

Announced Follow Up Care Inspection Report 20 March 2019



Younique Beauty Clinic

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

Address: 26 Monaghan Street, Newry, BT35 6AA

Tel No: 0283026 7606

Inspector: Elizabeth Colgan

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 provider 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.

3.0 Service details

Registered organisation/registered person: Younique Beauty Clinic Mrs Bernadine Cunningham	Registered manager: Mrs Bernadine Cunningham
Person in charge of the establishment 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 announced follow up inspection took place on 20 March 2019 from 11.55 to 12.40. The focus of the inspection was to ascertain the progress made to address the areas of improvement identified as a result of the inspection on 30 November 2018.

The inspection on the 30 November 2018 identified five areas for improvement against the regulations and four areas for improvement against the standards. The follow up inspection of the 20 March 2019 identified that all areas for improvement had been addressed.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Bernadine Cunningham, registered person and authorised operator, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent care inspection dated 30 November 2018

Other than those actions detailed in the (quality improvement plan) QIP, no further actions were required to be taken following the most recent inspection on 30 November 2018.

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
- the returned QIP for the previous inspection

During the inspection the inspector met with Mrs Bernadine Cunningham, registered person.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 30 November 2018

The most recent inspection of the establishment was an announced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 30 November 2018

Areas for improvement from the last care inspection		
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: Second time	The registered person shall ensure that the authorised operator has undertaken training updates in core of knowledge and application training for each type of IPL treatment provided in keeping with RQIA training guidance. A record of this training should be retained and made available for inspection	Met

	<p>Action taken as confirmed during the inspection: Review of documentation confirmed that the authorised operator has undertaken training updates in core of knowledge and application training for each type of IPL treatment provided in keeping with RQIA training guidance. Training records were retained and available for inspection</p>	
<p>Area for improvement 2 Ref: Regulation 39 (2) Stated: First time</p>	<p>The registered person shall ensure that the laser safety file contains accurate and relevant information in relation to:</p> <ul style="list-style-type: none"> • the details of the current certified laser protection advisor (LPA) • a set of up to date local rules for the laser equipment in place • the details of a named medical practitioner • the medical treatment protocols in respect of the treatments offered 	Met
	<p>Action taken as confirmed during the inspection: Review of documentation confirmed that the laser safety file contained accurate and relevant information in relation to:</p> <ul style="list-style-type: none"> • details of the current certified laser protection advisor (LPA) • up to date local rules for the IPL equipment in place • full details of a named medical practitioner • the medical treatment protocols in respect of the treatments offered 	
<p>Area for improvement 3 Ref: Regulation 39 (1) Stated: First time</p>	<p>The registered person shall ensure that the medical treatment protocols are reviewed by a named medical practitioner and copies are retained.</p> <p>Action taken as confirmed during the inspection: Review of documentation confirmed that the medical treatment protocols had been reviewed by a named medical practitioner and copies were available for inspection.</p>	

<p>Area for improvement 4</p> <p>Ref: Regulation 39 (2)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a risk assessment has been completed by the laser protection advisor (LPA).</p> <p>Any recommendations made should be addressed and signed and dated on completion.</p>	<p style="text-align: center;">Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Review of documentation confirmed that a risk assessment has been completed by the laser protection advisor (LPA).</p> <p>It was also confirmed that any recommendation made had been addressed, signed and dated upon completion.</p>	
<p>Area for improvement 5</p> <p>Ref: Regulation 39 (2)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the protective eyewear provided is as outlined in the local rules.</p>	<p style="text-align: center;">Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Observation and review of documentation confirmed that the protective eyewear provided is as outlined in the local rules.</p>	
<p>Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)</p>		<p style="text-align: center;">Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 3.1</p> <p>Stated: Third time</p>	<p>The registered person shall 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 operators.</p>	<p style="text-align: center;">Met</p>

	<p>Action taken as confirmed during the inspection: Review of documentation confirmed that the establishment's adult safeguarding policy was reflective of the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and included onward referral details should an adult safeguarding issue arise had been updated. The updated policy had been signed as read and understood by the authorised operator.</p>	
<p>Area for improvement 2 Ref: Standard 1.1 Stated: First time</p>	<p>The registered person shall ensure that written information is available for clients in respect of pre and post treatment which outlines the treatment provided, any risks, complications and expected outcomes.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of documentation confirmed that written information was available for clients in respect of pre and post treatment which outlined the treatment provided, any risks, complications and expected outcomes.</p>	
<p>Area for improvement 3 Ref: Standard 5.1 Stated: First time</p>	<p>The registered person shall ensure that any feedback provided by clients in the client satisfaction survey should be collated into an anonymised format, summarised and used to inform and improve services provided.</p> <p>The summary report should be made available to clients and other interested parties.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of documentation confirmed that feedback provided by clients in the client satisfaction survey had been collated into an anonymised format and was available for any interested party. Mrs Cunningham confirmed that feedback would be taken into account to improve services as appropriate.</p>	

Area for improvement 4 Ref: Standard 19.5 Stated: Second time	The registered person shall ensure that policies and procedures are reviewed and updated as necessary.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that policies and procedures were reviewed and updated where required. Mrs Cunningham confirmed that policies and procedures will be reviewed annually.	

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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