The Regulation and Quality Improvement Authority

Inspection Report

8 July 2025

Optilase Therapie

Type of service: Independent Hospital-Cosmetic Laser\Intense Pulsed Light
Address: 36 Ann Street, Belfast, BT1 4EG
Telephone number: 028 9163 8401 / 078 7192 8689

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: Therapie Medical (UK) Limited **Responsible Individual:** Mr Phillip McGlade	**Registered Manager:** Mrs Shanna Eccles **Date registered:** 7 January 2025
Person in charge at the time of inspection: Mrs Shanna Eccles	
Categories of care: Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L)	

Brief description of how the service operates:
Optilase Therapie 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.

Optilase Therapie also provides a range of cosmetic and aesthetic 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.

Mr Philip McGlade is the responsible individual. Mr McGlade is also the responsible individual for four other services registered with RQIA.

Equipment available in the service:
Five identical lasers are in place.

Laser equipment:

Manufacturer:	Cynosure
Model:	Elite IQ
Serial Number:	RL220906, RL220914, RL220920, RL220916, RL220902
Laser Class:	4
Wavelength:	755nm and 1064nm

Type of laser treatments provided:
Hair removal

2.0 Inspection summary

This was an announced inspection, undertaken by a care inspector on 8 July 2025 from 10.00 am to 1.45 pm.

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

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 inspection was facilitated by Mrs Eccles, Registered Manager and the Health and safety compliance officer for Therapie Medical (UK) Limited.

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

Client feedback was assessed by reviewing the most recent client satisfaction surveys completed by Optilase Therapie. This matter is discussed further in section 5.2.9.

Posters were issued to Optilase Therapie by RQIA prior to the inspection inviting clients and staff to complete an electronic questionnaire. No completed client or staff questionnaires were submitted to RQIA prior to the inspection.

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 Optilase Therapie was undertaken on 10 May 2023; 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?

Mrs Eccles and the compliance officer confirmed that laser treatments are only carried out by authorised operators. A register of authorised operators for the laser equipment is maintained and kept up to date.

Mrs Eccles and the compliance officer confirmed that an induction programme and training is 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, 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. These arrangements will ensure that all required recruitment documentation has been sought and retained for inspection.

A review of two personnel files of authorised operators recruited since the previous inspection and discussions with Mrs Eccles and the compliance officer confirmed that staff have been recruited as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

There was evidence of job descriptions and induction checklists for authorised operators.

Discussion with Mrs Eccles and the compliance officer confirmed that they 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.

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?

Mrs Eccles and the compliance officer 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 and children 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 or child. The relevant contact details were included for onward referral to the local Health and Social Care Trust should a safeguarding issue arise.

Discussion with Mrs Eccles and the compliance officer 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 the safeguarding champion has completed formal level three training in safeguarding adults and children in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and minimum standards / the Safeguarding Board for Northern Ireland (SBNI) Child Safeguarding Learning and Development Strategy and Framework 2020 – 2023 (July 2021).

It was confirmed that a copies of the regional guidance document entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) and regional policy entitled Co-operating to Safeguard Children and Young People in Northern Ireland (November 2024) were 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 Mrs Eccles and the compliance officer 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 rooms were clean and clutter free. Discussion with Mrs Eccles and the compliance officer 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.

Mrs Eccles and the compliance officer are 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 carbon dioxide (CO2) fire extinguishers are available which have 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 November 2025.

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 premises and all recommendations made by the LPA have been addressed.

Mrs Eccles and the compliance officer 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 September 2026. It was established that systems are in place to review the medical treatment protocols when due.

Mrs Eccles and the compliance officer, are aware that 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. Mrs Eccles and the compliance officer and discussion with an Authorised operator confirmed that the laser safety warning sign should only be displayed when the laser equipment is in use and 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.

Optilase Therapie has five laser registers.

Mrs Eccles and the compliance officer told us authorised operators complete the relevant section of the register every time the equipment is operated.

The three registers 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 reports of the laser equipment were 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?

Mrs Eccles and the compliance officer 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 including their general practitioner (GP) details in keeping with legislative requirements and clients are asked to complete a health questionnaire.

Three client care records were reviewed. There was an accurate and up to date treatment record for every 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 Mrs Eccles and the compliance officer 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.

Mrs Eccles and the compliance officer 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. Mrs Eccles and the compliance officer confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

Review of the monthly and annual client satisfaction reports found that clients were highly 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?

Mrs Eccles is the nominated individual with overall responsibility for the day to day management of the practice and is responsible for reporting to the responsible individual. The responsible individual / registered person or person acting on their behalf monitors the quality of services and undertakes a visit to the premises at least every six months in accordance with legislation. Reports of the unannounced monitoring visits along with any identified actions were available for inspection. It was confirmed that all reports are sent to Mr McGlade to enable him to monitor progress with the identified actions if required.

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.

A review of records concerning complaints evidenced that complaints had been managed in accordance with best practice guidance. Mrs Eccles and the compliance officer confirmed that a complaints audit is undertaken to identify trends, drive quality improvement and to enhance service provision.

Discussion with Mrs Eccles and the compliance officer confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Mrs Eccles and the compliance officer 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.

Mrs Eccles demonstrated a clear understanding of her role and responsibility in accordance with legislation.

Mrs Eccles confirmed that the statement of purpose and client's guide are kept under review, revised and updated when necessary and available on request.

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

Observation of insurance documentation confirmed that current insurance policies were in place.

It was determined that suitable arrangements are in place to enable the responsible individual to assure themselves 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 Mrs Eccles and the compliance officer.

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 Eccles, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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