Inspection Report

2 September 2025

Bloomfield Laser Clinic

Type of service: Independent Hospital-Cosmetic Laser\Intense Pulsed Light
Address: The Lodge, 1 Donaghadee Road, Groomsport, BT19 6LG
Telephone number: 028 9127 5737

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

Organisation/Provider: DermCo Ltd **Responsible Individual:** Mr Jack De Wolf	**Registered Manager:** Mr Jack De Wolf **Date registered:** 18 November 2024
Person in charge at the time of inspection: Mr Jack De Wolf	
Categories of care: Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L) Prescribed techniques or prescribed technology: establishments using intense light sources PT(IL) Private Doctor (PD).	
Brief description of how the service operates: Bloomfield Laser Clinic is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with the above categories. Bloomfield Laser Clinic provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using a Class 4 laser and an intense pulse light (IPL) machine and the PD service that fall within regulated activity and the categories of care for which the establishment is registered with RQIA. **Equipment available in the service:** **Treatment room one** **Laser equipment:** Manufacturer: Cynosure Model: Apogee Elite Serial Number: ELMD 2389 Laser Class: 4 Wavelength: 755nm, 1064nm **Treatment room two** **Laser equipment:** Manufacturer: Lumenis Model: Ultrapulse Encore Serial Number: 014-76685	

Laser Class: 4
Wavelength: 10600 nm

Laser equipment:
Manufacturer: Lumenis
Model: PiQo4
Serial Number: 111801012T2412
Laser Class: 4
Wavelength: 1064nm & 532nm
With additional handpiece for 585nm & 650nm

Laser equipment:
Manufacturer: Sharplan
Model: 4020S
Serial Number: 14-001
Laser Class: 4
Wavelength: 2940nm

IPL equipment:
Manufacturer: Lumenis Stellar
Model: M22
Serial Number: SN001917
Wavelength: 400nm- 1200nm

Types of laser treatments provided: Tattoo removal, hair removal, laser skin resurfacing, keloid scarring treatment, acne treatment and photo rejuvenation.

Types of IPL treatments provided: Pigmentation, vascular and photo rejuvenation.

Types of private doctor services provided: Diagnosis and treatment of a range of dermatological conditions.

Following the inspection, RQIA received further information regarding additional treatments offered by the private doctor. Advice and guidance has been provided to Mr De Wolf in this regard and will be followed up separately by RQIA

2.0 Inspection summary

This was an announced inspection, undertaken by two care inspectors on 2 September 2025 from 10.00 am to 4.15 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.

There was evidence of good practice concerning authorised operator training; safeguarding; laser and IPL 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.

One area for improvement has been identified against the regulations in relation to the recruitment and selection of staff.

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 Bloomfield Laser Clinic. Further detail is provided in section 5.2.9.

Posters were issued to Bloomfield Laser Clinic 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.

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 Bloomfield Laser Clinic was undertaken on 6 June 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?

Mr De Wolf told us there are sufficient staff in the various roles to fulfil the needs of the establishment and clients.

Mr De Wolf confirmed that laser and IPL treatments are only carried out by authorised operators. A register of authorised operators for the laser and IPL equipment is maintained and kept up to date.

A private doctor is a General Medical Council registered doctor who does not have a prescribed connection to a Responsible Officer within the Health and Social Care (HSC) sector in Northern Ireland. Mr De Wolf informed us that one private doctor provides treatments in Bloomfield Laser Clinic.

A review of the details of the private doctor evidenced the following:

- confirmation of identity
- current General Medical Council (GMC) registration
- professional indemnity insurance
- qualifications in line with services provided
- ongoing professional development and continued medical education that meets the requirements of the Royal Colleges and GMC
- ongoing annual appraisal by a trained medical appraiser
- an appointed Responsible Officer
- arrangements for revalidation

It was confirmed that the private doctor is aware of his responsibilities under GMC Good Medical Practice.

A review of a sample of completed induction programmes evidenced that induction training is provided to newly recruited authorised operators on commencement of employment.

