

Optimax Clinics Limited

Optimax Laser Eye Clinics - Birmingham

Inspection report

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Date of inspection visit: 24 January 2023, 11
February 2023
Date of publication: 15/05/2023

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

We have not previously rated this service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment and gave pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available 7 days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services and all staff were committed to improving services continually.

However:

- There were considerable challenges in the upkeep of the environment and the service was awaiting the outcome of a planning application for improvements to the listed building.
- Some common areas and examination rooms were fitted with carpets, which was not in line with Department of Health and Social Care guidance.
- Infection prevention and control standards were not always in line with national standards.
- The management of sharps did not fully meet national standards.
- There were risks to fire safety that had not been identified by the provider's audit programme.

Summary of findings

Our judgements about each of the main services

Service

Refractive eye surgery

Rating

Good



Summary of each main service

We have not previously rated this service. We rated it as good because it was effective, caring, responsive, and well led. There were some areas for improvement in safe, this was rated as requires improvement.

Summary of findings

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Summary of this inspection

Background to Optimax Laser Eye Clinics - Birmingham

Optimax Laser Eye Clinics - Birmingham is operated by Optimax Clinics Limited as part of the Eye Hospitals Group Ltd. The service provides optometrist consultations, laser refractive surgery, and follow-up care to adults over the age of 18.

The service provides private care to patients who self-refer and self-pay. Patients commonly present with visual problems caused by cataract or deteriorating visual acuity, which is not classed as a medical condition and so is not treated by the NHS. The service provides consultations for lens surgery but does not yet offer this treatment.

The service opened in 1995 and is part of the Optimax Clinics Limited Company, which was established in 1991.

The service is registered to provide the following regulated activities:

- Surgical procedures
- Treatment of disease, disorder, or injury
- Diagnostic and screening procedures

The service operates from converted premises on the outskirts of Birmingham city centre. The building is shared with other professional tenants.

We last inspected this service in May 2018. At that time, we did not have a duty to rate and instead produced a narrative report.

How we carried out this inspection

We carried out an inspection of the service using our comprehensive methodology. We carried out an unannounced inspection on 17 January 2023 and an announced inspection on 10 February 2023. We announced the second day of the inspection because we needed to make sure the surgical service would be in session at the time of our site visit.

Our inspection team consisted of a lead inspector and 2 specialist advisors with support from an off-site inspection manager. After our inspection the registered manager sent us a range of data and other evidence to provide details of standards of care.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

Summary of this inspection

- The service should ensure that infection prevention and control measures and compliance with building regulations in the surgical treatment room mitigate the risks associated with the environment. (Regulation 12)
- The service should ensure standards of cleaning of common areas are thorough and consistent. (Regulation 12)
- The service should maintain the improved standards of safety in relation to the fire escape route and new smoking rules for tenants in the building. (Regulation 12)
- The service should ensure sharps management improvements are consistently implemented. (Regulation 12)
- The service should ensure cytotoxic spill equipment is kept within its expiry date. (Regulation 12)
- The service should consider adding information about independent complaints escalation services to the complaints policy. (Regulation 16)

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Refractive eye surgery	Requires Improvement	Good	Good	Good	Good	Good
Overall	Requires Improvement	Good	Good	Good	Good	Good

Refractive eye surgery

Safe	Requires Improvement 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Is the service safe?

Requires Improvement 

We have not previously rated safe.

We rated it as requires improvement.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up to date with their mandatory training. At the time of our inspection the team had 90% compliance against required training, which met the provider's target. All staff with expired modules had training planned in the coming weeks.

Mandatory training was comprehensive and met the needs of patients and staff. Staff completed up to 34 training modules depending on their role. Some modules were required for all staff, such as cyber security, the duty of candour, safeguarding, and health and safety. Safety-related training included Legionella awareness, manual handling, falls prevention, and the Control of Substances Hazardous to Health Regulations .

Staff completed training on recognising and responding to patients with mental health needs and learning disabilities. All care was elective, and patients needed to be able to consent to undergo treatment, which meant contact with patients living with advanced mental health needs was rare. However, staff maintained training as good practice and as a tool to identify patients with previously undiagnosed needs.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Staff spoke positively of training opportunities. Surgeons told us they felt there was a consistent focus on professionalism and high standards of clinical practice.

Clinical staff working under practising privileges maintained core training in essential areas such as safeguarding, infection control, life support, and fire safety. The registered manager ensured they had access to training in local policies such as information governance and the medical director coordinated training communication.

Refractive eye surgery

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. All staff completed training to level 2 and the registered manager completed training to level 3. All staff were up to date with training at the time of our inspection.

