Optimax Clinics Limited

Optimax Laser Eye Clinics - London

Inspection report

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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	Requires Improvement
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?	Requires Improvement

Summary of findings

Overall summary

Optimax Laser Eye Clinics - London is operated by Optimax Clinics Limited. The service was established in 1991. It is an independent private service in the London borough of Camden. The service provides refractive (laser) eye surgery for patients over the age of 18. The service receives patients from mostly London and the surrounding area.

The service provides refractive eye surgery only (LASIK; laser-assisted in-situ keratomileusis, LASEK; laser-assisted sub-epithelial keratectomy, or TESA; transepithelial surface ablation). If patients required further care or surgery using anaesthesia or sedation, for example, lens replacement surgery, patients were referred for private surgery to another site managed by the same provider. If patients have lens surgery in another branch, the London location provided pre-, and post-operative care. In 2020 the service performed 1591 refractive eye surgery procedures.

All patients are self-referring and paying for their refractive (laser) eye surgery themselves. Surgery days are variable and are booked according to demand. There are no overnight facilities with opening times from 8am to 6pm Monday to Saturday, with occasional opening on Sunday, as required by demand of the patients.

The clinic operates from the first two floors of a three-storey building. The ground floor has a reception area, main waiting room, topography room, laser room and two consultation rooms. On the first floor, there is a staff changing room, reception waiting area, managers' office, storeroom, laser preparation and treatment room, recovery room, and doctors' consultation room.

The service has not been subject to any external review or investigation by the CQC at any time during the 12 months before the inspection. There had been one never event in the preceding 12 months. Never events are serious, largely preventable patient safety incidents, which should not occur if the available preventative measures have been put into place by healthcare providers. At the time of the inspection, the incident was still being investigated by the provider.

The registered manager has been in the post since August 2021.

Our previous inspection of the service took place in December 2017. In 2017, we did not have a legal duty to rate refractive eye surgery services when they were provided as a single speciality service.

The team that inspected the service comprised a CQC inspector and a specialist advisor with expertise in clinical governance and service management. The inspection team was overseen by Nicola Wise, Head of Hospital Inspection.

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.

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.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Refractive eye surgery	Requires Improvement 	**We rated the service as requires improvement overall.** **We found:** Equipment checks were not always carried out to ensure they were ready to use. The service did not have 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. The service did not have an appropriate system for monitoring doctors and optometrists' mandatory training. The role of Laser Protection Supervisor was not clearly identified and defined by the service. The service did not make sure all staff were competent for their roles. Managers appraised staff's work performance; however, they did not hold regular supervision meetings with them to provide support and development. Staff were unaware of the provider's vision and mission and how they could turn it into action. Staff did not always feel supported and valued by the provider. They had a limited impact on how the service was organised and on plans for the future. The service had a plan to cope with major unexpected events but not for how some of the routine work would continue when staff were off sick. The service did not have a local risk register that would help to identify and mitigate generic risks. It was not always clear how identified shortcomings were used to facilitate service improvements. **However:** Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. The service used patients' feedback to guide the service delivery.

Summary of findings

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.
Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
Staff completed and updated risk assessments for each patient and removed or minimised risks.
Staff recognised and reported incidents and near misses.
The service provided care and treatment based on national guidance and evidence-based practice.
Key services were available to support timely patient care.
Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
It was easy for people to give feedback and raise care concerns received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
Leaders were visible and approachable in the service for patients and staff.
Staff were focused on the needs of patients receiving care.
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.

Summary of findings

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Summary of this inspection

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a clinic **SHOULD** take is because it was not doing something required by 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:

The provider should ensure regular equipment checks are carried out.

The provider should ensure there are enough staff with the right qualifications, skills, training and experience to provide the right care and treatment.

The provider should ensure staff have regular supervision meetings and they are provided with support and development.

The provider should have plans to ensure continuity of the service so they can cope with unexpected events.

The provider should improve engagement with staff and involve staff in developing plans.

The provider should aim to minimise staff turnover, including changes in local leadership, to ensure service continuity.

The provider should develop a local risk register that would help to identify and mitigate generic risks.

The provider should act on shortcomings identified through local audits to facilitate service improvements.

Action the provider MUST take to improve:

The provider must ensure that the role of Laser Protection Supervisor is clearly identified and defined.

