

Inspection Report

3 February 2026



Array Aesthetics

Type of service: Independent Hospital-Cosmetic Laser\Intense Pulsed Light and Day
Surgery Services

Address: 665 & 667 Lisburn Road, Belfast, BT9 7GT

Telephone number: 028 9457 1840

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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: C E Vend Ltd	Registered Manager: Dr Christopher Hutton
Responsible Individual: Dr Christopher Hutton	Date registered: 9 September 2025
Person in charge at the time of inspection: Dr Christopher Hutton	
Categories of care: Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L); Prescribed techniques or prescribed technology: establishments using intense light sources PT(IL) Private doctor (PD) Acute hospital day surgery AH (DS)	
Brief description of how the service operates: Array Aesthetics is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital with the following categories of care: prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT (L); prescribed technology: establishments using intense light sources PT (IL); private doctor (PD); and acute hospital day surgery AH (DS). Array Aesthetics also provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments that fall within regulated activity and the categories of care for which the establishment is registered, that is the services that fall under the PD; PT (L); PT (IL) and AH (DS) categories of care. Equipment available in the service: The Sciton Joule is a multi-platform machine that is capable of operating as a laser and an IPL by changing the hand piece. Three hand pieces are in place. Multi-platform equipment Manufacturer: Sciton Model: Joule X Serial Number: 19322-06018 Laser Class: 4	

Hand Pieces:

Halo – Wavelength: 1470nm

TRL – Wavelength: 2940nm

Broad Band Light (BBL) – Wavelength: 300nm – 1400nm

Types of laser and IPL treatments provided:

Halo: skin resurfacing and deep pigmentation

Profractional III TRL: Acne scarring

TRL: deep skin resurfacing

2.0 Inspection summary

This was an announced inspection undertaken by two care inspectors on 3 February 2026 from 10.00 am to 3.00 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.

This inspection focused on four main key themes: organisational and clinical governance; staffing arrangements; the management of the patients' care pathway and laser safety.

Examples of good practice were evidenced in patient safety in respect of the management of the patients' care pathway; ensuring the core values of privacy and dignity were upheld and engagement to enhance the patients' experience.

No concerns were identified in relation to patient safety and the inspection team noted areas of strength, particularly in relation to the delivery of 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

Posters were issued to Array Aesthetics by RQIA prior to the inspection inviting patients and staff to complete an electronic questionnaire. No completed patient or staff questionnaires were submitted to RQIA prior to the inspection.

Through discussion with staff who have differing roles and responsibilities, it was determined that staffing levels and morale were good with evidence of good multidisciplinary team working and effective communication between staff.

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 22 August 2024		
Action required to ensure compliance with Minimum Care Standards for Independent Healthcare Establishments (July 2014)		Validation of compliance
Area for Improvement 1 Ref: Standard 32.4	The responsible individual shall ensure an infection prevention and control (IPC) expert undertakes an audit of the arrangements for the provision of day surgery procedures. Any recommendation(s) resulting from the IPC audits should be completed. A copy of the external expert's IPC audit report with completed action plan should be provided to RQIA.	Met
	Action taken as confirmed during the inspection: Following the previous inspection a copy of the external expert's IPC audit report with completed action plan was provided to RQIA. It was confirmed that any recommendations made therein had been completed. This area for improvement has been assessed as met.	
Area for Improvement 2 Ref: Standard 32.4	The responsible individual shall ensure that an airborne particulates and microbiological survey of the proposed clinical treatment room is undertaken and a copy of the result of the survey is provided to RQIA.	Met
	Action taken as confirmed during the inspection: Following the previous inspection a copy of the airborne particulates and microbiological survey of the clinical treatment room was provided to RQIA. This area for improvement has been assessed as met.	

Area for improvement 3 Ref: Standard 32.4	The responsible individual shall ensure that the proposed clinical treatment room for the provision of day surgery procedures has the required ventilation system in place in line with current guidance for healthcare premises. Evidence of this should be provided to RQIA when available.	Met
	Following the previous inspection a copy of the certification of the ventilation system was provided to RQIA which confirmed the ventilation was compliant with best practice guidance. This area for improvement has been assessed as met.	
Area for improvement 4 Ref: Standard 9.1	The responsible individual shall ensure that a treatment protocol is in place for the surgical removal of lumps, moles and cysts.	Met
	This area for improvement has been assessed as met. Further detail is provided in section 5.2.3.	