The provider's head of safeguarding was trained to level 4 and worked nationally to provide staff with support and guidance during incidents.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. They knew how to identify adults and children at risk of, or suffering, significant harm and knew how to make a safeguarding referral in such circumstances, including urgently. Staff undertook a range of training that enhanced safeguarding knowledge, such as equality and diversity training and adapting care and communication for patients living with a disability.

There had been no safeguarding incidents in the previous 12 months. The registered manager received information on safeguarding incidents from other clinics in the provider's network from compliance and governance meetings and discussed these with their team if there were implications for practice or learning.

Cleanliness, infection control and hygiene

There were inconsistencies in the control of infection risk. While staff used equipment and control measures to protect patients, themselves and others from infection, the condition of the premises and cleaning standards presented a risk. The service used systems to identify and prevent surgical site infections.

Most clinic areas were clean and had suitable furnishings which were clean and well-maintained. However, some areas needed more attention to detail. The standard of cleanliness in the patient's toilet did not reflect the documentation completed by the contracted cleaner. In addition, clinic quality processes had not identified this as an area for improvement. We spoke with the registered manager about this who addressed it immediately and said they work with the cleaning contractor to improve standards.

Some common areas and examination rooms were fitted with carpets, which was not in line with Department of Health and Social Care (DHSC) Health Building Notice 00/10 in relation to flooring in clinical facilities. In addition, floors in the treatment room were not sealed at the skirting as beading was missing, which prevented staff from effectively cleaning. The skirting was cracked in places, which presented a risk of bacteria growth. While staff mitigated risks by using a clinical environment audit and carrying out a deep clean before treatment, the environment was not fully in line with best practice guidance. The registered manager had plans in place to address these areas during a full refurbishment pending regulatory approval.

The building had a garden area used by others who worked in the building unconnected with the service. They used this as a smoking area, which presented a fire risk since this was a key evacuation route from the clinical service. Smoking materials were strewn across the garden, which was derelict and overgrown with combustible material included rotting wooden crates and large quantities of litter. We raised this with the registered manager. Although they did not have responsibility over the whole building, the situation presented a potential risk to their staff and patients. After our inspection, the manager worked with others in the building to implement a new smoking policy and clear the escape route.

Refractive eye surgery

Staff followed infection control principles including the use of personal protective equipment (PPE). An infection control nurse carried out an audit in January 2023, which included the environment, use of PPE and staff practice, decontamination and waste streaming. The audit found 90% compliance overall with areas for improvement in the fabric of the environment, which reflected our findings during the inspection. The infection control nurse and registered manager were working together to address these areas. During surgery, staff demonstrated consistently good attention to detail with use of gloves and antibacterial gel in line with best practice guidance.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. They kept clear records that provided an audit trail of equipment cleaning and decontamination. Staff cleaned the treatment room between patients using suitable products that reduced the risk of infection.

Staff worked effectively to prevent surgical site infections and reported none in the previous 12 months.

World Health Organisation (WHO) hand hygiene posters were on display at each handwashing sink and reflected the latest guidance. Staff carried out periodic spot checks on handwashing techniques and knowledge as part of the overall infection prevention and control audit. The most recent spot check took place in January 2023 and found 100% compliance with expected standards.

Environment and equipment

The design, maintenance and use of facilities and premises required updating. Staff improved the management of clinical waste during our inspection.

The clinic was based in a building recognised as grade 2 'listed' by the National Heritage List for England and was located in a conservation area. This meant the provider was restricted with upgrades, repairs, and modifications that needed to be approved by various authorities. The exterior of the building needed significant repair and safe management of the interior presented challenges to the team.

The service had an optical scanning room, used for topography scans, 2 optometrist assessment and examination rooms, and 1 laser surgery treatment room. The entrance to the treatment room was equipped with an illuminated laser safety warning sign. While this was no longer required by national standards, the service maintained it as best practice.

The treatment room met Royal College of Ophthalmology standards for ventilation and air exchange during surgical procedures. However, there was no separate 'dirty' and 'clean' utility or preparation spaces. Staff used a single room connected to the treatment room for preparing surgical equipment and storing surgical medicines as well as to store hazardous waste awaiting collection. This was not compliant with DHSC health technical memorandum (HTM) 07/01 in relation to the storage and management of clinical waste, which requires services to have a separate disposal route to avoid cross contamination. We discussed this with the registered manager and on the second day of our inspection we found the team had implemented new waste streaming processes that were in line with national guidance.

Staff carried out daily safety checks of specialist equipment and had access to on-call technical support from equipment manufacturers.

