Inspection Report

23 July 2025

Younique Aesthetics Ltd

Type of service: Independent Hospital-Cosmetic Laser\Intense Pulsed Light
Address: 5 Monaghan Court, Monaghan Street, Newry, Down, BT35 6BH
Telephone number: 028 3025 6254

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/ The Independent Health Care Regulations (Northern Ireland) 2005 and Minimum Care Standards for Independent Healthcare Establishments (July 2014)

1.0 Service information

Organisation/Provider: Younique Aesthetics Ltd **Responsible Individual:** Mrs Aine Larkin	**Registered Manager:** Mrs Aine Larkin **Date registered:** 13 February 2018
Person in charge at the time of inspection: The Laser protection supervisor	
Categories of care: Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L) and Prescribed techniques or prescribed technology: establishments using intense light sources PT(IL)	
Brief description of how the service operates: Younique Aesthetics Ltd is registered with the Regulation and Quality Improvement Authority (RQIA) as an Independent Hospital (IH) with the following categories of care: PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers and PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources. Younique Aesthetics Ltd also provides a range of cosmetic and aesthetic treatments. This inspection focused solely on those treatments using a Class 4 laser and an intense pulse light (IPL) machine that fall within regulated activity and the categories of care for which the establishment is registered with RQIA. As the training academy offers a VTCT level 4 certificate in laser and IPL treatments using the laser and IPL equipment located in the Younique Aesthetic Ltd treatment rooms, this area was also reviewed. **Equipment available in the service:** **Laser equipment:** Manufacturer: Lumenis Model: Lightsheer Desire Serial Number: 70132 Laser Class: Class 4 Wavelength: 790-830 **IPL equipment:** Manufacturer: Venus concept Model: Versa Serial Number: CCIC16004	

Type of laser treatments provided:
Hair removal

Types of IPL treatments provided:
Hair removal
Skin rejuvenation
Acne
Vascular

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 23 July 2025 from 10.00 am to 12.45 pm.

The purpose of the inspection was to assess progress with areas for improvement identified during the last care inspection and to assess compliance with the legislation and minimum standards.

There was evidence of good practice concerning staff recruitment; authorised operator training; safeguarding; laser and IPL safety; management of medical emergencies; infection prevention and control (IPC).

Additional areas of good practice identified included 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 for improvement in relation to ensuring each client's general practitioner (GP) details are recorded within the client's record was assessed as not met and has been stated for the second time.

No immediate concerns were identified regarding the delivery of front line client care.

3.0 How we inspect

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The inspection was facilitated by a member of staff who is the laser protection supervisor (LPS) and an authorised operator at Younique Aesthetics Ltd.

The information obtained is then considered before a determination is made on whether the establishment is operating in accordance with the relevant legislation and minimum standards. Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the quality improvement plan (QIP).

4.0 What people told us about the service

Clients were not present on the day of the inspection and client feedback was assessed by reviewing the most recent client satisfaction surveys completed by Younique Aesthetics Ltd. This matter is discussed further in section 5.2.9.

Posters were issued to Younique Aesthetics Ltd by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire.

Four clients submitted questionnaire responses. Three responses indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. These clients indicated that they were very satisfied with each of these areas of their care. One client indicated a level of dissatisfaction however this patient's feedback did not include comments. Three responses included positive comments regarding the efficient and pleasant service provided.

Four staff submitted questionnaire responses. Responses indicated that they felt client care was safe, effective, that clients were treated with compassion and that the service was well led. All responses indicated that they were either satisfied or very satisfied with each of these areas of client care. Two responses included positive comments regarding the training, support and environment.

One visiting professional response was received. The visiting professional indicated that they felt patient care was safe, effective and that patients were treated with compassion and that the service was well led and included positive comments regarding the professional and friendly service provided.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

<table>
<tr><th colspan="3">Areas for improvement from the last inspection on 23 May 2023</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 21 (3) (a)
Schedule 3 part II 1 (C)

Stated: First time</td><td>The responsible individual shall ensure that client care records include the name, address and telephone number of the client's general practitioner.</td><td rowspan="2">Not met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
The area for improvement has been assessed as not met and has been stated for a second time. Further detail is provided in section 5.2.8</td></tr>
</table>