5.2 Inspection outcome

5.2.1 Governance and Leadership

Organisational Governance

Organisational governance systems were in place and there was a clear organisational structure within the hospital.

Where the business entity operating an establishment registered with RQIA is a corporate body or partnership or an individual owner who is not in day to day management of the establishment, unannounced quality monitoring visits by the responsible individual must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

Dr Hutton is responsible for Array Aesthetics and is supported by the clinic manager and clinic co-ordinators. Dr Hutton works in the clinic at least two or three days each week and is fully involved with the day to day management of the establishment, therefore Regulation 26 unannounced quality monitoring visits are not required.

The clinic manager discussed the arrangements in place regarding internal meetings that include all areas within Array Aesthetics and a selection of the meeting minutes were available to review. The clinic manager confirmed that information is cascaded to staff at these meetings and also by email on a regular basis.

Staff spoken with during the inspection confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Policies and procedures were available for staff reference and discussion with the clinic manager confirmed that a structure is in place to ensure that policies are being reviewed in a systematic manner. Staff reported they were aware of the policies and how to access them.

The Competition and Markets Authority (CMA) requires all hospitals and consultants offering private treatment to submit data to Private Healthcare Information Network (PHIN) as the Information Organisation for private healthcare. This enables people considering private healthcare with clear information to help them make an informed choice of which consultant and hospital is right for them. This was discussed and Dr Hutton who was provided with advice to action this as required.

Clinical and medical governance

A review of records demonstrated that monthly medical team meetings take place. Discussion with Dr Hutton confirmed that every quarter these meetings perform the function of a medical advisory committee (MAC). Following the inspection RQIA received a copy of the terms of reference for the MAC which evidenced that these have been developed in accordance with Standard 30 of the Minimum Care Standards for Independent Healthcare Establishments (2014).

The medical team meetings have standing agenda items and are used as a forum to discuss clinical governance issues; the appointment and renewal of practising privileges agreements; the review of performance indicators; corrective action in relation to adverse clinical incidents; and any other untoward event or near misses, as relevant. A review of the medical team meeting minutes confirmed that these meetings were being undertaken in line with the criteria set out in Standard 30.

A private doctor is a medical practitioner who does not have a prescribed connection to a Responsible Officer within the Health and Social Care (HSC) sector in Northern Ireland. A small number of private doctors work in Array Aesthetics. A review of the private doctor's details confirmed evidence of the following:

- confirmation of identity
- current GMC registration
- professional indemnity insurance
- qualifications in line with service provided
- ongoing professional development and continued medical education that meets the requirements of the Royal Colleges and the GMC
- up to date annual appraisal by a trained medical appraiser
- an appointed RO
- arrangements for revalidation

Appraisal is a key part of revalidation and includes the appraisee providing evidence of their individual continuous professional development (CPD) activities undertaken in accordance with the GMC Good Medical Practice (2024) guidance. A review of records confirmed that a copy of each private doctor's annual appraisal document is available for review by the responsible individual.

In accordance with the GMC all doctors must revalidate every five years. The revalidation process requires doctors to collect examples of their work to understand what they are doing well and how they can improve. As part of the revalidation process, responsible officers (RO) make revalidation recommendations to the GMC. Where concerns are raised regarding a doctor's practice information must be shared with their RO who then has a responsibility to share this information with all relevant stakeholders in the areas of the doctor's work. As outlined above, it was evidenced that each of the private doctors have an appointed RO.

Clinical and medical governance within the hospital is overseen by Dr Hutton and the medical advisory committee (MAC).

It was demonstrated that a system was in place to ensure that all those working in Array Aesthetics have completed training in keeping with the RQIA training guidance and CPD and in accordance with their role within the hospital.

Practising Privileges

The only mechanism for a medical practitioner to work in a registered independent hospital is either under a practising privileges agreement or through direct employment by the hospital.

A policy and procedural guidance for the granting, review and withdrawal of practising privileges agreements was in place.

