Inspection Report

27 August 2025

UberSkin

Type of service: Independent Hospital-Cosmetic Laser\Intense Pulsed Light
Address: 31 Spencer Road, Suite 1, Londonderry, BT47 6AA
Telephone number: 074 3737 7244

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: Ubuntu Clinics Ltd t/a UberSkin **Acting Responsible Individual:** Dr Eldred Julius	**Registered Manager:** Dr Eldred Julius **Date registered:** Acting – No Application Required
Person in charge at the time of inspection: Dr Eldred Julius	
Categories of care: Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L) and Prescribed techniques or prescribed technology: establishments using intense light sources PT(IL)	
Brief description of how the service operates: UberSkin 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 and PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources. UberSkin also 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 that fall within regulated activity and the categories of care for which the establishment is registered with RQIA. **Equipment available in the service:** **Laser equipment:** Manufacturer: Cynosure Model: PicoSure Serial Number: PIC 00342 Laser Class: Class 4 Wavelength: 755nm **Multiplatform equipment:** Manufacturer: Cynosure Model: Icon Serial Number: 25 – 2310 Laser Class: Class 4 Wavelength: 1540 nm Handpieces (IPL): 500-670 nm	

The Cynosure Icon is a multi-platform machine that is capable of operating as a laser and an IPL by changing the hand piece.

Types of laser treatments provided:
- hair removal
- tattoo removal
- vascular problems
- pigmented lesions
- skin rejuvenation
- non-ablative skin resurfacing

Types of IPL treatments provided:
- hair removal
- skin rejuvenation
- vascular problems
- pigmented lesions

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 27 August 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; management of medical emergencies; infection prevention and control (IPC); and the management of clinical records.

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.

Four areas for improvement identified at the previous care inspection were reviewed at this inspection. Three of the areas for improvement were assessed as met, however one of the areas for improvement in relation to the arrangements for sharing the views and opinions of clients was assessed as partially met and was therefore stated for a second time. A further area of improvement was made, this was in relation to the provision of treatment protocols.

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 UberSkin. This matter is discussed further in section 5.2.9.

Posters were issued to UberSkin 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?

Areas for improvement from the last inspection on 9 July 2024		
Action required to ensure compliance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014)		**Validation of compliance**
Area for improvement 1 **Ref: Standard 13.1 and 13.4** **Stated: First time**	The acting responsible individual shall ensure mandatory training is completed within respective specified time frames by any authorised operator and that training records are retained and available for inspection. A copy of Dr Julius' basic life support training should be provided to RQIA on submission of this QIP.	Met
	Action taken as confirmed during the inspection: This area for improvement was assessed as met, further detail is provided in section 5.2.1	

Area for improvement 2 **Ref: Standard 24.1** **Stated: First time**	The acting responsible individual shall provide a copy of the most recent fire risk assessment to RQIA upon submission of the QIP. The fire risk assessment should include confirmation that any areas identified for action have been addressed.	Met
	Action taken as confirmed during the inspection: This area for improvement was assessed as met, further detail is provided in section 5.2.6.	
Area for improvement 3 **Ref: Standard 48.11** **Stated: First time**	The acting responsible individual shall inform their appointed laser protection advisor (LPA) that the laser and IPL equipment have been relocated to a new treatment room and request an updated risk assessment in this regard. The updated risk assessment should be signed by the authorised operator.	Met
	Action taken as confirmed during the inspection: This area for improvement was assessed as met.	
Area for improvement 4 **Ref: Standard 5.1** **Stated: First time**	The acting responsible individual shall collate the views of clients on an annual basis and collate the result in an anonymised summary report to be made available to clients and other interested parties. An action plan to inform and improve services should be provided, as appropriate.	Partially met
	Action taken as confirmed during the inspection: This area for improvement was assessed as partially met and has therefore been stated for a second time. Further detail is provided in section 5.2.9	

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?

Dr Julius told us that laser and IPL treatments are carried out by him as an authorised operator. The register of authorised operators for the laser and IPL equipment reflects that Dr Julius is an authorised operator.

A review of training records evidenced that Dr Julius 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 the previous area for improvement one, made against the standards, as outlined in section 5.1 was met.

Dr Julius confirmed that an induction programme and training will be provided to newly recruited authorised operators on commencement of employment.

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 was a recruitment and selection policy and procedure in place. A review of these documents identified further development was required to ensure that the recruitment policy and procedure are fully reflective of legislation and best practice guidance. This matter was discussed with Dr Julius who provided assurance this matter would be addressed.

There have been no authorised operators recruited since the previous inspection. During discussion Dr Julius 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 Dr Julius confirmed that he had a clear understanding of the legislation and best practice guidance in relation to recruitment and selection.