Area for improvement 2 **Ref: Regulation 21(3)(b)** **Stated: First time**	The responsible individual shall ensure that client care records are retained and available for inspection.	**Met**
	Action taken as confirmed during the inspection: The area for improvement has been assessed as met, further detail is provided in section 5.2.8	
Action required to ensure compliance with Minimum Care Standards for Independent Healthcare Establishments (July 2014)		**Validation of compliance**
Area for improvement 1 **Ref: Standard 48.10** **Stated: First time**	The responsible individual shall ensure that client treatment records are maintained at all times.	**Met**
	Action taken as confirmed during the inspection: The area for improvement has been assessed as met, further detail is provided in section 5.2.8	

5.2 Inspection outcome

5.2.1 How does this service ensure that staffing levels are safe to meet the needs of clients and staff are suitably trained?

The LPS told us there are sufficient staff in the various roles to fulfil the needs of the establishment and clients.

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

The LPS confirmed that an induction programme and training will be provided to newly recruited authorised operators on commencement of employment.

A review of training records evidenced that authorised operators have up to date training in core of knowledge training, application training for the equipment in use, basic life support, IPC, fire safety awareness and safeguarding adults at risk of harm in keeping with the RQIA training guidance.

Discussions with the LPS identified that other staff employed at the establishment, but not directly involved in the use of the laser and IPL equipment, had not received laser safety awareness training. Advice and guidance was provided to the LPS and following the inspection evidence was provided to the RQIA that this matter had been addressed.

As a result of actions taken following the inspection it was determined that appropriate staffing levels were in place to meet the needs of clients and that staff are suitably trained.

5.2.2 How does the service ensure that recruitment and selection procedures are safe?

Recruitment and selection policies and procedures were in place, which adhered to legislation and best practice guidance for the recruitment of authorised operators.

There have been no authorised operators recruited since the previous inspection. During discussion the LPS confirmed that should authorised operators be recruited in the future all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

It was determined that the recruitment of authorised operators complies with the legislation and best practice guidance.

5.2.3 How does the service ensure that it is equipped to manage a safeguarding issue should it arise?

The LPS stated that laser and IPL treatments are not provided to persons under the age of 18 years.

A policy and procedure was in place for the safeguarding and protection of adults and children at risk of harm. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise.

Discussion with the LPS confirmed that she 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 the safeguarding lead has completed formal level two training in safeguarding adults and children in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and minimum standards / the Safeguarding Board for Northern Ireland (SBNI) Child Safeguarding Learning and Development Strategy and Framework 2020 – 2023 (July 2021).

It was confirmed that a copies of the regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) and regional policy entitled Co-operating to Safeguard Children and Young People in Northern Ireland (November 2024) were available for reference.

It was determined that the service had appropriate arrangements in place to manage a safeguarding issue should it arise.

5.2.4 How does the service ensure that medical emergency procedures are safe?

The LPS confirmed all authorised operators had up to date training in basic life support and confirmed authorised operators were aware of what action to take in the event of a medical emergency.

There was a written protocol in place for dealing with recognised medical emergencies.

It was determined that the service had appropriate arrangements in place to manage a medical emergency.

5.2.5 How does the service ensure that it adheres to infection prevention and control (IPC) and decontamination procedures?

The IPC arrangements were reviewed throughout the establishment to evidence that the risk of infection transmission to clients, visitors and staff was minimised.

There was an overarching IPC policy and associated procedures in place. A review of these documents demonstrated that they were comprehensive and reflected legislation and best practice guidance.

The laser and IPL treatment room was clean and clutter free. Discussion with the LPS 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. Cleaning schedules for the establishment were in place. As discussed previously authorised operators had up to date training in IPC.

The LPS is aware that the Department of Health (DOH) and Public Health Agency (PHA) websites provide advisory information, guidance and alerts with regards to IPC.

It was determined that the service had appropriate arrangements in place in relation to IPC and decontamination.

5.2.6 How does the service ensure the environment is safe?

The premises were maintained to a good standard of maintenance and décor.

Observations made evidenced that a carbon dioxide (CO2) fire extinguisher is available which has been serviced within the last year.

It was confirmed that the fire risk assessment had been reviewed since the previous inspection.

It was determined that appropriate arrangements were in place to maintain the environment.

5.2.7 How does the service ensure that laser and IPL procedures are safe?

A laser safety file was in place which contained the relevant information in relation to laser and IPL equipment. There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA) which is reviewed on an annual basis.

Up to date, local rules were in place which have been developed by the LPA. Two sets of local rules were in place; one for the laser equipment and one for the IPL equipment. The local rules contained the relevant information about the laser and IPL equipment being used.

The establishment's LPA completed a risk assessment of the premises and all recommendations made by the LPA have been addressed.

The LPS confirmed that laser and IPL procedures are carried out following medical treatment protocols. The medical treatment protocols had been produced by a named registered medical practitioner. It was demonstrated that the protocols contained the relevant information about the treatments being provided and are due to expire during August 2025. It was established that systems are in place to review the medical treatment protocols when due. It was identified that the treatment protocols had not been signed by the authorised operators. Advice and guidance was provided to the LPS and following the inspection RQIA received evidence that this matter had been addressed.

The LPS is aware she has overall responsibility for safety during laser and IPL treatments and maintains a list of authorised operators. All authorised operators, with the exception of one, had signed to state that they had read and understood the local rules. Advice and guidance was provided to the LPS and following the inspection RQIA received evidence that this matter had been addressed.

When the laser and 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 laser and 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.

The door to the treatment room is locked when the laser and IPL equipment is in use but can be opened from the outside in the event of an emergency. Authorised operators were aware that the laser safety warning signs should only be displayed when the laser and IPL equipment is in use and removed when not in use.

The laser and IPL equipment is operated using a keypad code. Arrangements are in place for the safe custody of the keypad code when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

Younique Aesthetics Ltd has a laser and IPL register, this register has two distinct sections to differentiate between laser and IPL treatments.

The LPS told us authorised operators complete the relevant section of the registers every time the equipment is operated.

The registers reviewed included:

- 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 laser and IPL equipment in line with the manufacturer's guidance. The most recent service report of the laser and IPL equipment were reviewed.

As a result of actions taken following the inspection it was determined that that appropriate arrangements were in place to operate the laser and IPL equipment.

5.2.8 How does the service ensure that clients have a planned programme of care and have sufficient information to consent to treatment?

The LPS confirmed that clients are provided with an initial consultation to discuss their treatment and any concerns they may have. There is written information for clients that provides a clear explanation of any treatment and includes pre and post treatment information.

The service has a list of fees available for each laser and 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.

Observations made evidenced that client records are securely stored and client consultations and treatment records were available for inspection.

During the initial consultation each client's personal information is recorded and clients are asked to complete a health questionnaire. It was identified that the GP details had not been recorded in keeping with legislative requirements. This was discussed with the LPS and an area for improvement in relation to recording the client's GP details was assessed as not met and has been stated for a second.

Three 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)

A policy and procedure was available which included the creation, storage, recording, retention and disposal of records and data protection.

The service has a policy for advertising and marketing.

Addressing the area for improvement will strengthen the arrangements in place to ensure clients GP details are recorded and maintained on file should they require to be contacted.

5.2.9 How does the service ensure that clients are treated with dignity, respect and are involved in the decision making process?

Discussion with the LPS regarding the consultation and treatment process confirmed that clients are treated with dignity and respect. The consultation and treatment are 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.

The LPS confirmed that clients are provided with the opportunity to complete a satisfaction survey when their treatment is complete. However, it was identified that the results of the surveys had not been collated to provide an anonymised survey report. Advice and guidance was provided in this regard and following the inspection the LPS provided the RQIA with a summary report that found clients were satisfied with the quality of treatment and care received. The LPS is aware that this report should be made available to clients and other interested parties and confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

As a result of actions taken following the inspection it was determined that appropriate arrangements were in place to ensure that clients are treated with dignity, respect and are involved in decisions regarding their choice of treatment.

5.2.10 How does the registered provider assure themselves of the quality of the services provided?

Where the entity operating the service is a corporate body or partnership or an individual owner who is not in day to day management of the service, unannounced quality monitoring visits by the registered provider must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

Mrs Larkin was in day to day management of the practice, therefore the unannounced quality monitoring visits by the registered provider are not applicable.

Policies and procedures were available outlining the arrangements associated with the laser and IPL treatments. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis or more frequently if required.

The arrangements for the management of complaints and incidents were reviewed to ensure that they were being managed in keeping with legislation and best practice guidance.