The provider must ensure all staff receive mandatory training and there is a system for monitoring doctors and optometrists' training.

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	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement

Requires Improvement

Refractive eye surgery

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

Are Refractive eye surgery safe?

Requires Improvement

It is the first time we rated this service. We rated the safe domain as requires improvement.

Mandatory training

The service provided mandatory training in key skills to patients' assistants and laser advisors and made sure they completed it. However, they did not have an appropriate system for monitoring doctors and optometrists' mandatory training.

Patients' advisors, employees who performed an "extended role", and laser assistants received and kept up to date with their mandatory training. Managers monitored mandatory training of patients' advisors, laser assistants and alerted staff when they needed to update their training.

There was no effective system to monitor what training was provided to doctors and optometrists. The provider did not set a clear mandatory training requirement for medical staff and optometrists, they did not provide evidence that these employees received regular training. This meant that the mandatory training was not comprehensive and did not fully meet the needs of patients and staff.

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. However, the provider did not have a system that would allow verifying if all staff were of good character.

Staff received training specific for their role on how to recognise and report abuse. All staff were trained in safeguarding adults and children at level 1 with clinical staff receiving level 2 training. The provider nominated safeguarding lead trained at level 4. The clinic manager told us they were to receive training at level 3.

Medical staff received training specific for their role on how to recognise and report abuse.

Staff knew how to identify adults and children at risk of, or suffering, significant harm.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

The provider did not undertake a regular disclosure and barring service (DBS) check to verify staff employed for service provision were of good character and that their circumstances had not changed since they commenced the employment. Records indicated that one member of staff had not had a DBS check since 2008, another person working for the service since 2017. The provider told us employees self-declared no changes to their DBS status annually during their appraisal meetings.

Cleanliness, infection control and hygiene

The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Clinic areas were clean and had suitable furnishings which were clean and well-maintained.

The service contracted an external company to provide the generic cleaning service as well as a six-monthly deep clean service. Staff who were trained in the use of the diagnostic equipment were responsible for maintaining it and cleaning it after its use. Staff checked the patient's toilet at regular intervals throughout the day to ensure it met the expected cleanness standard.

The service organised regular audits to ensure infection prevention and control procedures were followed, it included hand hygiene audits, a review of the control of infection measures in January 2021, or a compliance visit undertaken by the corporate provider in July 2021.

Staff followed infection control principles including the use of personal protective equipment (PPE). They introduced protocols to screen visitors for potential symptoms of COVID19. The waiting area was spacious and allowed visitors to maintain social distancing to minimise the spread of infections.

Staff cleaned equipment after patient contact. The provider supplied the clinic with sterile single-use surgical instruments which did not require decontamination. The single-use instruments we saw were within their expiry dates.

Staff worked effectively to prevent and identify post-procedure infections. The provider collected data on post-procedure infections. They told us they did not receive any reports of incidents in 2020/2021.

Environment and equipment

The design, maintenance and use of facilities, premises kept people safe. Staff were trained to use them. Staff managed clinical waste well. However, equipment checks were not always carried out to ensure they were ready to use.

Staff told us they carried out weekly calibration checks of specialist equipment, in addition to the periodic servicing carried out by the external contractor. Records indicated that on days when the responsible member of staff was away from the service checks were not carried out. Similarly, daily laser checks were not carried out when the regular member of staff was on leave.

Requires Improvement

Refractive eye surgery

Services that use laser equipment require to have a set of laser safety documents, known as local rules, to ensure that staff working with the equipment know how to work correctly within a safe environment and that patients are treated under the equipment and treatment protocols. The service had up to date local rules, however, staff supporting with the laser procedure were not fully aware of prescribed safety roles. The service had allocated laser protection supervisor but staff we spoke with were not sure who the allocated laser protection supervisor for the service was.

The service had suitable facilities to meet the needs of patients' families. However, there was no evidence that the provider assessed compliance of facilities with relevant health building notes issued by the Department of Health and Social Care such as notes related to the provision of surgical procedures or infection control. The provider told us they were planning to start refurbishing the premises in 2021 to upgrade the laser equipment used at the clinic.

The service had enough suitable equipment to help them safely care for patients. Equipment used for eye testing was serviced annually. Servicing included recalibration if required. The service had access to an engineer employed by the provider to support any ad-hoc repairs.

The service had arrangements for testing portable electrical appliances annually.

Staff disposed of clinical waste safely. They had contracted an external company to provide waste disposal service, which included safe disposal of cytotoxic drugs and sharps. The service did not store cytotoxic drugs on site at the time of the inspection.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff were unclear on how to act upon patients at risk of deterioration.

Staff were unclear on how to manage deteriorating patients and escalate appropriately when needed. They were unclear on how to act in an event of an emergency. The information related to basic life support was displayed in the staff room. Patients' advisors and laser assistants received annual first aid and basic life support training. The provider did not provide us with documents that could confirm that doctors and optometrists working at the clinic also received this training.

The service did not employ an ophthalmic nurse, although staff told us that a nurse was a part of the team in the past and they were not clear why the decision was taken to not employ an ophthalmic nurse who could provide leadership in clinical areas.

Staff assessed individual risks for each patient at the initial consultation, using a standardised tool, they reviewed them before the procedure to ensure risks were minimised. This helped to ensure only suitable patients were offered treatment at the clinic and the treatment met their individual needs. Staff implemented protocols to minimise the risk of COVID19 infection, they advised patients to wear masks while at the clinic, measured their body temperature on arrival, supported social distancing, and wore suitable personal protective equipment to minimise the risk of cross-contamination.

Staff used a surgical safety checklist as recommended by the World Health Organisation and Royal College of Ophthalmologists. They also undertook a quarterly audit (surgical safety audit) to review if documentation was fully completed.

Refractive eye surgery

Patients could call the customer services team during out of hours and weekends if they experienced any post-procedure complications and were unable to visit their clinic. A member of the team would contact the surgeon and arrange for them to call the patient back. Patients were advised to visit the local NHS emergency department if they were unable to contact the service and experienced pain or any other unforeseen complications.

Staffing

The service did not have 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 gave staff a full induction.

Although the clinic manager could adjust staffing levels daily, according to the needs of patients, they did not use formalised tools to confirm the number of staff and roles required. It was not clear how it was decided how many ophthalmic nurses, laser assistants, and patients' advisors were needed to meet patients' needs. Staff were not clear what methodology was used to determine the needs of the service. Some ex-members of the team said in their exit interview, they felt the service was understaffed which "made it difficult to perform their duties".

Staff told us that patients were assisted by patients' advisors who were responsible for supporting patients through their treatment journey, carrying out some administrative duties, they also performed receptionist duties.

The provider created an "extend role" position that was performing similar duties to duties of an ophthalmic nurse. The role was to "oversee the general running of the treatment room in the absence of the registered nurse" and ensure "all practices were safe". It was a role added on to an existing role of a laser assistant. The provider did not provide us with a job description for this role to allow us to establish differences between the extended role and a registered nurse's role and help us establish the nature of duties performed by the extended role employees. A person who left the service commented in their exit interview they felt the job description was "vague". It is a good practice for the employee to be given an employment contract that clearly describes all their duties.

Laser assistants were trained by a senior laser assistant working at the service or one working at another service managed by the provider.

The service had poor retention and high turnover rates. Some staff indicated, in their exit interviews, that the service was understaffed in their opinion which made it difficult for them to perform allocated tasks. At the time of inspection, we met four members of staff employed by the provider, two of them worked at the service for less than a year.

The service used staff from other clinics to ensure patients appointments were not affected and service was delivered. The service did not employ any agency staff.

Managers made sure staff had a full induction and understood the service before they carried out allocated tasks.

Medical staffing

The service had enough medical 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.

Requires Improvement

Refractive eye surgery

The service had enough medical staff to keep patients safe. Although one of three consultants have left their job in 2020, the provider filled the vacant post.

The service had a low vacancy and turnover rates for medical staff.

The service did not use bank or locum medical staff.

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. Staff undertook patients' record audits to check if all records were completed as expected. However, where gaps were identified, such as no record of patient's GP contact details in their medical file, staff recorded no actions to support improvements. It resulted in the same issues being identified in consecutive audits.

Records were stored securely.

Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. However, patients' advisors, who received medicines into the service or were supporting other staff with handling medicines, did not receive medicines management training. Only staff who received training in medicines management and administration administered medicines.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines.

Staff managed prescribing documents in line with the national guidance. They followed current national practice to check patients had the correct medicines. Patients' medicine records were completed.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

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. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them.

Staff raised concerns and reported incidents and near misses in line with the provider's policy.

Requires Improvement

Refractive eye surgery

The service had one never event during the past 12 months prior to the inspection. As the incident was still being investigated at the time of the inspection, we could not fully analyse the root causes or if staff learnt from the incident to improve the quality and safety of care and treatment.

Staff received feedback from investigation of incidents, both internal and external to the service.

There was evidence that changes had been made as a result of feedback.

Managers investigated incidents thoroughly. We did not see evidence to confirm if patients and their families were involved in these investigations. The service had a policy related to Duty of Candour and being open.

Managers debriefed and supported staff after any serious incident.

Are Refractive eye surgery effective?

Good

It is the first time we rated this service. We rated the effective domain 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 were updated by the provider's head office team who also monitored any changes in the common practice. The medical advisory board was tasked with agreeing on any changes to treatment pathways before these were implemented.

Nutrition and hydration

Due to the nature of the service staff were not required to provide patients with food and drink to meet their needs and improve their health. Patients were not required to fast before surgery and were not without food for long periods.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain.

Doctors used local anaesthetic eye drops to ensure the surgery was pain free. Laser-assisted in situ keratomileusis procedure (LASIK; laser vision correction) was a relatively pain free procedure and patients were not expected to experience much discomfort after the procedure. Patients were advised that they might experience more discomfort after the LASEK procedure (laser-assisted epithelial keratomileusis; sometimes more suitable for people with thinner corneas, pre-existing medical conditions, or higher levels of short-sightedness).

Patients received pain relief medicines to take home after the LASIK and LASEK procedures. They were advised to contact the service, or their nearest emergence department if they were unable to get in touch, in situations when severe pain occurred.

Patient outcomes

Staff monitored the effectiveness of care and treatment.

The service had limited opportunities to participate in relevant national clinical audits. Managers and staff carried out a comprehensive programme of repeated internal audits to check improvement over time. An audit undertaken in 2020 analysed outcomes of 1591 procedures; it concluded that 86% of patients achieved "good" or "excellent" outcomes with a further 13% reporting that the treatment received was "worthwhile". Clinical outcomes achieved by individual doctors were discussed with the medical director at the annual practice review meeting

As indicated by the patient's satisfaction survey undertaken by the provider in 2020 outcomes for patients were positive, consistent and met their expectations.

Staff assessed each patient's medical conditions at the initial stage to decide if the surgery was a suitable choice for them. The service had a low risk of post-procedure infections with no cases reported in 2020/2021.

Patient's outcomes were discussed during doctors' annual appraisals. It included any cases that had unexpected complications, such as post-procedure infections, or those that needed to be re-treated as they did not achieve expected outcomes during the initial treatment.

Competent staff

The service did not make sure all staff were competent for their roles. Managers appraised staff's work performance, they did not hold regular supervision meetings with them to provide support and development.

Managers gave all new staff an induction tailored to their role before they started work.

Staff training records were disorganised. At the time of inspection, it was difficult to verify if all staff had suitable training, appraisals, and had maintained their competencies. We were unable to confirm that all staff employed by the provider underwent suitable recruitment checks as records were stored centrally by the provider's human resources team. Some records were kept at the head office, others were in various files. It is necessary that records concerning persons employed in the carrying on of the regulated activity the management of the regulated activity are maintained accurate, complete, and contemporaneous. After the inspection the clinic manager provided us with documents to demonstrate they had suitable records related to staff training and recruitment checks.

Not all staff competencies were regularly reviewed. For example, a member of staff whose competencies were assessed in 2018 did not undergo any further formal reviews. The provider told us staff would undergo an annual appraisal meeting, but we were unable to verify it as the majority of the staff working at the clinic were working there for less than 12 months.

The doctors working at the service were appraised in 2019, 2020 appraisals were suspended due to COVID19. The provider told us they were in the process of arranging for their practice to be appraised. The staff we spoke with felt doctors had sufficient experience and knowledge to perform their duties and practice within the scope of their practice.

Requires Improvement

Refractive eye surgery

Two patients' advisors we met on the day were new to the service. The provider sent us a competency framework that patients' advisors should complete to confirm they were competent to perform required tasks. Although the clinic manager signed both members of staff as competent, they did not use the completed competency assessment forms to keep a record of what exactly had been assessed and if they identified any potential areas for further development.

Staff did not have a regular formal supervision meeting. They were offered a one to one meeting with their managers when needed. There was no system for continuous support and monitoring of staff's development and competencies and identifying any new training needs.

Multidisciplinary working

Doctors and other healthcare professionals worked together as a team to benefit patients.

Due to the nature of the service there was little requirement for multidisciplinary meetings to discuss patients. When there was a need for involvement from a general practitioner staff referred patients to an external service as per the external referral policy.

We did not evidence interactions between medics and other staff members.

When there was a need for involvement from a general practitioner staff referred patients to an external service.

Seven-day services

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

Patients were reviewed by doctors before, at the pre-assessment stage, and after the procedure during the follow-up appointment. Staff could call for support when doctors were not present at the service.

The service was open from 8:30 am to 5:30 pm Monday to Friday and 9:30 am to 5:30 pm on Saturday. Staff told us that they operated on Sundays twice a month. Patients had access to the customer services team out of hours for telephone advice should they experience any post-procedure complications and were unable to visit their clinic.

Health promotion

Staff gave patients practical support and advice on good eye care.

The service had limited opportunities to be involved in promoting healthy lifestyles. They informed patients that smoking might affect the outcomes of the treatment and the impact of other factors such as eye make-up or UVA and UVB light

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.

Requires Improvement

Refractive eye surgery

Staff understood how and when to assess whether a patient could make decisions about their care. Patients had time between the procedure recommendation and surgery, a minimum of seven days as advised by the guidance issued by the Royal College of Ophthalmologists. They had two appointments before the procedure where they could discuss any concerns and ask questions related to the surgery.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The service was offered mostly to self-refereeing and self-paying patients; should the patient's capacity to consent be in question staff told us they would refer the patient to a GP for an assessment. However, they could not recall such an example.

Staff made sure patients consented to treatment based on all the information available. Annual compliance visits undertaken by the corporate provider team who checked if consent related documentation was up to date and patients had access to information to support decision making.

Staff clearly recorded consent in the patients' records. The service undertook monthly audits to check if records indicated individual risks and benefits were discussed and all patients answered.

The service did not treat children or young people, all patients were over 17 years old.

Access to information

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

Are Refractive eye surgery caring?

Good

It is the first time we rated this service. We rated the caring domain as good.

Compassionate care

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

Staff took time to interact with patients and those close to them in a respectful and considerate way. They were discreet and responsive when caring for patients. Patients said staff at the clinic treated them well and with kindness.

Staff followed a policy to keep patient care and treatment confidential.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

Emotional support

Requires Improvement

Refractive eye surgery

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 and advice when they needed it.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and those close to them.

Understanding and involvement of patients and those close to them

Staff supported and involved 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.

Staff talked with patients, families and carers in a way they could understand.

Staff supported patients to make advanced decisions about their care.

Staff supported patients to make informed decisions about their care.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients gave positive feedback about the service. The service carried out a patients' survey which indicated that almost all patients were treated with dignity and respect while they were in the hospital.

Staff undertook mental health awareness training that aimed to raise awareness of poor mental health and remove the stigma surrounding mental health.

Are Refractive eye surgery responsive?

Good

It is the first time we rated this service. We rated the responsive domain as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served.

Managers planned and organised services, so they met the needs of the local population. They were exploring possibilities of supporting the National Health Service with the provision of eye care and treatment services.

Facilities and premises were appropriate for the services being delivered. Patients had access to cold and hot drinks and could serve themselves whilst waiting for their appointment.

Managers monitored and took action to minimise missed appointments.

Managers ensured that patients who did not attend appointments were contacted.

Face to face or over the telephone translation services were available at the patient's request. Staff told us they would also allow patients to be supported by a friend or a relative should this be their choice. However, staff told us only an independent translation could be used when consent was discussed and obtained from a patient.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences.

Patients who required adjustments were advised to contact the provider before their appointment to check if their individual needs can be met or if alternative service could be offered that was better suited to support them.

