

Inspection Report

4 September 2025



Prime Aesthetics Beauty Clinic

Type of service: Independent Hospital-Cosmetic Laser
Address: 3 Kevlin Road, Omagh, BT78 1LW
Telephone number: 078 6215 4769

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

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|--|---|---------------|---------|--------|---------------------|----------------|---------------|--------------|---|-------------|--------------------|---------------|-------|--------|--------|----------------|-------------|--------------|---|-------------|----------------------------|
| <p>Provider: Miss Agnieszka Zywot</p> | <p>Registered Manager: Miss Agnieszka Zywot</p> <p>Date registered: 27 January 2025</p> | | | | | | | | | | | | | | | | | | | | |
| <p>Person in charge at the time of inspection: Miss Agnieszka Zywot</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: Prime Aesthetics Beauty Clinic 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>Prime Aesthetics Beauty Clinic 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.</p> <p>A variation to registration application was submitted to RQIA, prior to the inspection, regarding the relocation to a new premises.</p> <p>Equipment available in the service:</p> <p>Laser equipment:</p> <table data-bbox="140 1621 798 1805"> <tr> <td>Manufacturer:</td> <td>Glovcon</td> </tr> <tr> <td>Model:</td> <td>Med Q-Switch Nd Yag</td> </tr> <tr> <td>Serial Number:</td> <td>118BA0-I0B005</td> </tr> <tr> <td>Laser Class:</td> <td>4</td> </tr> <tr> <td>Wavelength:</td> <td>532 nm and 1064 nm</td> </tr> </table> <table data-bbox="140 1845 901 2029"> <tr> <td>Manufacturer:</td> <td>Jonte</td> </tr> <tr> <td>Model:</td> <td>T5 PRO</td> </tr> <tr> <td>Serial Number:</td> <td>25052105868</td> </tr> <tr> <td>Laser Class:</td> <td>4</td> </tr> <tr> <td>Wavelength:</td> <td>755 nm, 808 nm and 1064 nm</td> </tr> </table> | | Manufacturer: | Glovcon | Model: | Med Q-Switch Nd Yag | Serial Number: | 118BA0-I0B005 | Laser Class: | 4 | Wavelength: | 532 nm and 1064 nm | Manufacturer: | Jonte | Model: | T5 PRO | Serial Number: | 25052105868 | Laser Class: | 4 | Wavelength: | 755 nm, 808 nm and 1064 nm |
| Manufacturer: | Glovcon | | | | | | | | | | | | | | | | | | | | |
| Model: | Med Q-Switch Nd Yag | | | | | | | | | | | | | | | | | | | | |
| Serial Number: | 118BA0-I0B005 | | | | | | | | | | | | | | | | | | | | |
| Laser Class: | 4 | | | | | | | | | | | | | | | | | | | | |
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Types of laser treatments provided:

Tattoo and Semi Permanent Make up (SPMU) removal
 Skin rejuvenation
 Hair reduction

2.0 Inspection summary

This was an announced primary and variation to registration inspection, undertaken by a care inspector on 4 September 2025 from 10.00 am to 1.30 pm.

The purpose of the inspection was to assess compliance with the legislation and minimum standards. The inspection also sought to review the readiness of the establishment for the provision of laser treatments associated with the variation to registration application to relocate premises.

An RQIA estates support officer also reviewed the variation to registration application in regards to matters relating to the premises and has approved this application from an estates perspective.

There was evidence of good practice concerning staff recruitment; authorised operator training; safeguarding; laser safety; management of medical emergencies; infection prevention and control (IPC); 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.

Two areas for improvement have been made against the regulations, with regards to client consultation and recording of clients' GP details. An area for improvement has also been made against the minimum standards with regards to client records.

No immediate concerns were identified regarding the delivery of front line client care.

The variation to registration application to relocate premises was approved from a care perspective following this inspection.

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 inspection was facilitated by Miss Zywtot and the appointed Laser Protection Advisor (LPA) for Prime Aesthetics Beauty Clinic.

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.

Posters were issued to Prime Aesthetics Beauty Clinic 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. All three clients commented positively on staff and the treatments received.

Two staff submitted questionnaire responses. Staff responses indicated that they felt client care was safe, effective, that clients were treated with compassion and that the service was well led. All staff indicated that they were very satisfied with each of these areas of client care. Both staff commented that the clinic was well organised and spoke positively about clinic management.

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 Prime Aesthetics Beauty Clinic was undertaken on 4 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 and staff are suitably trained?

Miss Zywort 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 Miss Zywort is the authorised operator.

A review of training records evidenced that Miss Zywort 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.

All other staff employed at the establishment, but not directly involved in the use of the laser equipment, had received laser safety awareness training from the LPA.

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.

There have been no authorised operators recruited since the previous inspection. During discussion Miss Zywot 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 Miss Zywot 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?

Miss Zywot stated that laser 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 for onward referral to the local Health and Social Care Trust were not included and this was discussed with Miss Zywot. Miss Zywot agreed to address this matter following the inspection.

Discussion with Miss Zywot 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 Miss Zywot, 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).

It was confirmed that copies of the regional guidance document, entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) and regional policy entitled Co-operating to Safeguard Children and Young People in Northern Ireland (November 2024), 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?

Miss Zywot 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 Miss Zywot 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. Cleaning schedules for the establishment were in place. As discussed previously, Miss Zywot had up to date training in IPC.

Miss Zywot 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.

It was confirmed that the fire risk assessment had been reviewed since the previous 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 February 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 premises during July 2025 and all recommendations made by the LPA have been addressed.

