

# Inspection Report

03 March 2025



## Den Bo Health Centre

Type of service: Independent Hospital (IH) – Intense pulse light (IPL)  
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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> Mrs Liudmila Borimskaja</p> <p><b>Responsible Individual:</b> Mrs Liudmila Borimskaja</p>	<p><b>Registered Manager:</b> Mrs Liudmila Borimskaja</p> <p><b>Date registered:</b> 06 September 2023</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Liudmila Borimskaja</p>	
<p><b>Categories of care:</b> Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using intense light sources PT(IL)</p>	
<p><b>Brief description of how the service operates:</b></p> <p>Den Bo Health Centre is registered with the Regulation and Quality Improvement Authority (RQIA) as an Independent Hospital (IH) with the following categories of care: PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources.</p> <p>Den Bo Health Centre also provides a range of cosmetic/aesthetic and therapeutic treatments. This inspection focused solely on those treatments using 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>IPL equipment:</b>  Manufacturer: Skynicare  Model: Bio-care Lite  Serial Number: 2201K2005  Wavelength: 400nm – 1200nm</p> <p><b>Type of IPL treatments provided:</b> Hair removal, skin rejuvenation, pigmented lesions, vascular lesions and acne.</p>	

## 2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 03 March 2025 from 10.30 am to 12.45 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 and IPL safety; management of medical emergencies; infection prevention and control; adherence to best practice guidance in relation to COVID-19; 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. Posters were issued to Den Bo Health Centre by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire

Five clients submitted responses. Client responses 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. A number of client responses included positive comments pertaining to the excellent care they had received and the cleanliness of the establishment.

One staff member submitted a questionnaire response. The response indicated that they felt client care was safe, effective, that clients were treated with compassion and that the service was well led. The staff member indicated that they were very satisfied with each of these areas of client care.

## 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 Den Bo Health Centre was undertaken on 06 July 2023; 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 Borimskaja told us that IPL treatments are carried out by her as the authorised operator. The register of authorised operators for the IPL machine reflects that Mrs Borimskaja is the authorised operator.

A review of training records evidenced that Mrs Borimskaja has 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 IPL 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. These arrangements will ensure that all required recruitment documentation has been sought and retained for inspection.

There have been no authorised operators recruited since the previous inspection. During discussion Mrs Borimskaja 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 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 Borimskaja stated that 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 Borimskaja 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 Borimskaja as the safeguarding lead, had 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 policy entitled Co-operating to Safeguard Children and Young People in Northern Ireland (August 2017) and the regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) 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?**

Mrs Borimskaja 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 IPL treatment room was clean and clutter free. Discussion with Mrs Borimskaja 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 Borimskaja 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 Are arrangements in place to minimise the risk of COVID-19 transmission?**

The management of operations to minimise the risk of COVID-19 transmission were discussed with Mrs Borimskaja who outlined the measures taken to ensure current best practice measures are in place.

It was determined the management of COVID-19 was in line with best practice guidance and appropriate actions had been taken in this regard.

### **5.2.7 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.

### **5.2.8 How does the service ensure that IPL procedures are safe?**

A laser safety file was in place which contained the relevant information in relation to IPL 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 September 2025.

Up to date, local rules were in place which have been developed by the LPA. The establishment's LPA completed a risk assessment of the premises during September 2024 and all recommendations made by the LPA have been addressed.

Mrs Borimskaja confirmed that 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 September 2026. It was established that systems are in place to review the medical treatment protocols when due.

Mrs Borimskaja, as the laser protection supervisor (LPS) and authorised operator has overall responsibility for safety during 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 IPL equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

The environment in which IPL 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 IPL equipment is in use but can be opened from the outside in the event of an emergency. Mrs Borimskaja was aware that the laser safety warning sign should only be displayed when the IPL equipment is in use and removed when not in use.

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

Den Bo Health Centre has a IPL register and Mrs Borimskaja told us that she complete the relevant sections 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 IPL equipment in line with the manufacturer's guidance. The most recent service report of the IPL were reviewed.

It was determined that appropriate arrangements were in place to operate the IPL equipment.

### **5.2.9 How does the service ensure that clients have a planned programme of care and have sufficient information to consent to treatment?**

Mrs Borimskaja 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.

The service has a list of fees available for each 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 including their general practitioner (GP) details in keeping with legislative requirements and clients are asked to complete a health questionnaire.

A sample of 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. 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.

#### **5.2.10 How does the service ensure that clients are treated with dignity, respect and are involved in the decision making process?**

Discussion with Mrs Borimskaja 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 Borimskaja 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. Mrs Borimskaja confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

Review of the most recent client satisfaction report 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.

#### **5.2.11 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 Borimskaja 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 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 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 concerning complaints evidenced that complaints had been managed in accordance with best practice guidance. A review of records confirmed that no complaints had been received since the previous inspection.

Discussion with Mrs Borimskaja confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Mrs Borimskaja confirmed that incidents are 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 Borimskaja demonstrated a clear understanding of her role and responsibility in accordance with legislation.

Mrs Borimskaja 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 responsible individual/ to assure themselves of the quality of the services provided.

#### **5.2.12 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 were discussed with Mrs Borimskaja.

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



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