The Regulation and Quality Improvement Authority

Inspection Report

31 March 2026

Skin Medi Spa

Type of service: Independent Hospital - Cosmetic Laser\Intense Pulsed Light
Address: 1 Surrey Street, Lisburn Road, Belfast, BT9 7FR
Telephone number: 028 9068 1066

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: Ms Judith Mulgrew	**Registered Manager:** Ms Judith Mulgrew **Date registered:** 22 February 2017
Person in charge at the time of inspection: Ms Judith Mulgrew	
Categories of care: 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:
Skin Medi Spa 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.

Skin Medi Spa also provides a range of cosmetic / aesthetic treatments. This inspection focused solely on those treatments using an intense pulse light (IPL) machine that fall within regulated activity and the category of care for which the establishment is registered with RQIA.

Equipment available in the service:

IPL equipment:
Manufacturer: Lumenis
Model: Quantum SR
Serial Number: 3501000
Wavelength: 515nm – 1200nm
Hand Pieces: SHR 560nm and hair removal 695nm

Types of IPL treatments provided:
Hair removal
Skin rejuvenation
Red vein
Acne
Skin pigmentation

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 31 March 2026 from 10.00 am to 12.30 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; authorised operator training; safeguarding; management of medical emergencies; infection prevention and control (IPC); 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.

One area for improvement has been identified against the regulations in relation to undertaking a fire risk assessment.

Four areas for improvement have been identified against the standards in relation to the appointment of a certified Laser Protection Advisor (LPA); the review of the medical treatment protocols; registration with the Information Commissioners Office (ICO) and collating the results of client feedback.

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 the arrangements for seeking client feedback regarding Skin Medi Spa was discussed with Ms Mulgrew. This matter is discussed further in section 5.2.9.

Posters were issued to Skin Medi Spa by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire. No completed client or 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?

The last inspection to Skin Medi Spa was undertaken on 15 October 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 staff are suitably trained?

Ms Mulgrew told us that IPL treatments are carried out by her as the authorised operator. The register of authorised operators for the IPL equipment reflects that Ms Mulgrew is the authorised operator.

A review of training records evidenced that Ms Mulgrew has up to date training in core of knowledge, 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.

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 Ms Mulgrew 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?

Ms Mulgrew stated that 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 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.

The relevant contact details were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise.

Discussion with Ms Mulgrew 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 Mulgrew, 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?

Ms Mulgrew had up to date training in basic life support and was 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 IPL treatment room was clean and clutter free. Discussion with Ms Mulgrew 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, Ms Mulgrew had up to date training in IPC.

Ms Mulgrew 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.

A fire risk assessment was not available for review during the inspection. An area for improvement has been made against the regulations in this regard.

Addressing the area for improvement will strengthen the arrangements in place to maintain the environment.

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

A laser safety file was in place which contained the relevant information in relation to IPL equipment.

A review of records identified that the LPA agreement had expired during April 2025. This was discussed and Ms Mulgrew confirmed that an LPA had been recently appointed however, evidence confirming the appointment and duties of the LPA was not available for review. Ms Mulgrew was advised that in accordance with the standards there should be written confirmation of the appointment and duties of a certified LPA that is reviewed annually. An area for improvement has been made against the standards in this regard.

Up to date, local rules were in place which have been developed by the LPA. The local rules contained the relevant information about the IPL equipment being used.

The establishment's LPA completed a risk assessment of the premises during March 2026. Ms Mulgrew was advised to sign and date the risk assessment to confirm that that all recommendations made by the LPA had been addressed. Ms Mulgrew gave assurances that this matter would be addressed following the inspection.

Ms Mulgrew confirmed that IPL procedures are carried out following medical treatment protocols. The medical treatment protocols had been produced by a named registered medical practitioner and contained the relevant information about the treatments being provided. It was noted that the medical treatment protocols had been due for renewal during October 2025, however, these had not been renewed until March 2026. This was discussed and Ms Mulgrew was advised that in accordance with the standards continuous review of the treatment protocols should be undertaken. An area for improvement has been made against the standards in this regard.

Ms Mulgrew, as the laser protection supervisor (LPS) has overall responsibility for safety during IPL treatments and a list of authorised operators is maintained. Ms Mulgrew was advised to sign to state that she had read and understood the local rules and medical treatment protocols. Ms Mulgrew gave assurances this matter would be addressed following the inspection.

