

# Inspection Report

2 March 2022 and 3 March 2022



## Optilase Therapie

Type of service: Independent Hospital – Cosmetic Laser/Intense Pulse Light (IPL)  
Address: 36 Ann Street, Belfast, BT1 4EG  
Telephone number: 0800 012 1565

[www.rqia.org.uk](http://www.rqia.org.uk)

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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 the [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#)

## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Therapie Clinic Ltd</p> <p><b>Responsible Individual:</b> Mr Phillip Mc Glade</p>	<p><b>Registered Manager:</b> Mr Kyle Apsley (acting –no application submitted)</p>
<p><b>Person in charge at the time of inspection:</b> Mr Kyle Apsley</p>	
<p><b>Categories of care:</b> PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(IL) Prescribed techniques or prescribed technology: establishments using intense light sources Private Doctor (PD)</p>	
<p><b>Brief description of how the service operates:</b> Optilase Therapie is registered with the Regulation and Quality Improvement Authority (RQIA) as an Independent Hospital (IH) with the above categories of care. The cosmetic laser and IPL service treatments are offered from the ground floor of the building and a refractive laser eye surgery service from the first floor.</p> <p>Optilase Therapie also provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using a Class 3B and /or Class 4 laser, an intense pulse light (IPL) and services offered in the refractive eye service that fall within regulated activity and the categories of care for which the establishment is registered with RQIA.</p> <p>It was evident that the refractive eye and the cosmetic laser services were being operated independently of each other; this is discussed further in section 5.2.10.</p> <p>Therapie Clinic Ltd is the registered provider for Optilase Therapie and Mr Phillip McGlade is the responsible individual. Mr McGlade is also the responsible individual for three other services registered with RQIA.</p>	

**Equipment available in the service:****Refractive Laser Eye Surgery Equipment**

Manufacturer:	Schwind A
Laser Class:	Class 4
Model:	Armaris 500E
Serial Number:	M110
Manufacturer:	Abbott Medical Systems (AMO)
Laser Class:	Class 3B
Model:	Intralase IFS Advanced Femtosecond
Serial Number:	F50511-70169

**Laser protection advisor (LPA):**

Mr Alex Zarneh

**Laser protection supervisors (LPS):**

Mr Lawrence Dowie

Ms Lisa McDowell

**Clinical authorised operators and medical support services:**

Dr Jain Rantital (Consultant Ophthalmologist)

Dr Mehul Damani (Consultant Ophthalmologist)

**Non clinical authorised operators:**

Mr Lawrence Dowie

Ms Lisa McDowell

Ms Danielle Grier

**Types of treatment provided:**

Refractive laser eye surgery - Lasix and Lasex

**Cosmetic Laser Services Equipment****Seven identical lasers, one of which had been recently installed**

Manufacturer:	Cynosure
Laser Class:	Class 4
Model:	Elite EM+
Wavelength:	Alexandrite- 755nm, Nd-Yag -1064nm
Serial Numbers:	ELM1703, ELM1978, ELM1975, ELM 1976, ELM1820, ELM2667 and ELM2667

**Laser protection advisor (LPA):**

Mr Alex Zarneh

**Laser protection supervisor (LPS):**

Ms Faye Kerr

**Medical support services:**

Dr Paul Reddy (Medical Director of Therapie)

**Authorised operators:**

Ms Aine Russell, Ms Eimear Fitzpatrick, Ms Kate McMullan, Ms Megan Self, Ms Katrina Henry, Ms Morgan Curran, Ms Josephine Robb, Ms Lucy Coey, Ms Gosla Smagcz, Ms Faye Kerr and Ms Donna Branmeld.

**Types of treatment provided:**

Hair removal/reduction

## 2.0 Inspection summary

This was an announced inspection undertaken by two care inspectors over two days, commencing on 2 March 2022 from 10.00 am to 3.45 pm and concluding on 3 March 2022 from 10.00 am to 1.30 pm. The RQIA's Medical Physics Expert, accompanied the care inspectors and reviewed the laser equipment and the laser safety arrangements pertaining to the refractive laser eye service only. His findings and recommendations are appended to this report.

The purpose of this inspection was to assess progress with any areas for improvement identified during and since the last 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; the management of the patients' care pathway; the management of medical emergencies; infection prevention and control (IPC); the clinic's adherence to best practice guidance in relation to COVID-19; the management of clinical records; clinical and organisational governance; and effective communication between patients/clients and staff.

Additional areas of good practice identified included maintaining patient/client confidentiality, ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients/clients to make informed choices.

No immediate concerns were identified regarding the delivery of front line patient/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?

Posters were issued to the service by the RQIA prior to the inspection, inviting patients/clients and staff to complete an electronic questionnaire. One patient/client and six staff questionnaire responses were submitted prior to the inspection. All responses indicated that they felt that the care was safe, effective, that patients/clients were treated with compassion and that the service was well led. All indicated that they were very satisfied with each of these areas of care and included very positive comments pertaining to the high standard of care delivered to patients/clients and the support provided by management for the team.

The clinic actively seeks the views of patients/clients about the quality of care, treatment and other services provided. Patient/client feedback regarding the service was found to be very positive in all aspects of care received and it reflected that the team deliver a very high standard of care.

#### 5.0 The inspection

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

The last inspection to Optilase Therapie was undertaken on 10 November 2020; no areas for improvement were identified.

#### 5.2 Inspection outcome

##### 5.2.1 How does the service ensure that staffing levels are safe to meet the needs of patients/clients and that staff are appropriately trained to fulfil the duties of their role?

Staffing arrangements were reviewed and it was confirmed that there are appropriately skilled and qualified staff involved in the delivery of services in both the cosmetic laser service and the refractive eye service.

The team includes specialist consultant ophthalmologists, optometrists, a nurse, laser technicians/surgical assistants and cosmetic laser authorised operators. Mr Apsley confirmed that all staff have obtained the specialist qualifications and skills appropriate to their roles and responsibilities.

Induction programmes relevant to roles and responsibilities are required to be completed when new staff join the team. Thereafter the clinic staff take part in ongoing training to update their knowledge and skills. A system was in place to monitor all aspects of ongoing professional development and a record was retained of all training and professional development activities. A review of the records confirmed that all staff had undertaken training in keeping with [RQIA training guidance](#).

Discussion with Mr Apsley and review of documentation identified that arrangements were in place to check the registration status for all clinical staff on appointment and on an ongoing basis.

The arrangements for monitoring the professional indemnity of all staff were also in place, as was a system for the monitoring of any practicing privileges (discussed further in section 5.2.9).

Discussion with staff confirmed there are good working relationships within both the refractive eye service and the cosmetic laser service. Staff spoke positively regarding the services offered; they felt valued as members of the team and confirmed they were supported by management.

It was determined that appropriate staffing levels were in place to meet the needs of patients/clients and the staff were suitably trained to carry out their duties.

### **5.2.2 How does the service ensure that recruitment and selection procedures are safe?**

The arrangements in respect of the recruitment and selection of staff were reviewed. Robust recruitment and selection policies and procedures that adhered to legislation and best practice guidance, for the recruitment of staff were in place.

A review of the personnel files of the newly recruited staff members confirmed that relevant recruitment records had been sought; reviewed and stored as required. There was evidence of various job descriptions, an induction checklist and relevant training records.

It was noted that separate staff registers were retained for each service, one for refractive eye and one for cosmetic laser. This was discussed with Mr Apsley and the two staff registers were amalgamated into one register in keeping with the legislation. The new staff register was reviewed and found to be up to date and included the names and details of all staff in keeping with legislation.

Robust recruitment and selection procedures were in place to ensure compliance 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?**

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 (HSC) Trust should a safeguarding issue arise.

Mr Apsley stated treatments are not provided to persons under the age of 18 years. Discussion with staff confirmed that they were 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 all staff had received training in safeguarding adults as outlined in the Minimum Care Standards for Independent Healthcare Clinics July 2014.

The nominated safeguarding champion for Therapie Clinic Ltd had completed formal training in safeguarding adults in keeping with the [Northern Ireland Adult Safeguarding Partnership \(NIASP\) training strategy \(revised 2016\) and minimum standards](#).

It was also confirmed that a copy of the regional guidance document entitled [Adult Safeguarding Prevention and Protection in Partnership \(July 2015\)](#) was available for reference.

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?**

The arrangements in respect of the management of medical emergencies were reviewed.

The British National Formulary (BNF) and the Resuscitation Council (UK) specify the emergency medicines and medical emergency equipment that must be available to safely and effectively manage a medical emergency.

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

Robust systems were in place to ensure that emergency medicines and equipment do not exceed their expiry date and are immediately available.

Discussions with staff confirmed they 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 review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme and training is updated on an annual basis in keeping with best practice guidance.

Review of the arrangements to manage a medical emergency identified that staff were suitably trained and appropriate medicines and equipment were in place to manage a medical emergency should one arise.

