

# Inspection Report

26 March 2025



## The Belfast Skin Clinic

Type of service: Independent Hospital - Cosmetic Laser\Intense Pulsed Light and  
Private Doctor

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Assurance, Challenge and Improvement in Health and Social Care

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

<b>Organisation/Registered Provider:</b> The Belfast Skin Clinic Ltd	<b>Registered Manager:</b> Ms Karen Moffett
<b>Responsible Individual:</b> Dr Pamela McHenry	<b>Date registered:</b> 16 November 2017
<b>Person in charge at the time of inspection:</b> Ms Karen Moffett	
<b>Categories of care:</b> Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L); Prescribed techniques or prescribed technology: establishments using intense light sources PT(IL) and Private doctor (PD)	
<b>Brief description of how the service operates:</b> <p>The Belfast Skin Clinic is registered as an independent hospital (IH) with a private doctor, cosmetic laser and intense pulse light categories of care.</p> <p>The clinic provides a wide range of services and treatments, including outpatient clinics, diagnostic tests and investigations and some minor surgical day case procedures. The range of specialties includes dermatology, plastic surgery, rheumatology and vascular. In addition, the clinic also provides a range of aesthetic treatments. Although a wide range of services and treatments are offered in The Belfast Skin Clinic, this inspection focused solely on the treatments that fall within regulated activity and the categories of care for which the establishment is registered.</p> <p>Following this inspection, a discussion took place with Dr McHenry and Ms Moffett regarding the range of services and treatments provided. It was agreed that a variation to registration application would be submitted to RQIA, to add a day surgery category of care to the registration of The Belfast Skin Clinic. This will result in an onsite inspection being carried out at a later date.</p>	
<b>Equipment available in the service:</b>  <b>Laser equipment:</b>  Manufacturer: Lumenis Model: SplendorX Serial Number: SPXAY22A-211418 Laser Class: 4	

Wavelength: 755 nm 1064 nm

Manufacturer: Cutera  
Model: Secret Pro CO2 Laser  
Serial Number: 00973\_C  
Laser Class: 4

Manufacturer: Cutera  
Model: Avi Clear  
Serial Number: AVCF30138  
Laser Class: 4  
Wavelength: 1726 nm

**IPL equipment:**

Manufacturer: Lumenis  
Model: M22 IPLS  
Serial Number: SN-2211  
Hand Pieces: IPL

**Types of laser treatments provided:** Adult (over 18 years) and young persons (14 years to 18 years)

- hair removal/reduction (using NdYAG or Alexandrite handpiece)
- vascular (using NdYAG or Alexandrite handpiece)
- photo rejuvenation (adult only - Secret Pro CO2)
- scars (adult only - Secret Pro CO2)
- acne (Avi Clear)

**Types of IPL treatments provided:** Adult only (over 18 years old)

- hair removal
- skin rejuvenation
- treatment of red vein
- treatment of acne
- pigmentation treatment

## 2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 26 March 2025 from 10.00 am to 4.30 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; staff training; safeguarding; laser and IPL safety; management of medical emergencies; infection prevention and control (IPC); the management of clinical records; and effective communication between patients and staff. Additional areas of good practice identified included maintaining patient confidentiality, ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

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

### **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 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**

Posters were issued to The Belfast Skin Clinic by RQIA prior to the inspection, inviting patients and staff to complete an electronic questionnaire.

Two patients submitted responses to indicate that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. Both patients indicated that they were very satisfied with each of these areas of their care.

One staff member submitted a questionnaire response to indicate that they felt patient care was safe, effective, that patients were treated with compassion and that the service was well led. The staff member indicated that they were very satisfied with each of these areas of patientcare.

Patient feedback was also assessed by reviewing the most recent patient satisfaction surveys completed by The Belfast Skin Clinic which were found to be very positive.

### **5.0 The inspection**

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

The last inspection to The Belfast Skin Clinic was undertaken on 7 March 2024; no areas for improvement were identified.

## 5.2 Inspection outcome

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

Ms Moffett told us there are sufficient staff in the various roles to fulfil the needs of the establishment and patients.

