Andrew Berry

Laser protection supervisor (LPS):

- 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

3.0 Service details

| | |
|--|--|
| Organisation/Registered Provider: Younique Responsible Individual: Mrs Bernadine Cunningham | Registered Manager: Mrs Bernadine Cunningham |
| Person in charge at the time of inspection: Mrs Bernadine Cunningham | Date manager registered: 16 December 2008 |
| Categories of care: Independent Hospital (IH) PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources | |

4.0 Inspection summary

An unannounced inspection took place on 10 March 2020 from 12:55 to 13:55. An announced inspection had been scheduled to be undertaken on 10 March 2020 but due to an RQIA administrative oversight the establishment had not been notified of this in advance. On the day of this inspection when we arrived, Mrs Bernadine Cunningham, registered person, kindly agreed to proceed with an unannounced inspection.

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

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

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

Four areas requiring improvement were identified against the regulations. These related to authorised operator training, medical treatment protocols, protective eyewear and submission of application for registration under the new entity of the service.

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

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 4 | 0 |

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Bernadine 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.

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

No further actions were required to be taken following the most recent inspection on 20 March 2019.

5.0 How we inspect

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

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

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

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

During the inspection the inspector met with Mrs Cunningham, registered person and authorised operator. A tour of some areas of the establishment was also undertaken.

The following records were examined during the inspection:

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

The findings of the inspection were provided to Mrs Cunningham at the conclusion of the inspection.

6.0 The inspection

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

The most recent inspection of the establishment was a care inspection. There were no areas for improvement identified during this inspection

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

There were no areas for improvement made as a result of the last care inspection.

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

Mrs Cunningham confirmed that she is the only authorised operator providing IPL treatments in Younique Beauty Clinic. A register of authorised operators for the IPL is maintained and kept up to date.

No new staff have commenced employment since the previous inspection. It was confirmed that induction training would be provided to new staff on commencement of employment in the future.

A review of training records evidenced that Mrs Cunningham has up to date training in core of knowledge, application training for the equipment in use and safeguarding adults at risk of harm in keeping with the RQIA training guidance. However training in basic life support, infection prevention and control and fire safety awareness was out of date. An area for improvement against the regulations was made that basic life support, infection prevention and control and fire safety awareness is undertaken and a robust system is developed to ensure that authorised operators undertake mandatory training in keeping with the RQIA training guidance in the future. An area for improvement against the regulations in relation to authorised operator training was made during the inspection carried out on 21 November 2017 and was stated for the second time during the inspection carried out on 30 November 2019. This was assessed as having been met during the inspection on 20 March 2019. It was disappointing to note that the improvements made have not been sustained.

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

Recruitment and selection

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

A recruitment policy and procedure was in place; this was not reviewed during the inspection.

Safeguarding

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

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.

Review of records demonstrated that Mrs Cunningham had received training in safeguarding adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014 and 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; these were not reviewed during the inspection.

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

IPL safety

A laser safety file was in place which contained all of the relevant information in relation to the 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 and this expires on 3 December 2020.

Mrs Cunningham confirmed that IPL procedures are carried out in accordance with medical treatment protocols. The medical treatment protocols in place were dated 15 August 2018; there was no evidence that these had been developed or signed off by Dr Ross Martin and there was no written confirmation that Dr Martin was actively the medical support officer. An area for improvement was made that:

- documentary evidence should be provided to RQIA 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 should be developed/signed off by Dr Martin and evidence retained in the laser safety file

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 3 February 2018 and all recommendations made by the LPA had been signed off as addressed.

Mrs Cunningham confirmed that she has the responsibility for the safety of all persons in the controlled area when the IPL equipment is in use. 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. Mrs Cunningham confirmed that 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.

The protective eyewear for the operator indicated in the local rules 'lightspeed IPL glasses', are designed to go dark in the presence of light, this was not evident on observation and metallic total blackout eyewear for the client for treatments on or near the face were not available as outlined in the local rules. An area for improvement against the regulations was made to consult with the LPA and ensure that protective eyewear for the operator and client is provided as outlined in the local rules.

Mrs Cunningham has signed to state that she has read and understood the local rules and medical treatment protocols.

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

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

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

There are arrangements in place to service and maintain the IPL equipment in line with the manufacturer's guidance. The most recent service report of 27 March 2019 was reviewed as part of the inspection process.

Management of emergencies

As discussed previously, training in basic life support was out of date and an area for improvement against the regulations was made. Mrs Cunningham confirmed that she was aware what action to take in the event of a medical emergency.

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. As discussed previously, training in infection prevention and control was out of date and an area for improvement against the regulations was made.

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 adult safeguarding, management of emergencies, infection prevention and control and the environment.

Areas for improvement

Mrs Cunningham should undertake training in basic life support, infection prevention and control and fire safety awareness and a robust system should be developed to ensure that authorised operators undertake mandatory training in keeping with the RQIA training guidance in the future.

Documentary evidence should be provided to RQIA confirming that Dr Ross Martin is providing medical support services to the establishment, including the effective date of the contract and medical treatment protocols should be developed/signed off by Dr Martin; evidence should be retained in the laser safety file

Consult with the LPA and ensure that protective eyewear for the operator and client is provided as outlined in the local rules.

| | Regulations | Standards |
|-----------------------|-------------|-----------|
| Areas for improvement | 3 | 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.

Three 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; this was not reviewed during the inspection.

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

The establishment is registered with the ICO.

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.

Areas of good practice

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

Areas for improvement

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 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 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.

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 most recent summary report within the establishment 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

Mrs Cunningham has overall responsibility for the day to day management of the service and as previously stated, does not currently employ any staff in relation to the delivery of the IPL service.

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

Mrs Cunningham is in day to day charge of the practice, 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 Mrs Cunningham was advised in January 2019, that a new application for registration should be submitted to RQIA under the new entity. This application has not been received and was discussed with Mrs Cunningham during the inspection. An area for improvement against the regulations was made that 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 registration team to assist in this matter.

Mrs Cunningham is the only authorised operator in this establishment. Policies and procedures were available outlining the arrangements associated with IPL treatments. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis.

There was a complaints policy and procedure in place; this was not reviewed during the inspection. Mrs Cunningham advised that there had been no complaints since the previous inspection and demonstrated good awareness of complaints management.

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

A whistleblowing/raising concerns policy was available.

Mrs Cunningham demonstrated a clear understanding of her role and responsibility in accordance with legislation. Mrs Cunningham confirmed that the statement of purpose and client 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 and quality improvement.

Areas for improvement

Application for registration under the new entity should be submitted to RQIA along with the associated fees.

| | Regulations | Standards |
|-----------------------|-------------|-----------|
| Areas for improvement | 1 | 0 |

6.8 Equality data

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.

6.9 Client and staff views

Sixteen clients submitted questionnaire responses to RQIA. All 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. Thirteen clients made comments in submitted questionnaires commending the quality of care and treatment and the professionalism of staff.

Staff were invited to submit electronic questionnaire responses to RQIA. No staff responses were received.

7.0 Quality improvement plan

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

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

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011, The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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 | |
| Area for improvement 1 Ref: Regulation 18 (2) Stated: First time To be completed by: 10 June 2020 | The registered person shall undertake training in basic life support, infection prevention and control and fire safety awareness. A robust system must be developed to ensure that authorised operators undertake mandatory training in keeping with the RQIA training guidance in the future. Ref: 6.4 Response by registered person detailing the actions taken: this is done |

| | |
|---|---|
| Area for improvement 2 Ref: Regulation 39 (1) Stated: First time To be completed by: 10 June 2020 | The registered person shall ensure that: <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 Ref: 6.4 |
| Area for improvement 3 Ref: Regulation 39(2) Stated: First time To be completed by: 10 April 2020 | 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: 6.4 |
| Area for improvement 4 Ref: Article 13 The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 Stated: First time To be completed by: 10 June 2020 | The registered provider shall ensure that an application for registration under the new entity is submitted to RQIA along with the associated fees. Ref 6.7 |
| | Response by registered person detailing the actions taken: this has been passed to our accountant we are awaiting response |

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



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