

# Inspection Report

2 June 2025



## Uptown Hair, Beauty and Aesthetics

Type of service: Independent Hospital - Cosmetic Laser  
Address: 1st Floor Unit C, 2 Fleming Way, 57-59 Main Street, Limavady, BT49 OFB  
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[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/Provider:</b> Ms Georgina Conroy</p>	<p><b>Registered Manager:</b> Ms Georgina Conroy</p> <p><b>Date registered:</b> 24 January 2023</p>
<p><b>Person in charge at the time of inspection:</b> Ms Georgina Conroy</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)</p>	
<p><b>Brief description of how the service operates:</b> Uptown Hair, Beauty and Aesthetics 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>Uptown Hair, Beauty and Aesthetics also 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 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: SMART Group  Model: SMART Diode  Serial Number: L0211110027  Laser Class: 4  Wavelength: 808nm</p> <p><b>Type of laser treatments provided:</b> Hair Removal</p>	

## 2.0 Inspection summary

This was an announced inspection, undertaken by two care inspectors on 2 June 2025 from 10.45 am to 1.15 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 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 Uptown Hair, Beauty and Aesthetics. This matter is discussed further in section 5.2.9.

Posters were issued to Uptown Hair, Beauty and Aesthetics by RQIA prior to the inspection inviting clients to complete an electronic questionnaire. Three clients submitted responses and indicated that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. All clients indicated that they were very satisfied with each of these areas of their care. One comment was received, which spoke positively of Ms Conroy and the service provided.

**5.0 The inspection**

**5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

Areas for improvement from the last inspection on 25 September 2023		
Action required to ensure compliance with <a href="#">Minimum Care Standards for Independent Healthcare Establishments (July 2014)</a>		Validation of compliance
<p><b>Area for Improvement 1</b></p> <p>Ref: Standards 48.4, 48.6 and 48.11</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following records are in place:</p> <ul style="list-style-type: none"> <li>written confirmation of the appointment and duties of a certified laser protection advisor (LPA)</li> <li>up to date local rules provided by the LPA</li> <li>an up to date risk assessment undertaken by the LPA</li> </ul> <p>A copy of each record should be retained in the laser safety folder and copies provided to RQIA upon submission of the QIP.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the laser safety file on day of the inspection, and documentation submitted following the inspection evidenced that this area for improvement has been met.</p>	
<p><b>Area for Improvement 2</b></p> <p>Ref: Standard 48.17</p> <p>Stated: First time</p>	<p>The registered person shall ensure the protective eyewear is compliant with the new local rules.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of the protective eyewear provided evidenced that it was in accordance with the local rules.</p>	

## 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?

Ms Conroy told us that laser treatments are carried out by her as the authorised operator. The register of authorised operators for the laser equipment reflects that Ms Conroy is the authorised operator.

A review of training records evidenced that Ms Conroy has up to date training in core of knowledge, application training for the equipment in use, basic life support, IPC and safeguarding adults at risk of harm in keeping with the RQIA training guidance.

A certificate for fire safety awareness training was not available and this was discussed with Ms Conroy. Following the inspection, evidence of fire safety awareness training, dated June 2025, was shared with RQIA.

As a result of the action taken following the inspection, it is 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?

Ms Conroy told us she does not intend to employ any other authorised operators. During discussion Ms Conroy 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 Ms Conroy confirmed that she had a clear understanding of the legislation and best practice guidance in relation to recruitment and selection.

Arrangements are in place to ensure the recruitment of any authorised operators in the future 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 Conroy 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. 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 Conroy 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 Conroy, 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 that a copy of the regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) was 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?**

Ms Conroy had up to date training in basic life support and was 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 Ms Conroy 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. Ms Conroy was advised to display a hand hygiene poster adjacent to any hand washing facilities in the establishment and she agreed to address this matter.

Cleaning arrangements for communal areas of the establishment were discussed and advice provided in this regard.

