The Regulation and Quality Improvement Authority

Inspection Report

2 December 2025

Clio Skin & Body Ltd

Type of service: Independent Hospital-Cosmetic Laser
Address: 1 Cardinal O'Fiaich Square, Crossmaglen, Newry, BT35 9AA
Telephone number: 028 3086 1320

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: Clio Skin & Body Ltd **Responsible Individual:** Ms Ailin Traynor	**Registered Manager:** Ms Ailin Traynor **Date registered:** 18 July 2022
Person in charge at the time of inspection: Ms Ailin Traynor	
Categories of care: Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L)	
Brief description of how the service operates: Clio Skin & Body Ltd 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. Clio Skin & Body Ltd 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. **Equipment available in the service:** **Laser equipment:** Manufacturer: Cutera Model: Excel HR Serial Number: EH11185 Laser Class: 4 Wavelength: 755nm-1064nm **Types of laser treatments provided:** Hair removal Pigmented lesion removal Vascular lesion removal Acne treatment Laser genesis facial	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 2 December 2025 from 11.00 am to 2.00 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; 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.

One area for improvement has been identified against the standards with regards to ensuring that the mandatory training needs of all authorised operators are met.

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 Clio Skin & Body Ltd. This matter is discussed further in section 5.2.9.

Posters were issued to Clio Skin & Body Ltd by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire.

Eight 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 friendliness and professionalism of staff, the cleanliness of the service and the quality of care.

No completed 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 3 December 2025		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref: Regulation 25 (3) (e)** **Stated: First time**	The responsible individual shall ensure that the fire risk assessment is reviewed at intervals not exceeding twelve months and that any recommendations identified have been addressed.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was reviewed and was assessed as met. Further detail is provided in section 5.2.6.	
Action required to ensure compliance with Minimum Care Standards for Independent Healthcare Establishments (July 2014)		**Validation of compliance**
Area for improvement 1 **Ref: Standard 13.1** **Stated: First time**	The responsible individual shall ensure that all authorised operators complete basic life support training at least annually in keeping with the Resuscitation Council (UK) guidelines.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was reviewed and was assessed as met. Further detail is provided in section 5.2.1.	
Area for improvement 2 **Ref: Standard 48.3** **Stated: First time**	The responsible individual shall ensure that a medical treatment protocol is produced for all laser treatments provided by a named registered medical or dental practitioner who is trained and experienced in the relevant discipline within which treatment is provided.	**Met**

	Action taken as confirmed during the inspection: This area for improvement was reviewed and was assessed as met. Further detail is provided in section 5.2.7.	
Area for improvement 3 **Ref: Standard 48.6** **Stated: First time**	The responsible individual shall ensure that all authorised operators have signed to indicate that they accept and understand the medical treatment protocols drawn up for the use of the laser.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was reviewed and was assessed as met. Further detail is provided in section 5.2.7.	
Area for improvement 4 **Ref: Standard 48.17** **Stated: First time**	The responsible individual shall ensure that all protective eyewear provided is in accordance with the local rules.	**Met**
	Action taken as confirmed during the inspection: This area for improvement was reviewed and was assessed as met. 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 Traynor told us there are sufficient staff in the various roles to fulfil the needs of the establishment and clients.

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

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

A review of training records evidenced that authorised operators have up to date training in core of knowledge and application training for the equipment in use. It was identified that training in IPC, fire safety awareness and safeguarding adults at risk of harm was due to be renewed by one authorised operator. This was discussed with Ms Traynor and an area for improvement against the standards has been made in this regard.

It was also identified that basic life support training records were not available for review. This was discussed with Ms Traynor and following the inspection, RQIA received evidence that these records were in place. As a result of the evidence submitted to RQIA following the inspection, it is determined that the previous area for improvement 1 made against the standards, as outlined in section 5.1, has been met.

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

It was determined that appropriate staffing levels were in place to meet the needs of clients. Addressing the area for improvement will ensure 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 Traynor 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 Traynor 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 Traynor stated that laser 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 Ms Traynor 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 Traynor, as the safeguarding lead has completed formal level two training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and minimum standards.

Following the inspection 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?

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

As stated in section 5.2.1, basic life support training records were submitted to RQIA following the inspection. Ms Traynor confirmed authorised operators were aware of what action to take in the event of a medical emergency.

As a result of the evidence submitted to RQIA following the inspection, it is determined that appropriate arrangements are 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 Traynor 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 in section 5.2.1, IPC training was due to be renewed for one authorised operator.

Ms Traynor is aware that the Department of Health (DOH) and Public Health Agency (PHA) websites provide advisory information, guidance and alerts with regards to IPC.

Addressing the area for improvement discussed in section 5.2.1 will ensure appropriate arrangements are 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.

A review of the fire risk assessment identified that it required further development. Advice and guidance was provided to Ms Traynor in this regard and following the inspection, RQIA received evidence that this matter had been addressed. It is determined that the previous area for improvement 1 made against the regulations, as outlined in section 5.1, has been met.

As a result of the action taken by Ms Traynor following the inspection, it is determined that appropriate arrangements are 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. A review of the laser safety file identified that the written confirmation of the appointment and duties of a certified laser protection advisor (LPA) was due to be renewed. This was discussed with Ms Traynor and following the inspection, RQIA received evidence that this matter had been addressed. The service level agreement between the establishment and the LPA was reviewed following the inspection and this expires during December 2026.

Up to date, local rules which have been developed by the LPA, were submitted to RQIA 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 December 2025 and following the inspection, Ms Traynor confirmed all recommendations made by the LPA have been addressed.

Ms Traynor confirmed that laser procedures are carried out following medical treatment protocols. Following the inspection, up to date medical treatment protocols were submitted to RQIA. 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 December 2026. As a result of the evidence submitted to RQIA following the inspection, it is determined that the previous area for improvement 2 made against the standards, as outlined in section 5.1, has been met. It was established that systems are in place to review the medical treatment protocols when due.

Ms Traynor is aware that the laser protection supervisor (LPS) has overall responsibility for safety during laser treatments and a list of authorised operators is maintained. Following the inspection, RQIA received confirmation that authorised operators had signed to state that they had read and understood the updated local rules and medical treatment protocols. As a result of the confirmation received by RQIA following the inspection, it is determined that the previous area for improvement 3 made against the standards, as outlined in section 5.1, has been met.

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 Traynor 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. Arrangements are in place for the safe custody of the key when not in use. Protective eyewear is available for the client and operator. Following the inspection, RQIA received evidence of the updated local rules and LPA risk assessment which provided assurances that the correct protective eyewear was provided in the establishment.

As a result of the evidence received by RQIA following the inspection, it is determined that the previous area for improvement 4 made against the standards, as outlined in section 5.1, has been met.

Clio Skin & Body Ltd has a laser register.

Ms Traynor told us authorised operators complete 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

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

As a result of the actions taken by Ms Traynor following the inspection it is determined that appropriate arrangements are in place to operate the laser equipment.

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

Ms Traynor 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.

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)

Discussion with Ms Traynor confirmed that client records are securely stored. A policy and procedure was available which included the creation, storage, recording, retention and disposal of records and data protection.

The service has a policy for advertising and marketing.

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

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

Discussion with Ms Traynor 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 Traynor 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 Traynor confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

The most recent client satisfaction report was completed during November 2025.

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 Traynor was in day to day management of the establishment, therefore the unannounced quality monitoring visits by the registered provider are not applicable.

Policies and procedures were available outlining the arrangemen ts 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 Ms Traynor confirmed that no complaints had been received since the previous inspection.

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

Ms Traynor 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 the 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 Ms Traynor.

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	1

Areas for improvement and details of the QIP were discussed with Ms Traynor, 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 13.1 **Stated:** First time **To be completed by:** 29 December 2025	The responsible individual shall ensure that mandatory training needs (as outlined by RQIA) of all authorised operators are met. Ref: 5.2.1
	Response by registered person detailing the actions taken: All training has now been updated

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

The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews