

Optical Express - Birmingham Clinic

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Summary of findings

Letter from the Chief Inspector of Hospitals

Optical Express, Birmingham is run by Optical Express. Optical Express is a nationwide company providing general optometric services. The UK headquarters for Optical Express is based in Glasgow. Some corporate services are based there such as the clinical services team and the training team.

In addition to optometric services, Optical Express Birmingham Clinic provides laser vision correction procedures under topical anaesthetic and intra ocular lens (refractive) surgery for the treatment of cataracts and refractive error under local anaesthetic to adults only, aged over 18 years. The clinic undertook laser vision correction procedures approximately four days a month (whole day sessions) and intra-ocular lens procedures approximately six days a month.

The clinic is located on the ground floor of a multi-occupied office building. It was shared with a small Optical Express optical practice which provides a general optical service including contact lenses, eye health screening and examinations as well as pre- and postoperative intra-operative lens and laser vision correction assessments.

Facilities included a laser treatment suite, surgeons' examination room, YAG laser, femtosecond laser, screening, intra ocular, utility, post-operative, anaesthetic and pre-operative and optometrist examination rooms. A femtosecond laser is a laser which emits optical pulses with a duration well below 1 ps (\rightarrow ultrashort pulses), i.e., in the domain of femtoseconds ($1 \text{ fs} = 10^{-15} \text{ s}$). It thus also belongs to the category of ultrafast lasers or ultrashort pulse lasers. YAG laser is a non-invasive surgery which returns your vision to the level it reached after your initial lens replacement procedure.

Patients were self-referring, self-funded patients with visual problems caused by a refractive error such as short sight, long sight, astigmatism and cataract. The treatment of refractive error is not classed as a medical condition so is not treated by the NHS.

We inspected this service using our comprehensive inspection methodology. We carried out our inspection on the 5 July and 6 July 2018.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we do not rate

We regulate refractive eye surgery services but we do not currently have a legal duty to **rate** them when they are provided as a single specialty service. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- Systems and processes were in place to keep staff and patient safe. Staffing levels were good and staff were competent to carry out their duties. There were effective infection prevention and control procedures in place, all areas were visibly clean and well equipped. Patients received a thorough assessment prior to treatment, were monitored during treatment and were given emergency contact numbers following their discharge.
- Policies, procedures and treatments were based on nationally recognised best practice guidance. Regular audits were carried out on a range of topics. Patient outcomes were measured and benchmarked. There was a comprehensive staff training programme in place including laser safety. Robust consent procedures were in place.

Summary of findings

- Care was delivered in a compassionate way and patients were treated with dignity and respect. Patients were kept informed throughout their care and encouraged to ask questions. Staff recognised when patients may need additional support.
- Patients could access services and make appointments at their convenience. The service was accessible to people who used mobility aids such as wheelchairs.
- Managers were visible and respected by staff. Staff felt valued. There was a culture of honesty and openness. Patient feedback was encouraged. Effective recruitment processes were in place.

However, we also found the following issues that the service provider needs to improve:

- Formal staff engagement surveys were not taking place.
- Staff sometimes left doors open when consulting with patients which meant there was a risk of conversations being overheard and patient's confidentiality being breached.

Following this inspection, we told the provider that it should make some improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Heidi Smoult

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Refractive eye surgery

Rating

Summary of each main service

We regulate this service but we do not currently have a legal duty to rate it. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

Summary of findings

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Optical Express, Birmingham

Services we looked at

Refractive eye surgery;

Summary of this inspection

Background to Optical Express - Birmingham Clinic

Optical Express, Birmingham is operated by Optical Express. The clinic opened in 2015. It is a private clinic in Birmingham, West Midlands. The clinic serves the communities of the West Midlands. It also accepts patient referrals from outside this area.

The clinic has had a registered manager in post since 2016.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, a second CQC inspector. The inspection team was overseen by Victoria Watkins, Head of Hospital Inspection.

Information about Optical Express - Birmingham Clinic

Patients are self-referring and self-funded; they attend an initial consultation with an optometrist followed by a consent appointment with the ophthalmic surgeon. Treatment takes place on a day case basis.

The team involved in the delivery of care includes ophthalmologist, nurse, operating department assistant, health care assistant, surgical associate, optometrist and laser technician. The team works regionally across Birmingham and Nottinghamshire. Scheduling of the team is managed by a dedicated scheduler based at the Optical Express head office.

Laser vision correction clinics were taking place on both of our inspection days.

We inspected the reception area, operating theatre, laser treatment room, anaesthetic room, pre- and post-operative rooms, discharge room, dirty utility room and examination rooms. We spoke with 12 members of staff including ophthalmologists, nurses, operating department practitioners, health care assistants, optometrists, laser technicians and senior managers. We spoke with seven patients.

During our inspection, we reviewed five sets of patient records and five sets of staff personnel files.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12

months prior to this inspection. The service was last inspected in 2013 which found that the service was meeting all standards of quality and safety it was inspected against at that time.

Activity (previous 12 months)

There were:

- 928 LASIK treatments (commonly referred to as laser eye surgery or laser vision correction, is a type of refractive surgery for the correction of myopia, hyperopia, and astigmatism).
- 200 LASEK treatments (LASEK)
- 724 Intra-ocular lens exchange/implant procedures
- 109 YAG treatments (special treatment used to improve your after cataract surgery).

These treatments included the use of topical anaesthesia.

Track record on safety

- No never events
- No clinical incidents
- No incidences of healthcare acquired Meticillin-resistant Staphylococcus aureus (MRSA),

Summary of this inspection

or healthcare acquired Meticillin-sensitive staphylococcus aureus (MSSA)

- No incidences of healthcare acquired Clostridium difficile (c.diff)
- No incidences of healthcare acquired E-Coli
- 17 complaints.

Services provided to the clinic under service level agreement:

- Clinical waste removal including sharps and cytotoxic waste.
- Cytotoxic drugs service
- Laser protection service

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found the following areas of good practice:

- Relevant and current best practice guidance, standards best practice and legislation were identified and used to develop how service, care and treatment were delivered to patients.
- Patients were provided with adequate and appropriate nutrition and hydration.
- The service assessed and managed the pain of patients appropriately.
- Patient outcomes were measured and benchmarked and information showed that the intended outcomes for patients were being achieved.
- Staff had the right skills, experience and qualifications to do their jobs and staff had appropriate training to meet their learning needs.
- Staff and teams worked effectively together to deliver effective care and treatment.
- Robust consent procedures were in place and consent to care and treatment was always sought in line with legislation.

Are services effective?