As discussed previously, Ms Conroy had up to date training in IPC. Ms Conroy is aware that the Department of Health (DOH) and Public Health Agency (PHA) websites provide advisory information, guidance and alerts with regards to IPC.

As a result of assurances given, 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 (CO<sub>2</sub>) fire extinguisher is available which has been serviced within the last year.

The fire risk assessment was not available for review during the inspection. This was discussed with Ms Conroy and a copy of the fire risk assessment was provided to RQIA following the inspection, evidencing that it had been reviewed by Ms Conroy within the last year.

It was therefore 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 some relevant information in relation to the laser equipment.

A review of the file evidenced that 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 on 27 May 2026.

The establishment's LPA had completed a risk assessment of the premises during May 2025 and all recommendations made by the LPA have been addressed.

Local rules, developed by the LPA, were not retained on file for inspection. This was brought to the attention of Ms Conroy who agreed to contact the LPA as a matter of urgency regarding this matter. Following the inspection, up to date local rules containing the relevant information about the laser equipment in use were shared with RQIA. Ms Conroy provided assurances that the local rules had now been retained on file.

Ms Conroy confirmed that laser hair removal procedures are carried out following a medical treatment protocol. However, the protocol for hair removal had not been retained on file. This was discussed with Ms Conroy and during the inspection, a copy of the protocol was made available to RQIA. A review of this protocol confirmed that it had been produced by a named registered medical practitioner and contained the relevant information about the treatment being provided. Review of documentation, confirmed that systems are in place to review the medical treatment protocols when due.

Ms Conroy, as the laser protection supervisor (LPS) has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. Advice was provided to Ms Conroy to sign to confirm that she had read and understood the local rules and medical treatment protocols retained on file. Following the inspection, RQIA received confirmation that this matter had been addressed.

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. Ms Conroy 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 equipment is operated using a keypad code. Arrangements are in place for the safe custody of the keypad code when not in use. As previously discussed in section 5.1 protective eyewear was available for the client and operator as outlined in the local rules.

Uptown Hair, Beauty and Aesthetics has a laser register in place. Ms Conroy told us that she completes 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 equipment was reviewed.

As a result of the actions taken during and following the inspection, it is determined that appropriate arrangements are 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?**

Ms Conroy 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 including their general practitioner (GP) details in keeping with legislative requirements and clients are asked to complete a health questionnaire.

Three 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)

Discussions with Ms Conroy confirmed that client records are securely stored. The policy and procedure in place in relation to record management was reviewed at inspection. Advice and guidance was given to Ms Conroy to further develop this policy to include reference to the creation, storage, recording, retention and disposal of records. Ms Conroy was receptive to this advice and following the inspection, a copy of the updated policy was shared with RQIA.

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 Conroy 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 Conroy told us that all clients are provided with the opportunity to complete a satisfaction survey on completion of treatment. Ms Conroy advised RQIA that this feedback is submitted via an app and she regularly monitors the results. It was evidenced that the results of this feedback had not been collated into an anonymised summary report. Advice was provided to Ms Conroy to create a report at the earliest opportunity, which would be made available to clients and other interested parties. Ms Conroy confirmed that this matter would be addressed and that an action plan would be developed to inform and improve services provided, if appropriate.

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.

Ms Conroy 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. It was found at the inspection that this policy needed to be updated in keeping with legislation. Following the inspection RQIA received confirmation that the policy had been updated accordingly.

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 Ms Conroy confirmed that no complaints had been received since the previous inspection.

Discussion with Ms Conroy confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Ms Conroy 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.

Ms Conroy demonstrated a clear understanding of her role and responsibility in accordance with legislation.

Ms Conroy confirmed that the statement of purpose and client's 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 insurance documentation confirmed that current insurance policies were in place.

It was determined that suitable arrangements are in place to enable the registered 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 Ms Conroy.

## **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 Conroy, Registered Person, as part of the inspection process and can be found in the main body of the report.



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