A review of a sample of training records of authorised operators, evidenced that in the main, authorised operators have up to date core of knowledge training, application training for the equipment in use, basic life support, fire safety awareness, infection prevention and control (IPC) and safeguarding adults and children at risk of harm training, in keeping with RQIA guidance. It was identified that application training records were not available for two authorised operators. This was discussed with Mr De Wolf and following the inspection, RQIA received confirmation that application training had been completed for all authorised operators.

A review of the private doctor's training records evidenced they had completed basic life support, IPC, fire safety awareness and safeguarding adults at risk of harm training in keeping with RQIA training guidance.

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

As a result of the actions taken by Mr De Wolf following the inspection, it is determined that appropriate staffing levels are 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.

A review of a sample of personnel files of newly recruited staff evidenced that relevant recruitment records had, in the main, been sought; reviewed and stored as required, however it was identified that some matters required further attention. These were discussed with Mr De Wolf and following the inspection, RQIA received confirmation that these matters had been addressed.

It was noted that a number of Access NI enhanced disclosure checks had been obtained after the newly recruited members of staff had commenced employment in the clinic. This was discussed with Mr De Wolf and an area for improvement against the regulations has been made in this regard.

There was evidence of induction checklists for staff. Advice and guidance was provided to ensure job descriptions were in place for the different staff roles. Following the inspection, Mr De Wolf provided confirmation that this matter had been addressed.

Discussion with Mr De Wolf confirmed that he had a clear understanding of the legislation and best practice guidance in relation to recruitment and selection. Mr De Wolf was advised to adhere to the recruitment and selection policy and procedure as these arrangements will ensure that all required recruitment documentation is sought and retained for inspection. Addressing the area for improvement will ensure that the recruitment of staff 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?

Mr De Wolf confirmed that laser and IPL treatments are offered to persons over the age of 18 years and to persons aged 11 years and over.

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. Following the inspection, it was confirmed that the relevant contact details were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise.

Discussion with Mr De Wolf confirmed that he 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 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, it was confirmed that a copy of the regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) and a copy of the 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 confirmations received following the inspection, it is determined that the service has 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?

There was a written protocol in place for dealing with recognised medical emergencies.

A review of a sample of training records evidenced that authorised operators had up to date training in basic life support and Mr De Wolf confirmed authorised operators were aware of what action to take in the event of a medical emergency.

A review of the medical emergency equipment identified that some items were required to be replaced. This was discussed with Mr De Wolf and following the inspection, RQIA received confirmation that this matter had been addressed.

As a result of the action taken by Mr De Wolf following the inspection, it is determined that the service has 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 and IPL treatment rooms were clean and clutter free. Discussion with one of the authorised operators 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, a review of a sample of training records evidenced that authorised operators had up to date training in IPC.

Mr De Wolf 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 and IPL procedures are safe?

A laser safety file was in place which contained the relevant information in relation to laser and 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 during June 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 and IPL equipment being used.

The establishment's LPA completed a risk assessment of the premises during June 2025. Following the inspection, RQIA received confirmation that all recommendations made by the LPA have been addressed.

Mr De Wolf confirmed that laser and 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. It was established that systems are in place to review the medical treatment protocols when due.

As discussed laser and IPL treatments are offered to persons under the age of 18 years. It was evidenced that relevant treatment protocols, produced by a named registered medical practitioner, are in place for the provision of treatments to persons aged 11 years and over.

Mr De Wolf, as the laser protection supervisor (LPS) has overall responsibility for safety during laser and 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 laser and IPL 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 and 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 rooms are locked when the laser or IPL equipment is in use but can be opened from the outside in the event of an emergency. Mr De Wolf was aware that the laser safety warning signs should only be displayed when the laser or IPL equipment is in use and removed when not in use.

The laser and IPL equipment are operated using a combination of keys and keypad codes depending on the equipment in use. Arrangements are in place for the safe custody of the keys and keypad code when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

Bloomfield Laser Clinic has a laser register for the laser machine in treatment room one. A combined laser and IPL register was in place for the laser and IPL equipment in treatment room two. Mr De Wolf told us authorised operators complete the relevant section of the registers every time the equipment is operated.

