

Inspection Report

3 September 2025



Optical Express

Type of Service: Independent Hospital (IH) – Refractive Eye Lasers
Address: The Vantage (4th Floor), 32-36 Great Victoria Street, Belfast, BT2 7BA
Telephone number: 028 9590 0234

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

1.0 Service information

<p>Organisation/Provider: Optical Express Limited</p> <p>Responsible Individual: Ms Mary Spellman</p>	<p>Registered Manager: Mrs Christine McMurray</p> <p>Date registered: 14 July 2022</p>
<p>Persons in charge at the time of inspection: Mrs Christine McMurray</p>	
<p>Categories of care: PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PD Private Doctor AH (DS) Acute hospitals (day surgery only)</p>	
<p>Brief description of how the service operates: Optical Express is registered with the Regulation and Quality Improvement Authority (RQIA) as an independent hospital (IH) with prescribed techniques or prescribed technology: establishments providing laser eye surgery using Class 3B or Class 4 lasers PT (L); private doctor (PD) and acute hospitals (day surgery only) AH (DS) categories of care.</p> <p>Optical Express Limited is the registered provider and Ms Mary Spellman is the responsible individual.</p> <p>Equipment available in the service:</p> <p>Laser Suite</p> <p>Manufacturer: VisX Model: Star 4 Serial Number: 5629 Laser Class: Class 4 Wavelength: ArF (193nm)</p> <p>Manufacturer: Intralase Model: iFS Serial Number: 0107-40185 Laser Class: Class 3b Wavelength: Nd: Glass (1053nm)</p>	

Treatment Room

Manufacturer: Nidek
 Model: YC-200
 Serial Number: Y20500317
 Laser Class: Class 3b
 Wavelength: 1064nm Nd YAG

Types of treatment provided:

- Refractive eye surgery – LASEK and Lasik
- Capsulotomy procedures using Nidek YC-200 Yag
- Other vision corrective eye surgery such as cataract surgery (non-laser)

2.0 Inspection summary

This was an announced inspection undertaken by three care inspectors on 3 September 2025 from 10.00 am to 4.45 pm. RQIA's laser protection advisor (LPA) accompanied the inspectors and reviewed the laser equipment and the laser safety arrangements. Their findings and recommendations are appended to this report.

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

There was evidence of good practice in relation to the recruitment and selection of staff; authorised operator training; safeguarding; laser safety; the management of the clients' care pathway; the management of medical emergencies; infection prevention and control (IPC); the management of clinical records; clinical and organisational governance; 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.

This inspection was facilitated by Mrs McMurray, Registered Manager, the divisional clinical services lead for Optical Express and the corporate compliance officer for Optical Express.

The information obtained is then considered before a determination is made on whether the clinic 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 Optical Express and this is discussed further in section 5.2.8.

Posters were issued to Optical Express by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire.

Ten clients submitted questionnaire responses. Nine 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. The nine clients indicated that they were either satisfied or very satisfied with each of these areas of their care. One client indicated a level of dissatisfaction across all of these areas however this client included positive comments regarding the effectiveness of their treatment and the friendliness of the staff team. A further four of the nine client responses included positive comments regarding the quality of service and information provided as well as the professionalism of the staff team.

Eight members of staff submitted questionnaire responses. All of the staff responses indicated that they were very satisfied that client care was safe, effective, that clients were treated with compassion and that the service was well led. One staff member's response included positive comments regarding working for Optical Express and the professionalism of the staff team.

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 5 December 2024		
Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (2) (d) as amended Stated: First time	The responsible individual shall ensure that an AccessNI enhanced disclosure check as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, is sought and reviewed with the outcome recorded prior to any staff member commencing employment in the future.	Met
	Action taken as confirmed during the inspection: This area for improvement has been assessed as met and further detail is provided in section 5.2.2	

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 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. This includes a team of consultant ophthalmologists and anaesthetists, optometrists, registered nurses and laser technicians who have evidence of specialist qualifications and skills in refractive laser eye surgery.

It was established that Optical Express directly employs a number of authorised operators who can work in any of the Optical Express Limited clinics throughout the United Kingdom (UK) and Ireland. In this clinic there are two named consultant ophthalmologists and two senior optometrists who are the regular authorised operators of the laser equipment.

Arrangements were in place for all staff to take part in ongoing training to update their knowledge and skills, relevant to their role.

A robust electronic 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 and discussion with Ms McMurray confirmed that all staff had undertaken training in keeping with [RQIA training guidance](#) and legislation.

Induction programmes relevant to roles and responsibilities are required to be completed when new staff join the team.

Discussion with the divisional clinical services lead, in conjunction with a review of documentation, confirmed that robust arrangements were in place to check the registration status for all clinical staff on appointment and on an ongoing basis. The arrangement for monitoring the professional indemnity of all staff was also in place.