As a result of assurances provided 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?

Dr Julius stated that laser and IPL treatments are not provided to persons under the age of 18 years.

A policy and procedure was in place for the safeguarding and protection of adults at risk of harm. The policy included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult. The relevant contact details were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise.

Discussion with Dr Julius 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 Dr Julius, 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 a copy of the regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) was available for reference.

It was determined that the service had appropriate arrangements in place to manage a safeguarding issue should it arise.

5.2.4 How does the service ensure that medical emergency procedures are safe?

Dr Julius 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/IPL treatment room was clean and clutter free. Discussion with Dr Julius 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, Dr Julius had up to date training in IPC.

Dr Julius 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 and recommendations had been actioned. It was determined that the previous area for improvement two, made against the standards, as outlined in section 5.1 was met.

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 August 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 the risk assessment of the premises during August 2025 and all recommendations made by the LPA were addressed.

Dr Julius confirmed that laser and IPL procedures are carried out following medical treatment protocols. However the medical treatment protocols were not available for review at the time of inspection. An area for improvement against the standards was made to ensure that medical treatment protocols are available for all treatments provided, signed and retained in the laser safety folder.

Dr Julius is aware that the laser protection supervisor (LPS) has overall responsibility for safety during laser and IPL treatments and a list of authorised operators is maintained. With the exception of the LPS, all authorised operators had signed to state that they had read and understood the local rules. Advice and guidance was given in this regard and Dr Julius provided assurances that the LPS would sign to state they had read and understood the local rules.

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 room is locked when the laser or IPL equipment is in use but can be opened from the outside in the event of an emergency. Dr Julius 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 Cynosure Icon laser is operated using a key and the Cynosure PicoSure laser is operated using a 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.

UberSkin has three laser registers which are held electronically; one for each laser machine and one for when the IPL handpiece used with the Cynosure Icon laser.

The registers are completed every time the equipment is operated and includes:

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

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

Addressing the area for improvement will ensure 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?

Dr Julius 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 procedures. 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)

Discussions evidenced that client records are securely stored. A policy and procedure was available which included the creation, storage, recording, retention and disposal of records and data protection.

It was determined that appropriate arrangements were in place to ensure that clients have a planned programme of care and have sufficient information to consent to treatment.

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

Discussion with Dr Julius 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.

An area for improvement was made at the last inspection in relation to the arrangements in place for UberSkin to gain feedback from clients on the quality of treatment, information and care received, this was reviewed at this inspection. Dr Julius told us that upon completion of treatment clients are provided with the opportunity to complete a satisfaction survey when their treatment is complete. As advised in the previous inspection, Dr Julius was informed that the views of clients should be formally collated in an anonymised summary report and made available to clients, service users and other interested parties. This report was not available on inspection. This area for improvement was assessed as partially met and will be stated for a second time.

It was determined that arrangements were in place to ensure that clients are treated with dignity, respect and are involved in decisions regarding their choice of treatment. The implementation of a more structured client satisfaction survey process will enhance partnership arrangements with clients.

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.

Dr Julius 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 and IPL 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 patients and staff to follow however, it was identified that further development of the procedure to include a complaints log was required. This was discussed with Dr Julius who provided assurances that this matter would be addressed. Patients and/or their representatives were made aware of how to make a complaint by way of the patient's guide and information on display in the practice.

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

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

Dr Julius demonstrated a clear understanding of his role and responsibility in accordance with legislation.

Dr Julius 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 assurances provided it was determined that suitable arrangements are in place to enable the acting responsible individual 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 Dr Julius.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were 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	2*

*the total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the QIP were discussed with Dr Julius, acting Responsible Individual, 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 Minimum Care Standards for Independent Healthcare Establishments (July 2014)	
Area for improvement 1 **Ref:** Standard 48.3 and 48.21 **Stated:** First time **To be completed by:** 27 August 2025	The acting responsible individual shall ensure that a medical treatment protocol for each laser and IPL treatment provided is retained, signed and stored in the laser safety file. A copy of the treatment protocols should be provided to RQIA on submission of this QIP. Ref: 5.2.7
	Response by registered person detailing the actions taken: Completed - protocols updated
Area for improvement 2 **Ref:** Standard 5.1 **Stated:** Second time **To be completed by:** 27 August 2025	The acting responsible individual shall collate the views of clients on an annual basis and collate the result in an anonymised summary report to be made available to clients and other interested parties. An action plan to inform and improve services should be provided, as appropriate. A copy of the client satisfaction summary report should be provided to RQIA on submission of this QIP. Ref: 5.2.9
	Response by registered person detailing the actions taken: completed new questionnaire for patient survey

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

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