The complaints policy and procedure provided clear instructions for clients and staff to follow. Clients were made aware of how to make a complaint by way of the client's guide.

Review of documentation and discussion with the LPS confirmed that arrangements were in place to record any complaint received in a complaints register. The LPS was advised to further develop the complaints register to include details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Following the inspection, the RQIA received evidence that this matter had been addressed.

A review of records confirmed that no complaints had been received since the previous inspection.

Discussion with the LPS confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. The LPS confirmed that incidents would be effectively documented and investigated in line with legislation and reported to RQIA and other relevant organisations in accordance with legislation and RQIA Statutory Notification of Incidents and Deaths. Arrangements are in place to audit adverse incidents to identify trends and improve service provided.

The LPS 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 displayed in a prominent place.

Observation of insurance documentation confirmed that current insurance policies were in place.

As a result of actions taken following the inspection it was determined that suitable arrangements are in place to enable the responsible individual to assure themselves of the quality of the services provided.

5.2.11 How does the registered provider assure themselves that the arrangements for providing laser and IPL training are safe?

Younique Aesthetic Ltd provides a range of cosmetic and aesthetic treatments and operates a training academy. These services are not regulated activities and are not inspected by RQIA. However, as the establishment offers a VTCT Level 4 certificate in laser and IPL treatments using the laser and IPL equipment located in Younique Aesthetic Ltd treatment rooms, this area was reviewed.

It was confirmed that the laser and IPL training course is accredited by VTCT (iTEC) who are an Office of Qualifications and Examinations Regulations (OFQUAL) registered assessment organisation. The LPS confirmed VTCT have assessed Younique Aesthetic Ltd's training academy including the identified tutor prior to confirming approval for this course to be provided. The identified tutor is an authorised operator employed in Younique Aesthetics Ltd and therefore has been appropriately recruited and has evidence of up to date mandatory training.

The course consists of both theory and practical elements. Prior to attending the onsite of the practical element of the course, the course student must complete theory modules as outlined in the course programme.

Each course student will bring a person who will act as a model to undertake the practical element of training. Course students and models will be supervised at all times and the total number of participants is restricted for each training session.

Clinical training protocols were available in respect of the IPL and laser equipment in place. The clinical training protocols had been produced by a named registered medical practitioner. The training protocols were due to expire in August 2025.

The treatments provided, as part of a course, will be following standard 48 of the minimum standards.

A full consultation and patch test is performed on every model who would like to take part in the treatment demonstration. It was confirmed that a separate IPL register, laser register and model treatment records will be maintained.

IPC measures are in place, course participants wear personal protective equipment as required. Course students and their models will wear the appropriate level of protective eyewear as outlined in the local rules for the IPL and laser equipment in place.

The LPS confirmed that the course only provides safe use and application training for the makes and model of IPL and laser machines used to deliver the training and for treatments that the course covered.

The certificate is issued by the VTCT and it is made clear to all course students that in order to practice within Northern Ireland they will need to complete the manufacturer's training for any subsequent machine they will work on.

It was confirmed that appropriate indemnity insurance is in place in relation to the training academy.

It was determined that suitable arrangements are in place to enable Mrs Larkin to assure herself that arrangements for providing laser and IPL training are safe.

5.2.12 Does the service have suitable arrangements in place to record equality data?

The arrangements in place in relation to the equality of opportunity for clients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of clients was discussed with the LPS.

6.0 Quality Improvement Plan/Areas for Improvement

One area for improvement has been stated for a second time where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005

	Regulations	Standards
Total number of Areas for Improvement	1*	0

*the total number of areas for improvement includes one that has been stated for a second time.

The area for improvement and details of the QIP were discussed with the LPS as part of the inspection process and can be found in the main body of the report. The LPS provided assurances that she would inform Mrs Larkin, Responsible individual, of the inspection outcome. The timescale for completion commences from the date of inspection.

Inspection findings were discussed with the LPS as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan

Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 21 (3) (a) Schedule 3 part II 1 (C) **Stated:** Second time **To be completed by:** 23 July 2025	The responsible individual shall ensure that client care records include the details of the client's general practitioner. Ref: 5.2.8
	Response by registered person detailing the actions taken: We have now included a form on our records with our clients GP details, address and telephone number.

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

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