The registers reviewed included:

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

Mr De Wolf was provided with advice to implement separate lasers and IPL register for each piece of laser/IPL equipment in treatment room two. Following the inspection, RQIA received confirmation that this matter had been addressed.

There are arrangements in place to service and maintain the laser and IPL equipment in line with the manufacturer's guidance. The most recent service reports of the laser and IPL equipment were reviewed.

As a result of the actions taken by Mr De Wolf following the inspection, it is determined that appropriate arrangements are in place to operate the laser and IPL 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?

Mr De Wolf 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 and 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 their medical history.

Three client care records were reviewed. There was, in the main, 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)

However, it was identified that a skin assessment had not been recorded in one of the client care records and a patch test had not been recorded in another client care record. This was discussed with Mr De Wolf and following the inspection, RQIA received confirmation that client care records were now being fully completed.

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.

Discussion with Mr De Wolf identified that there were some dermatological procedures offered by Bloomfield Laser Clinic that may require an additional category of care. Mr De Wolf was advised that this would be discussed with RQIA's senior management team and followed up separately.

As a result of the assurances provided by Mr De Wolf following the inspection, it is determined 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 Mr De Wolf 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.

It was confirmed 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. Mr De Wolf 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 August 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 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 clinic, 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.

Mr De Wolf was in day to day management of the clinic, therefore the unannounced quality monitoring visits by the registered provider are not applicable.

The only mechanism for a clinician to work in a registered independent hospital or clinic is either under a practising privileges agreement or through direct employment by the establishment. Practising privileges can only be granted or renewed when full and satisfactory information has been sought and retained in respect of each of the records specified in regulation 19 of The Independent Health Care Regulations (Northern Ireland) 2005.

Advice and guidance was provided to implement Medical Advisory Committee (MAC) meetings for the clinic. Following the inspection, RQIA received confirmation that this matter had been addressed.

Review of documentation confirmed that the establishment had a policy and procedure in place for the granting, review and withdrawal of practicing privileges agreements.

Advice and guidance was provided to further develop the practising privileges agreement to include a full and detailed scope of practice for each doctor working in the establishment and an outline of the terms and conditions for granting practising privileges. Following the inspection RQIA received confirmation that this matter had been addressed. Arrangements were in place to review each of the practising privileges agreements every two years or more frequently if required.

Policies and procedures were available outlining the arrangements associated with the Bloomfield Laser Clinic. Advice and guidance was provided to develop and implement a policy and procedure to support the pathology services provided by Bloomfield Laser Clinic. Following the inspection, RQIA received confirmation that this matter had been addressed.

A review of records evidenced that service level agreements between Bloomfield Laser Clinic and two laboratories, accredited by the UK Accreditation Scheme (UKAS) Pathology Services, were in place.

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

Discussion with one of the authorised operators confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. It was 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.

Mr De Wolf demonstrated a clear understanding of his role and responsibility in accordance with legislation.

Mr De Wolf confirmed that the statement of purpose and client's guide are kept under review, revised and updated when necessary and are available on request. Advice and guidance was provided to Mr De Wolf to update the statement of purpose and client's guide to reflect the private doctor service. Following the inspection, RQIA received confirmation that this matter had been addressed.

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 Mr De Wolf following the inspection, it was determined that suitable arrangements are in place to enable Mr De Wolf to assure himself 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 one of the authorised operators.

6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified were action is required to ensure compliance with **The Independent Health Care Regulations (Northern Ireland) 2005**

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the QIP were discussed with Mr De Wolf, Responsible Individual, as part of the inspection process. The timescale 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	
Area for improvement 1 **Ref:** Regulation 19 (2) Schedule 2, as amended **Stated:** First time	The registered person shall ensure that an Access NI enhanced disclosure check is sought and reviewed with the outcome recorded prior to any member of staff commencing employment in the future. Ref: 5.2.2
To be completed by: 2 September 2025	**Response by registered person detailing the actions taken:** I will ensure this is the case going forward- jack de wolf

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

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