

The **Regulation** and  
**Quality Improvement**  
Authority

**Younique Beauty Clinic**  
RQIA ID: 10702  
26 Monaghan Street  
Newry  
BT35 6AA

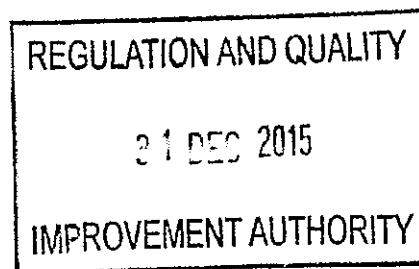
**Inspector: Winnie Maguire**  
**Inspection ID: IN022604**

**Tel: 028 3026 7606**

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**Announced Care Inspection  
of  
Younique Beauty Clinic**

**19 October 2015**



**The Regulation and Quality Improvement Authority**  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

Confidential Report of  
Mr. [Name] to  
[Organization]  
[Date]

CONFIDENTIAL  
[Organization Name]



[Organization Name]  
[Address]

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## 1. Summary of Inspection

An announced care inspection took place on 19 October 2015 from 10.00 to 12.00. Overall on the day of the inspection the establishment was found to be delivering safe, effective and compassionate care. The outcome of the inspection found no areas for concern.

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's (DHSPPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

### 1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Younique Beauty Clinic Bernadine Cunningham	<b>Registered Manager:</b> Bernadine Cunningham
<b>Person in Charge of the Establishment at the time of Inspection:</b> Bernadine Cunningham	<b>Date Manager Registered:</b> 16 December 2008
<b>Categories of Care</b> PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources	

### IPL Equipment

Manufacturer: Lynton  
Model: Lumina  
Serial Number: S/NLUM:005



**Laser Protection Advisor (LPA)**

Dr Andrew J Berry

**Laser Protection Supervisor (LPS)**

Bernadine Cunningham

**Medical Support Services**

Dr Ross Martin

**Authorised Users**

Bernadine Cunningham

Cathy Murphy

Brianan McBride

**Types of Treatment Provided**

Hair removal

Red-vein pigmentation

Skin rejuvenation

**3. Inspection Focus**

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

- Standard 4 – Dignity, Respect and Rights
- Standard 5 – Patient and Client Partnerships
- Standard 7 – Complaints
- Standard 48 – Laser and Intense Light Sources

Other areas inspected: Incidents, insurance arrangements and RQIA registration.

**4. Methods/Process**

Specific methods/processes used in this inspection include the following:

Prior to the inspection the following records were analysed: pre-inspection information and complaints return.

During the inspection the inspector met with Bernadine Cunningham registered person/manager and authorised user.

The following records were examined during the inspection:

- |                                  |                               |
|----------------------------------|-------------------------------|
| • Six client care records        | • Incident/accident records   |
| • Laser safety file              | • Local rules                 |
| • Laser risk assessment          | • Medical treatment protocols |
| • Policies and procedures        | • Equipment service records   |
| • Client feedback questionnaires | • Complaints records          |



## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the establishment was an announced care inspection dated 17 November 2014.

The completed QIP was returned and approved by the care inspector

### 5.2 Review of Requirements and Recommendations from the Last Care Inspection dated 17 November 2014

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 18(2)  <b>Stated:</b> First	The registered manager must ensure that the recently appointed authorised user undertakes basic life support training and provides evidence of same.  <b>Action taken as confirmed during the inspection:</b> There was written evidence all authorised users had undertaken basic life support training in the last year.	<b>Met</b>

### 5.3 Standard 4 – Dignity, Respect and Rights

#### Is Care Safe?

Discussion regarding the consultation and treatment process, with Ms Cunningham confirmed that clients' modesty and dignity is respected at all times. The consultation and treatment is provided in a private room with the client and authorised user present.

Observations confirmed that client care records were stored securely in a locked filing cabinet.

#### Is Care Effective?

It was confirmed through the above discussion and observation that clients are treated in accordance with the DHSSPS standards for Improving the Patient & Client Experience.

Clients meet with the authorised user undertaking the treatment and are fully involved in decisions regarding their treatment. Clients' wishes are respected and acknowledged by the establishment.

#### Is Care Compassionate?

Discussion with Ms Cunningham and review of six client care records confirmed that clients are treated and cared for in accordance with legislative requirements for equality and rights.





## Areas for Improvement

No areas for improvement were identified during the inspection.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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### 5.4 Standard 5 – Patient and Client Partnership

#### Is Care Safe?

Clients are asked for their comments in relation to the quality of treatment provided, information and care received.

The information from clients' comments are collected in an anonymised format, summarised and used by the establishment to make improvements to services.

#### Is Care Effective?

Younique Beauty Clinic obtains the views of clients and/or their representatives on a formal and informal basis as an integral part of the service they deliver.

The establishment issued feedback questionnaires to clients and 30 were returned and completed. Review of the completed questionnaires found that clients were highly satisfied with the quality of treatment, information and care received. Some comments from clients included:

- "I found my treatment was efficient with timekeeping and was explained thoroughly "
- "I will recommend this clinic to my friends"
- "The treatment was carried out very professionally"

The information received from the client feedback questionnaires is collated into an annual summary report which is made available to clients and other interested parties to read in the waiting area of the establishment.