It was determined that appropriate staffing levels were in place to meet the needs of clients and the staff were suitable 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. It was confirmed that arrangements are in place to retain information equating to a staff register which was found to be up to date and included the names and details of all staff who are and have been employed, in keeping with legislation.

A recruitment policy and procedure was in place which was comprehensive and reflected best practice guidance.

Optical Express Limited has a corporate human resources (HR) shared services department. The corporate HR department supports the registered manager during the recruitment process.

The HR department is responsible for developing job descriptions, induction templates and employment contracts bespoke to roles and responsibilities; issuing reference requests and for ensuring all recruitment records have been sought and uploaded to the electronic HR system. It was confirmed that Mrs McMurray had access to all recruitment records via the electronic system.

Discussions with the divisional clinical services lead and a review of the staff register evidenced that no new staff had been recruited since the previous inspection. The divisional clinical services lead confirmed that arrangements regarding criminal conviction checks undertaken during the recruitment of staff for all Optical Express Clinics had been further developed following the previous inspection. It was confirmed that any new staff member recruited to work in Optical Express, Belfast would undertake an AccessNI enhanced disclosure check. It was determined that the previous area for improvement 1 made against the regulations, as outlined in section 5.1, has been met.

The divisional clinical services lead confirmed that should staff be recruited in the future all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005, as amended, would be sought and retained for inspection.

It was determined that 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?

It was confirmed that treatments are not provided to persons under the age of 18 years.

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

Review of records demonstrated that all staff had received training in safeguarding adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014. The divisional clinical services lead confirmed that staff were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

The safeguarding champion named in the policy had completed safeguarding training at the level required in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and minimum standards. The safeguarding lead is identified to all staff members on a daily basis during the morning safety brief.

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.

Appropriate arrangements were 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.

A review of the management of medical emergencies policy identified that it accurately reflected the arrangements in place for managing a medical emergency. Protocols were also available to guide the team on how to manage recognised medical emergencies.

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.

Review of the emergency trolley and discussion with staff found that systems were in place to ensure that emergency medicines and equipment do not exceed their expiry date and are immediately available.

Staff are aware of the actions they would take, in the event of a medical emergency, and are familiar with the location of medical emergency medicines and equipment.

Review of records and discussion with the divisional clinical services lead confirmed that the management of medical emergencies is included in the induction programme. It was confirmed that the consultant anaesthetists had completed advanced life support training and all other staff had completed basic life support training. Mrs McMurray is aware that basic life support training is to be updated annually.

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 clients, visitors and staff was minimised. There were IPC policies and procedures in place that were in keeping with best practice guidance.

It was evidenced that a robust programme of IPC auditing is in place.

A tour of the premises was undertaken and the clinic was found to be clean, tidy and uncluttered. Staff described the arrangements to decontaminate the environment and equipment between clients in keeping with best practice.

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

Mrs McMurray informed us that reusable medical devices are used during some surgical procedures. It was confirmed that arrangements were in place to ensure the decontamination of equipment and reusable medical devices is in line with manufacturer's instructions and current best practice. Optical Express Limited has a contract in place with the central sterile services department (CSSD) of the Ulster Hospital for this purpose.

Waste management arrangements were in place and clinical waste bins were pedal operated in keeping with best practice guidance.

The laser suite and treatment room provided dedicated hand washing facilities and hand sanitiser was available throughout the clinic.

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

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

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

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

A review of the laser safety files found that they contained all of the relevant information in relation to all the laser equipment in place. There were arrangements in place confirming the appointment of certified LPA which is reviewed on an annual basis.

It was confirmed that refractive laser eye procedures are only carried out by the consultant ophthalmologists acting as the clinical authorised operators for all lasers, and two senior optometrists who are authorised to use the YAG laser. A register of clinical and non-clinical authorised operators for the lasers is maintained and kept up to date.

The clinic's LPA completed a risk assessment of the premises and the laser safety arrangements.

It was confirmed that laser eye surgical and YAG Capsulotomy procedures are undertaken in accordance with medical treatment protocols produced by the clinical director of Optical Express and systems were in place to review the medical treatment protocols on an annual basis.

Up to date local rules were in place which have been developed by the LPA and these contained the relevant information pertaining to the laser equipment being used. Arrangements were in place to review the local rules on an annual basis. The local rules included the following:

- the potential hazards associated with lasers
- controlled and safe access
- authorised operators' responsibilities
- methods of safe working
- safety checks
- personal protective equipment
- prevention of use by unauthorised persons
- adverse incident procedures

As outlined in section 5.2.1 Optical Express directly employs a number of staff who can work in any of the Optical Express Limited clinics throughout the United Kingdom (UK) and Ireland. A number of visiting nurses and technicians had not yet signed to state that they had read and understood the local rules and medical treatment protocols. This matter was discussed with Mrs McMurray and the divisional clinical services lead who provided assurances that this matter would be addressed following the inspection.

