

# Inspection Report

24 February 2025



## Jenny Flanagan Laser Aesthetics Limited

Type of service: Independent Hospital - Cosmetic Laser \ Intense Pulsed Light  
Address: 14c Lisburn Street, Hillsborough, BT26 6AB  
Telephone number: 078 4206 8383

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

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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><b>Organisation / Registered Provider:</b> Jenny Flanagan Laser Aesthetics Limited</p> <p><b>Responsible Individual</b> Ms Jenny Flanagan</p>	<p><b>Registered Manager:</b> Ms Jenny Flanagan</p> <p><b>Date registered:</b> 25 May 2017</p>
<p><b>Person in charge at the time of inspection:</b> Ms Jenny Flanagan</p>	
<p><b>Categories of care:</b> Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L) Prescribed techniques or prescribed technology: establishments using intense light sources PT(IL)</p>	
<p><b>Brief description of how the service operates:</b> Jenny Flanagan Laser Aesthetics Limited 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.</p> <p>The service provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using Class 4 lasers and an intense pulse light (IPL) machine that fall within regulated activity and the categories of care for which the establishment is registered with RQIA.</p> <p><b>Equipment available in the service:</b></p> <p><b>Laser equipment:</b>  Manufacturer: Cynosure  Model: Alexandrite Apogee 5500  Serial Number: APMD 1900  Laser Class: 4  Wavelength: 755nm</p> <p>Manufacturer: Lumenis  Model: LightSheer DESIRE  Serial Number: 70141  Hand Pieces: XC  Laser Class: 4</p>	

Wavelength: 805nm

**Multi-platform equipment:**

Manufacturer: Lumenis  
 Model: M22  
 Serial Number: 25441/ 30573  
 Laser Class: (ResurFX) 4  
 Wavelength: (ResurFX) 1565nm

Hand pieces: Universal IPL The Lumenis M22 is a multi-platform machine that is capable of operating as a laser (ResurFX) and an IPL (Universal) by changing the hand piece.

**Types of IPL treatments provided:**

Hair removal, skin rejuvenation, vascular lesions, pigmentation and acne

**Types of laser treatments provided**

Hair removal and skin resurfacing

## 2.0 Inspection summary

This was an announced inspection, undertaken by two care inspectors on 24 February 2025 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; authorised operator training; staff recruitment; safeguarding; management of medical emergencies; infection prevention and control; laser and IPL safety; 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; providing the relevant information to allow clients to make informed choices; and seeking the views and opinions of clients on the quality of service provided.

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 client feedback was assessed by reviewing the most recent client satisfaction surveys completed by Jenny Flanagan Laser Aesthetics Limited.

Posters were issued to Jenny Flanagan Laser Aesthetics Limited 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 Jenny Flanagan Laser Aesthetics Limited was undertaken on 19 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 that staff are appropriately trained?**

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

Ms Flanagan confirmed that laser and IPL treatments are only carried out by authorised operators.

A staff register was in place. A review of the register identified that it required further development to include all information as stated in the legislation. Advice was provided to Ms Flanagan in this regard. A review of training records evidenced that authorised operators have up to date training in core of knowledge, safe application for the equipment in use, basic life support, infection prevention and control, fire safety awareness and safeguarding adults and children at risk of harm in keeping with the RQIA training guidance.

Discussion with Ms Flanagan confirmed that arrangements are in place to provide authorised operators with an annual appraisal.

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 for the recruitment of authorised operators. These arrangements will ensure that all required recruitment documentation has been sought and retained for inspection.

Ms Flanagan oversees the recruitment and selection of authorised operators and approves all staff appointments. A review of the staff register evidenced that one new authorised operator had been recruited since the previous inspection.

A review of the personnel file of the newly recruited authorised operator identified that not all information as listed in Regulation 19, Schedule 2 of The Independent Health Care Regulations (NI) 2005 had been retained on file. This was discussed with Ms Flanagan and following the inspection, RQIA received evidence to confirm that all of the required recruitment documentation had been sought and retained in the relevant recruitment file.

There was evidence of job descriptions and induction checklists for authorised operators.

