

Inspection Report

11 August 2025



Urban Beauty & Skincare Clinic

Type of service: Independent Hospital-Cosmetic Laser

Address: 33a-33b Comber Road, Belfast, BT16 2AA

Telephone number: 028 9048 4202

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

<p>Organisation/Providers: Mrs Helen Alcorn-Hayes Mrs Lesley Alcorn</p>	<p>Registered Manager: Mrs Helen Alcorn-Hayes</p> <p>Date registered: 9 October 2019</p>
<p>Person in charge at the time of inspection: Mrs Helen Alcorn-Hayes</p>	
<p>Categories of care: Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L)</p>	
<p>Brief description of how the service operates: Urban Beauty & Skincare Clinic is registered with the Regulation and Quality Improvement Authority (RQIA) as an Independent Hospital (IH) with the following category of care: PT (L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers.</p> <p>Urban Beauty & Skincare Clinic provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using a Class 4 laser that fall within regulated activity and the category of care for which the establishment is registered with RQIA.</p> <p>It was identified that Urban Beauty & Skincare Clinic now operates from a sole unit, 33a Comber Road. Mrs Alcorn Hayes is aware that she should submit a variation to registration application regarding the address of the establishment.</p> <p>Equipment available in the service:</p> <p>Laser equipment: Manufacturer: Cynosure Model: Elite Plus Serial Number: ELM+ 1065 Laser Class: 4 Wavelength: 1064nm</p> <p>Types of laser treatments provided: Hair reduction</p>	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 11 August 2025 from 10.15 am to 12.15 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; 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 client feedback was assessed by reviewing the most recent client satisfaction surveys completed by Urban Beauty & Skincare Clinic. This matter is discussed further in section 5.2.9.

Posters were issued to Urban Beauty & Skincare 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 during the last inspection?

Areas for improvement from the last inspection on 31 May 2024		
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) Schedule 2, as amended Stated: First time	The registered person shall ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 is sought and retained for any new authorised operators recruited in the future.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 5.2.2	
Area for improvement 2 Ref: Regulation 19 (2) Schedule 2, as amended Stated: First time	The registered person shall ensure that an AccessNI enhanced disclosure check is completed and the outcome recorded prior to any authorised operator commencing employment in the future.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 5.2.2	

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?

Mrs Alcorn-Hayes told us there are sufficient staff in the various roles to fulfil the needs of the establishment and clients.

Mrs Alcorn-Hayes 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.

Name of RI 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.

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.

Mrs Alcorn Hayes confirmed that there have been no authorised operators recruited since the previous inspection.

Following the last inspection, Mrs Alcorn-Hayes submitted evidence to RQIA that recruitment documentation had been sought and retained for one newly recruited authorised operator. Discussion with Mrs Alcorn-Hayes and a review of the recruitment procedure 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 area for improvement 1 and area for improvement 2, made against the regulations as outlined in section 5.1, have been met.

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?

Mrs Alcorn-Hayes stated that laser 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 Mrs Alcorn-Hayes 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 Mrs Alcorn-Hayes, 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) and minimum standards and the Safeguarding Board for Northern Ireland (SBNI) Child Safeguarding Learning and Development Strategy and Framework 2020 – 2023 (July 2021).

It was confirmed that copies of the regional guidance document 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 (November 2024) 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 Mrs Alcorn-Hayes 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 Mrs Alcorn-Hayes evidenced that appropriate procedures were in place for the decontamination of equipment between uses. 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.

Mrs Alcorn-Hayes 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.

It was confirmed that the fire risk assessment had been reviewed since the previous inspection.

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

5.2.7 How does the service ensure that laser 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 August 2026.

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 March 2025 and all recommendations made by the LPA have been addressed.

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

Mrs Alcorn-Hayes, 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.

A laser safety warning sign was not available to display on the outside of door to the controlled area. Mrs Alcorn-Hayes was advised that a warning sign should be displayed when the laser equipment is in use and removed when not in use. Following inspection, RQIA received confirmation that this matter had been addressed.

The laser equipment is operated using a passcode. Arrangements are in place for the safe custody of the code when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

Urban Beauty & Skincare Clinic has one laser register.

Mrs Alcorn-Hayes told us authorised operators complete the relevant section of the register every time the equipment is operated.

The register was reviewed and included:

- the name of the person treated
- the date
- the operator
- the treatment given
- the precise exposure

A review of the laser register identified that it required further development to include all information as outlined in the Minimum Care Standards for Independent Healthcare Establishments (July 2014). This was discussed with Mrs Alcorn-Hayes and advice provided in this regard. Mrs Alcorn-Hayes assured us that authorised operators would henceforth record this information in the register.

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.

As a result of the assurances provided by Mrs Alcorn-Hayes, 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?

Mrs Alcorn-Hayes 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 and clients are asked to complete a health questionnaire.

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)

There were systems in place to record a client's GP details however, this was not completed in respect of some clients. This was discussed and advice and guidance provided to Mrs Alcorn-Hayes regarding the legislative requirements. Mrs Alcorn-Hayes assured us that she would address this matter moving forward.

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 given, 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 Mrs Alcorn-Hayes 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.

Mrs Alcorn-Hayes told us that clients are provided with the opportunity to complete an electronic 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. Mrs Alcorn-Hayes 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 June 2025, found that clients were very 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.

Mrs Alcorn-Hayes 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 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 Mrs Alcorn-Hayes confirmed that no complaints had been received since the previous inspection.

Discussion with Mrs Alcorn-Hayes confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Mrs Alcorn-Hayes 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.

Mrs Alcorn-Hayes demonstrated a clear understanding of her role and responsibility in accordance with legislation.

Mrs Alcorn-Hayes 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 Mrs Alcorn-Hayes 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 Mrs Alcorn-Hayes.

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 Mrs Alcorn-Hayes, Registered Person, as part of the inspection process and can be found in the main body of the report.



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