



The Regulation and  
Quality Improvement  
Authority

**THE REGULATION AND QUALITY IMPROVEMENT  
AUTHORITY**

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**ANNOUNCED ESTATES INSPECTION**

**Inspection No:** IN022180  
**Establishment ID No:** 10628  
**Name of Establishment:** Optimax Laser Eye Clinic, Belfast  
**Date of Inspection:** 31 March 2015  
**Inspector's Names:** K. Monaghan

## 1.0 GENERAL INFORMATION

<b>Name of Clinic:</b>	Optimax Laser Eye Clinic
<b>Address:</b>	438 Lisburn Road Belfast BT9 6GR
<b>Telephone Number:</b>	028 90 66 11 18
<b>Registered Responsible Person:</b>	Mr. R K Ambrose
<b>Registered Manager:</b>	Mrs. Susan Moffatt
<b>Person in Charge of the Hospital at the time of Inspection:</b>	Mrs. Susan Moffatt, Registered Manager
<b>Other person(s) present during inspection:</b>	Ms. Helen Woodley, Compliance Manager / Nominated Individual / Infection Control Nurse Optimax Clinics Limited, Ultralase Eye Clinics Limited
<b>Type of establishment:</b>	Independent Hospital
<b>Categories of Care:</b>	PT(L), PD
<b>Number of Registered Places:</b>	N/A
<b>Conditions of Registration:</b>	N/A
<b>Date of previous inspection:</b>	N/A
<b>Date and time of inspection:</b>	31 March 2015 (2:00pm. – 3:30pm.)
<b>Name of Estates Inspector:</b>	K. Monaghan

## **2.0 INTRODUCTION**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect independent health care establishments.

This is a report of an announced inspection to assess the quality of the premises and grounds in which the service is being provided including the upkeep of the building and engineering services and equipment. The report details the extent to which the standards measured during inspection were met.

## **3.0 PURPOSE OF THE INSPECTION**

The purpose of this inspection was to consider whether the premises and grounds were safe, well maintained and remain suitable for their stated purpose in compliance with legislative requirements and current draft minimum standards. This was achieved through a process of evaluation of the available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards.

The aims of the inspection were to examine the estates related policies, practices and monitoring arrangements for the provision of independent health care establishments, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003,
- The Independent Health Care Regulations (Northern Ireland) 2005
- The Minimum Care Standards for Independent Healthcare Establishments – July 2014

Other published standards which guide best practice may also be referenced during the inspection process.

#### **4.0 METHODS/PROCESS**

Specific methods/processes used in this inspection include the following:

1. Discussions with Mrs. Susan Moffatt and Ms. Helen Woodley
2. A review of the premises
3. Evaluation and feedback.

Any other information received by RQIA about this regulated establishment has also been considered by the Inspector in preparing for this inspection.

#### **5.0 CONSULTATION PROCESS**

During the course of the inspection, the Inspector spoke to Mrs. Susan Moffatt and Ms. Helen Woodley.

#### **6.0 INSPECTION FOCUS**

RQIA received a variation application (Ref. VA010123) on 16 February 2015 from the Registered Persons. This application related to the use of alternative premises at 7 Derryvolgie Avenue, Belfast BT9 6 FL for the purposes of the hospital.

This Estates inspection was carried out to review these alternative premises before they are to be used for the purposes of the hospital.

This inspection sought to establish the level of compliance achieved with respect to the following DHSSPS Minimum Care Standard for Independent Healthcare Establishments – July 2014.

##### **Standard inspected:**

- Standard 22 Premises and Grounds

## 7.0 SUMMARY

Following this Estates inspection of the Optimax Laser Eye Clinic in Belfast on 31 March 2015, improvements are required to comply with The Independent Health Care Regulations (Northern Ireland) 2005 and the criteria outlined in the following Minimum Care Standard for Independent Healthcare Establishments - July 2014:

- Standard 22 Premises and Grounds

This resulted in one requirement. This is outlined in the Quality Improvement Plan appended to this report.

The application for a variation to the existing conditions of registration in respect of the alternative premises at 7 Derryvolgie Avenue, Belfast BT9 6 FL can be granted from a premises point of view.

The Estates Inspector would like to acknowledge the assistance of Mrs. Susan Moffatt and Ms. Helen Woodley, throughout the inspection process.

## 8.0 INSPECTION FINDINGS

### 8.1 Recommendations and requirements from the previous Estates inspection

- 8.1.1 The previous Estates inspection in relation to this independent hospital establishment was carried out at the premises located at 438 Lisburn Road Belfast, BT9 6GR. As these premises are no longer being used for the purposes of this independent hospital, the recommendations and requirements from the previous Estates inspection are not relevant.

### 8.2 Standard 22: Premises and Grounds

***The premises and grounds are safe, well maintained and remain suitable for their stated purpose***

- 8.2.1 The following issues were identified for attention during this Estates inspection in relation to this standard:
- 8.2.2 The fixed wiring installation was inspected and tested on 12 March 2015. The report for this inspection and test confirmed that the installation was overall in a satisfactory condition. This report however also identified a number code C3 issues that required further investigation. The action required in relation to these issues should be checked with the engineer who completed the inspection and testing. Subsequent to this Estates inspection RQIA received confirmation from Mrs. Moffatt that the engineer had been consulted in relation to this matter and that a "satisfactory" declaration had been confirmed.
- 8.2.3 A fire risk assessment was completed on 03 March 2015 using the PAS 79 format and with an outcome of 'Tolerable Risk'. The report for this fire risk assessment was presented for review during this Estates inspection. The significant findings identified a small number of issues in the action plan that required attention. Sample checks carried out during this Estates inspection indicated that these issues had been addressed. Ms. Moffatt, Registered Manager agreed to review this action plan and sign off same. Subsequent to this Estates inspection, Ms. Moffatt confirmed by email (31 March 2015) to RQIA that all of these issues had been addressed. In addition the Northern Ireland Fire and Rescue Service should be informed of the move to the new premises at 7 Derryvolgie Avenue, Belfast. Subsequent to this Estates inspection, Ms. Moffatt confirmed by email (14 April 2015) to RQIA that the Northern Ireland Fire and Rescue Service had been contacted in relation to the new premises.

## 8.0 INSPECTION FINDINGS CONTINUED

### 8.2 Standard 22: Premises and Grounds *Continued*

- 8.2.4 An infection control audit was completed on 30 March 2015 with an overall compliance level of 99%. As part of this infection control audit, environmental monitoring samples were taken for testing. Subsequent to this Estates inspection, RQIA received the results for the environmental monitoring samples. These results confirmed that the samples were within the alert and action limits. Ms. Woodley also confirmed that the alert and action limits had been established on the advice of a microbiologist and that all of the results were well within the parameters.
- 8.2.5 Water samples had recently been tested as part of the water management controls. The results for these samples indicated the presence of some microbial activity at one outlet that was not in frequent use. Further samples should be tested from this outlet and the results should be confirmed to RQIA. All water outlets should also be flushed at least twice each week. Reference should be made to item 4 in the attached Quality Improvement Plan.
- 8.2.6 A considerable amount of support documentation (mainly technical specifications) was presented for review in relation to the new ventilation installation in the procedure room and the recovery room. This documentation did not however clearly state the standard against which the new installations were fully validated. The air change rates, the pressure differentials and the microbiological monitoring results were to be confirmed to RQIA following the Estates inspection. An addendum was also to be drafted to the Statement of Purpose to set out the benchmarks against which the procedure facilities have been developed and validated.
- Subsequent to this Estates inspection, RQIA received a range of further information and support documentation from Mrs. Moffatt and Ms. Woodley confirming that the ventilation installation was satisfactory for the purposes of this hospital.
- 8.2.7 The above issues are detailed as appropriate in the section of the Quality Improvement Plan entitled 'Standard 22 – Premises and Grounds.

## **9.0 QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs. Susan Moffatt and Ms. Helen Woodley as part of the inspection process.

The timescales commence from the date of inspection.

Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Independent Health Care Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's Minimum Care Standards for Independent Healthcare Establishments – July 2014, promote current good practice and should be considered by the management of the hospital to improve the quality of service experienced by patients.

The registered provider is required to record comments on the Quality Improvement Plan.

## **10.0 ENQUIRIES**

Enquiries relating to this report should be addressed to:

**Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT**





The Regulation and  
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## QUALITY IMPROVEMENT PLAN

- for -

## ANNOUNCED ESTATES INSPECTION IN022180

- to -

## OPTIMAX LASER EYE CLINIC, BELFAST RQIA ID 10628

- on -

**31 MARCH 2015**

QIP Position Based on Comments from Registered Persons			QIP Closed		Estates Officer	Date
			Yes	No		
A.	All items confirmed as addressed.	X	X			15 June 2015
B.	All items either confirmed as addressed or arrangements confirmed to address within stated timescales.					
C.	Clarification or follow up required on some items.	X		X		05 June 2015

Announced Estates Inspection IN022180 – 31 March 2015 Optimax Laser Eye Clinic, Belfast RQIA ID 10628

**Assurance, Challenge, Improvement in Health and Social Care**

The following requirement should be noted for action in relation to Standard 22: Premises and Grounds:

ITEM	STANDARD REF/ REGULATION	REQUIRMENT ACTION TO BE TAKEN BY REGISTERED PROVIDER/ MANAGER	TIMESCALE	DETAILS OF ACTION TAKEN BY REGISTERED PERSON (S)
1.	Regulations 15(7) 25(2)(d)	Further samples should be tested from the water outlet that previously tested positive and the results should be confirmed to RQIA. All water outlets should also be flushed at least twice each week. Reference should be made to item 8.2.5 in the report.	Two months and ongoing	IN HAND  ALL WATER OUTLETS ARE FLUSHED TWICE A WEEK.

**NOTES:**

The details of this Quality Improvement plan were discussed with Mrs. Susan Moffatt, Registered Manager and Ms. Helen Woodley, Compliance Manager / Nominated Individual / Infection Control Nurse, Optimax Clinics Limited, Ultralase Eye Clinics Limited, as part of the inspection process.

The timescales commence from the date of inspection.


The Requirements are based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Independent Health Care Regulations (Northern Ireland) 2005 and must be met.

Recommendations are based on the Department of Health, Social Services and Public Safety's Minimum Care Standards for Independent Healthcare Establishments – July 2014, promote current good practice and should be considered by the management of the Clinic to improve the quality of the service being provided.

The Registered Provider is required to record comments on the Quality Improvement Plan.

The quality improvement plan is to be completed by the registered provider and registered manager and returned to [estates@rqia.org.uk](mailto:estates@rqia.org.uk).

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	SUSAN MOFFATT 
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	JAMES ROWLEY 