

Inspection Report

1 April 2026



Rejuvaderm Clinic

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

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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

Organisation/Provider: Rejuvaderm Clinics Ltd	Registered Manager: Ms Christina Hicks
Responsible Person: Ms Christina Hicks	Date registered: 18 April 2023
Person in charge at the time of inspection: Ms Christina Hicks	
Category of care: Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L)	
Brief description of how the service operates: Rejuvaderm Clinic 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. Rejuvaderm Clinic 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. Equipment available in the service: Laser equipment: Manufacturer: Cynosure Model: Elite Plus Serial Number: ELM+ 2034 Laser Class: 4 Wavelength: 755 nm and 1064 nm Types of laser treatments provided: Hair removal Vascular Skin rejuvenation Pigmentation	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 1 April 2026 from 9.15 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. This inspection also sought to review the provision of PT(L) associated with the variation to registration application to relocate to new premises.

The RQIA estates inspector reviewed the variation with regards to the registration application relating to the new premises.

The variation in relation to the registration to relocate the establishment to new premises has been approved from an estates and care perspective and a new certificate of registration will be issued following the inspection.

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

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 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 arrangements for seeking client feedback by Rejuvaderm Clinic is discussed further in section 5.2.9.

Posters were issued to Rejuvaderm Clinic 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?

Areas for improvement from the last inspection on 28 April 2025		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (2) (d) Stated: First time To be completed by: 28 April 2025	The responsible individual shall ensure that all information as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, is sought and retained prior to commencement of employment of all authorised operators. These records should be retained for inspection.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met and further detail is provided in section 5.2.2.	
Area for improvement 2 Ref: Regulation 19 (2) (d) Stated: First time To be completed by: 28 April 2025	The responsible individual shall ensure that an AccessNI enhanced disclosure check is sought and reviewed for the newly recruited authorised operator, with the outcome recorded. Confirmation of a satisfactory outcome is to be submitted to RQIA upon return of the QIP.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met and further detail is provided in section 5.2.2.	
Action required to ensure compliance with Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area for improvement 1 Ref: Standard 13.1 and 13.4 Stated: First time	The responsible individual shall ensure documentation is retained to confirm all authorised operators have undertaken safe application training for the equipment in use. Evidence of safe application training for the identified authorised operator is to be submitted to RQIA on return of the QIP.	Met

To be completed by: 28 April 2025	Action taken as confirmed during the inspection: This area for improvement has been assessed as met and further detail is provided in section 5.2.1.	
Area for improvement 2 Ref: Standard 24.1 Stated: First time To be completed by: 28 April 2025	The responsible individual shall ensure that the fire risk assessment is reviewed at intervals not exceeding twelve months. Evidence that the fire risk assessment has been reviewed is to be provided to RQIA upon return of the QIP. Action taken as confirmed during the inspection: This area for improvement has been assessed as met and further detail is provided in section 5.2.6.	Met
Area for improvement 3 Ref: Standard 5.2 Stated: First time To be completed by: 28 April 2025	The responsible individual shall ensure an anonymised client satisfaction summary report is available for review by clients and interested parties. A copy of the client satisfaction report for 2024, is to be submitted to RQIA upon return of the QIP. Action taken as confirmed during the inspection: This area for improvement has been assessed as met and further detail is provided in section 5.2.9.	Met

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

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

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

A review of training records evidenced that authorised operators have up to date training in core of knowledge training, application training for the equipment in use, basic life support, IPC, fire safety awareness and safeguarding adults at risk of harm in keeping with the RQIA training guidance. It was therefore determined that the previous area for improvement made against the standards, as outlined in section 5.1, has been met.

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 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 Hicks 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.

Review of personnel files confirmed that all required recruitment documentation were in place. It was therefore determined that the previous areas for improvement made against the regulations, as outlined in section 5.1, has been met.

Discussion with Ms Hicks 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 Hicks 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. 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 Hicks 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 Hicks, 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?

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

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

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

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

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

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

The laser treatment room was clean and clutter free. Discussion with Ms Hicks confirmed that appropriate procedures were in place for the decontamination of equipment between use. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. Cleaning schedules for the establishment were in place. As discussed previously, authorised operators had up to date training in IPC.

Ms Hicks 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 new premises were maintained to a good standard of maintenance and décor.

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

It was confirmed that the fire risk assessment had been reviewed since the previous inspection. It was therefore determined that the previous area for improvement made against the standards, as outlined in section 5.1, has been met.

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

5.2.7 How does the service ensure that laser IPL 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 during January 2027.

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

The establishment's LPA completed a risk assessment of the premises during January 2026 and all recommendations made by the LPA have been addressed.

Ms Hicks confirmed that laser procedures are carried out following medical treatment protocols. The medical treatment protocols had been produced by a named registered medical practitioner. It was demonstrated that the protocols contained the relevant information about the treatments being provided and are due to expire during November 2026. It was established that systems are in place to review the medical treatment protocols when due.

Ms Hicks, as 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 and medical treatment protocols.

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. Authorised operators were 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 equipment 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 as outlined in the local rules.

Rejuvaderm Clinic has a laser register.

Ms Hicks told us 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 equipment was reviewed.

It was determined that appropriate arrangements were 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 Hicks confirmed that clients are provided with an initial consultation to discuss their treatment and any concerns they may have. There is written information for clients that provides a clear explanation of any treatment and includes pre and post treatment information.

The service has a list of fees available for each laser 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 including their general practitioner (GP) details in keeping with legislative requirements and clients are asked to complete a health questionnaire.

Three client care records were reviewed. There was an accurate and up to date treatment record for every client which included:

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

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.

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 Hicks 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 Hicks 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 Hicks confirmed that an action plan would be developed to inform and improve services provided, if appropriate. It was therefore determined that the previous area for improvement made against the standards, as outlined in section 5.1, has been met.

Review of the most recent client satisfaction report dated March 2026 found that clients were satisfied with the quality of treatment, information and care received.

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

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

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

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

Policies and procedures were available outlining the arrangements associated with the laser 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 Hicks confirmed that no complaints had been received since the previous inspection.

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

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

Ms Hicks confirmed that the statement of purpose and client's guide are kept under review, revised and updated when necessary and available on request.

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

It was determined that suitable arrangements are in place to enable Ms Hicks 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 Hicks.

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 Hicks, Responsible Individual, as part of the inspection process and can be found in the main body of the report.



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