Discussion with Ms Flanagan confirmed that she had a clear understanding of the legislation and best practice guidance in relation to recruitment and selection.

As a result of the action taken by Ms Flanagan following 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 Flanagan stated that laser and IPL treatments are not provided to persons under the age of 18 years, with the exception of laser hair reduction treatment for pilonidal sinus for persons aged 14 to 17 years old.

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 Ms Flanagan 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 Flanagan, as the safeguarding lead, has completed formal level two training in safeguarding adults and children in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016), the Safeguarding Board for Northern Ireland (SBNI) Child Safeguarding Learning and Development Strategy and Framework (2020 – 2023) and minimum standards.

It was confirmed that copies of the regional guidance documents entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) and the regional policy entitled Co-operating to Safeguard Children and Young People in Northern Ireland (August 2017) 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?**

All authorised operators had up to date training in basic life support and 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.

Both treatment rooms were clean and clutter free. Discussion with 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, authorised operators had up to date training in IPC. Further guidance was provided to Ms Flanagan regarding the disinfection of surfaces.

Ms Flanagan confirmed that arrangements are in place to check Department of Health (DOH) and Public Health Agency (PHA) websites for 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.

Review of the fire risk assessment confirmed that it had been reviewed within the last year and any identified actions had been addressed.

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 laser protection advisor (LPA), dated August 2024, which is reviewed on an annual basis.

The establishment's LPA completed a risk assessment of the premises during January 2024 and all recommendations made by the LPA have been addressed.

Ms Flanagan confirmed that laser and IPL 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 October 2025. It was established that systems are in place to review the medical treatment protocols when due.

It was also evidenced that a medical treatment protocol had been developed and was available for pilonidal sinus hair removal for persons aged 14 to 17 years old. It was confirmed that any young person (i.e. under the age of 18) must first be seen by a medical practitioner and referred to Ms Flanagan for this laser treatment. No young persons have received treatment to date.

Ms Flanagan, as the laser protection supervisor (LPS), has overall responsibility for safety during laser and IPL 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 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 areas are clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out.

The door to each treatment room is locked when the laser and IPL 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 signs should only be displayed when the laser and IPL equipment is in use and removed when not in use.

The Cynosure laser is operated using a key whilst the Lumenis M22 and LightSheer Desire use keypad codes. Arrangements are in place for the safe custody of the equipment key and keypad codes when not in use. Protective eyewear is available for the client and operator as outlined in the local rules. Jenny Flanagan Laser Aesthetics Limited has four separate laser and IPL registers. Ms Flanagan told us that authorised operators complete the relevant section of the register every time the equipment is operated.

The four 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 reports for the laser and IPL 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?**

Ms Flanagan confirmed that clients are provided with an initial consultation to discuss their treatment and any concerns they may have. The service now operates a digital client record. There is written information (via email) 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 laser and 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 in digital format including their general practitioner (GP) details in keeping with legislative requirements and 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 (electronic signature)
- skin assessment (where appropriate)
- patch test (where appropriate)
- record of treatment delivered including number of shots and fluence settings (where appropriate)

Discussion with Ms Flanagan indicated that cloud based client records are subject to robust security controls and backup strategies. 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 Flanagan 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 Flanagan 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 Flanagan 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 January 2025, 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?**

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 Flanagan 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 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.

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 and discussion with Ms Flanagan confirmed that no complaints had been received since the previous inspection.

Ms Flanagan is aware that a complaints audit is required to be undertaken to identify trends, drive quality improvement and to enhance service provision.

An incident policy and procedure was in place which includes the reporting arrangements to RQIA and other relevant organisations in accordance with legislation and RQIA [Statutory Notification of Incidents and Deaths](#). Ms Flanagan confirmed that should incidents occur, there are arrangements for identifying, recording, analysing and learning from adverse incidents.

Ms Flanagan confirmed that the statement of purpose and client 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 documentation confirmed that current insurance policies and registration with the Information Commissioners Office (ICO) were in place.

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

### **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 Jenny Flanagan, Responsible Individual, as part of the inspection process and can be found in the main body of the report.



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