The service had up to date risk assessments and controls for the storage of fluorine and helium gas on site. Gases were used during laser eye surgery and were subject to national controls, with which the service was fully compliant. This included in routine storage and safe processes to protect people from harm in the event of a leak.

Refractive eye surgery

The service had an up to date fire safety risk assessment and action plan. The registered manager documented escalation to the provider's fire safety lead when maintenance was delayed and had the potential to increase risk. The manager carried out an unannounced fire drill every 3 months, which required staff to evacuate the building. The manager reviewed staff response to ensure they followed training and policy and supported them where there was room for improvement.

A cytotoxic spill kit was available in the treatment room. However, it had no labelled expiry date and had been manufactured over 14 years previously, which meant the service did not have assurance that it would still work effectively.

The service was not fully compliant with DHSC HTM 07/01 and the Health and Safety Executive Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 in relation to sharps waste. For example, a sharps bin in the treatment preparation room was overfilled and stored with the safety lid aperture open. A compliance inspection by the provider highlighted a need for more consistent use of sharps bins.

The service was compliant with DHSC HTM 04/01 in relation to safe water in healthcare premises. Staff flushed water outlets regularly to protect against a build-up of Legionella bacteria and staff undertook training to ensure safe management.

Staff calibrated the laser before each patient following manufacturer guidelines and used a safety checking system to ensure it was set to the correct definition for the patient's prescription.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks.

All staff completed basic life support training. Nurses and optometrists maintained immediate life support training and surgeons held advanced life support training. A nurse led a resuscitation drill every 3 months and monitored staff response, including use of emergency equipment. The most recent drill reflected a safe, rapid response from all staff involved.

Staff worked within an up-to-date deteriorating patient policy that provided guidance on managing the care of patients who experienced a medical emergency, including use of the 999 service.

Staff completed risk assessments for each patient before surgery and reviewed this regularly, including after any incident. Staff maintained a high standard of pre- and post-operative notes that provided clear documentation of the patient's condition and treatment. Staff used surgical consultations to identify risk factors that excluded patients from laser surgery.

Staff knew about and dealt with any specific risk issues. There was a minimum of 7 days between a patient consenting to surgery and the procedure taking place. Staff reassessed patients' vision before proceeding with surgery on the day of treatment to ensure their needs had not changed.

Staff shared key information to keep patients safe when handing over their care to others. For example, optometrists shared information with GPs when making onward referrals if this was important for safe care.

Named staff adopted key safety roles including for First Aid and fire safety officers.

Refractive eye surgery

Staff maintained a stock of emergency medical equipment including an automatic external defibrillator, an EpiPen, oxygen, and a first aid kit. This was appropriate for the level of care provided in the clinic as patients needed to be medically fit before undergoing treatment. Staff documented weekly checks on emergency equipment to ensure items were intact and those with expiry dates were usable.

The surgical team used the WHO surgical safety checklist to guide safe clinical practice in the treatment room. The registered manager audited completion of the checklists and reported consistently good standards, with 100% compliance in the previous 6 months. Practice reflected this during our surgical inspection during which staff communicated well with each other and followed assigned surgical team roles.

Staff maintained up to date contact details and opening times for the local eye emergency centre. This enabled staff to coordinate an urgent transfer in the event a patient needed more advanced medical intervention.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.

The service had enough nursing and support staff to keep patients safe. The permanent clinic team included the registered manager and 2 front of house staff. Front of house staff worked in an administrative and dual patient advisor/treatment assistant role and undertook reception and administration duties as well as topography scans.

A registered nurse worked part time in this clinic and a second nurse worked regionally for the provider. Both nurses were trained in theatre scrub processes and usually worked to coincide with surgical days.

The service had no vacancies at the time of our inspection and had a consistently low turnover rate, which was 0.5% in 2022. The service was planning to expand in 2023 and increase capacity and was recruiting new dual role front of house staff as part of this process.

The service reported an average sickness rate of 4% in 2022, which reflected monthly variances between 0% and 10%. The service monitored sickness for permanent staff only and clinicians working under practising privileges were not included. Where an optometrist or surgeon was unwell, the registered manager worked with the clinical services team to secure cover, reschedule patients, or arrange same-day appointments at another clinic in the provider's network.

A team of 4 optometrists and 2 ophthalmic surgeons worked under practising privilege arrangements on an as-needed basis. In addition, the provider's medical director was a practising surgeon and worked in the clinic on some surgical days. Permanent staff said temporary or remote colleagues were easy to contact if they had pre- or post-operative questions about a patient and the communication system worked well.

Locum staff completed inductions relevant to their role. Optometrists each spent a minimum of 1 week with the lead optometrist followed by a shadowing period with senior colleagues before working alone.

The service maintained records of surgeons' liability insurance and kept a Disclosure Barring Service background check for each. This was managed at provider level and the registered manager had access to on-demand support from head office in the event of a query or concern. The provider required clinicians to be registered with an appropriate professional body, such as the Royal College of Ophthalmologists for surgeons or the General Optical Council for Optometrists.

Refractive eye surgery

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive, and all staff could access them easily. Patient records were electronic, and clinicians could access them from any clinic in the provider's network within the provider's data access agreement. This supported continuity of care and provided options for patients who wished to be seen at different locations.

When patients transferred to a new team, there were no delays in staff accessing their records. Surgeons provided some aftercare consultations remotely on request and the provider's technology and data management protocols enabled them to access each patient's clinical information securely whilst reviewing recovery.

Records were stored securely. Electronic records were stored in encrypted systems with restricted access. IT security was coordinated at provider level and the local team had on-demand support for technical issues.

The registered manager audited patient records quarterly. Using a sample of 10 patients, they assessed standards of records using up to 53 audit points depending on the treatment each individual received. Audits indicated consistently good practice and compliance with information such as traceability records of surgical consumables and details of post-operative prescriptions.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes to prescribe and administer medicines safely. Trained nurses used patient group directions (PGDs) to administer prescription eye drops on approval from an optometrist or surgeon. PGDs enable non-prescribing staff to administer specific medicines to a defined group of patients in some circumstances.

Staff reviewed each patient's medicines and provided advice if they were likely to interact with surgery and post-operative treatment.

Staff completed medicines records accurately and kept them up to date in the records we checked. For example, prescriptions and medicines were always signed and dated with batch numbers and expiry dates.

All medicines were in date and staff used an effective stock management system. Staff documented daily temperature checks on fridges used to store eye drops. A medicines management audit highlighted an opportunity for improvement in how temperatures were documented, and staff adopted this, which reflected good practice.

The service stored eye drops on site and obtained other medicines from an external supplier in advance of procedures.

The registered manager audited medicines documentation and processes quarterly to ensure consistent standards of safe practice. In the previous 12 months audits showed good standards with a need for greater consistency in documenting batch expiry dates when medicines were delivered. The manager worked with the team to ensure this was implemented.

Refractive eye surgery

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. They raised concerns and reported incidents and near misses in line with the provider's policy. In the previous 12 months staff reported 19 incidents and 11 near misses. None of the incidents resulted in harm to patients or staff.

The registered manager investigated incidents thoroughly and shared details and outcomes with the compliance manager, who monitored reports for themes and trends. The compliance manager found no trends or common themes in the previous 12 months and commended the clinic manager for effective reporting and improving staff training compliance.

Staff understood the duty of candour and undertook training in how and when to use it effectively. Incident, near miss, and complaint documentation indicated staff were open and transparent and gave patients and families a full explanation when things went wrong.

Staff received feedback from investigation of incidents, both internal and external to the service through the provider's national staff communication network.

Staff met to discuss the feedback and look at improvements to patient care during team meetings.

The registered manager reviewed national safety alerts to identify if they applied to the services offered at this clinic. They worked with nurses to ensure accuracy and distributed updates across the team.

There had been no instances of treatment complications, urgent or emergency transfers out of the clinic in the previous 12 months.

Is the service effective?

Good 

We have not previously rated effective.

We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Policies and standard operating procedures were available electronically in the clinic and all staff had access to these, including surgeons working under practising privilege arrangements.

Refractive eye surgery

Care and treatment pathways were based on national requirements and best practice issued by organisations, such as the Royal College of Ophthalmology (RCO) and the National Institute for Health and Care Excellence.

The registered manager maintained clear audit trails that provided assurance of evidence-based care. The provider's compliance manager used local data to benchmark care standards against expected results nationally, which meant patients were assured of consistently good standards of practice.

Laser protection guidelines and local rules were up to date and available in the treatment room.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Staff prescribed, administered and recorded pain relief accurately. Most surgery was pain free and patients reflected this consistently in feedback to the service.

During treatment staff regularly asked patients about pain and were skilled in detecting the difference between pain, discomfort, and anxiety.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

Outcomes for patients were positive, consistent and met individual expectations. There were no national standards for the outcomes of laser refractive surgery and instead the service measure success through patient expectations and individual surgeon track record.

The medical director monitored evidence of good patient outcomes on an individual surgeon level. Surgeons were highly experienced with significant track records of effective care. For example, 1 surgeon had completed over 40,000 surgical procedures with a 99% success rate and over 99% patient satisfaction. All surgeons who provided care had a success rate of at least 98% in the previous 5 years.

Staff encouraged patients to discuss their individual outcomes using a digital online feedback platform. Feedback was consistently positive, and patients commented on areas such as, "immediate improvement," and "20/20 vision straight after surgery." The service gauged patient-led outcomes using a questionnaire given to each individual after surgery. In the previous 12 months 99% of patients said the treatment was worthwhile.

A key national measure of outcomes was the RCO national acceptability rate of 2% for diffuse lamellar keratitis (DLK), an inflammation of the eye. In the previous 12 months the service reported 2 instances, which was less than 0.2% of all procedures. In each case the surgeon reported the instance to the registered manager, which contributed to national monitoring by the provider. The report process included a review of surgical infection control processes to identify opportunities for improvement.

The service reported no instances of a return to theatre in the previous 12 months.

Refractive eye surgery

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The registered manager supported the learning and development needs of staff. For example, front of house patient and treatment advisors trained to check pre-surgical documentation and were undertaking training to become laser assistants, which they would complete with a practical surgeon-led assessment and sign-off.

Staff attended annual continuing professional development events organised by the provider. The events were multidisciplinary and open to all staff regardless of role, including optometrists and surgeons who worked nationally under practising privilege arrangements.

Managers gave all new staff a full induction tailored to their role before they started work and supported them to develop through yearly, constructive appraisals of their work.

Clinicians working under practising privileges underwent an annual appraisal at their substantive place of work, such as an NHS trust. The medical director and lead optometrist monitored appraisals annually and ensured they were relevant to this service.

Managers supported permanent staff to develop through regular, constructive clinical supervision of their work. Nurses who worked regionally for the provider underwent supervision as a joint process between a registered manager and human resources. The registered manager carried out supervisions for other members of the team and the provider's medical director was responsible for clinical supervision of surgeons.

The registered manager held monthly team meetings. Minutes reflected consistent attendance with a clear process for tracking actions, updates, and changes to the service.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff were able to request funding for external specialist training courses by submitting a business case, supported by their manager, to the provider.

Nurses attended an annual role-specific training day that included guest expert speakers and interactive laboratory sessions. The provider's national education team consulted with nurses first to contribute ideas for sessions useful to practice.

Multidisciplinary working

Healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff worked across health care disciplines and with other agencies when required to care for patients. Care pathways included patient advisors, optometrists, and surgeons. Where patients presented with complex or unusual needs, staff liaised with other professionals to establish if treatment was clinically appropriate.

Staff referred patients for mental health assessments when they showed signs of untreated mental ill health or depression that prevented them from accessing treatment.

Refractive eye surgery

Clinicians followed an established policy to refer patients to other services for diagnostics and treatment. For example, optometrists referred patients to corneal specialists through their GP. In the case of urgent referrals, the clinician worked with the medical director or lead optometrist to establish the most appropriate action. This process ensured patients received the fastest route to care whilst adhering to standard NHS referral protocols.

Seven-day services

Key services were available seven days a week to support timely patient care.

The clinic was usually open 6 days per week, from Monday to Saturday. Appointments were pre-booked based on demand and staff availability and out of hours a national support team provided contact options. If surgery was in operation on a Saturday, the service opened on Sunday to provide patients with mandatory post-operative checks.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Consent processes were embedded in all aspects of care and were reflected in treatment policies and standard operating procedures.

Patient advisors, optometrists, and surgeons obtained consent from patients at each stage of care and only once they had assurance patients understood treatment options and plans.

The service required each patient to accept a cooling off period of at least 7 days to think about their advice and options before confirming eye surgery. This was in line with RCO requirements for laser surgery. Audit results from the previous 12 months, and our review of records, indicated staff followed this process consistently.

The service had introduced remote consent appointments, through video chat with a surgeon, in response to patient feedback for more flexibility and fewer clinic visits.

Staff received and kept up to date with training in the Mental Capacity Act and understood the relevant consent and decision-making requirements of legislation and guidance and they knew who to contact for advice.

Is the service caring?

We have not previously rated caring.

We rated it as good.

Refractive eye surgery

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. They took time to interact with patients and those close to them in a respectful and considerate way. We observed all staff offer patients a warm, friendly welcome and spend time with them to discuss their appointment and address any worries.

While surgeons worked across multiple clinical sites and for other organisations, the same surgeon always saw the patient for consultation, surgery, and immediate aftercare. This ensured continuity of care and helped provide the patient with reassurance and dependable support.

In the previous 12 months 100% of patients who completed a post-surgical questionnaire said staff had treated them with dignity and respect. A patient commented, "Can't rate Birmingham Optimax highly enough. Very professional, friendly staff who ensured great service from start to finish."

In addition to the formal patient questionnaire, the service frequently received personal thank you cards from patients. These presented consistently compassionate care from patients who were happy with the team's standards. A patient recently noted, "Thank you so much for everything that you have done for me over the last couple of months. The service I've received off you all has been amazing." Another patient said, "Thank you for changing my life, you are miracle workers."

Staff were demonstrably focused on providing compassionate care. A member of staff told us about their motivation for doing a good job, "Patients come in so excited for their treatment, it's great to see them light up with big smiles when they see the results."

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff supported patients who became distressed or anxious and helped them maintain their privacy and dignity. For example, when a patient became upset because they had been referred to a clinic with more advanced equipment, staff provided a reassuring explanation and promised the patient they had nothing to worry about.

Staff had a clear understanding of the anxiety eye surgery could cause. They spoke with patients before and during treatment to help calm their nerves and offered a foam stress ball to squeeze for stress relief during the procedure.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Patients commented positively on their experiences through feedback. A recent patient noted, "The surgeon put me at ease before and throughout the procedure and the staff in the clinic were brilliant at supporting me after. Thank you for all your help!"

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. For example, we saw staff respond discreetly and sensitively to a patient who made a request for specific gender of staff during their consultation.

Refractive eye surgery

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment. They provided individualised advice and guidance to help patients stay safe after their treatment. For example, staff discussed post-operative care with a patient who worked in construction and provided them with specific measures they could take at work to protect their eyes from dust and harm.

Staff spent time with patients prior to surgery to make sure they fully understood the nature of their proposed treatment. For example, the service did not guarantee the exact results of any laser surgery and instead projected the success of treatment based on clinical assessment. Optometrists discussed this with patients to help them make the best decision for their needs. As part of this process staff discussed data collection with each patient. This included a discussion and printed guide that explained the personal information collected and what this was used for. For example, patients disclosed their occupation and ethnic origin and staff discussed the importance of understanding both to fully assess the patient's level of risk in undergoing ophthalmic surgery.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff asked patients at each stage of care if they had any questions.

Staff said they used the pre-operative assessment process as time to get to know people. They recognised the nature of laser surgery meant it was a significant personal decision and wanted to make sure people were making decisions with all the information at hand.

Patients provided consistently positive feedback about the service. Recent comments included, "The information provided at each step of the process was accurate and clear, so I knew what to anticipate. They clearly are very experienced in their field and I wouldn't hesitate to recommend their services." Another patient said, "The surgeon explained everything and addressed all my concerns."

In the previous 12 months 99% of patients said staff had helped them throughout their treatment.

Is the service responsive?

Good 

We have not previously rated responsive.

We rated it as good.

Service delivery to meet the needs of people

The service planned and provided care in a way that met the needs of people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services, so they met demand. Each patient was assigned a named member of staff as their main point of contact and support for the duration of their care and treatment.

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Facilities and premises were appropriate for the services being delivered. All clinical areas had step-free access from the street.

The service had systems to help care for patients in need of additional support or specialist intervention. Staff completed training to help them support patients with mental health needs or a disability and had access to policy information to help establish how best to meet the individual's needs.

Staff took action to minimise missed appointments. All care was elective and paid for by the patient. Staff reminded patients of appointments using their preferred method, such as e-mail or text message, and contact patients if they missed an appointment. Where patients did not attend post-operative follow-up appointments, the service contacted the patient's GP if they did not respond to messages.

The need for more complex treatment after laser surgery was rare and occurred in only 24 patients in 2022. This was most commonly due to a need for lens surgery or treatment for dry eyes or glare. The service maintained contact with the patient and coordinated ongoing care until their treatment needs were resolved to promote wellbeing and continuity of care.

Staff worked closely with other clinics in the provider's network and ensured patients had access to locations of convenience for them.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

The clinic had a large, airy, comfortable waiting area for patients and their families along with refreshments and access to printed materials about care and treatment options. A printed patient guide provided easy to understand information, including visual diagrams, on common sight problems, their causes, and possible treatments.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. They undertook specialist training to help identify how to coordinate care in consideration of the elective, non-essential nature of the service.

Staff arranged interpreters for patients on request or where they found a patient could not fully understand their options due to a language barrier. This included securing British Sign Language interpreters.

The post-surgical care pathway included follow up appointments for as long as needed by each patient. This enabled staff to provide individualised care that supported the best outcomes.

The team implemented a range of initiatives to improve access for a wide range of people. This included installing a portable hearing loop to help those who used a hearing aid communicate more easily, a gender-neutral accessible bathroom, and modified ophthalmological equipment to provide full access to patients with reduced mobility.

Access and flow

People could access the service when they needed it and received care promptly.

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The service provided care and treatment to self-funding patients. They accessed the service by arranging an appointment by e-mail, telephone, or the online booking tool used by the provider for all clinics nationally.

Managers monitored waiting times and made sure patients could access services when needed. The clinic typically offered 2 laser surgery dates per month and offered optometrist consultations and pre-operative services at other times. The average wait time for an initial appointment was less than 2 weeks. Staff referred patients to other clinics that operated more frequent surgical lists if they wished to be treated earlier.

The registered manager kept the number of cancelled appointments to a minimum. In the previous 12 months 8 appointments had been cancelled due to staff sickness that could not be mitigated at short notice. Staff rebooked the appointments as soon as possible to meet patients' availability.

The service had a clearly defined inclusion criteria for surgical treatment. Between 20% and 30% of patients seeking treatment were not suitable and staff referred them to other avenues of support. For examples, patients living with rheumatoid arthritis, lupus, glaucoma, optical herpes, and some levels of depression could not be safely treated, and staff referred them to more specialist services for advice.

This clinic did not provide cataract surgery or lens replacement surgery. In such cases, optometrists assessed patients and then referred them to other clinics in the provider's network for treatment. The provider operated an electronic booking system that enabled staff in this clinic to book treatment in another convenient location.

Staff booked post-operative care appointments in advance to ensure patients received these at the required times. Optometrists kept an urgent care slot each day that patients could use without an appointment and staff could arrange appointments at other Optimax clinics if this was more convenient for the individual.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Patients knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas and on the website. Staff understood the policy on complaints and knew how to handle them. However, complaints information did not provide information to patients on how to escalate the issue if the provider was unable to resolve it.

The provider's customer care manager investigated complaints and identified themes with support from the registered manager. In the previous 12 months the service received 7 written complaints. In each case the appropriate manager undertook a detailed investigation and provided the patient with an explanation and attempt at resolution. Complaints related to aftercare, historic ongoing care from this provider's predecessor, and patients who were unhappy with their surgical outcomes. In each instance managers reviewed medical records and consent documentation to ensure patients had been fully aware of the risks and potential outcomes before agreeing to treatment.

Staff knew how to acknowledge complaints and patients received feedback from the registered manager after the investigation into their complaint. Staff undertook training to help them handle complaints and minor concerns. They maintained a log of verbal feedback and discussed this in team meetings. For example, 1 patient made a verbal comment to staff they were unhappy they could not proceed with planned treatment because they fainted just before

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surgery. Staff explained the safety implications of this and rebooked them for a convenient time for the surgeon to assess if they were medically fit to proceed. The registered manager maintained ownership of complaints as the senior permanent member of staff in this clinic. They liaised with surgeons who worked under practising privileges on an as-needed basis if they were involved in a complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service, such as by establishing clearer communication with patients who were pregnant or breastfeeding to help them understand the risks of treatment.

Is the service well-led?

Good 

We have not previously rated well-led.

We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

The registered manager was the clinic supervisor and led the team locally. The provider's senior management team included a head of compliance and director of operations, both of whom supported the registered manager. The chairman of the board and chief executive officer held overall accountability for the clinic. While the registered manager and their team were responsible for patient care locally, the operating model was embedded in the national clinic network and most processes operated at provider level.

All staff had direct lines of communication to the clinical support manager, chief optometrist and director of operations for support or guidance at any time the clinic was open.

All staff we spoke with described positive experiences with senior colleagues. For example, 1 individual said, "Managers are caring. I can always count on their support and it means I'm never worried about anything."

Each member of staff had the opportunity to plan their development, including into more senior positions, through the appraisal, supervision, and continuing professional development processes. Line managers documented conversations with staff that identified their objectives and support available to help them succeed. Staff spoke positively of this process and said that while opportunities for development were good, they appreciated it was optional and they could maintain their current position without pressure to progress.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

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The overarching vision and strategy were established at corporate provider level with the guiding principle to be leaders in the field of refractive eye surgery. The vision was focused on establishing the service as the 1st choice nationally for specialist care and was underpinned by a set of values that reflected staff commitment, training, and pride in their work.

Staff were committed to the service and understood the provider's vision and values. The provider was expanding its work with NHS services nationally and the local team were enthusiastic about expanding this clinic to offer such services in the future.

The provider had awarded the service a 'clinic of the month' award 3 times in recognition of consistently positive patient feedback and results from patient satisfaction questionnaires. Staff told us this reflected their attention to detail and belief in shared values.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients and staff could raise concerns without fear.

Staff said they felt the team worked well together and was stable due to opportunities to learn and grow. A member of staff we spoke with said, "I think Optimax take our work/life balance seriously. The clinic manager is really approachable, and he accommodates us with all our requests."

Staff demonstrated good knowledge of the provider's whistleblowing policy as well as how to obtain informal senior support if they had worries or concerns.

A provider-wide staff survey in 2022 reflected generally good morale and satisfaction with support, leadership, and the working culture. While the survey was generalised to the whole organisation, the registered manager facilitated good relationships with their team. They supported planning for career development, including to access external training and professional opportunities, and provided space for 1-to-1 support and conversations.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The registered manager and nurses attended a monthly compliance meeting that included sharing learning from incidents and complaints locally and across the provider's network. Staff told us this was a useful process and included open discussions of near misses to help coordinate good practice.

The provider distributed policy and standard operating procedure updates to all clinics simultaneously and the registered manager distributed these amongst their team. They kept up to date records that evidenced staff received and acknowledged updates.

A medical advisory board (MAB) operated nationally at provider level with attendance from the chief executive officer, the head optometrist, the head of compliance, and 3 other department heads. The MAB met quarterly and contributed to clinical governance within the wider framework, which included clinician-led meetings, and senior compliance team reviews of performance and activity. The registered manager maintained an up to date understanding of clinical governance outcomes and updates to practice and communicated these with the team during meetings or daily briefings.

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Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The registered manager used a risk register to track risks to the service. They reviewed this quarterly with the compliance manager, who was responsible for risk register use nationally. At the time of our inspection there were 7 active risks, relating to a range of issues including staff vaccination, the office environment for staff, and staffing. Each risk had a named, accountable owner and evidence of updates and progress towards resolution. The overriding risk was the fabric of the building and environment, which was being addressed through a planning proposal.

The service had escalation processes in the event staff had a concern about a surgeon working under practising privileges. This reflected good practice and meant the registered manager had assurance of consistent standards of care within a temporary workforce.

The registered manager planned and mapped a series of 18 audits in advance. This was a key aspect of the governance and performance framework and helped the local team and the provider's governance team to identify consistency and opportunities for improved practice. The compliance manager supplemented this process with an annual full-service inspection against the regulations within which the service delivered care. The most recent inspection took place in November 2022 and found overall good standards of practice with minor areas for improvement, which the registered manager had actioned.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

A data protection officer worked with the service nationally to support consistent standards of data protection and information management. All staff undertook and maintained data protection and information governance training and provider audits checked on local standards.

Information systems were secured with restricted access and the registered manager had support in the event of a systems failure.

Information governance systems reflected the workforce of the service and meant those working under practising privileges had appropriate training, guidance, restrictions, and support in their handling and access to data.

Engagement

Leaders and staff actively and openly engaged with patients and staff to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The service provided a wide range of information and communication to engage patients in care and treatment. For example, the patient guide had a profile page for each surgeon including their photograph, professional history, track record of laser eye surgery, including success rates, and their current General Medical Council credentials. The profile information included a summary of patient satisfaction rates.

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Staff were trained in the use of the provider's de-escalation policy and a manager was always on call in the event they needed support.

There was a good communication structure between permanent staff and surgeons working under practising privileges. Most surgeons had worked in the service for a considerable period and worked well with the permanent team. When new surgeons worked in the service for the first time, they met with the whole team and discussed local working practices and established standards of practice with the scrub nurse and surgical assistant to ensure the list ran safely.

Staff were highly motivated by patient experience. Laser surgery often resulted in a substantial improvement in quality of life and staff said the impact was almost immediate. A member of staff said, "We get some patients who sit up and see properly for the first time in ages and see how amazing it is, its such great job satisfaction."

Staff measured feedback using a patient questionnaire, distributed after surgery. Results were consistently positive. In the previous 12 months, 96% of patients described the aftercare service as good or excellent.

Staff had a range of options to engage with colleagues across the service and to keep up to date with initiatives and work from the senior leadership team. This included a quarterly newsletter that was interactive in nature and showcased staff achievements and rewarded exceptional practice and long service.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

The registered manager was coordinating a planning application to the local authority and National Heritage to restore and repair the building. This was in process at the time of our inspection and if approved would significantly improve facilities for patients and staff.

The clinic was part of the provider's national upgrade and refurbishment programme, which included installing new equipment to offer lens surgery in the future. The senior team planned to expand this to offer care to NHS patients in the near future.