It was confirmed through discussion that comments received from clients are reviewed by management and an action plan is developed and implemented to address any issues identified.

#### Is Care Compassionate?

Review of care records and discussion with Ms Cunningham confirmed that treatment and care are planned and developed with meaningful client involvement; facilitated and provided in a flexible manner to meet the assessed needs of each individual client.

## Areas for Improvement

No areas for improvement were identified during the inspection.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.5 Standard 7 - Complaints

### Is Care Safe?

No complaints have been recorded by the establishment since the last inspection. However, systems are in place to investigate and respond to complaints within 28 working days (in line with regulations) or if this is not possible, Ms Cunningham confirmed that complainants will be kept informed of any delays and the reason for this.

Discussion with Ms Cunningham confirmed that information from complaints is used to improve the quality of services.

### Is Care Effective?

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers. However, if there is considered to be a breach of regulation as stated in The Independent Health Care Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the establishment for completion.

The returned questionnaire indicated that no complaints have been received for the period 1 January 2014 to 31 March 2015.

The establishment operates a complaints policy and procedure in accordance with the DHSSPS guidance on complaints handling in regulated establishments and agencies and the legislation.

The registered person/manager demonstrated a good understanding of complaints management.

The complaints procedure is contained within the Client Guide; copies of which are available in the waiting area of the establishment for clients to read.

### Is Care Compassionate?

A copy of the complaints procedure is provided to clients and to any person acting on their behalf.

The complainant is notified of the outcome and action taken by the establishment to address any concerns raised.

### Areas for Improvement

No areas for improvement were identified during the inspection.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.6 Standard 48 - Laser and Intense Light Sources

### Is Care Safe?

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.

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 in October 2015. Ms Cunningham confirmed arrangements are in place to renew the LPA's appointment and forwarded written evidence of the renewed contract following inspection.

Laser procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Ross Martin in October 2015. Systems are in place to review the medical treatment protocols on an annual basis.

The medical treatment protocols set out:

- Indications
- Contraindications
- Technique
- Pre-treatment tests
- Pre-treatment care
- Post-treatment care
- Recognition of treatment related problems
- Procedure if anything goes wrong with the treatment
- Permitted variation on machine variables
- Procedure in the event of equipment failure

The establishment has local rules in place which have been developed by their LPA in October 2015

The local rules cover:

- The potential hazards associated with lasers
- Controlled and safe access
- Authorised operator's responsibilities
- Methods of safe working
- Safety checks
- Personal protective equipment
- Prevention of use by unauthorised persons
- Adverse incidents procedures

The LPS has overall responsibility for safety during laser treatments as recorded within the local rules.

A list of authorised users is maintained and authorised users have signed to state that they have read and understood the local rules and medical treatment protocols.



Clients are provided with written aftercare instructions following treatment.

The establishment's LPA completed a risk assessment of the premises in October 2015 and no recommendations were made.

The authorised users have completed training in core of knowledge and the safe use and application of the IPL equipment.

Review of the training records confirmed that all authorised users had also undertaken the following required mandatory training in line with RQIA guidance:

- Basic life support annually
- Fire safety annually
- Infection prevention and control annually

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

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 controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out.

When the IPL equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

Laser safety warning signs are displayed when the laser equipment is in use and removed when not in use, as described within the local rules.

Protective eyewear is available for the client and operator as outlined in the local rules.

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.

### **Is Care Effective?**

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





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); and
- Record of treatment delivered including number of shots and fluence settings (where appropriate).

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 22 December 2014 was reviewed as part of the inspection process.

A laser safety file is in place which contains all of the relevant information in relation to intense pulsed light equipment. It was advised to archive the information held in the laser safety file which is no longer current.

### **Is Care Compassionate?**

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.

### **Areas for improvement**

No areas of improvement were identified during this inspection.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.7 Additional Areas Examined**

### **5.7.1 Management of Incidents**

No adverse incidents have occurred within the establishment since registration with RQIA. However systems are in place to manage, document, fully investigate incidents and disseminate the outcomes.

### **5.7.2 RQIA Registration and Insurance Arrangements**

Discussion with Ms Cunningham regarding the insurance arrangements within the establishment confirmed that current insurance policies were in place. The certificate of RQIA registration was clearly displayed in the treatment room of the premises.

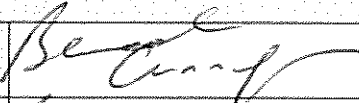



### Areas for Improvement

No areas for improvement were identified during the inspection.

Number of Requirements	0	Number Recommendations:	0
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### 6. No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager		Date Completed	30/12/15
Registered Person	BERNAJINE CUNNINGHAM	Date Approved	30/12/15
RQIA Inspector Assessing Response		Date Approved	<del>30/12/15</del> 31/1/16

Please provide any additional comments or observations you may wish to make below:

*\*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\**

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.