

Inspection Report

2 October 2025



MourneView Laser Studio NI

Type of service: Independent Hospital-Cosmetic Laser\Intense Pulsed Light
Address: 67 Mourne View Road, Newcastle, BT33 0QS
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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: Janine Bardon</p>	<p>Registered Manager: Ms Janine Bardon</p> <p>Date registered: 25 October 2022</p>
<p>Person in charge at the time of inspection: Ms Janine Bardon</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: MourneView Laser Studio NI 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>MourneView Laser Studio NI 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>Equipment available in the service:</p> <p>Laser equipment: Manufacturer: Thermo Salud Model: Eneka Pro 4000 Serial Number: M91-00553 Laser Class: 4 Wavelength: 755nm-1060nm</p> <p>Type of laser treatments provided: Hair removal</p>	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 2 October 2025 from 10.20 am to 1.20 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 (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 MourneView Laser Studio NI. This matter is discussed further in section 5.2.9.

Posters were issued to MourneView Laser Studio NI by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire.

Three 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 professionalism of Ms Bardon and the cleanliness of the clinic.

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 2 December 2024		
Action required to ensure compliance with Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area for Improvement 1 Ref: Standard 48.9 Stated: First time To be completed by: 4 December 2024	The registered person shall ensure that the following information is recorded in the client register each time a laser treatment is provided: <ul style="list-style-type: none"> • the treatment given • the area of body treated • the precise exposure given 	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met and further detail is provided in section 5.2.7	

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 Bardon 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 Bardon is the authorised operator.

A review of training records evidenced that Ms Bardon has up to date training in core of knowledge, application training for the equipment in use, basic life support, 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?

There have been no authorised operators recruited since the previous inspection.

During discussion Ms Bardon 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 Bardon 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?

Ms Bardon confirmed that laser treatments will no longer be 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 Bardon 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 Bardon, as the safeguarding lead, 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 / the Safeguarding Board for Northern Ireland (SBNI) Child Safeguarding Learning and Development Strategy and Framework 2020 – 2023 (July 2021).

Following the inspection, Ms Bardon was provided with a copy of the regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) and is aware to ensure it is 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 Bardon 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 Bardon evidenced that appropriate procedures were in place for the decontamination of equipment between uses. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. As discussed previously, Ms Bardon had up to date training in IPC.

Ms Bardon 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 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.

Following the inspection, RQIA received evidence that the fire risk assessment had been reviewed.

As a result of the actions taken by Ms Bardon following the inspection, it is 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 the 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 December 2025.

Evidence of up to date local rules, which have been developed by the LPA, were received following the inspection. The local rules contained the relevant information about the laser equipment being used.

The establishment's LPA completed a risk assessment of the premises during November 2024 and no recommendations were made by the LPA.

Ms Bardon 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 January 2026. It was established that systems are in place to review the medical treatment protocols when due.

Ms Bardon, 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. Ms Bardon 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 keypad 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.

MourneView Laser Studio NI has one laser register.

Ms Bardon told us she, as the authorised operator, 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

It was determined that the previous area for improvement 1 made against the standards, as outlined in section 5.1, has been met.

There are arrangements in place to service and maintain the laser equipment in line with the manufacturer's guidance.

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?

Ms Bardon 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 and retention of records and data protection. Advice and guidance was provided to further develop the policy to include the method to dispose of records and to reflect the most recent legislation in relation to data protection. Following the inspection, RQIA received confirmation that these matters had been addressed.

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 Bardon 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 Bardon 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. Ms Bardon confirmed 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 Bardon 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 and dated. Advice and guidance was provided to ensure that policies and procedures are systematically reviewed on a three yearly basis or more frequently if required. Ms Bardon was receptive to this advice and following the inspection, RQIA received confirmation that this matter had been addressed.

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.

Discussion with Ms Bardon confirmed that no complaints had been received since the previous inspection.

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

Ms Bardon 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.

As a result of the actions taken by Ms Bardon following the inspection, it is 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 Bardon.

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



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