

Announced Care Inspection Report 30 November 2018



Younique Beauty Clinic

**Type of Service: Independent Hospital (IH) –
Cosmetic Laser- Intense Pulse Light (IPL) Service
Address: 26 Monaghan Street, Newry BT35 6AA
Tel No: 0283026 7606
Inspector: Norma Munn**

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 is registered as an Independent Hospital (IH) with the following category of care: Prescribed techniques or prescribed technology: establishments using intense light sources PT (IL). The establishment provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using an intense pulse light (IPL) machine that fall within regulated activity and the category of care for which the establishment is registered with RQIA.

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 operator:

- Mrs Bernadine Cunningham

Types of treatments provided:

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

3.0 Service details

Organisation/Registered Provider: Younique Beauty Clinic 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 30 November 2018 from 09.50 to 12.15.

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 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 included the arrangements for managing medical emergencies; clinical records; the environment; maintaining client confidentiality and ensuring the core values of privacy and dignity were upheld.

During this inspection a number of the areas for improvement which had been identified during the previous inspection had not been addressed.

One area for improvement made previously against the regulations in relation to staff training has been stated for a second time and two areas for improvement made previously against the standards in relation to laser safety have not been addressed and areas for improvement against the regulations have now been made. Two additional areas for improvement against the regulations in relation to laser safety have been made.

One area for improvement against the standards has been stated for a third time in relation to updating the safeguarding policy and one area for improvement against the standards has been stated for a second time in relation to reviewing other policies and procedures. Two additional areas for improvement against the standards have been made in relation to providing written information for clients and patient satisfaction surveys.

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	5	4

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 21 November 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 21 November 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:

- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report
- the returned QIP from the previous care inspection

Questionnaires were provided to clients prior to the inspection by the establishment on behalf of RQIA. Returned completed clients questionnaires were analysed prior to the inspection.

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

During the inspection the inspector met with Mrs Cunningham, registered person and authorized 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 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 21 November 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 21 November 2017

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: First time	<p>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.</p>	Partially met
	<p>Action taken as confirmed during the inspection: Mrs Cunningham is the only authorised operator. A review of Mrs Cunningham's training records evidenced up to date training in basic life support, infection prevention and control, fire safety and safeguarding of adults in keeping with the RQIA training guidance. However, there was no evidence that training had been updated in core of knowledge and application training for the equipment in use. Mrs Cunningham confirmed that this training had been undertaken previously but not updated. This area for improvement has not been fully addressed and the unaddressed component has been stated for a second time.</p>	
Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area for improvement 1 Ref: Standard 3.1 Stated: Second time	<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>	Not met

	<p>Action taken as confirmed during the inspection: During the inspection Mrs Cunningham provided two safeguarding policies for review. One of the safeguarding policies did not relate to Younique Beauty Clinic. The other policy was confirmed as the establishment's adult safeguarding policy however this policy had not been updated in accordance with the regional guidance. This area for improvement has not been addressed and has been stated for a third time.</p>	
<p>Area for improvement 2 Ref: Standard 48.4 Stated: First time</p>	<p>The registered person shall ensure that the medical treatment protocols are reviewed.</p> <p>Action taken as confirmed during the inspection: A review of documentation identified two sets of medical treatment protocols which had been produced by two different medical practitioners. On enquiry Mrs Cunningham was unsure which medical treatment protocols contained the relevant information pertaining to the treatments being provided. Mrs Cunningham confirmed that the medical treatment protocols had not been reviewed. This area for improvement has not been addressed and an area for improvement against the regulations has been made.</p>	<p>Not met</p>
<p>Area for improvement 3 Ref: Standard 48.11 Stated: First time</p>	<p>The registered person shall ensure that the local rules and the risk assessment are reviewed.</p> <p>Action taken as confirmed during the inspection: Discussion with Mrs Cunningham and a review of the local rules and risk assessment confirmed that they had not been reviewed since October 2014. This area for improvement has not been addressed and an area for improvement against the regulations has been made.</p>	<p>Not met</p>
<p>Area for improvement 4 Ref: Standard 8.5 Stated: First time</p>	<p>The registered person shall contact the ICO to ascertain if the establishment requires to be registered with them.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: Mrs Cunningham confirmed that she had registered with the information commissioner office (ICO) however a record had not been retained. Following the inspection RQIA received evidence to confirm that the establishment is registered with the ICO.</p>	
<p>Area for improvement 5 Ref: Standard 5.1 Stated: First time</p>	<p>The registered person shall re-establish the client satisfaction survey.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: Mrs Cunningham confirmed that client satisfaction surveys had recently been carried out by the establishment. However these had not been dated or collated to provide a summary report. This was discussed and Mrs Cunningham was advised to ensure that questionnaires are dated and a summary report is developed with an action plan to inform and improve services provided, if appropriate. A separate area for improvement against the standards has been made.</p>	
<p>Area for improvement 6 Ref: Standard 19.5 Stated: First time</p>	<p>The registered person shall ensure that policies and procedures are reviewed and updated as necessary.</p>	<p>Not met</p>
	<p>Action taken as confirmed during the inspection: Two sets of policies and procedures were available to review. It was identified that one set did not relate to Yunique Beauty Clinic. The policies and procedures that did relate to the establishment had exceeded the review dates. This area for improvement has not been addressed and has been stated for a second time.</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