It was confirmed that practising privileges can only be granted when full and satisfactory information has been sought and retained in respect of each of the records specified in Regulation 19 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended.

A review of a sample of medical practitioner's records evidenced that for the private doctors there was a written practising privileges agreement between medical practitioners and Array Aesthetics, setting out the terms and conditions, which had been signed by both parties.

It was identified that there was a number of consultants working in Array Aesthetics who have a prescribed connection to a Responsible Officer within the Health and Social Care (HSC) sector in Northern Ireland that did not have a practising privileges agreement in place. This matter was discussed with Dr Hutton and following the inspection RQIA received confirmation that practising privileges agreements were being actively processed for the identified consultants.

Quality assurance

Arrangements were in place to monitor, audit and review the effectiveness and quality of all care and treatment delivered to laser and day surgery patients at appropriate intervals.

A system was also in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

Complaints and Incident Management

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. 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 clinic.

Arrangements were in place to record any complaint received in a complaints register and retain all relevant records including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

A review of records concerning complaints evidenced that complaints had been managed in accordance with best practice guidance. The clinic manager confirmed that arrangements are in place to undertake a complaints audit to identify trends, drive quality improvement and to enhance service provision.

A policy for the management and reporting of clinical risks, incidents and near misses and a policy for the management of national safety alerts was in place. The clinic manager confirmed that incidents are effectively documented and investigated in line with legislation.

All relevant incidents are 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.

The clinic manager was knowledgeable on how to deal with and respond to complaints and incidents in accordance with legislation, minimum standards and the DoH guidance.

Systems were in place to ensure that complaints and incidents were being managed effectively in accordance with legislation and best practice guidance. A review of complaints is included as standing agenda item for the MAC meetings.

Risk Management

Systems were in place to support good risk management within the hospital. This ensures that the likelihood of adverse incidents, risks and complaints are minimised by effective identification, prioritisation, treatment and management.

Risks were documented, collated and tracked through the use of a risk register which provided assurance about the effective identification and management of risk.

It was demonstrated that there was a clear management structure with defined lines of responsibility and accountability for the laser and day surgery services provided at the establishment.

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

There were recruitment and selection policies and procedures in place that adhered to legislation and best practice guidance.

Dr Hutton oversees the recruitment and selection of staff for the laser and day surgery services and approves all staff appointments and is supported by the clinic manager. Discussion with the clinic manager confirmed that they had a clear understanding of the legislation and best practice guidance.

A staff register was in a place and was up to date. Two new staff members have commenced work in Array Aesthetics since the previous RQIA inspection. A review of the new staff member's personnel files evidenced that all relevant recruitment records had been sought; reviewed and stored as required.

There was evidence of job descriptions and formal programmes of induction for the different staff roles. A review of records confirmed that if a professional qualification is a requirement of the post, a registration check is made with the appropriate professional regulatory body.

The clinic manager confirmed that all new staff receive a job description, contract of employment/ practising privileges agreement and induction training, commensurate to their role and responsibilities, when they commence work in Array Aesthetics.

It was demonstrated that arrangements are in place to ensure the recruitment of staff complies with the legislation and best practice guidance to ensure suitably skilled and qualified staff work in Array Aesthetics.

5.2.3 How does the establishment ensure that staffing levels are safe to meet the needs of patients?

Staffing arrangements were reviewed and discussed with Dr Hutton and the clinic manager.

Staffing provision includes medical practitioners, authorised operators and registered nurses who provide laser care and treatment and day surgery services. It was demonstrated that arrangements were in place to monitor all aspects of ongoing professional development and a record was retained of all training and professional development activities. Training certificates were retained to confirm completion of all staff training.

Policies and procedures are in place that outline mandatory training to be undertaken, in line with any professional requirements, and the [training guidance](#) provided by RQIA.

All staff had completed basic life support, infection prevention and control, fire safety awareness and safeguarding adults and children at risk of harm training in keeping with the RQIA training guidance.

Through discussion and review of relevant documentation, it was confirmed that there were systems in place for undertaking, recording, and monitoring all aspects of staff supervision, appraisal, and ongoing professional development.

