Inspection Report

19 March 2026

AV Laser & Aesthetics

Type of service: Independent Hospital-Cosmetic Laser\Intense Pulsed Light
Address: 15-17 Dungannon Street, Moy, Co.Tyrone, BT71 7SH
Telephone number: 078 4982 1273

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: AV Laser & Aesthetics **Responsible Person:** Mrs Viktorija Murray	**Registered Manager:** Mrs Viktorija Murray **Date registered:** 15 March 2023
Person in charge at the time of inspection: Mrs Viktorija Murray	
Category of care: Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L)	
Brief description of how the service operates: AV Laser & Aesthetics 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. AV Laser & Aesthetics 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: Cosmeditech Model: Eneka PRO diode Serial Number: M91-00348 Laser Class: 4 Wavelength: 800-820 nm **Types of laser treatments provided:** Hair removal	

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 19 March 2025 from 10.00 am to 12.45 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; 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.

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. Client feedback was assessed by reviewing the most recent client satisfaction surveys completed by AV Laser & Aesthetics. This matter is discussed further in section 5.2.9.

Posters were issued to AV Laser & Aesthetics 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 31 March 2025		
Action required to ensure compliance with Minimum Care Standards for Independent Healthcare Establishments (July 2014)		**Validation of compliance**
Area for improvement 1 **Ref: Regulation 48.9** **Stated: First time**	The registered person shall ensure the following information is recorded in the laser register each time a laser treatment is provided: • the date • the operator • the treatment given • the precise exposure • any accident or adverse incident	**Met**
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met and further details 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?

Mrs Murray told us that laser treatments are carried out by her as the authorised operator. The register of authorised operators for the laser reflects that Mrs Murray is the only authorised operator.

A review of training records evidenced that Mrs Murray has up to date training in core of knowledge, application training for the equipment in use, basic life support, fire safety awareness and safeguarding adults at risk of harm in keeping with the RQIA training guidance. It was identified that IPC training was required to be renewed and following the inspection, Mrs Murray provided evidence this matter had been addressed.

All other staff employed at the establishment, but not directly involved in the use of the laser equipment had not received laser safety awareness training. This matter was discussed with Mrs Murray and following the inspection, RQIA received confirmation that this matter had been addressed.

As a result of actions taken 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.

There have been no authorised operators recruited since the previous inspection. During discussion, Mrs Murray 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.

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?

Mrs Murray told us that laser hair removal treatment is available to any person over 16 years of age.

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

Discussion with Mrs Murray 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. As the safeguarding lead, she 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.

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 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?

As previously stated, Mrs Murray has 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.

The laser treatment room was clean and clutter free. Discussion with Mrs Murray evidenced that appropriate procedures were in place for the decontamination of equipment between use. As discussed previously, Mrs Murray undertook up to date IPC training following the inspection.

Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided.

As this is a communal workspace, cleaning arrangements were discussed with Mrs Murray who assured us that cleaning duties of the premises are delegated amongst staff in-house. Advice was provide to Mrs Murray to introduce and maintain up to date cleaning records for the premises. Mrs Murray agreed to implement this moving forward.

As a result of actions taken following the inspection, it is determined that the service has 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.

A fire risk assessment was in place. Advice and guidance was provided to Mrs Murray to review the fire risk assessment on an annual basis moving forward.

It was determined that appropriate arrangements were in place to maintain the environment.

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

A laser safety file was in place which contained the relevant information in relation to the laser equipment in place.

In accordance with the standards, there should be written confirmation of the appointment and duties of a certified laser protection advisor (LPA) that is renewed on an annual basis, and up to date local rules which are developed by the LPA. The local rules contain relevant information about the laser equipment being used. It was identified that renewal of the appointment of the LPA and local rules were not in place.

A review of records submitted to RQIA following the inspection evidenced that these are now in place but there had been a period of time where the agreement and rules had lapsed. Advice and guidance was provided to Mrs Murray to develop arrangements to ensure that the LPA service level agreement and local rules are renewed within specified timeframes.

The establishment's LPA completed a risk assessment of the premises during July 2024 and all recommendations made by the LPA had been addressed.

Mrs Murray 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 November 2026. It was established that systems are in place to review the medical treatment protocols when due.

Mrs Murray told us that hair removal is 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 14 to 18 years.

Mrs Murray, as the laser protection supervisor (LPS) and authorised operator has overall responsibility for safety during laser treatments and a list of authorised operators is maintained.

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. Mrs Murray 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 keypad code. Arrangements are in place for the safe custody of the keypad code when not in use. Protective eyewear is available for the client and operator as outlined in the local rules.

In accordance with the Minimum Care Standards for Independent Healthcare Establishments (July 2014), a register should be maintained every time the laser is operated and includes the following:

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

It was determined that the previous area for improvement made against the standards as outlined in section 5.1, has been met.

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

As a result of the actions taken by Mrs Murray 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?

Mrs Murray 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, clients are asked to complete a health questionnaire. However, it was identified that general practitioner (GP) details were not consistently recorded in keeping with legislative requirements. This matter was discussed with Mrs Murray and advice was provided in this regard.

A sample of 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)

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.

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 Mrs Murray 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.

Mrs Murray 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. Mrs Murray confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

Review of the most recent client satisfaction report 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 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.

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

Policies and procedures were available outlining the arrangements associated with the laser treatments. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis or more frequently if required.

The arrangements for the management of complaints and incidents were reviewed to ensure that they were being managed in keeping with legislation and best practice guidance.

The complaints policy and procedure provided clear instructions for clients and staff to follow.

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

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

Mrs Murray 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 registered person 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 Mrs Murray.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Murray, Registered Person, as part of the inspection process and can be found in the main body of the report.

The **Regulation** and **Quality Improvement** Authority

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