#### **5.2.5 How does the service ensure that it adheres to infection prevention and control and decontamination procedures?**

The arrangements for IPC procedures throughout the clinic were reviewed to evidence that the risk of infection transmission to patients/clients, visitors and staff was minimised. There were IPC policies and procedures in place that were in keeping with best practice guidance.

A tour of the premises was undertaken and areas reviewed were found to be clean, tidy and uncluttered. Cleaning schedules were in place and records were completed and up to date. Staff described the procedure to decontaminate the environment and equipment between patients/clients and this was in keeping with best practice.

A review of training records confirmed that staff had received IPC training commensurate with their roles and responsibilities. Staff spoken with on inspection demonstrated good knowledge and understanding of IPC procedures.



Personal protective equipment (PPE) was readily available in keeping with best practice guidance and according to the treatments provided. The laser suite and cosmetic laser treatment rooms provided dedicated hand washing facilities and hand sanitiser was available throughout the clinic.

The service had appropriate arrangements in place in relation to IPC and decontamination.

#### **5.2.6 Are arrangements in place to minimise the risk of COVID-19 transmission?**

COVID-19 has been declared as a public health emergency and we all need to assess and manage the risks of COVID-19, and in particular, businesses need to consider the risks to their patients/clients and staff.

The management of operations in response to the COVID-19 pandemic were discussed with Mr Apsley and staff who outlined the measures taken to ensure current best practice measures are in place. Appropriate arrangements were in place in relation to maintaining social distancing; implementation of enhanced IPC procedures; and the patient/client pathway to include COVID-19 screening prior to attending appointments.

The management of COVID-19 was in line with best practice guidance and it was determined that appropriate actions had been taken in this regard.

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

The arrangements in respect of the safe use of the laser equipment for the refractive laser eye and cosmetic laser service were reviewed.

The service has one laser suite and various consultation/treatment rooms for the refractive eye service and seven treatment rooms for the cosmetic laser service. It was confirmed that refractive laser eye procedures are carried out by the consultant ophthalmologists acting as the clinical authorised operators assisted by laser technicians acting as non-clinical authorised operators. It was also confirmed that the cosmetic laser procedures are only carried out by authorised operators for the cosmetic laser service. Registers of clinical, non-clinical and cosmetic laser authorised operators were maintained appropriate to each laser service and were kept up to date.

A review of the laser safety files found that they contained all of the relevant information in relation to the lasers. There was written confirmation of the appointment and duties of a certified LPA which is reviewed on an annual basis and the service level agreement between the clinic and the LPA was up to date. The clinic's LPA had completed a risk assessment of the premises and any recommendations made were actioned.

Up to date local rules were in place, for both the refractive laser eye service and the cosmetic laser service that had been developed by the LPA. The local rules contained the relevant information about the laser and IPL equipment being used and all appropriate authorised operators had signed to state that they had read and understood these.

Protective eyewear was available for the non-clinical authorised operators, if required, in the refractive laser eye service and client and operator eyewear for the cosmetic laser service as outlined in the local rules.



Mr Apsley told us laser and IPL procedures are carried out by following identified medical treatment protocols that contain the relevant information about the treatments being provided. The medical treatment protocols had been produced by named registered medical practitioners and systems were in place to review the medical treatment protocols when due.

Mr Apsley confirmed that a laser surgical register and seven cosmetic laser registers are retained and updated with the relevant information every time the lasers and IPL machines are operated. The registers included:

- the name of the person treated
- the date
- the operator
- the treatment given
- the precise exposure given
- any accidents or adverse incidents

A review of the laser surgical register and a sample of the cosmetic laser registers found them to be comprehensively completed.

The laser suite and treatment rooms where the different laser equipment is used was found to be safe and controlled to protect other persons while treatments are in progress. Mr Apsley and the clinic manager confirmed that the doors to the laser suite and treatment rooms are locked, when the laser equipment is in use, but can be opened from the outside in the event of an emergency.

The lasers are operated using keys and passwords that unauthorised staff do not have access to. There were arrangements in place in relation to the safe custody of the keys and passwords of all laser equipment for both the refractive eye lasers and the cosmetic lasers.

There are arrangements in place to service and maintain the lasers and IPL equipment in line with the manufacturer's guidance. The most recent service reports of the lasers and IPL equipment were reviewed and found to be appropriately dated.

It was determined that appropriate arrangements were in place to safely operate the lasers and IPL equipment.