Discussion with staff and review of documentation identified that arrangements were in place to check the registration status for all clinical staff on appointment for example: medical practitioners with the General Medical Council (GMC) and nursing staff with the Nursing and Midwifery Council (NMC).

Evidence was available that staff who have a professional registration undertake CPD in accordance with their professional body's recommendations.

It was evidenced that for medical practitioners, their professional indemnity continues to be monitored annually.

A record is kept which shows the rota of staff working and the capacity in which they are working.

It was demonstrated that staffing levels are safe and staff are appropriately trained to meet the needs of patients.

5.2.4 Is the establishment fully equipped and are staff trained to manage medical emergencies?

The arrangements to manage medical emergencies in the clinic were reviewed.

There was a medical emergency policy and procedure in place and a review of this evidenced that it reflected legislation and best practice guidance. Protocols were available to guide all staff on how to manage recognised medical emergencies.

An emergency kit containing emergency medicines and equipment was in place. The emergency kit bag is strategically located to ensure ease of access for the laser and day surgery staff at any given time.

Systems were in place to ensure that emergency medicines and equipment are immediately available as specified and do not exceed their expiry dates. Following the inspection RQIA received confirmation that the checking procedure had been further developed to include an itemised list of all emergency medicines and equipment with the respective expiry dates.

Managing medical emergencies is included in the induction programme and refresher training is undertaken annually.

Staff members spoken with were able to describe the actions they would take, in the event of a medical emergency, and were familiar with the location of medical emergency medicines and equipment.

A detailed transfer out policy was in place outlining the arrangements for the transfer of an acutely ill patient in the event of a medical emergency or serious post treatment complication, to a Health and Social Care (HSC) hospital.

It was determined that arrangements are in place to ensure the hospital is equipped to manage a medical emergency should this occur.

5.2.5 Are there safe practices in place for the day surgery service?

The arrangements for the provision of day surgery in the hospital outlined under the statement of purpose were reviewed.

Dr Hutton has provided RQIA with the list of day surgical procedures that are currently undertaken in Array Aesthetics. Dr Hutton is aware that prior to Array Aesthetics offering additional surgical procedures they must consult with RQIA.

Written standard operating protocols were in place in respect of each day surgery procedure provided by Array Aesthetics. It was determined that previous area of improvement 4, made against the standards, as outlined in section 5.1, has now been met.

It was confirmed that prospective patients are invited to attend an initial consultation with the medical practitioner who undertakes the procedure. Patients are provided with an in-depth consultation, assessment and a patient information leaflet specific to the day surgery procedure pertinent to the patient.

Patients are provided with written information on the specific procedure that will be undertaken which explains the risks, complications and expected outcomes of the treatment. Where applicable, the patient is also provided with written information detailing any preparation necessary in advance.

Patients are also provided with clear post-operative instructions along with contact details if they experience any concerns.

The medical practitioner performing the surgical procedure is responsible for gaining consent from patients for their care and treatment in line with legislation and guidance. The consent process complies with the GMC's 'Guidance for doctors who offer cosmetic interventions' and the Royal College of Surgeons (RCS) 'Professional Standards for Cosmetic Surgery'.

The scheduling of patients for day surgery procedures is co-ordinated by the administration team with the full involvement of the consultant performing the surgical procedures and nursing staff. Scheduling takes into account individual patient requirements, staffing levels, the nature of the procedure and any associated risks.

Patients will receive local anaesthesia only. It was confirmed that no other form of sedation would be required. It was confirmed that patients will be observed during and after the procedure by the clinical team.

Patients will be discharged in accordance to discharge criteria determined by the medical practitioner who undertook the procedure. Patients will be provided with clear post procedure advice, information on follow up and who to contact in the event of a post treatment complication.

It was identified that a surgical register was not being maintained in accordance with legislation and best practice guidance. Advice was provided in respect of this matter and following the inspection RQIA received confirmation that a surgical register will be completed for all procedures undertaken in the dedicated clinical treatment room. It was suggested that completion of the surgical register be routinely audited through the hospital's auditing process to monitor compliance.

Patient care pathway records were reviewed and found to provide a framework for the clear record of admission, medical history, infection status, medication, observations on admission, the pre-procedure checklist, intra-procedure details, traceability details, post procedure observations and discharge record.

