

Announced Care Inspection Report 21 November 2017



Younique Beauty Clinic

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

Address: 26 Monaghan Street, Newry BT35 6AA

Tel No: 0283026 7606

Inspector: Winifred Maguire

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

This is an Independent Hospital (IH) providing a cosmetic IPL Service.

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 operators: Mrs Bernadine Cunningham, Ms Cathy Murphy

Types of treatment provided: Hair removal, red vein pigmentation, 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 announced inspection took place on 21 November 2017 from 10.00 to 12.30.

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, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The inspection assessed progress with any areas for improvement identified during and 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 relate to most of the IPL safety arrangements ; the arrangements for managing medical emergencies; completion of client records; the environment; infection prevention and control; effective communication between clients and staff; 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.

One area requiring improvement was identified against the regulations in relation to authorised operators undertaking mandatory training and retaining records to evidence same. This matter was identified on the previous inspection as an area of improvement against the standards; however it had not been fully addressed and has now been identified as an area of improvement against the regulations.

Six areas of improvement have been identified against the standards. These include: updating the adult safeguarding policy, this matter is stated for a second time; reviewing the local rules and risk assessment; reviewing the medical treatment protocols; reviewing and updating policies and procedures; confirming that the Information Commissioner's Office (ICO) has been contacted in relation to the establishing if there is a need to register with them; and to re-establish the client satisfaction survey.

All clients who submitted questionnaire responses indicated that they were very satisfied with the care and services provided.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	6

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.

4.2 Action/enforcement taken following the most recent care inspection dated 10 January 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 10 January 2017.

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 returned QIP from the previous care inspection
- the previous care inspection report
- submitted complaints declaration

Questionnaires were provided to clients and staff prior to the inspection by the establishment on behalf of RQIA. Returned completed clients questionnaires were also analysed prior to the inspection. There were no returned staff questionnaires.

A poster informing clients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mrs Bernadine Cunningham, registered person, who is also an authorised operator.

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

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 the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 10 January 2017

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 10 January 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 48.12</p> <p>Stated: First time</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>	<p>Not met</p>

	<p>Action taken as confirmed during the inspection: Review of the training records indicated that the authorised operators did not have evidence of up to date training in relation to all aspects of mandatory training as outlined above. Also there was no record of IPL safety awareness training for staff not directly involved in the IPL service. This is further discussed in section 6.4 of this report.</p> <p>An area of improvement against the regulations has been identified on this matter.</p>	
<p>Area for improvement 2 Ref: Standard 3.1 Stated: First time</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 operators.</p> <p>Action taken as confirmed during the inspection: The regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) was available and it had been signed as read and understood by the authorised operators. However the establishment's Adult safeguarding policy had not been updated in line with the regional guidance and it did not include onward referral details should an adult safeguarding issue arise.</p> <p>This area of improvement has been stated for a second time</p>	<p>Partially met</p>

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

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

It was confirmed that IPL treatments are only carried out by authorised operators. A register of authorised operators for the IPL is maintained and kept up to date.

No authorised operators have been appointed since the previous inspection. Mrs Cunningham confirmed an induction programme will be provided to new staff on commencement of employment.

A review of training records evidenced the following; one of the authorised operators had core of knowledge training in September 2013, an update on application training for the IPL equipment in use in March 2011 and a certificate in basic life support that expires 2020. There were no available training records for the other authorised operator. However, Mrs Cunningham confirmed this authorised operator did have core of knowledge training and application training for the equipment in use. It was discussed with Mrs Cunningham that it is required to have evidence that authorised operators have undertaken up to date training in core of knowledge, application training for the equipment in use, basic life support, infection prevention and control, fire safety and adult safeguarding.

Mrs Cunningham confirmed that all other staff employed at the establishment, but not directly involved in the use of the IPL equipment, had received laser safety awareness training. However there was no record of this training. This matter had been identified as an area of improvement against the standards on the last inspection and has not been fully addressed. To focus attention and ensure compliance on this matter, an area of improvement against the regulations has been identified in relation to undertaking mandatory training and maintaining training records which are available for inspection.

Recruitment and selection

As stated previously, 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 have been developed to ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 will be sought and retained for inspection.

A recruitment policy and procedure was in place, advice was given on minor amendments. Mrs Cunningham confirmed this policy would be amended as part of the overall review of policies and procedures.

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 and confirmed she is the nominated safeguarding lead within the establishment.

As previously stated the adult safeguarding policy was not in accordance with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015) and did not include onward referral details should an adult safeguarding issue arise. An area of improvement against the standards has been identified for a second time on this matter.

As stated previously the authorised operators have not undertaken formal adult safeguarding training. They signed that they have read and understood the regional guidance as outlined above. Mrs Cunningham confirmed she will arrange adult safeguarding training in line with her role as adult safeguarding lead in the establishment. This matter is included in the area of improvement against the regulations identified in relation to mandatory training.

IPL safety

A laser safety file was in place which contained all of the relevant information in relation to IPL equipment. It was advised this file should be decluttered and out of date documentation should be appropriately archived.

There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA) which is reviewed on an annual basis. Mrs Cunningham confirmed she intended to appoint a different LPA who would provide a wider range of support to her in relation to the IPL service.

IPL procedures are carried out by trained operators in accordance with medical treatment protocols produced by Dr Ross Martin in 2015. There was also a second set of medical treatment protocols dated 2014. As stated previously it was advised only current information is held in the laser safety file. The medical treatment protocols contained the relevant information pertaining to the treatments being provided. However they had exceeded their review date. An area of improvement against the standards was identified on this matter.

Local rules were in place which has been developed by the LPA. The local rules contained the relevant information pertaining to the IPL equipment being used. However they had exceeded their review date. There was also another set of out of date local rules in the laser safety file. As stated previously, only current documentation should be held in the laser safety file and out of date documentation should be appropriately archived.

The establishment's LPA had completed a risk assessment of the premises which was due for review. An area of improvement against the standards was identified in relation to reviewing the local rules and the risk assessment.

The laser protection supervisor (LPS) has overall responsibility for safety during IPL treatments and a list of authorised users is maintained. Authorised operators 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 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 31 October 2017 was reviewed as part of the inspection process.

Management of emergencies

As discussed, only one authorised operator had evidence of up to date training in basic life support. This matter is included within the area of improvement against the regulations in relation to mandatory training.

Discussion with Mrs Cunningham confirmed she was 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. As discussed previously, the authorised operators did not have evidence of up to date training in infection prevention and control. This matter is included within the area of improvement against the regulations in relation to mandatory training.

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.

Client and staff views

Three clients submitted questionnaire responses. All indicated that they felt safe and protected from harm and were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

As stated previously there were no staff questionnaire responses returned to RQIA.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to supervision and appraisal, management of emergencies and the environment.

Areas for improvement

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

An adult safeguarding policy should be devised 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 medical treatment protocols should be reviewed.

The local rules and the risk assessment should be reviewed.

	Regulations	Standards
Total number of areas for improvement	1	3

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.

Four 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)

It was noted that on a number of occasions the client records had been not been completed in black ink. Mrs Cunningham confirmed she would include this in the client record audit.

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 she had not yet contacted the Information Commissioners Office (ICO) to ascertain if the establishment required to be registered with them. An area of improvement against the standards was identified in relation to this matter

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.

The establishment has a policy for advertising and marketing which is in line with legislation.

Client 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 and were very satisfied with this aspect of care. No comments were included in submitted questionnaire responses.

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

Contact the ICO to ascertain if the establishment requires to be registered with them.

	Regulations	Standards
Total number of areas for improvement	0	1

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 in a locked filing cabinet.

Mrs Cunningham confirmed that a client satisfaction survey had not been carried out by the establishment in the last year due to a misunderstanding in relation to the provision of RQIA client questionnaires as part of the inspection process. An area of improvement against the standards was identified on this matter.

Client 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 and were very satisfied with this aspect of care. The following comment was provided:

- “Very much.”

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

Re-establish the client satisfaction survey.

	Regulations	Standards
Total number of areas for improvement	0	1

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

There was a clear organisational structure within the establishment and authorised operators were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. It was confirmed that there were good working relationships and the management were responsive to any suggestions or concerns raised. Arrangements were in place to facilitate annual staff appraisal. Mrs Cunningham is the nominated individual with 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 and dated. The policies and procedures had exceeded the review date. An area of improvement against the standards was identified on this matter.

A copy of the complaints procedure was available in the establishment. Discussion with Mrs Cunningham demonstrated 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 2016 to 31 March 2017.

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. 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. It was confirmed that if required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process. Mrs Cunningham recognised that a number of issues relating to the IPL service had arisen resulting in areas of improvement been identified. She gave assurances that with the appointment of a new LPA to provide a wider range of support, these issues would be dealt with and the governance arrangements would be strengthened.

A whistleblowing/raising concerns policy was available. Discussion with Mrs Cunningham 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. It was confirmed that 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 views

All clients who submitted questionnaire responses indicated that they felt that the service is well managed and were very satisfied with this aspect of the service. The following comment was provided:

- "Yes very."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

Policies and procedures should be reviewed and updated as necessary.

	Regulations	Standards
Total number of areas for improvement	0	1

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 IPL service. 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, 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 (DHSSPS) 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: 21 February 2018	The registered person shall ensure that the authorised operators have undertaken training including, core of knowledge, application training for each type of IPL treatment provided, basic life support, infection prevention and control, fire safety and adult safeguarding; and IPL safety awareness training for staff not directly involved in the IPL service. A record of this training should be retained and made available for inspection. Ref: 6.4 Response by registered person detailing the actions taken: my core of knowledge is due updating during the summer other training for staff is up to date now.

Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)	
Area for improvement 1 Ref: Standard 3.1 Stated: Second time To be completed by: 27 January 2018	<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>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: this has been done</p>
Area for improvement 2 Ref: Standard 48.4 Stated: First time To be completed by: 27 January 2018	<p>The registered person shall ensure that the medical treatment protocols are reviewed.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: this are going to be reveiwed and renewed in summer 18</p>
Area for improvement 3 Ref: Standard 48.11 Stated: First time To be completed by: 27 January 2018	<p>The registered person shall ensure that the local rules and the risk assessment are reviewed.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: these are going to be renewed during summer 18</p>
Area for improvement 4 Ref: Standard 8.5 Stated: First time To be completed by: 27 January 2017	<p>The registered person shall contact the ICO to ascertain if the establishment requires to be registered with them.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: this is done</p>
Area for improvement 5 Ref: Standard 5.1 Stated: First time To be completed by: 27 February 2018	<p>The registered person shall re-establish the client satisfaction survey.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: this is done</p>

<p>Area for improvement 6</p> <p>Ref: Standard 19.5</p> <p>Stated: First time</p> <p>To be completed by: 27 February 2018</p>	<p>The registered person shall ensure that policies and procedures are reviewed and updated as necessary.</p> <p>Ref 6.7</p>
	<p>Response by registered person detailing the actions taken: these are going to be reviewed and renewed in summer 18</p>

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews