Inspection Report

21 January 2026

New You Dental & Aesthetics

Type of service: Independent Hospital (IH) – Dental Treatment and Cosmetic Laser service
Address: Unit 4 Finnegans, Jonesborough, BT35 8JB
Telephone number: 028 3005 3981

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 Minimum Standards for Dental Care and Treatment (March 2011)

1.0 Service information

Organisation/Registered Provider: New You Dental & Skin Clinic LTD **Responsible Individual:** Dr Sarah Armstrong	**Registered Manager:** Dr Sarah Armstrong
Person in charge at the time of inspection: Dr Sarah Armstrong	**Number of registered places:** Two increasing to three following this inspection
Service type and category of care: Independent Hospital (IH) – Dental Treatment PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L)	
Brief description of how the service operates: New You Dental & Aesthetics was initially registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) providing dental care and treatment. The practice was registered for two dental surgeries and provides general dental services, private treatment and does not offer conscious sedation. Prior to the inspection two variation to registration applications were submitted to RQIA. One was to increase the number of dental chairs from two to three and the other was to add a PT (L) category of care – Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers. New You Dental & Aesthetics also provides a range of aesthetic treatments. This inspection focused solely on those services and treatments that fall within regulated activity and the service type for which the establishment is registered. **Laser equipment:** Manufacturer: 3D Aesthetics Model: Picolase 3D Serial Number: SHE-LSP200G-25060075 Laser Class: 4 Wavelength: Nd YAG 1064nm and 532nm **Types of laser treatments provided:** Carbon facial peels Tattoo removal Skin rejuvenation	

2.0 Inspection summary

This was an announced variation to registration inspection, undertaken by a care inspector on 21 January 2026 from 10.00 am to 12.15pm.

RQIAs laser protection advisor (LPA) supported the inspection and reviewed the laser equipment and the laser safety arrangements. The LPA's findings are appended to this report.

A desktop review of the premises sections of the variation to registration applications was also undertaken by an RQIA estates inspector who has confirmed approval of the applications from an estates perspective.

The inspection sought to review the readiness of the practice for the provision of private dental care and treatment associated with the variation to registration application to increase the number of dental chairs from two to three. The inspection assessed progress with any areas for improvement identified during the last care inspection.

The inspection also sought to review the readiness of the practice to provide the treatments listed in section 1.0 using a Class 4 laser.

The variation to registration applications were approved from a care and estates perspective following this inspection.

A certificate of registration will be issued to New You Dental & Aesthetics following the approval of the registration application. Dr Armstrong is aware that the RQIA certificate of registration must be displayed in a prominent place.

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 practice is operating in accordance with the relevant legislation and minimum standards.

Before the inspection a range of information relevant to the two variation to registration applications was reviewed. This included the following records:

- the variation to registration applications
- the proposed statement of purpose
- the proposed patient guide
- the floor plans of premises
- laser safety documentation

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 The inspection

4.1 What action has been taken to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 17 September 2025		
Action required to ensure compliance with the Minimum Standards for Dental Care and Treatment (March 2011)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 13.4 **Stated:** First time	The registered person shall ensure the periodic testing of decontamination equipment is completed and recorded in keeping with Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05).	**Met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met and further detail is provided in section 4.2.5.	
Area for improvement 2 **Ref:** Standard 13.4 **Stated:** First time	The registered person shall ensure that all reusable dental instruments are decontaminated using and automated, validated process in keeping with Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05).	**Met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met and further detail is provided in section 4.2.5.	
Area for improvement 3 **Ref:** Standard 8.3 **Stated:** First time	The registered person shall ensure that level one and level two CBCT training has been completed by all applicable dentists, prior to performing CBCT imaging.	**Met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met and further detail is provided in section 4.2.6.	

4.2 Inspection findings

4.2.1 Is the statement of purpose in keeping with Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005?

A review of the statement of purpose identified that it fully reflected the key areas and themes specified in Regulation 7, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005. Dr Armstrong is aware that the statement of purpose should be reviewed and updated as and when necessary.

4.2.2 Is the patient guide in keeping with Regulation 8, Schedule 1 of The Independent Health Care Regulations (Northern Ireland) 2005?

A review of the patient guide identified that it fully reflected the key areas and themes specified in Regulation 8 of The Independent Health Care Regulations (Northern Ireland) 2005. Dr Armstrong is aware that the patient guide should be reviewed and updated as and when necessary.

4.2.3 Do recruitment and selection procedures comply with all relevant legislation?

A staff register was in place which was noted to be up to date and included all the required information.

A review of the staff register evidenced that two new staff had been recruited since the previous inspection. A review of one personnel file of a newly recruited staff member evidenced that relevant recruitment records had been sought; reviewed and stored as required under Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended.

Dr Armstrong oversees the recruitment and selection of staff and approves all staff appointments. Discussion with Dr Armstrong confirmed that she had a clear understanding of the legislation and best practice guidance.

The recruitment of the staff complies with the legislation and best practice guidance to ensure suitably skilled and qualified staff work in the service.

4.2.4 Does the team adhere to infection prevention and control (IPC) best practice guidance?

The IPC arrangements were reviewed in relation to the new dental surgery to evidence that the risk of infection transmission to patients, visitors and staff was minimised.

The new surgery was tidy, uncluttered and easy to clean work surfaces were in place. The flooring was impervious and coved where it meets the walls. All fittings and kicker boards of cabinetry were seen to be finished to a high standard. All areas of the practice observed were equipped to meet the needs of patients.

Dr Armstrong confirmed that the newly installed dental chair had an independent bottled-water system and that the dental unit water lines (DUWLs) are appropriately managed in keeping with manufacturer's instructions.

Appropriate arrangements are in place in the practice for the storage and collection of general and clinical waste, including sharps waste. A dedicated hand washing basin was in place with hand hygiene signage displayed.

It was noted that liquid hand soap, wall mounted disposable hand towel dispensers and clinical waste bins were provided in keeping with best practice guidance.

The arrangements for personal protective equipment (PPE) were reviewed and it was noted that appropriate PPE was readily available for the team in accordance with the treatments provided.

It was determined that the team is adhering to best practice guidance to minimise the risk of infection transmission to patients, visitors and staff.

4.2.5 Does the dental team meet current best practice guidance for the decontamination of reusable dental instruments?

Robust procedures and a dedicated decontamination room must be in place to minimise the risk of infection transmission to patients, visitors and staff in line with Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the DoH.

There was a designated decontamination area separate from patient treatment areas and dedicated to the decontamination process. The design and layout of this room complied with best practice guidance. Equipment and instruments provided were sufficient to meet the requirements of the practice and the additional dental surgery.

The records showed the equipment for cleaning and sterilising instruments was inspected, validated, maintained and used in line with the manufacturers' guidance. Discussion with members of the dental team and a review of records confirmed that all reusable dental instruments are decontaminated using an automated, validated process in keeping with HTM 01-05. It was determined that the previous area for improvement two, made against the standards, as outlined in section 4.1 has been met.

Review of equipment logbooks demonstrated that all required tests to check the efficiency of the machines had been undertaken. It was determined that the previous area for improvement one, made against the standards, as outlined in section 4.1 has been met.

Decontamination arrangements demonstrated that the dental team are adhering to current best practice guidance on the decontamination of dental instruments.

4.2.6 How does the dental team ensure that appropriate radiographs (x-rays) are taken safely?

Dr Armstrong confirmed that that no new x-ray equipment had been installed in the new surgery therefore the arrangements concerning radiology and radiation safety will be reviewed at the next inspection.

During the previous inspection an area for improvement had been made regarding Cone Beam Computed Tomography (CBCT) training. Discussion with Dr Armstrong during this inspection and a review of training certificates confirmed that dentists undertaking CBCT imaging had completed level one and level two CBCT training. Therefore it was determined that the previous area for improvement three, made against the standards, as outlined in section 4.1 has been met.

4.2.7 How does the service ensure that laser procedures are safe?

Staffing

Dr Armstrong confirmed that laser treatments will be carried out by her as the authorised operator. The register of authorised operators for the laser equipment reflects that Dr Armstrong is the authorised operator.

Dr Armstrong is aware 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 should be sought and retained for inspection.

A review of training records evidenced that Dr Armstrong has up to date training in core of knowledge, safe application for the equipment in use, basic life support, IPC, fire safety awareness and safeguarding adults and children at risk of harm in keeping with the RQIA training guidance.

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 and that staff are suitably trained.

Laser safety

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

A laser safety file was in place which contained the relevant information in relation to the laser equipment. There was written confirmation of the appointment and duties of a certified LPA which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires during September 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 September 2025 and all recommendations made by the LPA have been addressed.

Dr Armstrong 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 September 2026. It was established that systems are in place to review the medical treatment protocols when due.

Dr Armstrong, as the laser protection supervisor (LPS), has responsibility for safety during laser treatments and a list of authorised operators is maintained. Dr Armstrong had signed to state that she had read and understood the local rules and medical treatment protocols.

The environment in which the laser equipment is to be used was found to be safe and controlled to protect other persons while treatment is in progress. Dr Armstrong confirmed the door to the treatment room will be locked when the laser equipment is in use but can be opened from the outside in the event of an emergency.

The laser equipment is operated using a key. Dr Armstrong was advised to formalise the arrangements in place for the safe custody of the key when not in use. Dr Armstrong gave assurances that a policy for the safe keeping of the laser key would be developed following the inspection. Protective eyewear is available for the client and operator as outlined in the local rules.

The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out. Dr Armstrong is aware that the laser safety warning signage is only displayed when the laser equipment is in use and removed when not in use.

Advice and guidance was provided to Dr Armstrong on the development of a laser register. Dr Armstrong was advised that the register is to be completed every time the equipment is operated and must include:

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

Dr Armstrong was receptive to this advice and gave us assurances that this matter would be addressed following the inspection.

There are arrangements in place to service and maintain laser equipment in line with the manufacturer's guidance. The installation report of the laser equipment was reviewed.

The laser treatments are carried out in one treatment room within the establishment. The laser treatment room was clean and clutter free. Discussion with Dr Armstrong evidenced that appropriate procedures were in place for the decontamination of equipment between uses. Hand washing facilities were available and adequate supplies of PPE were provided. Cleaning schedules for the treatment room were in place.

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 was undertaken by the estates inspector and it was confirmed that no further actions were required in this regard.

As a result of the assurances given by Dr Armstrong it was determined that appropriate arrangements were in place to maintain the environment and to operate the laser equipment.

Client pathway

Dr Armstrong 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.

A treatment record has been developed and was reviewed during the inspection. Dr Armstrong confirmed this will be completed to ensure that an accurate and up to date treatment record for every client is maintained and will 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)

Observations made and discussion with Dr Armstrong confirmed that client records will be 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 Dr Armstrong regarding the consultation and treatment process confirmed that clients will be treated with dignity and respect. The consultation and treatment will be provided in a private room with the client and authorised operator present. Information will be 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.

Arrangements are in place to enable clients to feedback on the service provided. Dr Armstrong told us that clients will be invited to complete a satisfaction survey when their treatment is complete and that the result of these will be collated to provide a summary report. Dr Armstrong is aware that the summary report is to be made available to clients and other interested parties. Dr Armstrong confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

It was determined that appropriate arrangements were in place to ensure that clients have a planned programme of care and sufficient information to consent to treatment, are treated with dignity and respect and are involved in decisions regarding their choice of treatment.

4.2.8 Are complaints and incidents being effectively managed?

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.

Review of the complaints policy and procedure confirmed it was in accordance with the Northern Ireland Public Services Ombudsman (NIPSO) guidance on complaints handling, Model Complaints Handling Procedure and the Independent Health Care Regulations (Northern Ireland) 2005. Dr Armstrong demonstrated an understanding of complaints management.

Patients, clients and/or their representatives are made aware of how to make a complaint by way of the client guide and information displayed in the service. Arrangements are in place to record any complaint received in a complaints register and to 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. Arrangement are in place to carry out an audit of complaints to identify trends, drive quality improvement and enhance service provision.

Observations made and discussion with Dr Armstrong confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Dr Armstrong confirmed that incidents would be effectively documented and investigated in line with legislation. Dr Armstrong confirmed that all relevant incidents will be reported to RQIA and other relevant organisations in accordance with legislation and RQIA Statutory Notification of Incidents and Deaths. Dr Armstrong is aware that arrangements are required to be in place to audit adverse incidents to identify trends and improve service provided.

Dr Armstrong was knowledgeable on how to deal with and respond to complaints and incidents in accordance with legislation, minimum standards and the NIPSO guidance.

Systems were in place to ensure that complaints and incidents are effectively managed in accordance with legislation and best practice guidance.

4.2.9 How does the responsible individual assure themselves of the quality of the laser 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, Regulation 26 unannounced quality monitoring visits must be undertaken by the registered provider and documented every six months.

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

Observations made confirmed that policies and procedures were indexed and dated. Policies and procedures included a written protocol in place for dealing with recognised medical emergencies and the safeguarding and protection of adults and children at risk of harm. Dr Armstrong confirmed policies and procedures will be systematically reviewed on a three yearly basis or more frequently if required.

Review of records demonstrated that Dr Armstrong 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), the Safeguarding Board for Northern Ireland (SBNI) Child Safeguarding Learning and Development Strategy and Framework 2020 – 2023 (July 2021) and minimum standards.

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

Observation of documentation confirmed that current insurance policies and registration with the Information Commissioners Office (ICO) were in place.

During discussion Dr Armstrong demonstrated a clear understanding of her role and responsibility in accordance with legislation.

It was determined that suitable arrangements are in place to enable Dr Armstrong, Responsible Individual to assure herself of the quality of the services provided.

4.2.10 Does the service have suitable arrangements in place to record equality data?

The arrangements in place in relation to the equality of opportunity for patients/clients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients/clients was discussed with Dr Armstrong.

5.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Dr Armstrong, Responsible Individual, as part of the inspection process and can be found in the main body of the report.

Appendix 1

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

Date: 09/01/2026

Laser Protection Adviser's Report following RQIA inspection visit

Clinic Details:
NewYou Dental & Aesthetic Clinic
Unit 4 & 5
Finegans Rd
Jonesborough
Newry
BT35 8JB

RQIA ID: IN021259

Introduction
A Laser Protection Adviser inspection of the laser treatment service at NewYou Dental & Aesthetic Clinic was carried out remotely on 21/01/2026 with the RQIA inspector who was present at the site. Prior to the visit, the undersigned LPA had reviewed the client's local rules, risk assessment (from the LPA appointed by the clinic), training records and treatment protocols.

This report summarises the outcome of the remote inspection and document review which were performed to assess whether the service met the appropriate laser safety standards and was compliant with the regulatory standards. The review is based on the requirements of the Minimum Care Standards for Independent Healthcare Establishments published by the Health, Social Services and Public Safety (DHSSPSNI) July 2014.

Laser Equipment

Make	Model	Class	Serial Number	Wavelength(s)
Picolase	3D	4	SHELSP200G25060075	532 & 1064 nm

The remote inspection included a review of:

- **Laser machine**: The laser was purchased (new) in 2025 and was suitably labelled to demonstrate compliance with the relevant design standards (BS EN 60825 and CE marked). This is kept under a maintenance contract with 3D Aesthetics (the supplier).

- **Protective eyewear**: There was one pair of goggles (marked 315-534 DIRM LB6+ 800-1100 DIR LB5 900-1095 DIRM LB6) for the operator. Blackout goggles were available for the client (marked >315-1400 D LB7 + IR LB8). The eyewear appeared to be in excellent condition. All eyewear is CE marked and the requirements are correctly described and illustrated in the local rules.

- **Environment/signage**: The laser will be used in Treatment Room 1. The room has a single entrance with a removable laser controlled area sign which will be displayed on the door during laser procedures (as per the instructions in the local rules). There is a window at medium height which will be covered with a blind during laser procedures. A suitable fire extinguisher is kept near the room. The room has a twist lock which can be defeated from the outside in an emergency. The environment was deemed suitable for use of the laser.

- **Operator Training**: There will be one operator, who will also act as Laser Protection Supervisor. The operator is a qualified dentist with an interest an aesthetics. Certificated applications training was provided by 3D Aesthetics on 26th June 2025 and will be refreshed before the laser service commences. A Core of Knowledge certificate was also available. All staff at the clinic have undertaken laser safety awareness training.

- **Protocols and Training Instructions:** Expert Medical Practitioner protocols for tattoo removal, carbon peel facials and skin rejuvenation were available. These do not include treatment parameters. However, the operator is aware of the treatment parameters from the applications training and the laser training manual.

- **Laser Protection Adviser appointment**: A formal LPA appointment is in place with a recognised provider. The LPA performed a remote assessment prior to issuing the risk assessment and local rules

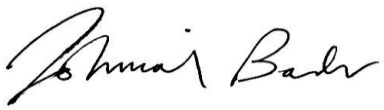
- **Risk Assessment:** The laser risk assessment from the appointed LPA was considered fit for purpose.

- **Local Rules:** The local rules from the appointed LPA were considered fit for purpose (***see comment C1 below***).

I can confirm that the environment, local rules, risk assessment, laser labelling and training records were satisfactory. The eye protection (including for the client) is appropriate to the laser device and is correctly described and illustrated in the local rules.

Your attention is drawn to the minor comment below (which does not affect safety or compliance or safety).

C1: **Local Rules** – the instruction to draw the blind over the window should be added to the local rules (if the LPA deems it necessary to cover the window during laser procedures).



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