

# Inspection Report

24 March 2025



## Pure Perfection

Type of service: Independent Hospital-Cosmetic Laser\Intense Pulsed Light  
Address: 41-43 Main Street Fintona, Omagh, BT78 2AG  
Telephone number: 028 8284 0855

[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

<b>Organisation/Provider:</b> Pure Perfection	<b>Registered Manager:</b> Mrs Sinead O'Hanlon
<b>Responsible Person:</b> Mrs Sinead O'Hanlon	<b>Date registered:</b> 17 October 2022
<b>Person in charge at the time of inspection:</b> Mrs Sinead O'Hanlon	
<b>Categories of care:</b> Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L)	
<b>Brief description of how the service operates:</b>  <p>Pure perfection 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.</p> <p>Pure perfection also provides a range of cosmetic treatments. This inspection focused solely on those treatments using a Class 4 laser.</p> <p>Mrs O'Hanlon informed us that since the last inspection she had purchased an intense pulse light (IPL) machine. Mrs O'Hanlon was advised to submit a retrospective variation to registration application to add the following category of care, PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources. Mrs O'Hanlon gave us assurances that the IPL equipment would not be used until such time that the variation had been submitted to and approved by RQIA.</p>	
<b>Equipment available in the service:</b>  <b>Laser equipment:</b> Manufacturer: AGP Model: Epildream HP 1200 Serial Number: EP12E0123 Laser Class: 4 Wavelength: 760nm, 808nm and 1064 nm	
<b>Types of laser treatments provided:</b> Hair removal	

## **2.0 Inspection summary**

This was an announced inspection, undertaken by two care inspectors on 24 March 2025 Year from 10.00 am to 1.30 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; safeguarding; management of medical emergencies; infection prevention and control; 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 Pure Perfection.

Posters were issued to Pure Perfection 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 Pure Perfection was undertaken on 25 March 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?**

Mrs O'Hanlon confirmed that laser treatments are only carried out by authorised operators. A register of authorised operators for the laser is maintained and kept up to date.

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, 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 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 Mrs O'Hanlon 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.

Discussion with Mrs O'Hanlon 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?**

Mrs O'Hanlon 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. A minor amendment was required to be made to the policy, and advice and guidance was provided to Mrs O'Hanlon in this regard. Mrs O'Hanlon gave us assurances this matter would be addressed following the inspection. 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 O'Hanlon 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 O'Hanlon, 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 by Mrs O'Hanlon that a copy of the regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) would be made available for reference following the inspection.

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. Advice and guidance was provided to Mrs O'Hanlon to develop an explanatory grab pack to accompany an injured person to accident and emergency or eye clinic. Following the inspection RQIA received evidence this matter had been addressed.

As a result of actions taken following the inspection 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 O'Hanlon 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, Mrs O'Hanlon had up to date training in 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.

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 information in relation to laser equipment. Review of the laser safety file and discussion with Mrs O'Hanlon identified that the most recent versions of all laser safety documentation had not been retained in the laser safety file, and were not available for review during the inspection.

In accordance with the standards there should be written confirmation of the appointment and duties of a certified laser protection advisor (LPA) that is renewed annually. A review of records submitted to RQIA following the inspection evidenced that a service level agreement between the establishment and the LPA was in place from 2 December 2024 and will expire during December 2027. However it was identified that the previous LPA service level agreement had expired on 27 October 2024, meaning there was a period of time where the LPA service level agreement had lapsed.

The most recent version of the local rules were submitted to RQIA for review following the inspection. Review of the local rules confirmed they had been renewed on 2 December 2024 and contained the relevant information about the laser equipment being used. However it was identified that the previous local rules had expired on 27 October 2024, meaning there was a period of time where the local rules had lapsed.

The establishment's LPA completed a risk assessment of the premises on 2 December 2024 and this was submitted to RQIA following the inspection. Review of the risk assessment confirmed that all recommendations made by the LPA have been addressed. However the previous risk assessment had expired on 27 October 2024, meaning there was a period of time where the risk assessment had lapsed.

Mrs O'Hanlon confirmed that laser procedures are carried out following medical treatment protocols. The medical treatment protocols had been produced by a named registered medical practitioner and the most recent version of these were submitted to RQIA following the inspection. Review of the medical treatment protocols demonstrated that they contained the relevant information about the treatments being provided and are due to expire during April 2026. The previous medical treatment protocols had expired during November 2024, meaning there was a period of time where the protocols had lapsed.

Mrs O'Hanlon was advised to develop arrangements to ensure that following the inspection the LPA service level agreement, local rules, risk assessment and medical treatment protocols are renewed within specified timeframes. Mrs O'Hanlon gave us assurances that this matter would be addressed.

Mrs O'Hanlon, 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. Mrs O'Hanlon was 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 is operated using a keypad code. Arrangements are in place for the safe custody of the keypad code when not in use. Mrs O'Hanlon was advised to develop a policy to reflect the arrangements in place for the safe custody of the keypad code. Following the inspection RQIA was provided with evidence that this matter had been addressed.

Protective eyewear is available for the client and operator as outlined in the local rules.

Pure perfection has one laser register.

Mrs O'Hanlon told us that they 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 was reviewed.

As a result of actions taken following the inspection and assurances provided by Mrs O'Hanlon 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 O'Hanlon 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.

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.

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
- 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. Mrs O'Hanlon was advised to develop a policy to include the creation, storage, recording, retention and disposal of records. Following the inspection RQIA received evidence that this matter had been addressed.

The service has a policy for advertising and marketing.

As a result of actions taken following the inspection 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 O'Hanlon 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 O'Hanlon confirmed that clients are provided with the opportunity to complete a satisfaction survey when their treatment is complete. However, it was identified that the results of the surveys had not been collated to provide an anonymised survey report. Advice and guidance was provided in this regard and following the inspection Mrs O'Hanlon provided the RQIA with a summary report that found clients were highly satisfied with the quality of treatment, information and care received. Mrs O'Hanlon is aware that this report should be made available to clients and other interested parties and confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

As a result of actions taken following the inspection 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.

Mrs O'Hanlon 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 patients 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.

Review of documentation and discussion with Mrs O'Hanlon confirmed that an incident policy and procedure was in place. Mrs O'Hanlon was advised to further develop this policy to reflect the arrangements in place for reporting incidents to RQIA. Mrs O'Hanlon gave us assurances that this matter would be addressed following the inspection.

Mrs O'Hanlon confirmed that incidents would be effectively documented and investigated in line with legislation. All relevant incidents are 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 O'Hanlon demonstrated a clear understanding of her role and responsibility in accordance with legislation.

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 person 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 Mrs O'Hanlon.

### 6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs O'Hanlon, Registered Person, as part of the inspection process and can be found in the main body of the report.



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