#### **5.2.8 How does the service ensure patients and clients have a planned programme of care and have sufficient information to consent to treatment?**

##### **Refractive Eye**

Mr Apsley and the clinic manager for the refractive eye service confirmed that all patients have an initial consultation with an optometrist who discusses their treatment options and the cost of the surgery.

During the initial consultation, patients are asked to complete a health questionnaire. Systems were in place to contact the patient's general practitioner (GP), with their consent, for further information if necessary.

The clinic has a list of fees available for each type of surgical procedure. Fees for treatments are agreed during the initial consultation and may vary depending on the individual patient's prescription and surgery options available to them.

In accordance with General Medical Council (GMC) and the Royal College of Ophthalmologists guidance, patients meet with their surgeon on a separate day in advance of surgery, to discuss their individual treatment and any concerns they may have. They also meet the surgeon again on the day of surgery to complete the consent process for surgery.

Patients are provided with written information on the specific procedure to be provided that explains the risks, complications and expected outcomes of the treatment. Patients are also provided with clear post-operative instructions along with contact details if they experience any concerns. Systems were in place to refer patients directly to the consultant ophthalmologist if necessary.

Staff informed us that systems were in place to review the patient following surgery at regular intervals if necessary. A sample of patient care records reviewed were found to be well documented, contemporaneous and clearly outlined the patient journey.

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

### **Cosmetic Laser**

Clients are provided with an initial consultation to discuss their treatment and any concerns they may have. Written information is provided to the client pre and post treatment which outlines the treatment provided, any risks, complications and expected outcomes.

The service has a list of fees available for each laser and IPL 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. The service has a policy for advertising and marketing which is in line with legislation.

During the initial consultation, clients are asked to complete a health questionnaire. There are systems in place to contact the client's general practitioner (GP), with their consent, for further information if necessary.

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

### **5.2.9 Are robust arrangements in place regarding clinical and organisational governance?**

#### **Organisational Governance**

Various aspects of the organisational and medical governance systems were reviewed and evidenced a clear organisational structure within Optilase Therapie. 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 and documented every six months.

Mr Apsley and the clinic manager had overall responsibility for the day to day management of the establishment and are responsible for reporting to the registered provider.

Optilase Therapie is operated by Therapie Clinic Ltd and Mr Phillip McGlade is the responsible individual for Therapie Clinic Ltd. He nominates a member of the senior management team to monitor the quality of services and undertake a visit to the premises at least every six months in accordance with legislation.

The most recent unannounced monitoring visit had been undertaken as required and the report was available for inspection. Mr Apsley confirmed that all reports are sent to Mr McGlade to enable him to monitor progress with the identified actions if required.

## **Clinical and medical governance**

A team of consultant ophthalmologists, optometrists, a nurse and laser technicians/surgical assistants who have evidence of specialist qualifications and skills in refractive laser eye surgery work in the clinic.

The consultant ophthalmologists are considered to be private doctors as they no longer hold substantive posts in the HSC sector in Northern Ireland (NI) nor are they on the GP performer list in NI. Review of the consultant ophthalmologists' records 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 GMC
- ongoing annual appraisal by a trained Medical Appraiser
- an appointed Responsible Officer (RO)
- arrangements for revalidation

As previously discussed the consultant ophthalmologists have completed training in accordance with RQIA's training guidance for private doctors and are aware of their responsibilities under GMC Good Medical Practice.

All medical practitioners working within the clinic must have a designated responsible officer (RO). An RO is an experienced senior doctor who works with the GMC to make sure doctors are reviewing their work. 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're doing well and how they can improve. As part of the revalidation process RO's make a revalidation recommendation 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 all areas of the doctor's work. The consultant ophthalmologists working within the clinic have a designated external RO due to their prescribed connection with another health care organisation and have revalidated accordingly.

The minimum standards specify establishments registered as IH's must have a medical advisory committee (MAC) appointed and describes the responsibilities of the MAC. Through discussion and review of the documentation it was evident that the arrangements in respect of the MAC need to be further developed to be fully reflective of the minimum standards, advice and guidance was given on this matter.

## **Practising Privileges**

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

Practising privileges can only be granted or renewed 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 policy and procedural guidance for the granting, review and withdrawal of practicing privileges agreements was in place. A review of practising privileges records confirmed that all required documents were in place. It was confirmed that the practising privileges agreement is updated every two years.

A review of the oversight arrangements of the granting of practicing privileges agreements has provided assurance of appropriate medical governance arrangements within the organisation.

## **Quality assurance**

Arrangements were in place to monitor, audit and review the effectiveness and quality of care and treatment delivered to patients and clients at appropriate intervals. The results of audits are analysed and actions identified for improvement are embedded into practice. If required, an action plan is developed to address any shortfalls identified during the audit process.

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

It was noted separate statements of purpose (SOP) and patients/clients guides were in place for the refractive eye service and the cosmetic laser service. Review of these documents evidenced they were revised and updated when necessary and available on request. Under the legislation there should be one overarching SOP and patient/client guide for a service registered with RQIA. This is discussed further in section 5.2.10 below.

The RQIA certificate of registration was up to date and displayed in the reception area for the cosmetic laser service. Under the legislation the certificate of registration must be prominently displayed for all service users to see. Observation of insurance documentation confirmed that current and appropriate insurance policies were in place.

## **Notifiable Events/Incidents**

A robust system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate.

Mr Apsley and the clinic manager confirmed that any learning from incidents would be discussed with staff. There was a process in place for analysing incidents and events to detect potential or actual trends or weakness in a particular area in order that a prompt and effective response can be considered at the earliest opportunity.

## Complaints Management

A copy of the complaints procedure was available in the clinic and was found to be in line with the relevant legislation and Department of Health (DoH) guidance on complaints handling.

Mr Apsley confirmed that a copy of the complaints procedure is made available for patients/clients and/or their representatives on request and staff demonstrated a good awareness of complaints management.

It was confirmed that no written complaints had been received since the previous inspection. Mr Apsley advised that any complaints received would be investigated and responded to appropriately to include details of all communications with complainants; the result of any investigation; the outcome; and any action taken. It was confirmed that any information gathered from complaints would be used to improve the quality of services provided.

In the main the governance structures within the clinic provided a level of assurance to the senior management team. The arrangements concerning medical governance should be further strengthened in accordance with the minimum standards as outlined above.

### 5.2.10 Registration Issues

It was evident throughout the inspection that the refractive eye service and the cosmetic laser service were being operated as two distinct services. Evidence to support this is as follows:

- Separate SOP and patient/client guides
- Separate staff registers
- Separate managers for each service
- Separate entrances and exits
- Separate auditing schedules
- Separate policies and procedures
- Separate staff registers
- Separate contact information and booking systems
- Separate complaints managers
- Separate staff meetings

Taking into consideration the bullet points above it is evident that separate governance and oversight arrangements are in place for the refractive eye and cosmetic laser services. Under the legislation the same governance and oversight systems should be in place for all services provided under one registration.

Therefore Mr Apsley was advised that following the inspection the current governance arrangements would be discussed with senior representatives within. RQIA and he would be advised of the outcome. This may include the refractive eye and cosmetic laser services being registered separately.

### 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 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 Mr Apsley and the clinic manager.

Discussion and review of information evidenced that the equality data collected was managed in line with best practice.

## 6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	0

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

**Appendix 1**

Karen Weir and Norma Munn  
 The Regulation and Quality Improvement Authority,  
 7th Floor, Victoria House,  
 15-27 Gloucester Street,  
 Belfast BT1 4LS

Date: 10/03/2022

## Laser Protection Adviser's Inspection Report

### Site Details:

Optilase Therapie  
 36 Ann Street,  
 Belfast,  
 BT1 4EG

### Laser Protection Adviser appointed by site:

Alex Zarneh,

### Laser Equipment in Use:

Make	Model	Class	Serial Number	Wavelength(s)
Schwind	Amaris 500	4	-	193 nm (ArF)
Intralase	iFS	3B	-	1053 nm (Nd:glass)

### Introduction:

A Laser Protection Adviser inspection of Optilase Therapie, 36 Ann Street, Belfast BT1 4EG was performed on 02/03/2022. This report summarises the outcome of the inspection and document review, including any improvements which may be required (where applicable). The review and consequent recommendations (where applicable) are 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 and other relevant legislation, guidance notes and European Standards.



The LPA inspection included a review of:

- Protective eyewear
- Environment/signage
- Training records and user authorisation
- Laser device markings
- Maintenance records
- Treatment protocols
- Risk assessments    Local rules
- Appointment of duty holders (LPS/LPA)
- Appointment of duty holders (LPS/LPA)

## Recommendations

- It is advised that the site put in place a gas leak protocol to ensure that staff have specific instructions about the actions to be taken in the event of a leak of ArF gas from the Schwind Amaris 500 laser (although it is acknowledged that there is no published standard to make this requirement mandatory). The supplier or service agent should be able to provide a suitable protocol.



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**Dr Ishmail Badr**  
**Laser Protection Adviser to RQIA**



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