

Inspection Report

16 April 2025



Woodford Medical Ltd

Type of service: Independent Hospital – Cosmetic laser/Intense Pulse Light and
Private Doctor Service

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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

<p>Organisation/Registered Provider Woodford Medical Ltd</p> <p>Responsible Individual Dr Mervyn Patterson</p>	<p>Registered Manager Dr Mervyn Patterson</p> <p>Date registered 26 January 2016</p>
<p>Person in charge at the time of inspection: Dr Mervyn Patterson</p>	
<p>Categories of care: Independent Hospital (IH) PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PD- Private Doctor</p>	
<p>Brief description of how the service operates: Woodford Medical Ltd is registered with the Regulation and Quality Improvement Authority (RQIA) as an Independent Hospital (IH) providing a dermatological laser and intense pulse light (IPL) service and a private doctor service. The private doctor service also offers some minor dermatological surgical procedures such as skin tag and benign mole removal.</p> <p>Woodford Medical Ltd also provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments that fall within regulated activity and the categories of care for which the establishment is registered.</p> <p>Equipment available in the service: Laser and IPL equipment</p> <p>Manufacturer: Palomar Model: Starlux 500 IPL Serial Number: 55-0209 Laser Class: 4</p> <p>Manufacturer: Sciton Model: Mjoule BBL Broadband Light (multi-platform) Serial Number: 51784 Laser Class: 4</p> <p>Types of laser/IPL treatments:</p> <ul style="list-style-type: none"> • Palomar Starlux IPL - Fractional resurfacing at 1540 nm wavelength • Sciton Mjoule BBL - Hair removal at 590nm, 640nm, and 695nm wavelengths 	

- Skin resurfacing at 515nm and 560nm wavelengths
- Acne scarring at 420nm and 515nm wavelengths

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 16 April 2025 from 10.00 am to 2.30 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 and private doctor training; safeguarding; laser and IPL 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 present on the day of the inspection however the inspector did not get the opportunity to speak with them as they were awaiting treatment.

Posters were issued to Woodford Medical Ltd 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 Woodford Medical Ltd was undertaken on 7 February 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?

Staff told us that there is sufficient staff in the various roles to fulfil the needs of the establishment and clients. Dr Patterson is the only private doctor working in Woodford Medical Ltd and he is also an authorised operator. He works alongside a second authorised operator and a clinic manager.

It was confirmed that treatments using the Palomar Starlux 500 machine and Sciton Mjoule BBL machine are only carried out by two named authorised operators. A register of authorised operators for the both machines had been maintained and was kept up to date.

A review of training records evidenced that Dr Patterson and the other authorised operator have up to date training in core of knowledge, application training for the equipment in use, basic life support, infection prevention and control, fire safety awareness and safeguarding adults at risk of harm in keeping with the RQIA training guidance.

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.

Evidence was available that staff who have professional registration undertake continuing professional development (CPD) in accordance with their professional body's recommendations. Discussion with the clinic manager and review of documentation confirmed that Dr Patterson and the other authorised operator take part in appraisal on an annual basis.

A review of Dr Patterson's details confirmed 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
- evidence of ongoing annual appraisal by a trained medical appraiser
- an appointed responsible officer
- arrangements for revalidation

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?

A recruitment and selection policy and procedure was in place which adhered to legislation and best practice guidance.

There have been no authorised operators or private doctors recruited since the previous inspection. During discussion, the clinic manager confirmed that should authorised operators or private doctors 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 the clinic manager confirmed that she had a clear understanding of the legislation and best practice guidance in relation to recruitment and selection.

It was determined that systems are in place to ensure that the recruitment of authorised operators and private doctors 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?

The clinic manager confirmed that laser and IPL treatments are not provided to persons under the age of 18 years.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies 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 Dr Patterson, as the safeguarding lead, has completed formal 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 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 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 resuscitation policy in place and protocols were available to guide the team on how to manage recognised medical emergencies.

It was confirmed that Dr Patterson and the other authorised operator 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 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 and consultation rooms were clean and clutter free. Discussion with one of the authorised operators 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, staff had up to date training in IPC.

The clinic manager 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 (CO₂) fire extinguisher is available which has been serviced within the last year.

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

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

A laser safety file was in place which contained the relevant information in relation to laser and IPL equipment. There was written confirmation of the appointment and duties of a certified LPA which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on 20 September 2025.

Up to date local rules were in place which have been developed by the LPA. Two sets of local rules were in place; one for the laser machine 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 during September 2024 and all recommendations made by the LPA have been addressed.

It was confirmed that laser and IPL procedures are carried out following medical treatment protocols. The medical treatment protocols had been produced by Dr Patterson. It was demonstrated that the protocols contained the relevant information about the treatments being provided and were dated February 2025. It was established that systems are in place to review the medical treatment protocols when due.

Dr Patterson, as the laser protection supervisor (LPS) has overall responsibility for safety during laser and IPL treatments and a list of authorised operators is maintained. Dr Patterson and the other authorised operator had signed to state that they had read and understood the local rules and 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 area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out.

The two doors to the treatment room are locked when the laser and IPL equipment is in use but can be opened from the outside in the event of an emergency. It was confirmed that authorised operators are aware that the laser safety warning sign 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 keys and keycodes. Arrangements are in place for the safe custody of the key and keypad code when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

Woodford Medical Ltd has two registers, one for laser treatments and one for IPL treatments. The registers are completed 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.

It was determined that appropriate arrangements were in place to operate the laser and 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?

Discussion with one of the authorised operators 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 effects, side-effects, risks, complications and expected outcomes.

The service has a list of fees available for each treatment provided by Dr Patterson and also for laser and IPL procedures. 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. Advice was given to ensure that this included the client's general practitioner (GP) details in keeping with legislative requirements. Clients are also asked to complete a health questionnaire.

Two client care records were reviewed. There was an accurate and up to date treatment record for each 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)

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 Patterson 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).

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 one of the authorised operators and the clinic manager 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 either Dr Patterson or the other 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.

The clinic manager 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. It was confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

Review of the most recent client satisfaction report, dated December 2024, found that clients were highly 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?

Dr Patterson is based in England and he provides the private doctor services in Woodford Medical Ltd for a period of two weeks every month. The clinic manager has overall responsibility for the day to day management of the establishment when Dr Patterson is not onsite.

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, Regulation 26 unannounced quality monitoring visits must be undertaken and documented every six months. During the inspection, records were available to evidence that Dr Patterson makes arrangements for himself or an appointee to undertake unannounced quality monitoring visits. Advice was given to ensure that the frequency of these visits are undertaken six monthly in the future.

Policies and procedures were available outlining the arrangements associated with the private doctor service and laser and 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.

Staff discussed the arrangements in place regarding regular meetings and a selection of the meeting minutes were available to review.

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

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.

The clinic manager confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. It was confirmed that incidents would be effectively documented and investigated in line with legislation. There are arrangements in place for all relevant incidents to be reported to RQIA and other relevant organisations in accordance with legislation and RQIA [Statutory Notification of Incidents and Deaths](#).

Dr Patterson demonstrated a clear understanding of his role and responsibility in accordance with legislation.

The clinic manager confirmed that the statement of purpose and client's guide are kept under review, revised and updated when necessary and are 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 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 the clinic manager.

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 the clinic manager as part of the inspection process and can be found in the main body of the report.



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