

# Inspection Report

12 September 2024



## Omorphia Ltd

Type of service: Independent Hospital - Cosmetic Laser  
Address: 122c Castlereagh Street, Belfast, BT5 4NL  
Telephone number: 028 9012 4621

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

## 1.0 Service information

<p><b>Organisation / Registered Provider:</b> Omorphia Ltd</p> <p><b>Responsible Individual:</b> Ms Sophie Christie</p>	<p><b>Registered Manager:</b> Ms Sophie Christie</p> <p><b>Date registered:</b> 05 July 2022</p>
<p><b>Person in charge at the time of inspection:</b> Ms Sophie Christie</p>	
<p><b>Categories of care:</b> Independent Hospital (IH) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PT(L)</p>	
<p><b>Brief description of how the service operates:</b> Omorphia Ltd is registered with the Regulation and Quality Improvement Authority (RQIA) as an Independent Hospital (IH) with the following category of care: PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers.</p> <p>Omorphia Ltd also provides a range of cosmetic/aesthetic treatments. This inspection focused solely on those treatments using a Class 4 laser machine that fall within regulated activity and the categories of care for which the establishment is registered with RQIA.</p> <p><b>Equipment available in the service:</b></p> <p><b>Laser equipment (Treatment room one):</b> Manufacturer: Candela Model: GentleMax Pro Serial Number: 9914-9035-16049 Laser Class: 4 Wavelength: 755nm-1064nm</p> <p><b>Laser equipment (Treatment room two):</b> Manufacturer: Laseroptek Model: Helios III Serial Number: LO-3ND-CNOAPS Laser Class: 4 Wavelength: 532nm and 1064nm</p>	

**Types of laser treatments provided:**

- Hair removal
- Skin rejuvenation
- Vascular treatment
- Pigmentation treatment
- Tattoo removal
- Carbon facial

**2.0 Inspection summary**

This was an announced inspection, undertaken by a care inspector on 12 September 2024 from 10.00 am to 2.00 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; management of medical emergencies; infection prevention and control; adherence to best practice guidance in relation to COVID-19; 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.

Two areas for improvement against the standards have been identified. The areas for improvement relate to further developing the system to review of the medical treatment protocols; and ensuring that there is an accurate and up to date treatment record for every client.

**3.0 How we inspect**

RQIA is required to inspect registered services in accordance with legislation. To do this, we gather and review the information we hold about the service, examine a variety of relevant records, meet and talk with staff and management and observe practices on the day of the inspection.

The information obtained is then considered before a determination is made on whether the establishment is operating in accordance with the relevant legislation and minimum standards. Examples of good practice are acknowledged and any areas for improvement are discussed with the person in charge and detailed in the quality improvement plan (QIP).

## **4.0 What people told us about the service**

Clients were not present on the day of the inspection and client feedback was assessed by reviewing the most recent client satisfaction surveys completed by Omorphia Ltd.

Posters were issued to Omorphia Ltd 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 Omorphia Ltd was undertaken on 21 July 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?**

Ms Christie told us that laser treatments are carried out by her as the authorised operator. The register of authorised operators for the laser machines reflects that Ms Christie is the authorised operator.

A review of training records evidenced that Ms Christie has up to date training in core of knowledge training, application training for the equipment in use, basic life support, infection prevention and control, fire safety awareness and safeguarding adults at risk of harm in keeping with the RQIA training guidance.

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?**

There have been no authorised operators recruited since the previous inspection. During discussion Ms Christie confirmed that should authorised operators be recruited in the future all recruitment documentation as outlined in Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005 would be sought and retained for inspection.

Discussion with Ms Christie confirmed that she had a clear understanding of the legislation and best practice guidance in relation to recruitment and selection.

It was determined that the recruitment of authorised operators complies with the legislation and best practice guidance.

### **5.2.3 How does the service ensure that it is equipped to manage a safeguarding issue should it arise?**

Ms Christie stated that laser treatments are not provided to persons under the age of 18 years.

