

# Inspection Report

3 December 2024



## Clio Skin & Body Ltd

Type of service: Independent Hospital - Cosmetic Laser  
Address: 1 Cardinal O'Fiaich Square, Crossmaglen, Newry, BT35 9AA  
Telephone number: 028 3086 1320

[www.rqia.org.uk](http://www.rqia.org.uk)

---

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/Provider:</b> Clio Skin & Body Ltd	<b>Registered Manager:</b> Ms Ailin Traynor
<b>Responsible Individual:</b> Ms Ailin Traynor	<b>Date registered:</b> 18 July 2022
<b>Person in charge at the time of inspection:</b> Ms Ailin Traynor	
<b>Categories of care:</b> Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L)	
<b>Brief description of how the service operates:</b> Clio Skin & Body Ltd is registered with the Regulation and Quality Improvement Authority (RQIA) as an Independent Hospital (IH) with the following category of care: PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers.  Clio Skin & Body Ltd also provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using a Class 4 laser machine that fall within regulated activity and the categories of care for which the establishment is registered with RQIA.  <b>Equipment available in the service:</b>  <b>Laser equipment:</b> Manufacturer: Cutera Model: Excel HR Serial Number: EH11185 Laser Class: 4 Wavelength: 755nm-1064nm  <b>Types of laser treatments provided:</b> Hair removal Pigmented lesion removal Vascular lesion removal Acne treatment Laser genesis facial	

## 2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 3 December 2024 from 10.30 am to 1.40 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; safeguarding; management of medical emergencies; infection prevention and control; the management of clinical records; and effective communication between clients and staff.

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 has been identified against the regulations with regards to ensuring the fire risk assessment is reviewed at intervals not exceeding twelve months.

Four areas for improvement have been identified against the standards in relation to; ensuring all authorised operators complete basic life support training on an annual basis; ensuring medical treatment protocols are in place for all laser treatments provided; ensuring all authorised operators have signed to indicate that they accept and understand the medical treatment protocols; and ensuring that all protective eyewear is in accordance with the local rules.

## 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

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 Clio Skin & Body Ltd.

Posters were issued to Clio Skin & Body Ltd by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire.

One client submitted a response. The client's response indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. The client indicated that they were very satisfied with each of these areas of their care and submitted positive comments pertaining to the cleanliness of the environment, the knowledge of staff and the results of treatment received.

No staff questionnaires were submitted to RQIA prior to the inspection.

## 5.0 The inspection

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

Areas for improvement from the last inspection on 25 July 2023		
Action required to ensure compliance with <a href="#">Minimum Care Standards for Independent Healthcare Establishments (July 2014)</a>		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 48.4  <b>Stated:</b> First time	The responsible individual shall ensure that there is a system in place for the continuous review of the treatment protocols by the named registered medical practitioner at intervals not exceeding twelve months.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was reviewed and was 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?

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

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

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, infection prevention and control, fire safety awareness and safeguarding adults at risk of harm in keeping with the RQIA training guidance.

It was identified that basic life support training had expired for both authorised operators in July 2024. This was discussed with Ms Traynor and an area for improvement against the standards has been made in this regard.

Ms Traynor confirmed all other staff employed at the establishment, but not directly involved in the use of the laser equipment, had received laser safety awareness training.

It was determined that appropriate staffing levels were in place to meet the needs of clients and addressing the area for improvement will ensure that staff are suitably trained.

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

There have been no authorised operators recruited since the previous inspection. During discussion Ms Traynor 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.

Discussion with Ms Traynor 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 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?**

Ms Traynor stated that laser 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 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. Ms Traynor was provided with advice and guidance to ensure that the relevant contact details are included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise. Ms Traynor was receptive to this advice.

Discussion with Ms Traynor 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 Ms Traynor, as the safeguarding lead, has completed formal level two training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and minimum standards.

It was confirmed that a copy of the regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) was 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?**

As discussed in section 2.1 the authorised operators should renew their training in basic life support and an area for improvement has been made in this regard. Ms Traynor was aware of what action to take in the event of a medical emergency and there was a written protocol in place for dealing with recognised medical emergencies.

Addressing the area for improvement will strengthen the 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 treatment room was clean and clutter free. Discussion with Ms Traynor 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 had up to date training in IPC.

Ms Traynor 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. Cleaning schedules for the establishment were in place.

Observations made evidenced that a carbon dioxide (CO<sub>2</sub>) fire extinguisher is available which has been serviced within the last year.

A review of documentation confirmed that a fire risk assessment was in place, however it could not be confirmed when it had last been reviewed. This was discussed with Ms Traynor and an area for improvement against the regulations has been made in this regard.

Addressing the area for improvement will ensure that appropriate arrangements are in place to maintain the environment.



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

A laser safety file was in place which contained the relevant information in relation to laser 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 11 October 2025.

Up to date, local rules were in place which have been developed by the LPA.

The establishment's LPA completed a risk assessment of the premises during July 2024 and no recommendations were made by the LPA.

Ms Traynor confirmed that laser procedures are carried out following medical treatment protocols which are due to expire during November 2025. It was established that systems are in place to review the medical treatment protocols when due. It was determined that the previous area for improvement 1 made against the standards, as outlined in section 5.1, has been met.