Miss Zywt 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 July 2026. It was established that systems are in place to review the medical treatment protocols when due.

Miss Zywt, as the laser protection supervisor (LPS), has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. Miss Zywt 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. Miss Zywt was aware that the laser safety warning signs should only be displayed when the laser equipment is in use and removed when not in use.

The Nd Yag laser is operated using a key and the diode laser using a passcode. Arrangements are in place for the safe custody of the key and passcode when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

Prime Aesthetics Beauty Clinic has one laser register; this register has two distinct sections to differentiate between the Nd Yag laser and diode laser treatments.

Miss Zywt completes the relevant section of the register every time the equipment is operated.

A review of the register evidenced that the following information was recorded;

- the date
- the operator
- the treatment given
- the precise exposure
- any accident or adverse incident

However, a review of entries identified that the client's full name and a record of the patch test (where applicable) had not been recorded. An area for improvement has been made 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 of the Nd Yag laser equipment, dated February 2025, was reviewed. An installation report for the new diode laser, dated July 2025, was retained for inspection.

Addressing the area for improvement will ensure that appropriate arrangements are in place to operate the laser equipment and that client records are maintained in line with the minimum standards.

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

Miss Zywt 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.

A selection of client care records were reviewed. It was evidenced that during the initial consultation each client's personal information is recorded and they are asked to complete a health questionnaire. It was identified however, that records were incomplete with regard to the client's General Practitioner (GP) details, and a skin assessment using the Fitzpatrick scale.

This was discussed and advice and guidance was provided to Miss Zywt regarding the requirement to maintain accurate and up to date treatment records. In accordance with the minimum standards the client record should include:

- 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)

GP details should be recorded in keeping with legislative requirements. An area for improvement against the standards has been made in this regard.

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.

Addressing the area for improvement will ensure that appropriate arrangements are 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 Miss Zywt 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.

Miss Zywt told us following a course of treatment clients have the opportunity to provide feedback. This feedback is currently in the form of either text message, social media or as verbal feedback. Miss Zywt confirmed that client feedback had not been collated into an anonymised summary report. Miss Zywt was advised to review client feedback and to retain information in an anonymised format. This should be summarised and an annual report generated. This report should be made available to clients and other interested parties. An area for improvement has been made in this regard.

Addressing the area for improvement will ensure that appropriate arrangements are 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.

Miss Zywt 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.

Discussion with Miss Zywt confirmed that no complaints had been received since the previous inspection.

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

Miss Zywt demonstrated a clear understanding of her role and responsibility in accordance with legislation.

Miss Zywt 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 Miss Zywt 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 Miss Zywt.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with [The Independent Health Care Regulations \(Northern Ireland\) 2005](#) and [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 2 | 1 |

Areas for improvement and details of the QIP were discussed with Miss Zywt, 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 The Independent Health Care Regulations (Northern Ireland) 2005 | |
| <p>Area for improvement 1</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p> <p>To be completed by: 31 Dec 2025</p> | <p>The registered person shall undertake a formal annual process of seeking client feedback; collate the results of the survey to provide an anonymised client satisfaction summary report to be made available to clients; and where appropriate an action plan should be developed to inform and improve services.</p> <p>Ref: 5.2.10</p> <p>Response by registered person detailing the actions taken:</p> <p style="text-align: center;">Client Feedback Process:</p> <p>The clinic conducts an annual formal client satisfaction survey to evaluate the quality of services provided. Clients are invited to complete the questionnaire anonymously on-site at the clinic. The collected data is then analysed, and an anonymised client satisfaction report is prepared.</p> <p>A summary of the survey results is made available to clients upon request and displayed in the reception area. Based on the findings, an Action Plan is developed to improve the quality of services and enhance the overall client experience.</p> <p>Following your visit, we have been paying particular attention to collecting client feedback, and the number of completed forms is now gradually increasing. My plan to prepare a report after one full year of collecting data.</p> |
| <p>Area for improvement 2</p> <p>Ref: Regulation 21 (3) (a) Schedule II (1) (c)</p> <p>Stated: First time</p> <p>To be completed by: 4 September 2025</p> | <p>The registered person shall ensure that client care records include the name and address of the client's general practitioner.</p> <p>Ref 5.2.8</p> <p>Response by registered person detailing the actions taken:</p> <p>Client care records at <i>Prime Aesthetics Beauty Clinic</i> have been updated to include the name and address of each client's General Practitioner (GP). This information is now required and recorded as part of the client's medical history form during the initial consultation.</p> |

| Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014) | |
|--|--|
| <p>Area for improvement 1</p> <p>Ref: Standard 48.10</p> <p>Stated: First time</p> <p>To be completed by: 4 September 2025</p> | <p>The registered person shall ensure that client treatment records are maintained in accordance with Standard 48.10 at all times.</p> <p>Ref: 5.2.7</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>All client treatment records have been reviewed and updated to ensure full compliance with Standard 48.10. Each treatment file now includes</p> <p>client’s full name, date of birth, and contact details, name and address of the client’s General Practitioner (GP), completed medical history and contraindication checklist, Fitzpatrick skin type classification, date and full details of the treatment performed, laser device used and specific treatment parameters client consent form signed prior to treatment, aftercare advice and post-treatment notes, signatures of both the practitioner and the client confirming treatment completion.</p> <p>The Registered Person will conduct regular audits of treatment records to ensure continuous compliance and accurate documentation in line with RQIA Standard 48.10.</p> |

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