We found the following areas of good practice:

- Relevant and current best practice guidance, standards best practice and legislation were identified and used to develop how service, care and treatment were delivered to patients.
- Patients were provided with adequate and appropriate nutrition and hydration.
- The service assessed and managed the pain of patients appropriately.
- Patient outcomes were measured and benchmarked and information showed that the intended outcomes for patients were being achieved.
- Staff had the right skills, experience and qualifications to do their jobs and staff had appropriate training to meet their learning needs.
- Staff and teams worked effectively together to deliver effective care and treatment.
- Robust consent procedures were in place and consent to care and treatment was always sought in line with legislation.

Are services caring?

We found the following areas of good practice:

Summary of this inspection

- Services were planned and delivered to meet the need of people.
- The service considered the needs of different people, such as those in vulnerable services.
- Patient accessed care and treatment in a timely way
- Patient's concerns and complaints listened and responded to and used to improve the quality of care

Are services responsive?

We found the following areas of good practice:

- Services were planned and delivered to meet the need of people.
- The service considered the needs of different people, such as those in vulnerable services.
- Patient accessed care and treatment in a timely way
- Patient's concerns and complaints listened and responded to and used to improve the quality of care

Are services well-led?

We found the following areas of good practice:

- There was a clear vision and strategy in place to deliver good quality care and treatment
- The governance framework ensured that responsibilities were clear and that quality, performance and risks were understood and managed.
- The leadership and culture reflected the vision and values, encouraged openness and transparency and promoted good quality care.
- Staff and managers felt respected and valued and there was strong emphasis on promoting the safety and wellbeing of staff
- Patient's views and experiences were gathered and acted upon to shape and improve the service and culture.

However, we also found the following issue that the service provider needs to improve:

- Staff engagement surveys were not taking place.

Refractive eye surgery

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are refractive eye surgery services safe?

Incidents

- There were no reported never events in the previous 12 months. Never events are serious incidents that are wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- There were no reported incidents that met the threshold of the Serious Incident Framework (2015) and no mortality incidents in the previous 12 months. This meant no duty of candour notifications were made in the previous 12 months.
- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person. However, staff followed processes in place within the organisation for staff to determine whether a trigger had been reached.
- All staff we spoke with showed an understanding of the regulation and the importance of being open and honest with patients always. There was a duty of candour policy in place which staff were aware of and knew they could refer to. Duty of candour formed part of mandatory training for all staff.
- Staff could report incidents on an electronic system, which fed into the governance meetings which took place three times a year. Incidents were formally reviewed through the governance meetings.

- All staff we spoke with told us learning from incidents was shared through daily team briefs, team meetings and written staff notifications.
- The registered manager was responsible for sharing information updates and alerts with staff. For example, we saw Medicine and Healthcare Regulatory Agency safety alerts in the staff notification folder. Staff told us the registered manager would also email a quarterly update of notifications to them and urgent notifications would be shared in team briefs and team meetings.
- We reviewed the incident report log covering August 2017 to May 2018. Twelve incidents were recorded. These were reported with no harm to patients.
- We saw learning identified from reported incidents. For example, an incident was reported where staff had not issued a patient with an allergy wrist band at the pre-operative stage. The incident was discussed by the team at the time, specifically concerning relevant allergies were documented and handed over and the importance of the patient wearing a wrist band. Research was carried out into the allergy, such as NICE guidelines and disseminated to staff. This showed managers provided feedback to staff involved in incidents, shared learning across the organisation and changed practice where appropriate to prevent them from happening again.

Mandatory training

- Managers monitored staff training through an annual mandatory training matrix. Topics included safeguarding children (level one and level two), conflict resolution, fire safety, health and safety, infection and prevention control, moving and handling, consent, safeguarding adults, duty of care, equality and diversity, medicine management and information governance.

Refractive eye surgery

- All staff were up to date with their mandatory training. This meant staff were equipped with the necessary skills to meet the needs of patients and deliver safe and compassionate care.
- All staff who operated the laser machines completed and were up to date with the core knowledge training. This was refreshed every three years. This meant staff had a solid foundation in the safe and effective use of laser and intense pulsed light (IPL) machines.
- All staff received training in basic life support. The operating department practitioners and theatre scrub nurses on the core surgical team received training in immediate life support. This meant staff were competent in providing a rapid response to emergency situations.

Safeguarding

- The service did not treat patients under the age of 18 years of age.
- We saw a copy of the safeguarding policy and contact details for the local authority and safeguarding services in the safeguarding folder. This was kept at the clinic for staff to refer to. All staff we spoke with were aware of the folder.
- The surgery manager was the safeguarding lead for the clinic. They worked closely with and could escalate any concerns to the provider's lead who had achieved level three in safeguarding for children and adult safeguarding training. This meant staff at the Birmingham clinic had a "named person" for safeguarding children and young people. This complied with the Children Act 2004.
- The lead told us staff referred any safeguarding concerns to the local hub where they could access staff trained to level four and use the expertise of the safeguarding team there. This meant staff could access support from staff who had been trained to deal with the ; if staff did have concerns they would seek advice via the local council safeguarding team to ensure safety. All eligible staff were trained to safeguarding children level two. The training combined child and adult safeguarding. Despite not being mandatory, many staff were trained to adult and children level three to enhance their own learning and knowledge. This meant staff had a thorough understanding of child and adult protection.
- There had been no safeguarding concerns raised in the previous 12 months and staff we spoke with had not had to make a safeguarding referral. However, staff were aware of their duty of care to their patients, knew what constituted abuse and knew how to act on their concerns appropriately.

Cleanliness, infection control and hygiene

- All areas of the clinic we visited were visibly clean and tidy. Managers told us clinical staff were responsible for cleaning clinical and medical equipment and an external cleaner cleaned all other areas of the theatre and clinic daily. Cleaning checklists of all clinical areas were complete and up-to-date. Theatres were deep cleaned every month.
- All staff had received up to date training in infection prevention control.
- The infection prevention control policy was available in a hard and electronic copy, which all staff could easily access.
- There were no incidents of a healthcare acquired infection in the previous 12 months. All patients were asked to declare whether they had, or were at risk of MRSA as part of the healthcare questionnaire. This showed staff prevented the spread of MRSA with effective infection prevention and control measures.
- Managers displayed hand hygiene posters on walls and we saw staff washing their hands between each patient. We reviewed the previous 18 hand hygiene audit results. These showed an overall compliance of 94%. Appropriate actions were taken in the three instances where staff were not fully compliant. This showed staff protected themselves and others from infection.
- Staff followed infection prevention control (IPC) procedures in the three surgical procedures we observed. For example, they wore personal protective equipment and demonstrated good hand hygiene techniques.

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- An external company removed clinical waste and sharps. The provider told us this contract worked well.
- All the sharps bins were dated and were not filled more than halfway. This was in line with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Surgical instruments used for patient during a procedure were mostly single use and disposable. This minimised the risk of cross infection. The service had a contract with an external provider to clean and decontaminate reusable instruments. The registered manager told us there were no issues with this contract.
- Staff kept a log of room temperature and humidity conditions demonstrating that these were being maintained consistently within the range for safe operation of equipment specified by the manufacturer's guidelines.
- Legionella testing was carried out annually and the provider was up to date with the test. The provider's legionnaire risk assessment showed the risks were low and being properly managed to comply with the law. Legionella is a waterborne bacterium which causes legionnaires disease.
- Air quality testing and bacterial and fungal testing took place every six months and was monitored by the provider for extra assurance. This meant staff and patients were not exposed to mould spores and bacteria which could be extremely hazardous to a person's health.
- The surgery team completed daily hygiene checklists. This meant staff had a process of review and self-audit to ensure no infection prevention control measures were missed.
- The layout of the building enhanced patient flow and safety. For example, staff had easy access to supportive diagnostic technology which ensured smooth running of clinics while providing a quality service to patients.
- All rooms were locked with door key pad entry. This meant only authorised staff could enter the rooms and prevented patients from accessing rooms where patients were receiving laser treatments or where hazardous substances were stored.
- Clinic waiting areas were well lit and ventilated, and separate 'sub waiting' areas were provided for patients who had their visual acuities measured by the clinician and were waiting to see the clinician again.
- Staff followed the laser local rules supplied by the laser protection adviser (LPA). The purpose of local rules is to ensure that staff know how to work correctly within a safe environment and that patients are treated in accordance with the equipment and treatment protocols. This showed the provider complied with the relevant legislations, such as Health & Safety at Work Act 1974.
- The provider's LPA conducted a site visit and risk assessment every three years and re-issued local rules or validated the existing ones. In the event of any changes to the equipment or any safety incidents, the LPA was notified and they would then conduct a visit as necessary.
- Three out of four of the pieces of laser equipment was self-calibrating. This reduced the amount of time that staff would have needed to calibrate the equipment otherwise.
- Staff recorded the calibration results of the laser equipment. The responsible technician signed these. This assured staff the stated power was matched up to the actual power.

Environment and equipment

- Surgery took place in a fit for purpose theatre.
- The theatres had Air handling systems which were HTM 03-01 compliant. This was in line with Heating and ventilation systems Health Technical Memorandum 03-01: Specialised ventilation for healthcare premises- Department of Health guidance.
- The laser room was a minimal access intervention operating environment and adequate notifications of this were displayed on the entrance door. This was in line with the local rules.
- The clinic offered bariatric wheelchairs and operating couches and chairs. This meant bariatric patients could access the services offered at the clinic.

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- A core team of staff worked across the Birmingham and other Optical Express clinics. Staff told us clinics were organised in a uniform way so they were always familiar with the layout of the building and could access and operate the equipment with ease. This meant the potential for errors was reduced and allowed those unfamiliar with a given process or design to use equipment safely and efficiently.
- The clinic had four laser machines. We saw hazard warning light boxes activated to clearly define the lasers were in use.
- A contract was in place to service the treatment lasers in line with the manufacturers schedule. This ensured machines
- We reviewed the local rules folder and found all relevant staff had read and signed them. This ensured authorised laser users followed the local rules applicable to their work. The operation registers recorded details of each patient treated and the required information.
- The surgery manager was the designated laser protection supervisor. In their absence the resident technician acted up in this role. This meant there was always a person available with sufficient skill in, and knowledge and experience of relevant matters of laser safety. This person was also able to provide appropriate professional assistance in determining hazards, in assessing risks, and in proposing any necessary protective controls and procedures.
- There were two pairs of protective (CE) marked eyewear for the excimer. This showed conformity to the laser protection requirements of the Personal Protective Equipment (PPE) Directive.
- Staff attended Core of Knowledge training with the provider's LPA every 3 years. Following a visit and receipt of the Local Rules and visit reports, outcomes were assessed to identify any concerns needing to be addressed. There were none raised for the Birmingham clinic.
- The provider did not have a formal optical radiation committee. The nominated individual (NI) liaised with the laser protection advisor (LPA) and in the event of any concerns, a directive would be issued and circulated locally and nationally. The audit tool

contained a section on laser safety which managers assessed every two months. If the laser protection supervisor (LPS) raised issues concerning the application of the lasers, the NI would discuss these with the team. For example, the laser manufacturers and their clinical applications trainers; in-house laser trainers and any other relevant party. As the lasers did not emit harmful optical radiation, the provider risk assessed their policy and procedure as being appropriate to the level of risk. This showed staff at the clinic complied with guidance.

- The provider visit report found record keeping in general was to a good standard. Audits of calibration logs, temperature logs, operations registers, logs and emergency checks were completed.

Assessing and responding to patient risk

- Staff completed comprehensive risk assessments for patients and developed risk management plans in line with national guidance such as National Institute for Care and Excellence (NICE).
- Staff recorded appropriate patient pre-operative assessments which included a full medical history including conditions such as diabetes and high blood pressure and discussion of the patient's expectations following surgery. Consultants carried out comprehensive testing procedures to inform them of the patient's suitability for laser corrective surgery and the results which could be achieved in each case. This assured consultants their patients were well enough to undergo laser eye surgery.
- The World Health Organisation (WHO) Surgical Safety Checklist was in place in the form of a preoperative/ intraoperative check list and included areas such as; patient identity check, consent and allergies. We reviewed the five WHO checklist audits carried out from January 2018 to June 2018 and found management took appropriate actions where staff weren't fully complying with the checklist procedure. The audits showed compliance had increased over time. April, May and June 2018 showed full compliance. All staff involved in surgical procedures had attended a WHO workshop in January 2018. The workshop included surgical safety checklist, patient

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pathway discussion, theatre handover and monitoring of patients in theatre. WHO competency staff assessments had also been introduced to ensure all staff were competent in using them.

- Staff provided a post-operative medicine kit to patients, which included an instruction sheet with out of hours contact information. The information was written on the aftercare advice leaflets which staff reviewed with patients prior to discharge. Emergency calls were directed to the on-call optometrist who provided support to the patient and completed a triage assessment to ensure emergencies were managed safely and appropriately. The optometrist could call the operating surgeon out of hours for advice if need be. The out of hours information was also available on the website. Staff arranged 24-hour post-operative appointments for every patient. This meant staff checked their patient's progress regularly to make sure that their recovery was progressing just as it should.
- The clinic was consultant led and when patients were on site, they were seen by their consultant who was always on site when their patients were. This meant staff and patients could access expert advice and support always.
- Staff could access the laser protection supervisor by phone or email for expert advice and guidance. Staff planned all surgical procedures in advance to ensure that the laser protection supervisor was always available.
- All optometrists could refer to the attending surgeon for expert advice and support in case of any post-operative issues.
- There was an emergency kit kept on site with basic medications for anaphylaxis and oxygen. All staff were trained in adrenaline administration. Staff completed the checking intra ocular lens (IOL) each surgery day.
- Staff had immediate access to appropriate resuscitation equipment and drugs to facilitate rapid resuscitation of the patient in cardiorespiratory arrest. We saw evidence of daily checks by staff and found the trolley was security tagged.
- Operating department theatre practitioners monitored sedated patients post operatively and an anaesthetist

assessed whether these patients were fit for discharge. A member of staff who was qualified in immediate life support was always present during surgical procedures offering sedation. This meant there were clear guidelines for patient discharge following day case sedation and trained staff had the responsibility for patient discharge. This was in line with joint guidelines from the Royal College of Anaesthetists and the Royal College of Ophthalmologists published in February 2012.

- Alarm bells were in all patient rooms. This meant staff could summon colleagues for help in an emergency, such as in the case of a deteriorating patient. Should a patient deteriorate, staff would call an ambulance to transfer the patient to accident and emergency.
- Should a patient require further care or services because of their treatment, such as infection or inflammation or other conditions relating to primary surgery, staff provided treatment as part of routine post-operative care service. This meant patients received appropriate care following their

Nurse and Medical staffing

- There were sufficient staff to meet the needs of patients. Management planned staffing in line with the Royal College of Ophthalmology (RCOphth) guidance on staffing in ophthalmic theatres; appropriate skill mix in line with Medicines and Healthcare Products Regulatory Agency (MHRA) guidance on laser safety.
- The medical director and medical advisory board agreed the staffing level and skill mix requirements. A full-time scheduler produced the staff schedule for the clinic in advance. Managers used their own tool which examined roles required to be covered on a treatment day. The scheduler had a list of staff names, their skill set/competencies and a template for the required staffing numbers and skill set for each type of surgical sessions offered at the clinic. This ensured the correct staffing level and skill mix.
- The general manager's main role was to manage the optical store, however he had overall responsibility for the clinic.
- The surgery manager had been in post for around ten years. The core surgery team was based at the clinic including the national clinical lead.

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- Managers had not used locum agency staff to cover an ophthalmologist at the clinic in the previous 12 months. This eliminated the risks associated with employing locum doctors in that doctor may not know enough about the hospital where he or she is working.
- The clinic's Local Rules document listed the contact information for the laser protection advisor (LPA). The LPA was known to the staff and accessible.
- The surgery manager was the clinic's LPS with overall responsibility for the safety and security of the lasers. As the LPS was mainly a coordinator and therefore not present in the treatment room during procedures managers ensured that all the certified laser technicians (counted as health care assistants (HCA's) in the staffing numbers above) undertook the role of LPS on the day that they were allocated to the role of assisting the surgeon in the treatment room. Two support staff, one scrub assistant and one laser technician was always present in the room. Therefore, there was always a designated LPS in the room whilst treatments were taking place. They were responsible for ensuring the lasers were calibrated, safety checks were completed, the area was secure, lasers were closed at the end of the day, all incidents were reported and laser performance issues were communicated to the engineer, manager and head office and safe custody of the keys.
- We saw evidence that patient file audits were completed. We reviewed audits completed on 26 April 2018, 11 June and 28 June 2018. We saw actions plans which identified any shortfalls, associated actions and date of completion of actions. This evidenced patient clinical records at the clinic were a component of good professional practice and the delivery of quality healthcare.
- Patient records included instrument and pack traceability. This ensured the performance and integrity of surgical instruments used.
- Hard copies of patient file were archived at the Newcastle site following surgery and only staff with permission to view or input enter patient details could access electronic records.
- If a patient requested a copy of their file, they were asked to contact the clinical services department and submit the request in writing.
- At initial consultation, the patient was required to indicate on their health questionnaire whether they consented to staff contacting their GP. The manager told us most patients did not consent for staff to contact their GP. Staff would therefore provide patients with a summary of their treatment on discharge and a copy of their scans. This meant patients had written information to communicate to their GP should they require it.

Records

- Staff held patient data and records securely in locked cupboards. They were only accessible to authorised staff members, this maintained patient's confidentiality.
- To gain access to patient health records, staff were required to obtain request in writing from the patient or a third party as per the patient's specific request.
- Handling of all patient data was in accordance with the provisions of the Data Protection Act 2018 and the Freedom of Information Act 2000.
- We reviewed five sets of patient notes. Records were accurate, complete, legible and up to date and complied with General Medical Council Guidance and the Royal College of Ophthalmology standards.
- We saw that staff maintained appropriate records each time they operated a laser.
- A patient record audit was undertaken at the time of the provider visit. The managers found paper records were completed well, electronic medical records were also satisfactory.
- The provider had a data protection officer. All staff could contact the officer to inform and advise them on their data protection obligations.

Medicines

- Staff stored medicines in a secure manner and in conditions that did not affect their potency; procedures were in place to ensure compliance with the manufacturer's storage recommendations. We saw evidence that fridge temperatures were checked and logged when the clinic was open.

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- Staff used prescription sheets to record all medicines prescribed to the patient. This provided a record of medicine administration and showed effective medicine prescription.
- We reviewed the controlled drug audits completed between January 2018 and May 2018. The audits assessed areas such as clear evidence of regular drug checks and staff's signatures. These audits showed full compliance. The home office had completed an inspection of the controlled drugs in November 2017 and had reissued the providers licence. This showed the provider complied with guidelines including "Controlled drugs: safe use and Controlled drugs: safe use and management NICE guideline" (12 April 2016).
- Risk assessment and control measures were in place for the use of mitomycin. Mitomycin is used to minimize the risk of haze or scarring following treatment. All staff who handled mitomycin had completed mitomycin training. This included history of mitomycin, Optical Express criteria for use, complications, spillages and consent. This ensured the safe and effective administration of mitomycin and minimised the risk to both patients and staff.
- Mitomycin use was also recorded in the operation register against the patient's name and the batch number was recorded. Mitomycin C is a chemotherapeutic agent that acts by inhibiting DNA synthesis. Mitomycin C is a cytotoxic medicine, which improves the result of refractive eye surgery. This warned staff of the cytotoxic status of the medicine administered.
- Staff recorded the ordering and receipt of medicines and a stock take of medicines was taken monthly.
- All medicines were only administered after a written prescription was available and administration was recorded in the patients file.
- The practice optometrist was undertaking a prescriber's course at the time of our inspection. The operating surgeon and anaesthetist currently prescribed all medication at.
- The manager told us they very rarely needed pharmacist support as they held a narrow range of

medication, mostly eye drops. However, the pharmacist who supplied the stock medication was always available in the event of a query. This meant staff could access expert medicines advice if needed.

Major incident awareness training

- The provider had tested back up uninterruptable power supply in place in case of failure of essential services. This ensured that if power failed mid treatment staff had not compromised the patient's treatment. This was in line with RCOphth professional standards, April 2017.
- Staff participated in quarterly 'collapse' scenarios. The clinic had a list of collapse situations that managers rotated throughout the year such as anaphylaxis and cardiac arrest. The scenes were unannounced and a manager would set the scene. All staff actions were observed and the team were debriefed afterwards. Staff would discuss what could have been done differently and what the likely outcome may have been. If it was identified that staff needed to improve on actions, on the spot training would be provided. The clinic had an onsite resuscitation dummy to help keep staff skills up to date with CRP.

Are refractive eye surgery services effective?

Evidence-based care and treatment

- We reviewed a large range of the provider's policies, procedures and treatments and found these were in line with recognised national standards and guidance, such as NICE Guidance for Cataracts in Adults (NG77) and Royal College of Ophthalmology Standards for Laser Refractive Surgery (RCOphth).
- All staff we spoke with were aware of all policies and knew where to access them. We observed staff following local policies and procedures.
- Patient's needs were assessed and care plans were delivered in line with evidence based guidance standards and best practice. For example, care was managed in line with NICE guidelines such as CG3 Preoperative tests. Managers monitored compliance through regular audits.

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- We saw that staff ensured that patients received appropriate pre-operative assessments and discussions in line with General Medical Council guidance for doctors offering cosmetic interventions and RCOphth professional standards. For example, patients were offered an appropriate cooling off period between assessment and deciding to undergo surgery.

Nutrition and hydration

- Patients were provided with hot and cold drinks and biscuits. Intra ocular surgery patients were offered sandwiches following their procedures.

Pain relief

- Staff administered anaesthetic eye drops to patients prior to surgery. During the procedure the consultants used topical anaesthetic to keep the patient comfortable. This meant the service ensured that patients undergoing surgery experienced minimal patients discomfort or pain.
- Staff advised patients to take over the counter pain killers upon their discharge to ensure they did not experience post-operative discomfort.

Patient outcomes

- The provider told us there was no national benchmarking opportunities for the procedures they carried out. However, the provider had published a paper which compared the results of an independently audited data analysis of Optical Express intraocular lens and cataract outcomes with a recently published study of NHS cataract outcomes which included data from the Birmingham clinic. The results of the comparison analysis showed that patients treated at an optical Express had a higher than likelihood of excellent vision outcomes with a lower chance of suffering either an intraoperative or post-operative complication. It also found that while the risk of vision loss was low for patients treated at the NHS, it was even lower for patients treated at Optical Express. This showed the provider looked for opportunities to find out how their services compared with others.
- Clinical outcomes were monitored for safety and efficiency and benchmarked inter-company. The provider collected surgical outcomes. The in-house

bio stats team analysed these and looked at different areas such as total number of treatments, treatment types and complications. Each year, the surgeon received a report of their clinical outcomes and these were reviewed and analysed as part of the appraisal process. This meant the provider had a picture of overall results to help surgeons and the Birmingham clinic to benchmark their own performance against national standards and help them provide patients with more accurate counselling on what to expect from vision after surgery and what the risks were in their case.

- The provider supplied us with the outcomes relating to the surgeon who carried out Intra Ocular Lens surgery: At one-month post procedure, 81% of patients achieved 6/6 (or 20/20) vision without glasses and 98% achieved 6/12 vision (driving standard). On average, patients gained 6 lines of near vision on a standard eye chart compared to their pre-treatment reading vision.
- The provider supplied us with the outcomes relating to the surgeon who carried out phakic intra ocular lens surgery: A phakic intraocular lens is a special kind of intraocular lens that is implanted surgically into the eye to correct myopia. All patients achieve an outcome within 1 dioptre (a unit of refractive power, which is equal to the reciprocal of the focal length (in metres) of a given lens) of their intended target, overall, the efficacy score was 58 and the safety score was 56 when benchmarked against Optical Express' expected levels. A score of 50 was on par with expected outcomes; a score of above 50 is superior. The enhancement rate was 7.2% and the complication rate was 0.79%.
- The provider supplied us with the outcomes relating to the surgeon who carried out laser vision correction outcomes: 97% of patients achieved 6/6 (or 20/20) vision without glasses at one-month post treatment with all patients achieving 6/12 (driving standard) and 92% of patients achieved better than 6/6 vision. Average gain in lines on the standard eye chart was 9 lines of vision, the efficacy score was 52 and the safety score was 53. The enhancement rate was 2.7% and the complication rate was 0.36%.
- The registered manager told us the provider did not submit data to the Private Healthcare Information

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Network (PHIN); the independent, government-mandated source of information about private healthcare, working to empower patients to make better-informed choices of care provider.

- The clinic expected to provide follow up enhancements in relation to approximately five percent of their treatments. Staff made patients aware of the potential need for enhancement at the start of their journey. The provider told us, the patient numbers did not necessarily reflect the percentage of treatments undertaken during the same time frame. For example, some of the enhancements undertaken at the location were for patients who had treatment at another location and maybe several years after the primary treatment. Between 1 June 2017 and 31 March 2018 staff at the clinic carried out enhancements for 42 eyes which had received LASIK treatment, 23 eyes which had received LASEK, 42 eyes which had received IOL treatment: 42 eyes laser vision correction post intra ocular lens surgery. However, the majority had primary treatment prior to this data set; 53 enhancements (eyes) and YAG capsulotomies: 107 eyes had primary treatment within the last 12 months.
- There were no incidences of unplanned transfers to another health care provider in the previous 12 months.
- Forty-seven out of 1960 patients experienced complications following refractive eye surgery in the last 12 months.
- No Birmingham patients attended for an unplanned return to theatre at the Birmingham clinic in the previous 12 months.

Competent staff

- Staff completed competency training and assessments and were competency assessed prior to working unsupervised. This meant the provider assessed and evidenced their staffs' competence against the required competences and could identify any training gaps. It also offered the provider the reassurance of a consistent approach to following best practice and achieve the minimum standards.
- All staff had their professional registration checked by management. This assured the provider the relevant licenced body had awarded staff with confirmation that they had the knowledge, competence and commitment to professionalism.
- All staff had valid Disclosure and Barring Service (DBS) certificates in place. This meant the provider prevented unsuitable people from working with vulnerable groups, including children.
- All staff had been appraised in the previous 12 months. The provider had recently employed an external agency to complete the consultant's appraisals. This meant doctors received an external objective appraisal.
- Personnel files were stored at the clinic and managers audited these files twice a year to ensure all information was in date. This ensured staff DBS's, competencies, mandatory training, professional qualifications and competencies were checked to ensure they were in date.
- All surgeons were up to date with their revalidation. This meant they had demonstrated to the General Medical Council (GMC) that they were up to date and fit to practice and they were complying with the relevant professional standards. All doctors now must demonstrate that they meet the standards of Good Medical Practice for revalidation and therefore re-licensing.
- Staff told us they could access learning and development opportunities outside of mandatory training. We saw learning and development opportunities promoted in the internal staff magazine. They included manager fundamentals, patient advisor fundamentals, dispensing back to basics and manager fundamentals.
- All surgeons who performed refractive eye surgery at the location held the Royal College of Ophthalmology Certificate in Laser Refractive Surgery. This was in line with the recommendation by The Royal College of Ophthalmologists.
- The LPS was always a certified laser technician, certified by the laser manufacturers following a week's course in the use of the lasers and associated equipment, followed by a period of competency

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assessment. They were subject to three yearly competency reviews to ensure their skills and knowledge remained current and competency was maintained. Managers identified a few laser technicians with good teaching skills within the company who were funded to train with the laser manufacturers clinical applications team in the USA. These were the providers senior refractive trainers (SRT) and they carried out the laser competency assessments locally and supported technicians and LPS to ensure they remained skilled. In addition, during audit, if there were any issues identified in the record keeping (registers) or the security of the lasers for example, this would be flagged to the manager and to the NI and senior refractive technician and the LPS would undergo refresher training and assessment.

- Surgeons were required to attend and successfully complete three phases of training prior to working unsupervised. For example, the medical director and clinical services director inducted ophthalmologists, they were required to shadow the medical director or a senior ophthalmologist and also attended laser applications training with the clinical applications specialists (laser manufacturer's dedicated training team).
- This training was didactic as well as practical and included a period of supervised practice. The ophthalmologist undertook many procedures under the supervision of the medical director or senior ophthalmologist following their training before they gained certification. When the medical director approved the surgeon, they were entered onto the list of authorised users. This list was kept under review by the surgical services manager.
- The surgeon's performance in terms of outcome and complications was monitored centrally and informal feedback from the surgery manager and surgery team was also provided. Clinical outcomes were subject to audit and a full time biostats team reviewed outcomes and flagged up any issues in between appraisal times.
- Optometrists working at the clinic were taking an 'Ocular Therapeutics Course' leading to an Independent Prescribing Qualification. This meant faster and more efficient access to treatment for patients.

Multidisciplinary working

- Administrative staff, surgeons, laser technicians, optometrists and registered nurses worked closely together to provide safe, patient-centred treatment. This meant there was a proactive, multidisciplinary approach to coordinating patients' care.
- We observed a routine daily team brief and end of day debrief. During the brief, the team discussed the number of patients on the list, procedure types, known latex or other significant allergies, any significant medical conditions, GP letters required, fucithalamic concerns (fucithalamic, staff roles for the day, responsibilities, end of day cleaning responsibilities, patient feedback such as complaints since last session and any other information. All staff signed the brief sheet to confirm attendance. This ensured effective communication within the team to strengthen co-operation and coordination of care. During the debrief any issues or concerns which had arisen during the day, recommendations for change, any near misses or incidents and any return to theatre events were discussed. This encouraged reflection and incorporated improvement into future performance.
- The clinic had effective external working relationships with external contractors, such as clinical waste management, to facilitate the effective running of the clinic.
- Staff were mobile and worked between different clinics. Staff told us they enjoyed working together and that staff at all levels worked effectively no matter what clinic they were working at.
- All staff involved in the patients care, could access the patient's records. This enabled continuity of care and enhanced the communication between different healthcare professionals.

Seven-day services

- The clinic's surgical diary accommodated patients for treatment and surgeon appointments. It provided all patients with access to an out-of-hours telephone service to speak to an optometrist and be referred to the surgeon, if necessary, about post-operative concerns.

Access to information

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- Staff received mandatory training in information governance and an information and records management policy was in place. Access to electronic patient medical records was password controlled and staff had to complete a competency assessment before being able to access, create or amend electronic records.
- The electronic record included information on past medical history, previous ophthalmic procedures, allergies, consent details, pre-assessment records and operation notes. Staff at other Optical Express clinics could access a patient's electronic record if the patient completed their treatment at a different clinic. Patients were aware that clinicians offering treatment could access their records. This meant patients could be seen for follow up appointments at a different clinic if they preferred.
- Hard copy records were well-organised and used on the day of surgery. The electronic record was updated after surgery and certain hard copy records scanned onto the electronic record.
- The surgeon shared medical records with the patient's GP or other specialty consultant with the patient's consent.
- Translation services were available and easily assessable for patients whose first language was not English.
- Staff and managers told us they did not generally see vulnerable patients, however staff demonstrated a good working knowledge of the Mental Capacity Act 2005 (MCA). Policies and procedures were available for staff to refer to if required.
- Staff always asked patients to give their consent to their care, treatment and support in accordance with the relevant guidance for example, General Medical Council consent guidance: patients and doctors making decisions together.
- Patients were required to copy a statement in their own handwriting on the consent form, reflecting they understood what they were consenting to. This ensured staff that patients were giving consent freely and voluntarily to the chosen treatment.

Are refractive eye surgery services caring?

Compassionate care

- The providers consent process was multi-tiered. The first stage commenced at the initial consultation. The patient was provided with an informed consent document and watched a consent video. The second stage was surgeon led and took place prior to the day of surgery. This stage could either take place face to face or by telephone. The process was completed on the day of surgery, prior to treatment.
- All stages of the consent process were recorded in patient files. Patients were given a minimum of one week cooling off period to reflect on their decision to proceed with the treatment. This was in line with the Royal College of Ophthalmologists Professional Standards for Refractive Surgery (April 2017).
- The informed consent forms had crystal mark certification. This meant the language used in them was in plain and simple English.
- We observed staff taking the time to interact with patients in a caring and compassionate way. All staff at the clinic had attended mandatory duty of care training and equality and diversity training each year. A key part of the staff's competency assessment was whether the staff member delivered care in a patient centred way to protect and promote dignity, choice, privacy.
- Staff included the patient's chaperone in discussions with patient's consent. We saw that staff did all they could to provide caring, comfortable, compassionate and empathetic care. For example, we saw a staff member offering a blanket to a who was patient feeling cold.
- A patient who had been assessed as unsuitable for the eye surgery they wanted told us staff had provided a clear explanation as to why this was the case and had offered them alternative options to consider. The patient told us they felt reassured and remained confident that their vision could still be improved.

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- People arriving for surgery were promptly greeted by warm and welcoming staff who provided reassurance and direction. People were promptly informed where they needed to go in the clinic and which members of staff would be attending to them. This helped people understand the clinical environment and the staff who would be involved in their care.
- We found staff sometimes left the consultation room doors open when consulting with patients. This meant patients and staff could overhear conversations which could have affected the patient's privacy and dignity.

Emotional support

- The discharging staff member ensured the patient had the medicines they needed to care for themselves after their surgery and that they knew what to do and who to contact if they experienced complications outside of clinic hours. This showed staff empowered patients to manage their own health, care and wellbeing to regain their independence in a timely manner.
- Patients could have a chaperone or family member with them during all consultations if that was what they wished. We saw staff check with patients throughout examinations and treatments to ensure that they felt comfortable and able to ask any questions.
- We saw staff check with patients throughout examinations and treatments to ensure that they felt comfortable and to address any concerns or worries.
- Staff acted to reduce any worry a person might have of undergoing a surgical process. When people were known to be anxious about undergoing surgery, staff had agreed a support plan with the patient. This included the playing of people's chosen music during surgery. When necessary staff had consulted with people and their GPs about the appropriate use of medication to help reduce a person's stress level.

Understanding and involvement of patients and those close to them

- During surgery we saw staff constantly reassuring patients by talking patients through their procedures

and explaining what sensations they were likely to experience such as pressure. This was in line with standards such as RCOphth professional standards for refractive surgery, April 2017

Are refractive eye surgery services responsive to people's needs?

Service delivery to meet the needs of local people

- The service served the whole adult population on a self-referral basis.
- Protocols were in place for the transfer of patients to the local NHS trust in the event of serious complications.
- The clinic facilities and premises were appropriate for the services delivered at the clinic.
- Services were planned to take account of the needs of different people. For example, patients of all genders, ages, races and patients with disabilities were treated at the clinic.

Meeting people's individual needs

- Patient information leaflets could be translated into other languages. The registered manager told us they were translating patient information upon request with a view to keeping a store of different languages for future requests.
- The provider provided and paid for translators to accompany patients whose first language was not English to key appointments.
- The consent and terms and condition documentation was crystal approved. Crystal mark are an organisation who have been campaigning against gobbledegook, jargon and misleading public information. They believe that everyone should have access to clear and concise information. This meant staff complied with Accessible Information standards.
- The clinic was fully accessible to wheelchair users. The provider invited wheelchair using patients to visit to the clinic prior to their appointment so that they could assess whether they felt comfortable and confident to process with their treatment.

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- The service provided was consultant led and patients saw the same consultant throughout their patient journey. This ensured continuity of care.

Access and flow

- The clinic offered patients appointments to suit them. This meant patients had timely access to initial assessments, diagnosis and treatment.
- Patient arrival times were staggered to limit waiting times.
- No people were on the waiting list for refractive eye surgery.
- No refractive eye surgery procedures had been cancelled for a non-clinical reason in the last 12 months.
- There were no incidences of unplanned transfer to another provider in the previous 12 months.
- The clinic did not have any waiting lists and the appointment system was easy to use and supported patients to access appointments. This meant patients could access care and treatment at a time to suit them.

Learning from complaints and concerns

- A summary of the complaints process was clearly displayed in the reception area. We reviewed the complaints folder and found they dealt with these appropriately, proportionately and in a timely fashion.
- We reviewed the summary of complaints form 1 June 2017 to 31 May 2018. There was a total of 17 complaints. Two of these were fully upheld and one was partially upheld by the provider. Themes were visual outcome, quality of vision, complications and terms and conditions.
- One of the complaints was made through a national review website. The clinical services team contacted the patient directly to address the complaint. This showed staff took complaints seriously and were proactive in addressing them.
- Patient satisfaction scores were consistently higher than the provider average.
- All staff we spoke with told us complaints were discussed in team briefs and team meetings.

- The provider had recently introduced pre-packed sandwiches to offer post-surgery patients. Staff told us they hadn't received any complaints from patients, however staff felt patients would appreciate something substantial to eat. This showed the managers were proactive approach to customer complaints.
- Staff provided patients with the terms and conditions document to patients together at initial consultation, often months or weeks prior to treatment. Staff realised that some patients had not read or failed to understand the document, leading to some complaints. In response to this, managers increased the font size of the document and obtained a Crystal Mark. This showed that the patient complaints information was in clear plain English. This led to a decrease in complaints related to the terms and conditions. This demonstrated that staff used information proactively to improve their patients care.

Are refractive eye surgery services well-led?

Leadership

- We found leaders clearly demonstrated the skills, knowledge, experience and integrity to lead their service.
- Staff told us leaders of all levels from the registered manager to the chief executive were visible and approachable. All staff met the chief executive and other managers at a yearly conference to reflect on the previous year and to discuss future objectives.
- Staff told us the surgery services manager and support managers were very supportive, responsive and easily accessible by phone or in person for advice and support.
- Staff and leaders told us and we saw they worked well together. Staff told us they were encouraged to report incidents and described a no blame culture.

Vision and strategy

- Optical Express had a corporate mission statement that reflected their aim to be a leader in the "global

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elective and healthcare industry.” Their core values and vision statements were displayed on the corporate website and communicated through posters in the clinic.

- Staff were aware of providers vision and strategy and clearly worked towards these when interacting with patients and with each other.

Culture

- Most staff we interviewed had worked together for many years. Staff were positive about their colleagues and managers and were clearly proud to work for the provider.
- Staff felt valued and respected and were focussed on the needs of their patients.
- The provider had many schemes in place to promote and celebrate staff’s commitment to the providers vision and values. For example, we saw instances of Birmingham staff winning the ‘Wonderful Wednesday’ nominations. This scheme gave all staff the opportunity to nominate colleagues for recognition for displaying the providers values.
- The provider advertisements on the website and in the clinic clearly displayed all patients’ costs such as the cost of treatments, medicines and follow up treatments. This meant the service complied with the guidance contained within the committee on advertising Practice’s (CAP) and the RCOphth standards published in April 2017.
- All staff we spoke with showed an understanding of the regulation and the importance of being open and honest with patients always. There was a duty of candour policy in place which staff were aware of and knew they could refer to. Duty of candour formed part of mandatory training for all staff.
- Although there were no incidents which triggered the duty of candour requirement in the previous 12 months, all staff we spoke with showed an understanding of the regulation and the importance of being open and honest with patients always. There was a duty of candour policy in place which staff were aware of and knew they could refer to. Duty of candour formed part of mandatory training for all staff.

- Staff told us the main reward of their role was to see the positive impact eye surgery had upon their patients.

Governance

- The clinical governance committee was headed on a national level by the clinical services director and was made up of the medical director, responsible officer, refractive operations manager and surgical services manager. The group met monthly to discuss all aspects of the service, local issues and trends and feedback on what was happening locally. Agenda items included CQC inspections, reports and process, international medical advisory board (IMAB) meeting update, new surgeons, incidents, complications and outcomes, complaints, new clinics, equipment and technologies and training and concerns.
- The medical advisory board was headed by the chief medical officer and managed by the medical director and clinical services director. All surgeons and key heads of department were members. Recommendations and general feedback from the IMAB were discussed. The members were responsible for change management such as changes in treatment criteria or changes to management of conditions or complications. We saw clinical directives sharing such changes with staff at the clinic.
- A clinical lead was employed to drive current best practice through staff training and development and practice audits.
- We reviewed five staff personnel files and found that medical registration with the General Medical Council, evidence of qualifications and indemnity insurance records were up-to-date.
- There was a robust consultant appraisal system in place supported by an annual clinical audit report produced by the company biostatistician for each consultant. The medical director oversaw clinical performance and would address any concerns should these arise. For example, the medical director would observe the consultants practice to ensure they were competent in their role.
- Optical Express did not report clinical activity to the National Ophthalmic Database Audit as patients were self-funded and the database was for NHS activity.

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However, staff told us that the company biostatistician analysed and reported clinical activity and outcomes to inform management of consultant performance, operational performance and quality of care.

Managing risks, issues and performance

- We reviewed the local risk register. The register described the common and local potential risks associated with surgery and other clinical practices. Control measures in relation to these risks were documented and managers reviewed these on a regular basis through their governance system. Each risk had an associated review date and action plan. This showed managers had oversight of the local risks and put in place effective risk management processes to ensure actions were taken to reduce or prevent them.
- The quality of the service was monitored each month via use of a quality audit tool. The tool was completed and an action plan put in place and monitored until the audit loop was closed. The audit tool looked at infection control, decontamination (IOL only), air handling (IOL only), incidents, complaints, patient satisfaction, record keeping, maintenance/equipment devices, personnel, emergency equipment, medicines management, laser safety and laser room practices and quality management, health and safety and 'any other quality issues'. We reviewed the audits and found they were all consistently satisfactory with no dips in quality.
- External healthcare professionals involved in the patients care, such as GP's and optometrists could speak directly to surgeons and other staff at the Birmingham clinic for advice if need be.

Engagement

- The provider did not carry out formal staff engagement surveys. The registered manager told us due to the size and cohesiveness of the team and the open culture they did not need staff surveys to identify issues. However, this meant managers could be overlooking key elements that impacted patient satisfaction.
- Patient feedback was continuously collected, analysed and acted upon. Patients were asked to complete an on-line survey at various points

throughout their patient journey. Patients were encouraged to complete the surgery experience survey at the 24-hour post-operative visit. A reminder pop up was generated on the patient's electronic file during the post-operative examination as a reminder for the optometrist to guide the patient to complete the survey. The results of the survey were forwarded each month to the surgery manager. This enabled the surgery manager to monitor trends and make improvements where possible. The scores were benchmarked against the company average of all clinics and were consistently favourable.

- The registered manager and staff told us that staff requested extra funds to provide all patients with something more substantial nutrition wise post IOL surgery and now provided sandwiches and biscuits routinely. Staff said the patients appreciated this as they had often not eaten for a substantial amount of time. Patients had also commented that the pre-op waiting room was too quiet so managers installed a TV in this room. This showed patients views and experiences were gathered and acted on to shape and improve the service.
- Managers and staff told us about 'Wonderful Wednesdays'. This gave all staff the opportunity to nominate colleagues for recognition for displaying the providers values. We looked at the nominations for June 2018. A Birmingham optometrist was nominated or 'being a fantastic example, both in patient care and team work'. The surgery manager had also recently been nominated and their nomination described them as 'an excellent ambassador for the company'. Both nominees received restaurant vouchers from the provider in recognition of their nominations.
- Staff told us about the recent scheme where the provider offered all NHS staff free treatment at the clinic to celebrate the NHS's recent 70th birthday.
- Staff told us about the Optical Express box at the Hydro in Glasgow. It was part of the providers recognition and reward scheme that was offered to staff nominated by their managers. This gave staff the opportunity to see a show in recognition of the work they had done.

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- The provider issued an in-house magazine for staff. Staff told us they read the magazine. We reviewed the magazine and found it referred to the providers vision and values throughout.

Learning, continuous improvement and innovation

- The chief executive established the International Medical Advisory Boards many years ago. This was made up of independent ophthalmologists from all over the world. Members discussed and reviewed the providers group clinical quality indicators. Following the meeting the CMO medical director and clinical services director considered any recommendations made by the members.
- The provider attended the European Society of Cataract and Cataract Surgeons and the American Academy of Ophthalmology meetings.
- Staff told us managers were receptive and acted upon improvement ideas they suggested. For example, one member of staff identified that staff would record yes or no next to the 'sedation' column on the patient board however, surgeons would often ask for clarification on the exact amount of sedative administered. The staff member suggested staff recorded the exact amount of sedative administered as a matter of course to address this issue and the managers had now implemented this.
- The provider had recently employed a responsible officer to systematically review processes to review and strengthen the clinical governance processes. For example, the RO told us he was trialling an anaesthetic national early warnings (NEWS) score tool. When fully implemented patients undergoing sedation would only be discharged when post-surgery the NEWS score correlated with the pre- surgery NEWS score. The NEWS, is based on a simple scoring system in which a score is allocated to physiological measurements already undertaken when patients present to, or are being monitored in hospital. Therefore, this would ensure anaesthetists are discharging patients safely.
- A previous CQC inspection at a different clinic raised concerns around the provider not using single use mitomycin. Since then the registered manager told us they had updated the mitomycin policy so that mitomycin were now single use. All relevant staff had attended a mitomycin workshop within the previous six months to ensure they understood the changes to the policy. A directive was sent to all staff who signed to say they understood the change in policy. Staff had a system in place so that they could evidence mitomycin was only used as single use.
- Learning from other CQC inspections was implemented. Concerns had been raised around patients being 'walked' to the theatre following sedation. Following this all patients were now taken by wheelchair from the anaesthetic room to the theatre. This showed the leaders and staff strived for continuous learning and improvement.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should consider introducing a staff engagement survey to obtain oversight of job satisfaction and identify and address any concerns that might be causing dissatisfaction and affect patient safety.
- The provider should consider closing consultation room doors when consulting with patients to ensure conversations are not overheard by staff and patients and to protect patient's privacy and dignity.