Ms Moffett confirmed that there are currently three authorised operators and one private doctor who provide the treatments that fall within regulated activity. The private doctor is Dr McHenry, Responsible Individual of the clinic, who provides a dermatology service.

Ms Moffett has developed a training matrix to include all staff who work in the clinic. A review of training records evidenced that all of the authorised operators had up to date training in core of knowledge and application training for the equipment in use, infection prevention and control, fire safety awareness, basic life support and safeguarding adults and children at risk of harm in keeping with the [RQIA training guidance](#). It was confirmed that all other staff employed at the establishment, but not directly involved in the use of the laser and IPL equipment, had received laser safety awareness training. Dr McHenry, as the private doctor, had up to date training in infection prevention and control, fire safety awareness, basic life support, safeguarding adults and children at risk of harm and medicines management in keeping with the RQIA training guidance.

Evidence was available that staff who have professional registration undertake continuing professional development (CPD) in accordance with their professional body's recommendations.

Ms Moffett confirmed that authorised operators and Dr McHenry as the private doctor take part in appraisals on an annual basis.

It was determined that appropriate staffing levels were in place to meet the needs of patients and that staff are suitably trained.

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

A recruitment and selection policy and procedure was in place, which adhered to legislation and best practice guidance. These arrangements will ensure that all required recruitment documentation has been sought and retained for inspection.

Staff registers were available to review which were up to date in keeping with legislation.

Ms Moffett confirmed that all staff who work in the clinic have been recruited as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Ms Moffett confirmed that no new authorised operators or private doctors had commenced employment since the previous inspection. A review of one personnel file of a recently recruited nurse, who works alongside Dr McHenry, evidenced that they had been recruited as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

Ms Moffett confirmed that job descriptions have been issued and induction checklists completed for all new staff on the commencement of employment.

Discussion with Ms Moffett confirmed that she had a clear understanding of the legislation and best practice guidance in relation to recruitment and selection.

It was determined that the recruitment of staff 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?**

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 staff confirmed that they were 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 and staff, have completed formal training in safeguarding in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and minimum standards.

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

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

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

There was a resuscitation policy in place and protocols were available to guide the team on how to manage recognised medical emergencies.

Ms Moffett confirmed that all authorised operators and Dr McHenry, as the private doctor, had up to date training in basic life support.

Emergency medication and equipment was in place which was stored safely and securely and in accordance with the manufacturer's instructions. A system was in place to ensure that emergency medicines and equipment are checked regularly and do not exceed their expiry dates. All emergency medicines and equipment was ready for immediate use in the event of a medical emergency.

Staff had a good understanding of the actions to be taken in the event of a medical emergency.

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 providing registered services to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

IPC audits are undertaken on a regular basis in keeping with best practice.

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

The consultation rooms, waiting areas, laser and IPL treatment rooms reviewed were observed to be clean and clutter free. Discussion with staff 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, authorised operators and Dr McHenry as the private doctor had up to date training in IPC.

The service had appropriate arrangements in place in relation to IPC and decontamination.

Supplies of sterile instrument packs are obtained from an approved sterile services department under contract from a health and social care trust. There are robust measures in place to monitor the traceability of all surgical instruments used in the clinic. Clinical equipment was evidenced to be clean and fit for purpose.

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

#### **5.2.7 How does the service ensure the environment is safe?**

The service has three treatment rooms used for laser and IPL treatments and a range of other consulting rooms. The areas of the premises reviewed were maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment were in place.

Observations made evidenced that carbon dioxide (CO<sub>2</sub>) fire extinguishers are available which have been serviced within the last year.

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

#### **5.2.8 How does the service ensure that laser and IPL procedures are safe?**

The laser safety files in place 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. The service level agreement between the establishment and the LPA was reviewed and this expires on 22 September 2025.

Up to date local rules were in place which have been developed by the LPA. In total four sets of local rules were in place; three for the laser machines and one for the IPL machine. 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 on 10 January 2025 and all recommendations made by the LPA have been addressed.