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

Discussion with Ms Christie confirmed that she was aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified.

Review of records demonstrated that Ms Christie, as the safeguarding lead, has completed formal level two training in safeguarding adults in keeping with the Northern Ireland Adult Safeguarding Partnership (NIASP) training strategy (revised 2016) and minimum standards.

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

It was determined that the service had appropriate arrangements in place to manage a safeguarding issue should it arise.

### **5.2.4 How does the service ensure that medical emergency procedures are safe?**

Ms Christie had up to date training in basic life support and was 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 Ms Christie 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. As discussed previously, Ms Christie had up to date training in IPC.

It was determined that 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?**

The management of operations to minimise the risk of COVID-19 transmission were discussed with Ms Christie who outlined the measures that taken by Omorphia Ltd to ensure current best practice measures are in place.

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

### **5.2.7 How does the service ensure the environment is safe?**

The premises were maintained to a good standard of maintenance and décor. Cleaning schedules for the establishment were in place.

Observations made evidenced that a carbon dioxide (CO<sub>2</sub>) fire extinguisher is available which has been serviced within the last year. It was noted that the fire risk assessment was due to be reviewed. This was discussed with Ms Christie and following this inspection RQIA received confirmation that this matter had been addressed.

It was determined that appropriate arrangements were in place to maintain the environment.

### **5.2.8 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 on 12 May 2025.

Up to date, local rules were in place which have been developed by the LPA.

The establishment's LPA completed a risk assessment of the premises during May 2024 and all recommendations made by the LPA have been signed as addressed.

Ms Christie confirmed that laser procedures are carried out following medical treatment protocols produced by a named registered medical practitioner however these had expired. This was discussed with Ms Christie and advice was given in this regard. Following the inspection, RQIA received updated medical treatment protocols that included relevant information about the treatments being provided and are due to expire during September 2025. It was identified that the system in place to review the medical treatment protocols when due should be further developed. An area for improvement against the standards has been made in this regard.

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

When the laser equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS.

The environment in which the laser equipment is used was found to be safe and controlled to protect other persons while treatment is in progress. The controlled area is clearly defined and not used for other purposes, or as access to areas, when treatment is being carried out.

The door to the treatment room is locked when the laser equipment is in use but can be opened from the outside in the event of an emergency. Ms Christie was aware that the laser safety warning signs should only be displayed when the laser equipment is in use and removed when not in use.

The laser machines are operated using separate keys. Arrangements are in place for the safe custody of the keys when not in use. Protective eyewear was available, however Ms Christie was advised to seek assurances from her LPA to confirm that all of the protective eyewear, provided adequate protection for the client and operator as outlined in the local rules. Following the inspection, RQIA received confirmation that this matter had been addressed.

Omorphia Ltd has one laser register in place to record laser treatments completed on both laser machines. Ms Christie was given advice to implement a separate register for each laser machine and following the inspection, RQIA received confirmation that this matter had been addressed.

Ms Christie completes the relevant section of the register every time the equipment is operated. The register reviewed included:

- the name of the person treated
- the date
- the operator
- the treatment given
- the precise exposure
- any accident or adverse incident

There are arrangements in place to service and maintain the laser equipment in line with the manufacturer's guidance. The most recent service report of the Gentlemax Pro laser was reviewed. The installation report for the Helios III laser reviewed had not been signed by the installer. This was discussed with Ms Christie and advice was given in this regard. Following the inspection, RQIA received evidence that this matter had been addressed.

Addressing the area for improvement will ensure that appropriate arrangements are in place to operate the laser equipment.

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

Ms Christie 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 effects, side-effects, risks, complications and expected outcomes.

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 in keeping with legislative requirements however further development was required to ensure general practitioner (GP) details were also recorded. This was discussed with Ms Christie and following the inspection, RQIA received confirmation that this matter had been addressed. Clients are also asked to complete a health questionnaire.

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

- client details
- medical history
- signed consent form
- skin assessment (where appropriate)
- patch test (where appropriate)

It was noted the client care records should be further developed to include a record of the treatment delivered including the number of shots and fluence settings (where appropriate). This was discussed with Ms Christie and an area for improvement against the standards has been made in this regard.

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.

Addressing the area for improvement will enhance the arrangements in place to ensure that clients have a planned programme of care and have sufficient information to consent to treatment.

### **5.2.10 How does the service ensure that clients are treated with dignity, respect and are involved in the decision making process?**

Discussion with Ms Christie regarding the consultation and treatment process confirmed that clients are treated with dignity and respect. The consultation and treatment are provided in a private room with the client and authorised operator present.

Information is provided to the client in verbal and written form at the initial consultation and subsequent treatment sessions to allow the client to make choices about their care and treatment and provide informed consent.

Ms Christie was given advice to implement a system to provide clients with the opportunity to complete a satisfaction survey when their treatment is complete. The results of these should be collated to provide an anonymised summary report which would be made available to clients and other interested parties. Following the inspection, RQIA received confirmation that this matter had been addressed and Ms Christie confirmed that an action plan would be developed to inform and improve services provided, if appropriate.

As a result of the action taken following the inspection, it is 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.

### **5.2.11 How does the registered provider assure themselves of the quality of the services provided?**

Where the business entity operating the service is a corporate body or partnership or an individual owner who is not in day to day management of the establishment, unannounced quality monitoring visits by the registered provider must be undertaken and documented every six months; as required by Regulation 26 of The Independent Health Care Regulations (Northern Ireland) 2005.

Ms Christie was in day to day management, therefore the unannounced quality monitoring visits by the registered provider are not applicable.

Policies and procedures were available outlining the arrangements associated with the laser treatments. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on a three yearly basis or more frequently if required.

The arrangements for the management of complaints and incidents were reviewed to ensure that they were being managed in keeping with legislation and best practice guidance.

The complaints policy and procedure provided clear instructions for clients and staff to follow. Clients were made aware of how to make a complaint by way of the client's guide.

Arrangements were in place to record any complaint received in a complaints register and retain all relevant records including details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

A review of records confirmed that no complaints had been received since the previous inspection.

Discussion with Ms Christie confirmed that an incident policy and procedure was in place which includes the reporting arrangements to RQIA. Ms Christie confirmed that incidents would be effectively documented and investigated in line with legislation. All relevant incidents are reported to RQIA and other relevant organisations in accordance with legislation and RQIA [Statutory Notification of Incidents and Deaths](#). Arrangements are in place to audit adverse incidents to identify trends and improve service provided.

Ms Christie demonstrated a clear understanding of her role and responsibility in accordance with legislation.

Ms Christie 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.

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

The arrangements in place in relation to the equality of opportunity for clients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of clients was discussed with Ms Christie.

**6.0 Quality Improvement Plan/Areas for Improvement**

Areas for improvement have been identified where action is required to ensure compliance with the [Minimum Care Standards for Independent Healthcare Establishments \(July 2014\)](#).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	2

Areas for improvement and details of the QIP were discussed with Ms Christie, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the <a href="#">Minimum Care Standards for Independent Healthcare Establishments (July 2014)</a></b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 48.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 September 2024</p>	<p>The responsible individual shall further develop the system for the continuous review of the medical treatment protocols by the named registered medical practitioner.</p> <p>Ref: 5.2.8</p> <p><b>Response by registered person detailing the actions taken:</b> I have implemented a record system to remind me when medical protocols are going out of date in order to have them renewed and up to date. I have added a reminder to my</p>

	<p>physical and electronic diary so this issue will not happen again.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 48.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 September 2024</p>	<p>The responsible individual shall ensure that there is an accurate and up to date treatment record for every client which includes a record of treatment delivered including number of shots and fluence settings (where appropriate).</p> <p>Ref: 5.2.9</p> <p><b>Response by registered person detailing the actions taken:</b> I have implemented this since the inspection and will continue to do so going forward.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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