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

The 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.

Skin Medi Spa has one IPL register. Ms Mulgrew told us that she completes 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 IPL equipment in line with the manufacturer's guidance. The most recent service report of the IPL equipment was reviewed.

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

Ms Mulgrew 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 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.

During the initial consultation each client's personal information is recorded and clients are asked to complete a health questionnaire. Ms Mulgrew was advised to include each client's general practitioner (GP) details in keeping with legislative requirements. Ms Mulgrew gave assurances that this matter would be addressed following the inspection.

One client care record was reviewed. There was an accurate and up to date treatment record for the client which included:

- client details
- medical history
- signed consent form
- patch test (where appropriate)
- record of treatment delivered including number of shots and fluence settings (where appropriate)

Ms Mulgrew stated that a skin assessment was undertaken with each client however these had not been included in the client records. Ms Mulgrew was advised to include a written skin assessment in each client record. Ms Mulgrew gave assurances this matter would be addressed following the inspection.

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, it was determined that appropriate arrangements were 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 Mulgrew 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 Mulgrew told us that clients are provided with the opportunity to complete a satisfaction survey when their treatment is complete. Ms Mulgrew confirmed that a number of clients had returned satisfaction surveys for 2025/2026 however, a client satisfaction summary report had not been developed. This was discussed with Ms Mulgrew was advised to collate the results of the surveys to provide an anonymised client satisfaction summary report; to make this summary report available to clients; and where appropriate an action plan should be developed to inform and improved services provided. An area for improvement has been made against the standards in this regard.

Addressing the area for improvement will strengthen the arrangements 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.

Ms Mulgrew 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 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.

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.

Discussion with Ms Mulgrew confirmed that no complaints had been received since the previous inspection.

Discussion with Ms Mulgrew confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Ms Mulgrew 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. Ms Mulgrew is aware that adverse incidents should be audited to identify trends and improve service provided.

Ms Mulgrew 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.

Evidence that the establishment is registered with the ICO was not available to review during the inspection. An area for improvement has been made against the standards in this regard.

Addressing the areas for improvement as stated against the regulations and standards will strengthen the arrangements in place to enable Ms Mulgrew to assure herself 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 Mulgrew.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were 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
Total number of Areas for Improvement	1	4

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

Quality Improvement Plan	
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref: Regulation 25 (4) (f)** **Stated: First time** **To be completed by:** **31 March 2026**	The registered person shall ensure that a fire risk assessment is undertaken of the premises and any recommendations made within the fire risk assessment are actioned. A copy of the fire risk assessment is to be submitted to RQIA upon submission of this QIP. Ref: 5.2.6
	Response by registered person detailing the actions taken:

Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)	
Area for improvement 1 **Ref: Standard 48.6** **Stated: First time** **To be completed by:** **31 March 2026**	The registered person shall ensure there is written confirmation of the appointment and duties of a certified Laser Protection Advisor (LPA) that is renewed annually. Confirmation of the appointment of an LPA is to be submitted to RQIA upon return of the QIP Ref: 5.2.7
	Response by registered person detailing the actions taken:
Area for improvement 2 **Ref: Standard 48.4** **Stated: First time** **To be completed by:** **31 March 2026**	The registered person shall ensure the continuous review of the medical treatment protocols by a named registered medical practitioner. Ref: 5.2.7
	Response by registered person detailing the actions taken:
Area for improvement 3 **Ref: Standard 5.8** **Stated: First time** **To be completed by:** **31 March 2026**	The registered person shall ensure that the establishment is registered with the Information Commissioners Office (ICO). Confirmation of ICO registration is to be submitted to RQIA upon return of the QIP.
	Response by registered person detailing the actions taken:

Area for improvement 4 **Ref: Standard 5** **Stated: First time** **To be completed by:** **31 April 2026**	The registered person shall collate the results of client feedback to provide an anonymised client satisfaction summary report. This summary report should be compiled on an annual basis and made available to clients. Where appropriate an action plan should be developed to inform and improve services provided. A copy of the client satisfaction summary report for 2025 should be provided to RQIA upon submission of this QIP.
	Response by registered person detailing the actions taken:

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

The **Regulation** and
Quality Improvement
Authority

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
@RQIANews

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