

Inspection Report

4 June 2025



Face Therapy NI Ltd

Type of service: Independent Hospital (IH) – Cosmetic Laser \ Intense Pulsed Light and Private Doctor

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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 the [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

1.0 Service information

Organisation/Registered Provider: Face Therapy NI Limited	Registered Manager: Ms Lisa Waring
Responsible Individual: Ms Lisa Waring	Date registered: 30 November 2023
Person in charge at the time of inspection: Ms Lisa Waring	
Categories of care: Independent Hospital (IH) 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) Private Doctor (PD)	
Brief description of how the service operates: Face Therapy NI Ltd provides a range of cosmetic/aesthetic treatments. It 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, PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources and a private doctor (PD) service. On 27 August 2024, RQIA received a variation to registration application to add an AH (DS) - Acute hospitals (day surgery only) category of care. Two new treatment rooms will be used for non-surgical and minor surgical day procedures. This application formed the basis of this inspection.	

2.0 Inspection summary

This was an announced follow up inspection undertaken by two care inspectors on 4 June 2025 from 10.00 am to 12.30 pm and concluded via a desktop review of documentation on 11 July 2025.

A variation to registration inspection of Face Therapy NI Ltd had been undertaken on 7 April 2025.

Three areas for improvement were made against the regulations and four areas for improvement identified against the standards.

The focus of this follow-up inspection was to review progress with areas for improvement identified since the last care inspection, to assess compliance with the legislation and minimum standards and the readiness of the establishment to offer minor day surgical procedures as specified within the submitted variation to registration application.

An RQIA estates inspector reviewed the variation to registration application in regards to matters relating to the premises and has approved this application from an estates perspective.

During the onsite inspection on 4 June 2025, inspectors reviewed a number of policies and procedures relating to day surgery services however, due to unforeseen circumstances, the inspection could not be completed on this date.

Owing to these circumstances, RQIA requested that a number of documents be submitted by Face Therapy NI Ltd electronically, to enable care inspectors to carry out a remote desktop inspection of the remaining documentation. This remote desktop inspection was concluded on 11 July 2025.

Based on the findings of the onsite and desktop inspections and discussions held with the responsible individual, the variation to registration application has now been approved from a care perspective. Ms Waring agreed to a condition being placed on the registration of Face Therapy Ni Ltd as follows:

‘Ms Waring agrees that no new day surgical procedures will be introduced without the prior written approval of RQIA.’

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 practice is operating in accordance with the relevant legislation and minimum standards.

Before the follow up variation to registration inspection, a range of information relevant to the variation application was reviewed. This included the following records:

- the previous inspection report dated 7 April 2025
- the quality improvement plan
- the proposed statement of purpose
- the proposed patient guide
- correspondence with the provider

The onsite inspection on 4 June 2025 was facilitated by Ms Waring.

Examples of good practice were acknowledged and any areas for improvement have been discussed with the person in charge and are detailed in the quality improvement plan (QIP).

4.0 The inspection

4.1 What action has been taken to meet any areas for improvement identified at or since last inspection?

The last inspection to Face Therapy NI Ltd was undertaken on 7 April 2025. Six areas for improvement were identified at this time.

Quality Improvement Plan		
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	The registered person shall ensure that all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (NI) 2005, as amended is sought and retained for all staff.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 4.2.4	
Area for improvement 2 Ref: Regulation 21 (3) Schedule 3, as amended	The registered person shall ensure that an accurate and up to date staff register is maintained and includes the details as outlined in Schedule 3, Part II of the Independent Healthcare Regulations (NI) 2005.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 4.2.3.	
Area for improvement 3 Ref: Regulation 19 (2) Schedule 2, as amended	The registered person shall ensure that an AccessNI enhanced disclosure check is completed and the outcome recorded prior to staff members commencing employment.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 4.2.4	

Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare 2014		Validation of compliance
Area for improvement 1 Ref: Standard 11	<p>The responsible person shall ensure that a written agreement between the practitioner and the establishment is retained for inspection and that it sets out the terms and conditions of granting practising privileges and defines the specialty or specialties in which the practitioner may treat patients and clients.</p>	Met
	<p>Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 4.2.4</p>	
Area for improvement 2 Ref: Standard 18	<p>The responsible person shall ensure that emergency resuscitation equipment is retained in line with resuscitation guidance; is readily accessible to staff; and monitored by a nominated staff member. Medical emergency policies and procedures should be in place and regularly reviewed.</p>	Met
	<p>Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 4.2.5</p>	
Area for improvement 3 Ref: Standard 20	<p>The responsible person shall ensure that there are IPC policies and procedures in place that are applicable to the day surgery environment and in line with regional infection control guidelines. An external IPC consultant should be appointed to advise on IPC requirements for the minor day surgical procedures proposed.</p>	Met
	<p>Action taken as confirmed during the inspection: This area for improvement has been assessed as met. Further detail is provided in section 4.2.6</p>	

4.2 Inspection findings

4.2.1 Has the statement of purpose been developed in keeping with Regulation 7 Schedule 1 of the regulations?

A review of the statement of purpose identified that it required further development to reflect the key areas and themes specified in Regulation 7, Schedule 1 of The Independent Health Care Regulations (NI) 2005. This was discussed with Ms Waring and following the inspection, evidence was provided to RQIA confirming this matter had been addressed.

Ms Waring is aware that the statement of purpose should be reviewed and updated as and when necessary.

4.2.2 Has the patient guide been developed in keeping with Regulation 8, of the regulations?

A review of the patient guide identified that it required further development to reflect the key areas and themes specified in Regulation 8 of The Independent Health Care Regulations (NI) 2005. This was discussed with Ms Waring and following the inspection, evidence was provided to RQIA confirming this matter had been addressed.

Ms Waring is aware the patient guide should be reviewed and updated as and when necessary.

4.2.3 Does the clinic have appropriately qualified and skilled staff in place?

Staffing arrangements for the proposed minor day surgical procedures were reviewed.

A staff register was in place however; it did not include all information as listed in The Independent Health Care Regulations (NI) 2005. Following inspection, Ms Waring submitted to RQIA a staff register which was found to include all the required information. It is therefore determined that area for improvement 2, made against the regulations, has been met.

The clinical team recruited to provide the proposed minor surgical procedures includes a private doctor, registered with the General Medical Council (GMC) and a lead nurse. The clinical team will be supported in the scheduling and running of the clinic by a clinic co-ordinator, and clinic management.

A review of the details of the private doctor's record evidenced that the following had been sought:

- confirmation of identity
- current GMC registration
- qualifications in line with the surgical service provided
- ongoing professional development and continued medical education that meets the requirements of the Royal Colleges and GMC
- ongoing annual appraisal by a trained medical appraiser
- an appointed responsible officer
- arrangements for revalidation

The recruitment of medical practitioners was discussed. Ms Waring was advised that, as a pre requisite to granting practicing privileges for any doctor, she must be satisfied that all necessary checks have been successfully completed, and to retain evidence.

Evidence of professional indemnity insurance was not retained on file for the identified medical practitioner and this was brought to the attention of Ms Waring. Following inspection, RQIA received evidence, confirming that insurance was in place for the procedures offered.

The medical practitioner had completed practical training in aesthetic medicine and plastic surgery and is named on the GMC specialist register in plastic surgery.

All staff working in Face Therapy NI Ltd, whether employed directly or under practicing privileges agreements, must complete training in keeping with RQIA training guidance and their professional regulatory body.

It was evidenced that training matrices had been introduced to record the status of staff training and it was noted that this included clinical staff who work under practicing privileges agreements. The training matrices are overseen by Ms Waring.

Training records for the medical practitioner and lead nurse were reviewed and it was found that a number of records were not available for inspection. Additional training records were submitted to RQIA following the inspection, confirming the identified staff had undertaken training in keeping RQIA training guidance.

