

# Inspection Report

25 June 2025



## Beauty By Marilyn

Type of service: Independent Hospital - Cosmetic Laser  
Address: 17 Lisnarick Road, Irvinestown, BT94 1EY  
Telephone number: 077 1833 8880

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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> Beauty By Marilyn</p> <p><b>Registered Person:</b> Mrs Marilyn Kane</p>	<p><b>Registered Manager:</b> Mrs Marilyn Kane</p> <p><b>Date registered:</b> 6 October 2022</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Marilyn Kane</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> Beauty By Marilyn 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>Beauty By Marilyn also provides a range of cosmetic / aesthetic treatments. This inspection focused solely on those treatments using a Class 4 laser machine that fall within regulated activity and the category of care for which the establishment is registered with RQIA.</p> <p>A variation to registration application was submitted to RQIA prior to the inspection to relocate the establishment to new premises.</p> <p><b>Equipment available in the service:</b></p> <p><b>Laser equipment:</b> Manufacturer: Candela Model: Gentlease Serial Number: 0914-9030-18824 Laser Class: 4 Wavelength: 755nm and 1064 nm</p> <p><b>Type of laser treatment provided:</b> Hair removal</p>	

## 2.0 Inspection summary

This was an announced care and variation to registration inspection, undertaken by a care inspector on 25 June 2025 from 10.30 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. This inspection also sought to review the provision of PT(L) associated with the variation to registration application to relocate to new premises.

An RQIA estates inspector reviewed the variation to registration application in regards to matters relating to the new premises.

The variation to registration to relocate the establishment to new premises has been approved from an estates and care perspective and a new certificate of registration will be issued following the inspection.

There was evidence of good practice concerning staff recruitment; authorised operator training; safeguarding; laser; 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 Beauty By Marilyn. This is discussed further in section 5.2.9.

Posters were issued to Beauty By Marilyn by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire. No staff questionnaires were submitted to RQIA prior to the inspection.

One client submitted responses indicating that they felt their care was safe and effective, that they were treated with compassion and that the service was well led. The client indicated that they were very satisfied with each of these areas of their 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 Beauty By Marilyn was undertaken on 21 August 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 and staff are suitably trained?**

Mrs Kane told us that laser treatments are carried out by her as the authorised operator. The register of authorised operators for the laser equipment reflected that Mrs Kane is the authorised operator.

A review of training records evidenced that Mrs Kane has up to date training in core of knowledge, application training for the equipment in use, basic life support, infection prevention and control (IPC), fire safety awareness and safeguarding adults at risk of harm in keeping with the RQIA training guidance.

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?**

Beauty By Marilyn did not have a recruitment and selection policy in place. Mrs Kane confirmed that no new authorised operators had been recruited since the last inspection. Mrs Kane stated she does not intend to recruit any authorised operators at any time.

Mrs Kane confirmed that should the situation change, and an authorised operator was to be recruited in the future, all the 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 Kane confirmed that she had a clear understanding of the legislation and best practice guidance in relation to recruitment and selection.

As a result of the discussion with Mrs Kane it was determined that the recruitment of any new authorised operator, will be undertaken in accordance with 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 Kane 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 Mrs Kane 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 Kane, 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 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?**

Mrs Kane 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 in the new premises was clean and clutter free. Discussion with Mrs Kane 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. Cleaning schedules for the establishment were in place. As discussed previously, Mrs Kane had up to date training in IPC.

Mrs Kane 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 new 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 in the new premises which has been serviced within the last year.

It was confirmed that a fire risk assessment had been undertaken regarding the new premises.

The arrangements for maintaining the environment were reviewed by the estates inspector. As discussed in section 2.0 the variation to registration to relocate the establishment to new premises was approved from an estates perspective following this 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 May 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 new premises during May 2025 and all recommendations made by the LPA have been addressed.

Mrs Kane confirmed that laser 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 October 2025. It was established that systems are in place to review the medical treatment protocols when due.

Mrs Kane, as the laser protection supervisor (LPS) has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. Mrs Kane had signed to state that she 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 two doors accessing the treatment room are kept locked when the laser equipment is in use but can be opened from the outside in the event of an emergency. Mrs Kane 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 key and arrangements are in place for the safe custody of the key when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

Beauty By Marilyn has a laser register and Mrs Kane 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.

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 Kane 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.

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. A policy and procedure was available which included the creation, storage, recording, retention and disposal of records and data protection.

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 Kane 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 Kane 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 Kane 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 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.

### **5.2.10 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 Kane 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 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.

Mrs Kane confirmed that no complaints had been received since the previous inspection.

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

Mrs Kane confirmed that the statement of purpose and client's guide are kept under review, revised and updated when necessary and are available on request.

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 Mrs Kane.

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



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