It was demonstrated that staff are aware that when the laser equipment is in use, the safety of all persons in the controlled area is the responsibility of the laser protection supervisor (LPS). Arrangements were in place for another authorised operator to deputise for the LPS, in their absence, who is suitably skilled to fulfil the role.

As previously discussed a review of training records confirmed that all clinical and non-clinical authorised operators had up to date training in core of knowledge; basic life support; infection prevention and control; fire safety awareness; and safeguarding adults at risk of harm in keeping with the RQIA training guidance. Review of documentation confirmed that clinical authorised operators had undertaken application training for the equipment in use.

It was evidenced that dedicated laser surgical and YAG registers are in place for all the laser equipment which include:

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

The laser suite and an identified treatment room (controlled areas), where the laser equipment is used, was found to be safe and controlled to protect other persons while treatment is in progress. It was confirmed that the doors to the controlled areas 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 and there were robust arrangements in place in relation to the safe custody of the keys and passwords of the laser equipment.

Protective eyewear was available for non-clinical authorised operators if required. A review of the eyewear evidenced that it was provided as outlined by the LPA in the local rules.

The laser safety warning signs are illuminated outside of the laser suite and the identified treatment room when the laser equipment is in use and turned off when not in use, as described within the local rules.

Arrangements have been established for equipment to be serviced and maintained in line with the manufacturers' guidance. The most recent service reports were reviewed.

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.

It was determined that appropriate arrangements were in place to operate the laser equipment.

5.2.7 How does the clinic ensure clients have a planned programme of care and have sufficient information to consent to treatment?

Mrs McMurray confirmed that all clients have an initial consultation with a client advisor followed by an optometrist who discusses the cost of treatment and treatment options respectively.

During the initial consultation, clients are asked to complete a health questionnaire. Systems were in place to contact the client'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 confirmed in a follow up phone call between the client and the client advisor. Fees may vary depending on the individual client's prescription and surgery options available to them.

In accordance with the General Medical Council (GMC) and the Royal College of Ophthalmologists guidance, clients 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.

Clients are provided with written information on the specific procedure to be provided that explains the risks, complications and expected outcomes of the treatment. Clients are also provided with clear post-operative instructions along with contact details if they experience any concerns. Post-operative instructions were available in a variety of formats including large print if required.

Mrs McMurray informed us that systems were in place to review the client following surgery at one day, one week, one month and longer if required. Emergency on-call arrangements were in place to refer clients directly to the consultant ophthalmologist if necessary.

Two client care records reviewed were found to be well documented, contemporaneous and clearly outlined the client journey.

The management of records within the clinic was found to be in line with legislation and best practice.

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

5.2.8 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 Optical Express. Ms Spellman is the responsible individual in the clinic and Mrs McMurray is the registered manager who is in day to day charge of the clinic.

Where the business entity operating a refractive eye 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, or person acting on their behalf, must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005. The most recent unannounced monitoring visit was undertaken by Ms Spellman on 4 August 2025. A report of the visit was produced and made available for clients, their representatives, staff, RQIA and any other interested parties to read and an action plan developed to address any issues identified during the visit which included timescales and person responsible for completing the action.

Optical Express has an international medical advisory board (IMAB) that includes the chief executive officer, clinical services director and internationally renowned consultants who meet annually over several days. This meeting includes review and update of the treatment protocols and other key documents and arrangements are in place should the IMAB need to convene in addition to this annual arrangement.

The clinical governance team hold a clinical governance committee meeting on a quarterly basis and this meeting fulfils the function of the medical advisory committee (MAC).

The Competition and Markets Authority (CMA) requires that all hospitals and consultants offering private treatment submit data to the Private Healthcare Information Network (PHIN) as the Information Organisation for private healthcare. This provides people considering private healthcare with clear information to help them make an informed choice of which consultant and hospital is right for them. The divisional clinical services lead confirmed that Optical Express Limited have had some discussion regarding their registration with PHIN and provided assurance that Optical Express will fully comply with best practice in this regard.

A review of records evidenced that monthly staff meetings and daily staff briefings take place and minutes were available to review. A range of additional means of staff communication were confirmed through discussion with Ms McMurray and other staff members.

Staff working in different roles within the clinic confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Clinical governance

As previously discussed, a team of consultant ophthalmologists and anaesthetists, optometrists, registered nurses and laser technicians who have evidence of specialist qualifications and skills in refractive laser eye surgery work in the clinic.