Advice was given to Ms Waring to ensure that all staff have undertaken training in keeping RQIA training guidance and that training records should be retained and made available for inspection at all times. Ms Waring agreed to action this.

Through discussion and review of relevant documentation, it was confirmed that there were systems in place for undertaking, recording, and monitoring all aspects of staff supervision, appraisal, and ongoing professional development.

Evidence was available that staff who have professional registration undertake continuing professional development (CPD) in accordance with their professional body's recommendations.

It was demonstrated that staffing levels for the proposed minor day surgical procedures are safe. Following the actions taken following inspection, it is determined that staff are appropriately trained to meet the needs of patients.

4.2.4 How does the service ensure that recruitment and selection procedures are safe?

The arrangements in respect of the recruitment and selection were reviewed.

The recruitment policy did not include all of the necessary pre-employment checks to be undertaken prior to new staff commencing work in the establishment and this was discussed with Ms Waring. Following the inspection, a recruitment policy that fully reflected the legislative requirements was submitted to RQIA.

A review of two personnel files identified that not all information as listed in Regulation 19, Schedule 2 of The Independent Health Care Regulations (NI) 2005 had been retained and made available for inspection.

A signed practising privileges agreement for the identified medical practitioner was not available for review on the day of inspection. This was brought to the attention of Ms Waring and following inspection, a practising privileges agreement was submitted to RQIA; it was signed by both parties and clearly defined their scope of practice. It is determined that area for improvement 1, made against the standards, has been met.

Discussion with Ms Waring on 4 June 2025 confirmed that an enhanced AccessNI disclosure check was being undertaken in respect of both staff members. It was evidenced to RQIA that the enhanced AccessNI checks had been completed for both staff members on 16 and 27 June respectively. It was determined that area for improvement 3, made against the regulations, has been addressed.

Advice was provided to Ms Waring to ensure all recruitment checks are undertaken prior to commencement of employment and are retained and made available at all times for inspection.

Immunisation records were not available for clinical staff who will be directly involved with the proposed minor surgical procedures. This is discussed further in section 4.2.6.

On review of the evidence submitted, it is now determined that recruitment of staff complies with the legislation and best practice guidance. Therefore, area for improvement 1, made against the regulations, has been met.

4.2.5 How does the service ensure that medical emergency procedures are safe?

The clinic has a policy in place for the management of medical emergencies which outlines procedures on how to manage recognised medical emergencies, location and details of emergency drugs and equipment held, staff responsibilities and training for staff.

Managing medical emergencies is included in the staff induction programme and training is updated annually. As discussed in section 5.1, clinical staff working in the day surgery service had completed intermediate or advanced life support training on an annual basis and records are retained.

A risk assessment had been undertaken to determine which emergency medicines and medical emergency equipment should be retained to keep patients safe.

Itemised log templates submitted by Ms Waring were reviewed and confirmed that systems were in place to check at regular intervals that the emergency medicines and equipment retained are immediately available and do not exceed their expiry dates. A portable defibrillator with adult pads and a portable oxygen cylinder are retained and functionality is routinely checked and recorded. Ms Waring confirmed that no controlled drugs are held in the clinic.

The lead nurse is named in the policy for having responsibility for conducting checks on emergency medicines and equipment.

Following a review of the evidence submitted, it is determined that area for improvement 3, made against the Standards, has now been met.

An emergency transfer out procedure was in place for patients requiring transfer to hospital by ambulance due to an increase in either their medical or nursing care need.

Sufficient emergency medicines and equipment were in place and the team is trained to manage a medical emergency as specified in the legislation, professional standards and guidelines.

4.2.6 How does the service ensure that it adheres to infection prevention and control in keeping with best practice guidance?

A range of IPC policies and procedures were submitted for RQIA for review in respect of the proposed minor surgical procedures.

