

Inspection Report

31 March 2025



AV Laser & Aesthetics

Type of service: Independent Hospital-Cosmetic Laser
Address: 15-17 Dungannon Street, Moy, BT71 7SH
Telephone number: 078 4982 1273

www.rqia.org.uk

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>Organisation/Provider: AV Laser & Aesthetics</p>	<p>Registered Manager: Mrs Viktorija Murray</p> <p>Date registered: 4 January 2023</p>
<p>Person in charge at the time of inspection: Mrs Viktorija Murray</p>	
<p>Categories of care: Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L).</p>	
<p>Brief description of how the service operates: AV Laser & Aesthetics is registered with the Regulation and Quality Improvement Authority (RQIA) as an Independent Hospital (IH) with the following category of care: PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers.</p> <p>Although a range of services and treatments are offered in AV Laser & Aesthetics, this inspection focused solely on the 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>Equipment available in the service:</p> <p>Laser equipment: Manufacturer: Cosmeditech Model: Eneka PRO diode Serial Number: 91-00348 Laser Class: 4 Wavelength: 800-820 nm</p> <p>Types of laser treatments provided: Hair removal</p>	

2.0 Inspection summary

This was an announced inspection, undertaken by two care inspectors on 31 March 2025 from 10.00 am to 1.00 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 safety; management of medical emergencies; infection prevention and control; 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.

One area for improvement has been made against the standards in relation to the completion of the laser register.

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

Posters were issued to AV Laser & Aesthetics 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.

Clients were not present on the day of the inspection. AV Laser & Aesthetics pro-actively seeks the views of clients. The results of the most recent feedback were available for review and evidenced a positive experience of 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 AV Laser & Aesthetics was undertaken on 20 September 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 Murray told us that laser treatments are carried out by her as the authorised operator. The register of authorised operators for the laser machine reflects that Mrs Murray is the authorised operator.

A review of training records evidenced that Mrs Murray has up to date training in core of knowledge, 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.

Discussion with Mrs Murray confirmed that other professionals working in the premises, but not directly involved in the use of the laser equipment, have received basic 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 Murray 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 Murray confirmed that she had a clear understanding of the legislation and best practice guidance in relation to recruitment and selection.

It was determined that arrangements are in place to ensure 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 Murray told us that laser hair removal treatment is available to any person over 16 years of age.

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 an adult safeguarding issue arise. Advice and guidance was provided to Mrs Murray to further develop the child safeguarding policy to include details for the regional gateway teams in the event of a safeguarding concern involving a child. Mrs Murray gave assurances this matter would be actioned.

Discussion with Mrs Murray 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. As the safeguarding lead, she has completed formal level two training in safeguarding adults and children in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and minimum standards.

It was confirmed that copies 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.

As a result of the assurances given, 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?

As previously stated, Mrs Murray has 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.

Mrs Murray was advised to retain an emergency grab sheet in the event of a laser injury to the eye. Following inspection, it was confirmed to RQIA that this matter had been addressed.

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 Murray evidenced that appropriate procedures were in place for the decontamination of equipment between use.

Hand washing facilities were available on the premises and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, Mrs Murray had up to date training in IPC.

As this is a communal workspace, cleaning arrangements were discussed with Mrs Murray who assured us that cleaning duties of the premises are delegated amongst staff in-house. Advice was provided to Mrs Murray to introduce and maintain up to date cleaning records for the premises. She agreed to implement this moving forward.

As a result of the 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 (CO₂) fire extinguisher is available which has been serviced within the last year.

Advice and guidance was provided to Mrs Murray to review the fire risk assessment, dated August 2024, on an annual basis moving forward.

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 in place. 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 2 November 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 July 2024 and all recommendations made by the LPA have been addressed.

Mrs Murray 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 November 2025. It was established that systems are in place to review the medical treatment protocols when due.

Mrs Murray told us that hair removal is offered to persons under 18 years of age. It was evidenced that a specific treatment protocol for laser hair removal is in place for persons aged 14 to 17 years. A review of the treatment protocol confirmed that any young person (14 to 17 years old) wishing to attend for laser hair removal must be assessed by their own medical practitioner in the first instance. This area is discussed further in section 5.2.8.

Mrs Murray, as the laser protection supervisor (LPS) and authorised operator has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. Mrs Murray 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 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 Murray 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 key code. 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.

In accordance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014) a register should be maintained every time the laser is operated and include the following:

- the name of the person treated
- the date
- the operator
- the treatment given
- the precise exposure
- any accident or adverse incident

It was confirmed that AV Laser and Aesthetics had a laser register in place. A review of the register identified that it was not maintained in accordance with the standards.

Advice was provided to Mrs Murray to ensure the laser register is fully completed contemporaneously on each occasion the laser is operated in keeping with the standards. An area for improvement has been made against the standards in this regard.

There are arrangements in place to service and maintain the laser equipment in line with the manufacturer's guidance. The most recent service report for the laser, dated October 2024, was reviewed.

Addressing the area for improvement will ensure 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?

Mrs Murray 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 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, clients are asked to complete a health questionnaire. However, it was identified that general practitioner (GP) details were not consistently recorded in keeping with legislative requirements. This matter was discussed with Mrs Murray and advice provided in this regard.

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)

As previously discussed, the treatment of persons under 18 years of age was discussed with Mrs Murray and it was confirmed that any young person (14 to 17 years old) wishing to attend for laser hair removal must be assessed by their own medical practitioner in the first instance. An appropriate adult should also be in attendance at the initial consultation and must counter-sign the consent form for laser treatment.

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.

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

Discussion with Mrs Murray 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 Murray told us that clients are provided with the opportunity to provide feedback on services when their treatment is complete. The feedback is collated monthly to provide an anonymised summary report which is made available to clients and other interested parties. Mrs Murray confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

Review of the most recent client feedback, 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 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 Murray 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 however, advice was provided to Mrs Murray to ensure policies are 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.

A review of records confirmed that no complaints had been received since the previous inspection.

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

Mrs Murray 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 Mrs Murray to assure herself 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 Murray.

6.0 Quality Improvement Plan/Areas for Improvement

One area for improvement has been identified where action is required to ensure compliance with [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

	Regulations	Standards
Total number of Areas for Improvement	0	1

The area for improvement and details of the QIP were discussed with Mrs Murray, Registered Person, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with Minimum Care Standards for Independent Healthcare Establishments (July 2014)	
<p>Area for improvement 1</p> <p>Ref: Regulation 48.9</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2025</p>	<p>The registered person shall ensure the following information is recorded in the laser register each time a laser treatment is provided:</p> <ul style="list-style-type: none"> • the date • the operator • the treatment given • the precise exposure • any accident or adverse incident
	<p>Response by registered person detailing the actions taken:</p> <p>have taken advice and have a a4 blank pages and have name,date,treatment given, exposure,reactions registered with each client recorded.</p>

Please ensure this document is completed in full and returned via Web Portal



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