Two consultant ophthalmologists and a consultant anaesthetist are considered wholly private doctors, as they are not affiliated with the Health and Social Care (HSC) sector in Northern Ireland (NI) and are not on the GP's performer list in NI. Review of the three consultant 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 GMC
- ongoing annual appraisal by a trained medical appraiser
- an appointed responsible officer (RO)
- arrangements for revalidation

In accordance with the requirements of registration 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. Experienced senior doctors work as ROs with the GMC to make sure doctors are reviewing their work. 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. It was established that Optical Express Limited is registered with the GMC as a designated body with an identified appointed RO.

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

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.

It was established that two consultants are directly employed and one consultant works under a practising privileges agreement. A policy and procedural guidance for the granting, review and withdrawal of practicing privileges agreements was in place. Advice was provided to further develop this policy to reflect that practicing privileges agreements are reviewed on a two yearly basis and also to include information to ensure that where practicing privileges are restricted, suspended or withdrawn, that the respective consultant's appointed RO is informed. These matters were discussed with the divisional clinical services lead who arranged for the policy to be updated in this regard during the inspection.

The divisional clinical services lead was also advised that the organisation's website should reference what is expected of consultants by publishing criteria for practising privileges. The divisional clinical services lead was receptive to this advice and confirmed this will be discussed with senior management for action.

It was evidenced that 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.

As previously discussed, a review of the practising privileges agreement confirmed that there is clear and accurate information regarding when annual appraisals should be submitted and clear escalation actions are outlined if annual appraisals are not submitted within the specified time.

It was demonstrated that practising privileges matters are discussed and reviewed during the IMAB meetings.

Discussion with the divisional clinical services lead demonstrated that good oversight arrangements of the granting of practicing privileges agreements were in place and provided assurance of robust 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 clients at appropriate intervals. These arrangements include seeking client feedback on the quality of services provided. The most recent client feedback survey findings were discussed during the inspection and it was found that the survey returned positive feedback.

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, made available to key staff in a timely manner.

A statement of purpose and client's guide were in place and Ms Spellman is aware that these documents will be kept under review and updated as necessary.

Examination of insurance documentation confirmed that insurance policies were in place.

The RQIA certificate of registration was up to date and displayed appropriately.

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.

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. An audit is maintained, reviewed and the findings presented to Clinical Governance Committee and the MAC during their quarterly meetings.

It was confirmed that any learning from incidents would be communicated with staff and discussed at daily safety brief meetings.

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 the DoH guidance on complaints handling.

It was confirmed that a copy of the complaints procedure is made available for clients/and or their representatives on request and is also available via the Optical Express website. Ms McMurray demonstrated a good awareness of complaints management.

Optical Express Limited has a customer services and complaints handling department who manage all complaints received. A review of records confirmed that complaints received since the previous inspection had been investigated and responded to appropriately to include details of all communications with complainants; the result of any investigation; the outcome and any action taken.

Arrangements are in place to audit complaints to identify trends and improve services provided.

Staff spoken with demonstrated that any learning outcomes identified from the investigation of complaints received across the organisation will be used to improve the quality of services provided.

Overall, the governance structures within the clinic provided the required level of assurance to the Clinical Governance Committee and the MAC.

5.2.9 Does the service have suitable arrangements in place to record equality data?

Arrangements are 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.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs McMurray, Registered Manager, the divisional clinical services lead and the corporate compliance officer for Optical Express, as part of the inspection process and can be found in the main body of the report.

Appendix 1

24 September 2025

Laser Protection Report

Site Details:

Optical Express
The Vantage
4th Floor
32-36 Great Victoria Street
Belfast
BT2 7BA

Laser Protection Adviser:

Mike Regan, Laser Safety Advisory

Laser/IPL Equipment:

Make	Model	Class	Serial Number	Wavelength(s)
Visx	Star S4	4	5629	193 nm (ArF)
Intralase	iFS	3B	0107- 40185	1053 nm (Nd:Glass)
Nidek	YC-200	3B	Y2050317	1064 nm (Nd:YAG)

Introduction

A Laser Protection Adviser inspection of Optical Express was performed on 3 September 2025. This report summarises the main aspects of the inspection and document review where improvements may be required. The findings are based on the requirements of the Minimum Care Standards for Independent Healthcare Establishments published July 2014 by the Department of Health, Social Services and Public Safety (DHSSPSNI) 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)

Comments / Recommendations:

1. Local Rules: There were a number of staff who had assisted during laser procedures that had not signed the local rules. This was discussed with the clinic and they identified them as a visiting members of Optical Express staff. Although the staff had all completed the required laser training and have likely read the local rules for their own department, if they are working in the Belfast, they are required to read the local rules for the Belfast clinic.

The clinic should ensure that that all staff working in the laser controlled area, including visiting staff have signed to confirm they have read the local rules.

The clinic should inform RQIA when the above points have been addressed.



Mrs Jane Brown
Laser Protection Adviser to RQIA



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