Inspection Report

28 August 2026



Mid Ulster Laser & Skin Clinic

Type of service: Independent Hospital - Cosmetic Laser
Address: G3, Unit 4, Kilcronagh Business Park, Cookstown, BT80 9HJ
Telephone number: 077 1059 0012

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: Mid Ulster Laser Clinic Ltd **Responsible Individual:** Ms Anna McReynolds	**Registered Manager:** Ms Anna McReynolds **Date registered:** 1 December 2022
Person in charge at the time of inspection: Ms Anna McReynolds	
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:
Mid Ulster Laser & Skin Clinic 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.

Mid Ulster Laser & Skin Clinic also provides a range of cosmetic 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.

A variation to registration application was submitted to RQIA prior to the inspection, regarding the service's relocation to G3, Unit 4, Kilcronagh Business Park, Cookstown, BT80 9HJ and the change of trading name to Mid Ulster Laser & Skin Clinic.

Equipment available in the service:

Laser equipment:
Manufacturer: Cynosure
Model: Elite IQ
Serial Number: M122A1 – LR172216
Laser Class: 4
Wavelength: 755nm and 1064nm

Types of laser treatments provided:
Hair removal
Fungal nail
Skin pigmentation

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 28 August 2026 from 10.00 am to 12.30 pm.

A desktop review of the premises component of the variation to registration application was undertaken by the RQIA estates inspector. They have approved the variation to registration application from an estates perspective.

The inspection sought to review the readiness of the establishment for the provision of treatments using a Class 4 laser machine at G3, Unit 4, Kilcronagh Business Park, Cookstown.

The purpose of the inspection was to assess progress with areas for improvement identified during the last care inspection and to assess compliance with the legislation and minimum standards.

There was evidence of good practice concerning staff recruitment; authorised operator training; safeguarding; 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.

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 Mid Ulster Laser & Skin Clinic. This matter is discussed further in section 5.2.9.

Posters were issued to Mid Ulster Laser & Skin Clinic by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire.

Two 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. One client response included positive comments regarding the quality of treatment.

One staff member submitted a questionnaire response. The response indicated that they felt client care was safe, effective, that clients were treated with compassion and that the service was well led. The staff member reported being very satisfied with each of these areas of client care. They included positive comments regarding staff training and professionalism and indicated there was a high level of client satisfaction with the services provided.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Mid Ulster Laser & Skin Clinic was undertaken on 16 January 2026; no areas for improvement were identified.

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 McReynolds told us there are sufficient staff in the various roles to fulfil the needs of the establishment and clients.

Ms McReynolds confirmed that 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 McReynolds is aware that an induction programme and training is to 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 training, application training for the equipment in use, basic life support, IPC, fire safety awareness and safeguarding adults at risk of harm in keeping with the RQIA training guidance.

All other staff employed at the establishment, but not directly involved in the use of the laser, 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.

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, Ms McReynolds 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 McReynolds 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 McReynolds 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 McReynolds 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 McReynolds, 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

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?

All authorised operators had up to date training in basic life support and Ms McReynolds confirmed authorised operators were aware of what action to take in the event of a medical emergency.

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

It was determined that the service had appropriate arrangements in place to manage a medical emergency.

5.2.5 How does the service ensure that it adheres to infection prevention and control (IPC) and decontamination procedures?

The IPC arrangements were reviewed throughout the establishment to evidence that the risk of infection transmission to clients, visitors and staff was minimised.

There was an overarching IPC policy and associated procedures in place. A review of these documents demonstrated that they were comprehensive and reflected legislation and best practice guidance.

The laser treatment room was clean and clutter free. Discussion with Ms McReynolds evidenced that appropriate procedures were in place for the decontamination of equipment between use. Hand washing facilities were available and adequate supplies of personal protective equipment (PPE) were provided. Cleaning schedules for the establishment were in place. As discussed previously, authorised operators had up to date training in IPC.

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

It was determined that the service had appropriate arrangements in place in relation to IPC and decontamination.

5.2.6 How does the service ensure the environment is safe?

The premises were maintained to a good standard of maintenance and décor.

Observations made evidenced that a carbon dioxide (CO2) fire extinguisher is available which has been serviced within the last year.

It was confirmed that the fire risk assessment had been reviewed since the previous inspection.

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 laser equipment. There was written confirmation of the appointment and duties of a certified laser protection advisor (LPA) which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires during January 2027.

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 new premises during August 2026 and all recommendations made by the LPA have been addressed.

Ms McReynolds 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.

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

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 McReynolds was aware that the laser safety warning sign should only be displayed when the laser equipment is in use and be 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 as outlined in the local rules.

Mid Ulster Laser & Skin Clinic has one laser register.

Ms McReynolds 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. The most recent service report of the laser equipment was reviewed.

It was determined that appropriate arrangements were 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 McReynolds 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. This includes their general practitioner (GP) details in keeping with legislative requirements and clients are also asked to complete a health questionnaire.

Two client care records were reviewed. There was an accurate and up to date treatment record for each 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.

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

Review of the most recent client satisfaction report, dated January 2026, found that clients were very 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.

Ms McReynolds 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 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. 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 McReynolds confirmed that no complaints had been received since the previous inspection.

An incident policy and procedure was in place which includes the reporting arrangements to RQIA. Ms McReynolds 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 McReynolds demonstrated a clear understanding of her role and responsibility in accordance with legislation.

The statement of purpose and client guide had been updated to reflect the change of address and trading name of the establishment. Ms McReynolds is aware the statement of purpose and client guide are to be kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was displayed in a prominent place.

Discussion with Ms McReynolds confirmed that insurance documentation had been updated to reflect the change of address and trading name of the establishment. Ms McReynolds shared with RQIA a copy of relevant insurance following the inspection.

It was determined that suitable arrangements are in place to enable Ms McReynolds, Responsible Individual, to assure herself 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 McReynolds.

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 Ms McReynolds, Responsible Individual, as part of the inspection process and can be found in the main body of the report.



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