It was noted that a surgical safety checklist based on World Health Organisation (WHO) guidance was not formally in use, however discussion with the clinic manager confirmed its principles were adhered to in practice.

The requirement to formally devise and implement a surgical safety checklist was outlined and Dr Hutton and the clinic manager gave assurances on this matter. Following the inspection RQIA received confirmation that the WHO surgical safety checklist has been implemented. It was suggested that completion of the surgical safety checklist be routinely audited through the hospital's auditing process to monitor compliance.

There were procedures for the collection, labelling, storage, preservation, transport and administration of specimens. The clinic manager clearly described these procedures and the procedure for reporting results to the appropriate clinical staff and the patient's General Practitioner (GP). It was confirmed there is a contract in place with an accredited pathology laboratory service. The pathology services will be subject to internal audit.

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

Observations of the clinical treatment room found it to be clean, tidy, uncluttered and finished to a high standard and fully equipped to meet the requirements for the provision of minor day surgery procedures.

The room contained hand washing sinks, mounted soap, hand towels dispensers and hand hygiene posters displayed at each hand hygiene area. Personal protective equipment (PPE) was readily available in keeping with best practice guidance.

Arrangements regarding the decontamination of equipment and reusable medical devices were reviewed. It was confirmed that only single use equipment is used in Array Aesthetics.

Cleaning records were noted to have been completed and were up to date. Staff described the arrangements to decontaminate the environment and equipment between patients in keeping with best practice.

A review of records confirmed that an IPC audit had been undertaken by an appointed external IPC nurse consultant during August 2025 and all action required had been completed. There is access to a microbiologist should advice be required and the Public Health Agency (PHA) details are also available for staff.

Waste management arrangements were established, clinical waste bins were pedal operated in keeping with best practice guidance and sharps containers were wall mounted, signed and dated on assembly.

As previously discussed staff training records confirmed that staff have completed IPC training commensurate with their roles and responsibilities.

It was determined that there are safe practices in place for the provision of the surgical service.

5.2.6 How does the service ensure that laser and IPL procedures are safe?

The arrangements in respect of the safe use of the laser equipment were reviewed.

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.

Up to date local rules were in place which have been developed by the LPA.

The establishment's LPA completed a risk assessment of the premises during August 2025 and all recommendations made by the LPA had been addressed.

It was confirmed that laser and IPL treatments are not provided to persons under the age of eighteen years.

The clinic manager confirmed that laser and IPL procedures are carried out following medical treatment protocols. The medical treatment protocols have 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 February 2026. It was established that systems are in place to review the medical treatment protocols when due.

The LPS has overall responsibility for safety during laser and IPL treatments and a list of authorised operators is maintained.

It was identified that not all authorised operators had signed to state that they had read and understood the local rules and medical treatment protocols. This matter was discussed with Dr Hutton and the clinic manager and following the inspection, RQIA received confirmation that this matter had been addressed.

When the laser and IPL equipment are in use, the safety of all persons in the controlled area is the responsibility of the LPS.

The environment in which the multiplatform equipment is in use can be opened from the outside in the event of an emergency. The LPS was aware that the laser safety warning sign should only be displayed when the multiplatform equipment is in use and removed when not in use.

The multiplatform equipment is operated using a key. Arrangements were in place for the safe custody of the key when not in use. Protective eyewear is available for the patient and operator as outlined in the local rules.

Array Aesthetics has separate laser and IPL registers which are completed on each occasion when laser and IPL treatments are provided. Each register contained the following information:

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

It was identified that patch tests were not being recorded, this matter was discussed with the hospital manager and following the inspection, RQIA received evidence from the multiplatform machine manufacturer that a patch test prior to treatment was not required for this machine.

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

Carbon dioxide (CO2) fire extinguishers suitable for electrical fires were available in the clinic and arrangements were in place to ensure the fire extinguishers are serviced in keeping with manufacturer's instruction.

As a result of the actions taken following the inspection, it is determined that appropriate arrangements are in place to operate the laser and IPL equipment.

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 Dr Hutton, Responsible Individual and the clinic manager, as part of the inspection process and can be found in the main body of the report.



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](https://twitter.com/RQIANews)