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, however it was identified that an additional medical treatment protocol for one of the treatments provided was not in place. Ms Traynor was advised that this treatment should not be provided until the relevant treatment protocol is in place. An area for improvement against the standards has been made in this regard.

The laser protection supervisor (LPS) has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. Authorised operators had signed to state that they had read and understood the local rules however it was identified that this did not include the medical treatment protocols. Ms Traynor was provided with guidance in this regard and an area for improvement against the standards has been made in this regard.

When the laser 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 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 equipment is in use but can be opened from the outside in the event of an emergency. Ms Traynor was aware that the laser safety warning sign should only be displayed when the laser equipment is in use and removed when not in use.

The laser is operated using a key. Arrangements are in place for the safe custody of the key when not in use. Protective eyewear is available for the client and operator. Ms Traynor was given advice to confirm with the LPA that all protective eyewear is in accordance with the local rules. An area for improvement against the standards has been made in this regard.

Clio Skin & Body Ltd has a laser register. Ms Traynor told us that authorised operators complete the relevant section of the register every time the equipment is operated. The register 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 equipment in line with the manufacturer's guidance. The most recent service report of the laser was reviewed.

Addressing the areas for improvement will strengthen the arrangements in place to operate the laser 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?**

Ms Traynor confirmed that clients are provided with an initial consultation to discuss their treatment and any concerns they may have. In the main, there is written information for clients that provides a clear explanation of the treatments and includes effects, side-effects, risks, complications and expected outcomes. It was identified that written information was required for one of the laser treatments provided. This was discussed with Ms Traynor who provided assurances that this matter would be addressed.

The service has a list of fees available for each laser 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 each client's personal information is recorded, however it was noted that this did not include their general practitioner (GP) details in keeping with legislative requirements. This was discussed with Ms Traynor, who provided assurances that this matter would be addressed. Clients are asked to complete a health questionnaire.

Two 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)

Ms Traynor was receptive to advice to ensure that the patch test is recorded on both the laser register and the client care records.



Observations made evidenced that client records are securely stored. 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.

As a result of the assurances provided by Ms Traynor, it is determined that appropriate arrangements are in place to ensure that clients have a planned programme of care and have sufficient information to consent to treatment.

#### **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 Ms Traynor 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.

Ms Traynor told us that clients are provided with the opportunity to complete a satisfaction survey when their treatment is complete. The results of these are collated to provide an anonymised summary report which is made available to clients and other interested parties. Ms Traynor confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

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 business entity operating the service is a corporate body or partnership or an individual owner who is not in day to day management of the practice, 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.

Ms Traynor was in day to day management of the clinic, 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 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.

Arrangements were in place to record any complaint received in a complaints register and retain all relevant records including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

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

Discussion with Ms Traynor confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Ms Traynor confirmed that incidents would be effectively documented and investigated in line with legislation. All relevant incidents are 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.

Ms Traynor demonstrated a clear understanding of her role and responsibility in accordance with legislation.

Ms Traynor 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. Ms Traynor was receptive to advice to ensure that all laser procedures are covered under the current insurance policies.

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 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 Ms Traynor.

### **6.0 Quality Improvement Plan/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 Minimum Care Standards for Independent Healthcare Establishments (July 2014).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	4

Areas for improvement and details of the QIP were discussed with Ms Traynor, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
<b>Action required to ensure compliance with <a href="#">The Independent Health Care Regulations (Northern Ireland) 2005</a></b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 25 (3) (e)  <b>Stated:</b> First time  <b>To be completed by:</b> 3 December 2024	The responsible individual shall ensure that the fire risk assessment is reviewed at intervals not exceeding twelve months and that any recommendations identified have been addressed.  Ref: 5.2.6
	<b>Response by registered person detailing the actions taken:</b> This has now been completed
<b>Action required to ensure compliance with the <a href="#">Minimum Care Standards for Independent Healthcare Establishments (July 2014)</a></b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 13.1  <b>Stated:</b> First time  <b>To be completed by:</b> 3 December 2024	The responsible individual shall ensure that all authorised operators complete basic life support training at least annually in keeping with the Resuscitation Council (UK) guidelines.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> All staff have now completed updated basic life support training
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 48.3  <b>Stated:</b> First time  <b>To be completed by:</b> 3 December 2024	The responsible individual shall ensure that a medical treatment protocol is produced for all laser treatments provided by a named registered medical or dental practitioner who is trained and experienced in the relevant discipline within which treatment is provided.  Ref: 5.2.7
	<b>Response by registered person detailing the actions taken:</b> This has now been completed and a copy sent to Jenyth at RQIA

<b>Area for improvement 3</b>  <b>Ref:</b> Standard 48.6  <b>Stated:</b> First time  <b>To be completed by:</b> 3 December 2024	The responsible individual shall ensure that all authorised operators have signed to indicate that they accept and understand the medical treatment protocols drawn up for the use of the laser.  Ref: 5.2.7  <b>Response by registered person detailing the actions taken:</b> This has been completed
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 48.17  <b>Stated:</b> First time  <b>To be completed by:</b> 3 December 2024	The responsible individual shall ensure that all protective eyewear provided is in accordance with the local rules.  Ref: 5.2.7  <b>Response by registered person detailing the actions taken:</b> This has been completed

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



The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews