

Inspection Report

24 September 2025



B.Aesthetics Ltd

Type of service: Independent Clinic (IC) - Private Doctor Service
Address: 49 Lockview Road, Stranmillis, Belfast, BT9 5FJ
Telephone number: 074 7066 8745

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

Organisation/Registered Provider: B.Aesthetics Ltd	Registered Manager: Dr Bonny Armstrong
Responsible Individual: Dr Bonny Armstrong	Date registered: 4 July 2022
Person in charge at the time of inspection: Dr Bonny Armstrong	
Categories of care: Private Doctor (PD)	
Brief description of the accommodation/how the service operates: B.Aesthetics Ltd is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent clinic (IC) with a private doctor (PD) category of care. A private doctor is a medical practitioner who is not affiliated with the Health and Social Care (HSC) sector in Northern Ireland (NI) and who is not named on the NI Primary Medical Performers List (PMPL). B.Aesthetics Ltd provides a range of cosmetic/aesthetic treatments. This inspection focused solely on the arrangements for providing private doctor services that fall within regulated activity and the category of care for which the establishment is registered.	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 24 September 2025 from 10.00 am to 12.00 pm.

It focused on the themes for the 2025/26 inspection year. 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 patient safety in respect of staffing; recruitment and selection of staff; staff training; safeguarding; management of medical emergencies; infection prevention and control (IPC); the environment; records management.

Other examples included the management of the clients' care pathway; client confidentiality; communication; governance arrangements and ensuring the core values of privacy and dignity were upheld.

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 information obtained is then considered before a determination is made on whether the clinic 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

We issued posters to the registered provider prior to the inspection inviting clients and members of staff to complete an electronic questionnaire.

No completed staff or client questionnaires were received 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?

The last inspection to B.Aesthetics Ltd was undertaken on 26 September 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 clients and that staff are suitably trained?

The staffing arrangements in respect of B.Aesthetics Ltd were reviewed. As previously stated a private doctor is a medical practitioner who is not affiliated with the HSC sector in NI and who is not named on the NI Primary Medical Performers List (PMPL). Dr Armstrong confirmed that she is the sole PD working in B.Aesthetics Ltd.

A review of the details of Dr Armstrong's records evidenced 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
- ongoing annual appraisal by a trained medical appraiser
- an appointed responsible officer
- arrangements for revalidation

Dr Armstrong confirmed that she is aware of her responsibilities under GMC Good Medical Practice.

A review of training records evidenced that staff had completed basic life support, IPC, fire safety awareness, medicines management and safeguarding adults at risk of harm training in keeping with [RQIA training guidance](#).

Through discussion and review of relevant documentation, it was confirmed that there were rigorous systems in place for undertaking, recording, and monitoring all aspects of staff supervision, appraisal and ongoing professional development.

It was demonstrated that staffing levels are safe and staff are appropriately trained to meet the needs of clients.

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

There were recruitment and selection policies and procedures in place that adhered to legislation and best practice guidance.

Dr Armstrong oversees recruitment and selection and approves all staff appointments. Discussion with Dr Armstrong confirmed that she had a clear understanding of the legislation and best practice guidance.

Registered establishments are required to maintain a staff register. A review of the staff register evidenced that no new PDs have been recruited since the previous inspection. Dr Armstrong confirmed that should staff to support the PD led service be recruited in the future all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, would be sought and retained for inspection.

There were robust recruitment and selection procedures in place that adhered to the legislation and best practice guidance to ensure suitably skilled and qualified staff work in the clinic.

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 Dr Armstrong demonstrated 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 Dr Armstrong, 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.

Following the inspection, it was confirmed that a copy of the regional policy entitled [Co-operating to Safeguard Children and Young People in Northern Ireland \(November 2024\)](#) and the regional guidance document entitled [Adult Safeguarding Prevention and Protection in Partnership \(July 2015\)](#) 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?

There was a medical emergency policy and procedure in place and a review of this evidenced that it reflected legislation and best practice guidance.

Systems were in place to ensure that emergency medicines and equipment are immediately available as specified in the clinic's policy and do not exceed their expiry dates. Advice and guidance was provided to further develop these systems and following the inspection, RQIA received confirmation that this matter had been addressed.

A review of the emergency medicines and equipment identified that some matters required further attention. These were discussed with Dr Armstrong and following the inspection, RQIA received confirmation that these matters had been addressed.

Dr Armstrong demonstrated a good understanding of actions to be taken in the event of a medical emergency and was familiar with the location of medical emergency medicines and equipment.

As a result of the actions taken by Dr Armstrong following the inspection, it is determined that the service has 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 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 treatment rooms were clean and clutter free. Discussion with Dr Armstrong evidenced that appropriate procedures were in place for the decontamination of equipment between uses. Cleaning schedules for the establishment were in place.

Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, staff had up to date training in IPC. Dr Armstrong 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.

The most recent fire risk assessment had been undertaken during July 2025.

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

5.2.7 Are records being effectively managed?

The arrangements for the management of records were reviewed to ensure that records are managed in keeping with legislation and best practice guidance.

Review of documentation confirmed that the establishment had a policy and procedure in place for the management of records. The policy reviewed included the arrangements for the creation; use; storage; transfer; disposal of and access to records in keeping with best practice guidance and legislative requirements.

Dr Armstrong confirmed that she was aware of the importance of effective records management and that records are held in line with best practice guidance and legislative requirements.

The patient pathway was discussed with Dr Armstrong who confirmed that a record is retained for clients who attend B.Aesthetics Ltd.

It was confirmed that Dr Armstrong is responsible for maintaining clinical records in accordance with GMC guidance and Good Medical Practice. It was demonstrated that all clients' clinical records are stored securely and can be located if required.

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

Discussion with Dr Armstrong and review of the management of records policy confirmed that clients 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.

It was determined that clinical records are managed in accordance with legislation and best practice guidance.

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

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

The consultations and treatments are provided in private consultation rooms. If required, information is provided to the client in verbal and written form during their consultation to allow clients to make choices about their care and treatment and provide informed consent.

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

Appropriate measures are in place to treat clients with dignity and respect and to ensure they have sufficient information to make informed decisions.

5.2.9 Are robust arrangements in place regarding organisational and medical governance?

Organisational Governance

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 clinic, 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.

Dr Armstrong was in day to day management of the clinic, therefore the unannounced quality monitoring visits by the registered provider are not applicable.

Medical Governance and Practising Privileges

The only mechanism for a clinician to work in a registered independent clinic is either under a practising privileges agreement or through direct employment by the establishment. 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.

It was confirmed that as Dr Armstrong is a director of B.Aesthetics Ltd and is directly employed, a practising privileges agreement is not required.

Dr Armstrong is aware that a policy and procedure for the granting, review and withdrawal of practicing privileges agreements is required should any PDs be recruited in the future. Dr Armstrong confirmed that the Board of Directors for B.Aesthetics Ltd undertakes the Medical Advisory Committee (MAC) function for the establishment. The MAC reviews the latest key performance indicators and audit findings within the establishment.

Complaints Management

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 patients 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.

Notifiable Events/Incidents

Discussion with Dr Armstrong confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Dr Armstrong 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.

Quality Assurance

Policies and procedures were available outlining the arrangements associated with B.Aesthetics Ltd. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis or more frequently if required. Dr Armstrong demonstrated a clear understanding of her role and responsibility in accordance with legislation.

Dr Armstrong 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.

It was determined that suitable arrangements are in place to enable Dr Armstrong to assure herself of the quality of the services provided.

5.2.10 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 Dr Armstrong.

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 Dr Armstrong, as part of the inspection process and can be found in the main body of the report.



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
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care