Mrs Cunningham confirmed that she is the only authorised operator providing IPL treatments in Younique Beauty Clinic. Mrs Cunningham was advised to update the register of authorised operators to reflect that she is the only authorised operator. During the inspection Mrs Cunningham amended the register and agreed to ensure that the register 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.

As discussed, a review of training records evidenced that Mrs Cunningham has up to date training in basic life support, infection prevention and control, fire safety and safeguarding of adults in keeping with the RQIA training guidance. IPL safety awareness training for staff not directly involved in the IPL service has also been undertaken. However, there was no evidence that training had been updated in core of knowledge and application training for the equipment in use in respect of the authorised operator. An area for improvement against the regulations has been made for a second time.

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.

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).

As discussed, Mrs Cunningham confirmed that she had not updated the establishment's adult safeguarding policy in accordance with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015). This was discussed with Mrs Cunningham and an area for improvement against the standards has been made for a third time.

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.

Laser/IPL safety

The laser safety file reviewed did not contain relevant information in relation to the laser protection advisor (LPA), the local rules, the medical treatment protocols or the medical support services. During the previous inspection it was suggested that the IPL safety file was de-cluttered to ensure current documentation is easily accessible. This had not been actioned and Mrs Cunningham was advised to review the laser safety file to ensure it contains accurate and relevant information. On enquiry, Mrs Cunningham was unsure of the name of the LPA and the name of the medical practitioner in respect of Yunique Beauty Clinic. Following the inspection RQIA received evidence that Dr Andrew Berry is the appointed LPA and Dr Ross Martin is the medical practitioner. An area for improvement against the regulations has been made.

Written confirmation of the appointment of a certified LPA was submitted to RQIA following the inspection. The service level agreement between the establishment and the LPA expires on 02 December 2019.

Mrs Cunningham confirmed that IPL procedures are carried out in accordance with medical treatment protocols. However, there were two sets of medical treatment protocols available to review. One was produced by Dr Ross Martin dated 2015 and the other set was produced by a different medical practitioner. On enquiry Mrs Cunningham was unsure which treatment protocols were pertaining to the treatment being provided. As stated previously, it was advised that only current information is held in the laser safety file. The medical treatment protocols that had been produced by Dr Ross Martin had exceeded their review date and this issue had been identified during the previous inspection. An area for improvement against the regulations has been made.

Discussion with Mrs Cunningham and a review of the documentation completed by the LPA confirmed that a risk assessment had not been completed since October 2014. This issue had been identified during the previous inspection. An area for improvement against the regulations has been made.

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. Protective eyewear was available for the client and operator. Mrs Cunningham confirmed that she had purchased new protective eyewear and was unable to confirm that the new protective eyewear is as outlined in the local rules. It was advised that Mrs Cunningham contacts the LPA in relation to this and an area for improvement against the regulations has been made.

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.

Management of emergencies

As discussed, the authorised operator has up to date training in basic life support. 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. It was advised that the room is decluttered to ensure that effective cleaning can take place. Mrs Cunningham confirmed that appropriate procedures were in place for the decontamination of equipment between use however, the protective eyewear used by the authorised operator was not clean. This was discussed and Mrs Cunningham gave assurances that these would be cleaned in between treatments. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, Mrs Cunningham has up to date training in infection prevention and control.

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 was 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 the management of emergencies and the environment.

Areas for improvement

The adult safeguarding policy should be reviewed and updated in accordance with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' (July 2015).

The authorised operator should undertake 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.

The laser safety file should contain accurate and relevant information.

The medical treatment protocols should be reviewed by a named registered medical practitioner and copies retained.

A risk assessment should be completed by the LPA and any recommendations made should be addressed and signed and dated on completion.

Ensure that the protective eyewear provided is as outlined in the local rules.

	Regulations	Standards
Areas for improvement	5	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Care pathway

Mrs Cunningham confirmed that clients are provided with an initial consultation to discuss their treatment and any concerns they may have. However, written information was not available for clients in respect of pre and post treatment which outlines the treatment provided, any risks, complications and expected outcomes. This was discussed with Mrs Cunningham and an area for improvement against the standards has been made.