The laser protection supervisor (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. The LPS confirmed that the protocols contained the relevant information about the treatments being provided and are due to expire during September 2025. It was established that systems are in place to review the medical treatment protocols when due.

The LPS confirmed that laser services are offered to persons aged 14 years and over. This was discussed and the LPS confirmed that the young person must be assessed by a medical practitioner prior to receiving the laser treatment. The LPS is aware that a referral letter from the young person's medical practitioner and consent form counter signed by an appropriate adult, must be retained for each young person treated and be available for inspection.

The LPS has overall responsibility for safety during laser and IPL treatments. A list of authorised operators is maintained and authorised operators had signed to state that they had read and understood the local rules and the medical treatment protocols.

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

The doors to the treatment rooms are locked when the laser and IPL equipment is in use but can be opened from the outside in the event of an emergency. The 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 machines are operated using either a key or key code. Arrangements are in place for the safe custody of the keys and key code when not in use. Protective eyewear is available for the patient and operator and the LPS confirmed that the eyewear provided is as outlined in the local rules.

The Belfast Skin Clinic has four laser registers. The LPS confirmed that authorised operators complete the relevant section of the register 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 IPL and laser equipment were reviewed. An installation report was also reviewed for a new laser.

It was determined that appropriate arrangements were in place to operate the laser and IPL equipment.

### **5.2.9 How does the service ensure that patients have a planned programme of care and have sufficient information to consent to treatment?**

For all laser, IPL and private doctor treatments, patients are provided with an initial consultation to discuss their treatment and any concerns they may have.

Written information is provided to the patient pre and post treatment which outlines the treatment provided, any risks, complications and expected outcomes. The service has a list of fees available for each 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 patient.

During the initial consultation, patients are asked to complete a health questionnaire. Advice and guidance was provided to ensure that a system was in place to contact the patient's general practitioner (GP), with their consent, for further information if necessary. Following the inspection RQIA received confirmation that this had been actioned.

Two patient care records in relation to laser and IPL treatments were reviewed. There was an accurate and up to date record which included:

- patient 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 care records regarding the laser and private doctor's service are retained electronically and securely stored.

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

It was confirmed that Dr McHenry is responsible for maintaining clinical records in accordance with GMC guidance and Good Medical Practice. Ms Moffett confirmed that Dr McHenry has oversight of other medical practitioners' clinical records which are held electronically. It was demonstrated that all patients' clinical records are stored securely and can be located if required.

The establishment is registered with the Information Commissioner's Office (ICO).

There were procedures for the collection, labelling, storage, preservation, transport and administration of specimens. Staff clearly described these procedures and the procedure for reporting results to the appropriate clinical staff and GP. It was confirmed there is a contract in place with the Belfast Health and Social Care Trust (BHSCT) pathology services.

The service ensures that patients have a planned programme of care and have sufficient information to consent to treatment.

#### **5.2.10 How does the service ensure that patients are treated with dignity, respect and are involved in the decision making process?**

Discussion with staff regarding the consultation and treatment process confirmed that patients are treated with dignity and respect. The consultations and treatments are provided in a private room with the patient. Information is provided to the patient in verbal and written form at the initial consultation and subsequent treatment sessions to allow the patient to make choices about their care and treatment and provide informed consent.

Appropriate measures are in place to maintain patient confidentiality and as discussed, observations made evidenced that patient care records were stored securely.

Ms Moffett told us that patients can complete a satisfaction survey when their treatment is complete and that the results of these are collated to provide a summary report which is made available to patients and other interested parties. Ms Moffett confirmed that an action plan would be developed to inform and improve services provided, if appropriate. Review of the most recent patient satisfaction report dated July 2024 to December 2024, found that patients were highly satisfied with the quality of treatment, information and care received.

It was determined that appropriate arrangements were in place to ensure that patients are treated with dignity, respect and are involved in decisions regarding their choice of treatment.