A review of the IPC policy evidenced that it still required further development to reflect regional IPC and best practice guidelines and this was brought to the attention of Ms Waring. Following inspection, RQIA received evidence that this matter had been addressed.

The policy confirmed that only single use equipment will be used and that the reprocessing of surgical instruments would not be undertaken.

Ms Waring previously informed RQIA that an external IPC consultant had been contracted to review the two new treatment rooms and advise on the IPC requirements for the proposed minor day surgical procedures. The subsequent report was made available to RQIA for review.

It was confirmed that treatment room cleaning schedules were in place and which included daily, weekly and monthly checklists.

Written procedures for cleaning and decontamination of clinical surfaces and equipment were in place and these were adapted to the day surgery setting and clinical environment in line with best practice guidance. Procedures confirmed that relevant staff would receive training in cleaning the two treatment rooms and compliance with procedures would be monitored through internal audit and supervision.

As previously discussed staff training records confirmed that staff have completed IPC training commensurate with their roles and responsibilities.

As a result of the evidence submitted to RQIA, it is determined that area for improvement 4, made against the standards, has now been met.

As stated in section 4.2.2, relevant staff had undergone a pre-employment health assessment and evidence of this was retained in the respective personnel files. However, it could not be confirmed that systems were in place to check the vaccination status of staff who may have direct contact with patients, used surgical instruments or bed linens as a result of a minor surgical procedure. This was addressed with Ms Waring and following inspection, evidence was submitted to RQIA to confirm that this matter had been addressed.

It was determined that arrangements are now in place to ensure the service adheres to infection prevention and control best practice guidance and that the risk of infection transmission to patients and staff has been minimised.

4.2.7 Are there safe practices in place for the day surgery service?

The arrangements for the provision of minor day surgery services were reviewed as part of the inspection conducted on 7 April 2025.

It was confirmed by Ms Waring that the following minor day surgical procedures are proposed:

- Upper and lower blepharoplasty
- Excision of skin lesion(s)
- A number of cosmetic procedures that may require aspiration/targeted liposuction.

Ms Waring is aware that a surgical register should be maintained for all procedures undertaken in the clinic. Advice was provided to Ms Waring that all surgical operations performed must be recorded in sufficient detail in line with the regulations. A proposed register was subsequently shared with RQIA following the inspection on 4 June 2025. A review of the proposed surgical register identified that it did not include the detail required and advice was provided to Ms Waring in this regard. Ms Waring subsequently submitted an updated surgical register to RQIA that was in accordance with regulation.

Policies and procedures in place were reviewed and found to outline arrangements which will ensure that safe and effective care is provided to patients in accordance with good practice guidelines and national standards.

As a result of the action taken following the inspection and evidenced reviewed during inspection, it was determined that arrangements are in place to support the provision of safe and effective surgical practices.

4.2.8 Variation to registration application

The variation to registration application to add an Acute Hospital - Day Surgery, AD(DS) category of care has been approved from a care and estates perspective.

Ms Waring told RQIA that other day-surgery procedures may be offered in the future, pending recruitment of suitably trained medical practitioners. Senior representatives within RQIA considered the likelihood of additional day surgical procedures being offered in the future. It was proposed that to protect patients, reduce risk and ensure that the clinic has suitable arrangements in place in relation to introducing additional surgical procedures that RQIA would agree with Ms Waring the minor day surgical procedures that may be offered now and that RQIA would place a condition on the registration of Face Therapy NI Ltd as follows:

'Ms Waring agrees that no new day surgical procedures will be introduced without the prior written approval of RQIA.'

Ms Waring agreed to the proposed condition being placed on the registration of Face Therapy NI Ltd and confirmed in writing the minor day surgical procedures that can be offered in the clinic now.

5.0 Quality Improvement Plan/Areas for Improvement

No areas for improvement have been identified where action is required to ensure compliance with [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and [Minimum Care Standards for Independent Healthcare 2014](#)



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