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

Mrs Cunningham confirmed that the establishment is registered with the ICO. However, as discussed the ICO registration certificate was not available to review. Following the inspection RQIA received a copy of the up to date ICO registration certificate.

Communication

Although there is no written information for clients Mrs Cunningham confirmed that she verbally provides a clear explanation of any treatment and includes effects, side-effects, risks, complications and expected outcomes.

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.

Areas of good practice

There were examples of good practice found in relation to the management of clinical records.

Areas for improvement

Written information should be available for clients in respect of pre and post treatment which outlines the treatment provided, any risks, complications and expected outcomes.

	Regulations	Standards
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 verbally 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.

Mrs Cunningham confirmed that client satisfaction surveys had recently been carried out by the establishment. However these 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.

As discussed, the completed questionnaires had not been dated and Mrs Cunningham was advised to ensure that any client questionnaires received in the future are dated to evidence that client satisfaction surveys are carried out annually.

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.

Areas for improvement

Feedback provided by clients should be collated into an anonymised format, summarised and used to inform and improve services provided. The summary report should be made available to clients and other interested parties.

	Regulations	Standards
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

Mrs Cunningham is the nominated individual with overall responsibility for the day to day management of the service.

Two sets of policies and procedures were available to review. It was identified that one set of policies and procedures did not relate to Younique Beauty Clinic. This was discussed with Mrs Cunningham. The policies and procedures that did relate to the establishment had exceeded the review dates. This issue had been identified during the previous inspection. An area for improvement against the standards has been stated for a second time.

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

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 in relation to complaints management.

Areas for improvement

Policies and procedures should be reviewed at least three yearly and updated as necessary.

	Regulations	Standards
Areas for improvement	0	1

6.8 Equality data

Equality data

The arrangements in place in relation to the equality of opportunity for clients and the importance of 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

Five clients submitted questionnaire responses to RQIA. All of the clients indicated that they felt their care was safe, effective, that they were treated with compassion, that the service was well led and were very satisfied with each of these areas of their care.

Comments included in the submitted questionnaire responses are as follows:

- “Very happy with my treatment in Younique.”
- “Very professional establishment.”
- “All good.”
- “Very professional.”

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 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 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: Second time To be completed by: 30 December 2018	<p>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</p> <p>Ref: 6.2 and 6.4</p> <p>Response by registered person detailing the actions taken: THIS HAS BEEN UPDATED AND COPIES OF CERT SENT ON TO RQIA</p>
Area for improvement 2 Ref: Regulation 39 (2) Stated: First time To be completed by: 30 December 2018	<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 protect 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 <p>Ref: 6.2 and 6.4</p> <p>Response by registered person detailing the actions taken: THIS HAS BEEN UPDATED AND EVIDENCE SENT TO RQIA</p>
Area for improvement 3 Ref: Regulation 39 (1) Stated: First time To be completed by: 30 December 2018	<p>The registered person shall ensure that the medical treatment protocols are reviewed by a named medical practitioner and copies are retained.</p> <p>Ref: 6.2 and 6.4</p> <p>Response by registered person detailing the actions taken: THIS HAS BEEN DONE AND SENT TO RQIA</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 39 (2)</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2018</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>Ref: 6.2 and 6.4</p>
	<p>Response by registered person detailing the actions taken: THIS HAS BEEN UPDATED</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 39 (2)</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2018</p>	<p>The registered person shall ensure that the protective eyewear provided is as outlined in the local rules.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: IT HAS BEEN UPDATED</p>
<p>Action required to ensure compliance with The Minimum Care Standards for Healthcare Establishments (July 2014)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 3.1</p> <p>Stated: Third time</p> <p>To be completed by: 30 January 2019</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>Ref: 6.2 and 6.4</p>
	<p>Response by registered person detailing the actions taken: THIS HAS BEEN DONE AND SENT ON TO RQIA</p>
<p>Area for improvement 2</p> <p>Ref: Standard 1.1</p> <p>Stated: First time</p> <p>To be completed by: 30 January 2019</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> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: THIS HAS BEEN DONE</p>

<p>Area for improvement 3</p> <p>Ref: Standard 5.1</p> <p>Stated: First time</p> <p>To be completed by: 30 January 2019</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> <p>Ref: 6.2 and 6.6</p>
<p>Area for improvement 4</p> <p>Ref: Standard 19.5</p> <p>Stated: Second time</p> <p>To be completed by: 30 January 2019</p>	<p>Response by registered person detailing the actions taken: TIS SUMMARY HAS BEEN COMPLETED</p> <p>The registered person shall ensure that policies and procedures are reviewed and updated as necessary.</p> <p>Ref: 6.2 and 6.7</p> <p>Response by registered person detailing the actions taken: THEY HAVE BEEN UPDATED</p>

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



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