#### **5.2.11 How does the registered provider assure themselves of the quality of the services provided?**

Organisational governance systems were in place and it was found that there was a clear organisational structure within the clinic. The Belfast Skin Clinic Limited includes one director, who is Dr McHenry the responsible individual.

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

Ms Moffett confirmed that she is in day to day charge of the clinic supported by Dr McHenry. Dr McHenry works in the clinic two or three days each week and is fully involved with the day to day management of the establishment, therefore in this case Regulation 26 unannounced quality monitoring visits are not required.

Ms Moffett discussed the arrangements in place regarding daily, weekly, quarterly and six monthly meetings that include all departments within the clinic and a selection of the meeting minutes were available to review. Ms Moffett confirmed that information is cascaded to staff at these meetings and also by email on a regular basis.

Staff working within the clinic confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Ms Moffett confirmed that there is a medical advisory committee (MAC) within the clinic that meets on a quarterly basis and has a clear terms of reference. It was established that this meeting consists of Dr McHenry, Ms Moffett and the medical staff. The minutes of the most recent MAC meeting, held during January 2025, were reviewed.

A team of medical practitioners, who have specialist qualifications and skills, work in the clinic. During the inspection it was confirmed that Dr McHenry is considered to be the only wholly private doctor working in the clinic. A review of documentation in relation to Dr McHenry confirmed that there was evidence of the following:

- confirmation of identity
- current General Medical Council (GMC) registration
- professional indemnity insurance
- qualifications in line with services provided
- ongoing professional development and continued medical education that meets the requirements of the Royal Colleges and GMC
- an appointed responsible officer
- arrangements for revalidation

A review of Dr McHenry's file demonstrated that there was evidence of an appraisal being carried out by a trained medical appraiser during September 2024.

Ms Moffett confirmed that a number of Health and Social Care (HSC) consultants also provide services within The Belfast Skin Clinic and that they retain the same information for these consultants as they do for any private doctor.

Following the inspection Ms Moffett confirmed that all medical practitioners working within the clinic have a designated responsible officer (RO) as per the requirements of registration with the GMC, and they revalidate every five years. If concerns are raised regarding a doctor's practice information is shared with their RO who then has the responsibility to share this information with all relevant stakeholders in all areas of the doctor's work.

As previously discussed Dr McHenry's training records reviewed evidenced that she had completed refresher training in keeping with RQIA training guidance.

The only mechanism for a clinician to work in a registered independent hospital is either under a practising privileges agreement or through direct employment by the clinic. A policy and procedural guidance for the granting, review and withdrawal of practicing privileges agreements was in place.

Practising privileges can only be granted or renewed when full and satisfactory information has been sought and retained in respect of each of the records specified in Regulation 19 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended. It was established that as Dr McHenry is the responsible individual a practising privileges agreement is not required. Ms Moffett confirmed that practising privileges agreements were in place for other medical staff and these are reviewed every two years and had been signed by both parties.

Audits are completed on a regular basis and the results are monitored and actions identified for improvement are embedded into practice.

A copy of the complaints procedure was available in the establishment and Ms Moffett evidenced a good awareness of complaints management. A copy of the complaints procedure is made available for patients/and or their representatives on request. Ms Moffett confirmed that all complaints received are investigated and responded to appropriately to include details of all communications with complainants; the result of any investigation; the outcome and any action taken. Information gathered from complaints is used to improve the quality of services provided.

Ms Moffett confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. Ms Moffett advised that learning from incidents would be discussed during the daily and monthly meetings and by email to ensure the dissemination of learning to all staff. It was confirmed that a process was in place for analysing incidents and events to detect potential or actual trends or weakness in a particular area in order that a prompt and effective response can be considered at the earliest opportunity.

Ms Moffett demonstrated a clear understanding of her role and responsibilities in accordance with legislation. Ms Moffett confirmed that the statement of purpose and patient's guide were kept under review, revised and updated when necessary and were available to patients 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.

It was determined that robust medical governance arrangements are in place within the organisation.

**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 patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients was discussed with staff.

**6.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Moffett, Registered Manager, as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

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