The service had information leaflets available in languages spoken by most patients and referred to online resources for any information that needed to be available in other than the English language. Managers made sure staff, and patients, loved ones and carers could get help from interpreters when needed. The service took account of the need or preference for same sex translation service, which could arise from religious, cultural or spiritual beliefs.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to treat and discharge patients were in line with patients' expectations.

The provider's head office scheduled patients' appointments and managed daily procedures lists. The local team were responsible for ensuring a suitable team was in place to accommodate the needs of patients.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes.

Managers and staff worked to make sure patients did not stay longer than they needed to on the day of their visit.

Managers worked to keep the number of cancelled appointments and treatments to a minimum.

When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible.

Managers monitored that patient moves between clinics were kept to a minimum, for example when an alternative surgical procedure was required that was not regularly performed at the service.

Learning from complaints and concerns

Requires Improvement

Refractive eye surgery

It was easy for people to give feedback and raise care concerns received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaints.

Patients, relatives and carers knew how to complain or raise concerns.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. They discussed complaints during management meetings and shared any actions that could be taken to minimise the likelihood of complaints between services.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaints. The provider's policy set timescales for responding to a complaint and investigating it.

The service did not subscribe to any independent adjudication services that could support investigating complaints objectively. When a complaint could not be resolved locally it was investigated by the senior leaders of the organisation.

Are Refractive eye surgery well-led?

Requires Improvement

It is the first time we rated this service. We rated the well-led domain as requires improvement.

Leadership

Leaders were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on new roles. However, local leaders changed frequently which affected service continuity.

The service did not have stable local leadership. This meant, in conjunction with general high staff turnover rates, that the service lacked stability, constancy, and consistency.

The clinic manager of the service was relatively new to the service, they commenced employment with the organisation at the beginning of 2021 and were still within their probational period. They were visible and approachable in the service for patients and staff. They were supported by senior managers who worked at the head office. The manager participated in monthly managers meetings when they had the opportunity to learn, share experiences, and seek support from others.

The clinic manager was supported by senior managers working at the provider’s head office, they had regular meetings throughout their probationary period.

Vision and Strategy

Refractive eye surgery

Staff were unaware of the provider's vision and mission and how they could turn it into action. Staff we spoke to were not aware of the corporate strategy. They were unclear what the long-term plans of the provider were concerning the service and how they could support to turn any strategies into action.

The service, at the time of the inspection, did not have a business continuity plan that would be focused on the sustainability of services. After the inspection the service provided the business continuity plan. The plan identified risks that could affect service delivery such as equipment failure, loss of financial stability or breach of regulatory and legal requirements.

Culture

Staff were focused on the needs of patients receiving care. However, staff did not always feel supported and valued by the provider. They told us they had limited say in how the service and the organisation were run and developed over time. Although the service provided opportunities for career development and staff could train in new roles, these were not clearly defined and often came as an additional responsibility on top of the existing role.

Staff were focused on the needs of patients receiving care. Staff felt the local team worked well together and they enjoyed interactions with patients and other team members.

During our previous inspection in 2017 in our report, we indicated that staff did not fully understand the need for openness and transparency. At this inspection, we were still concerned about the lack of openness, in response to the incident that occurred at the service, as staff did not inform the patient who was affected by the incident on the day of the surgery. Ethical guidance for doctors says that any professional must be open and honest with patients when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress.

Governance

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

The manager took part in monthly managers' meetings where they could request additional staff support, from other clinics managed by the provider, discuss service financial performance, training requirements, share any concerns, and learning from incidents.

In addition, the provider organised monthly 'compliance conference calls' where senior leaders of the organisation discussed risks, infection control and prevention (including COVID19 protocols), trends in patients' complaints and incidents, changes to corporate policies, and patients' feedback.

The Medical Advisory Board met every three months. The board focused on issues related to clinical practice such as doctors' performance/clinical outcomes audits, General Medical Council notifications, changes to existing treatment pathways and potential new treatments, medical safety alerts. The board also reviewed doctors practising privileges and any new appointments made into optometrists' roles.

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.

The provider undertook an annual 'compliance visit' to review if the service had achieved the expected standards set out by the provider. The last visit was undertaken by the compliance manager in July 2021. In response, the clinic manager prepared an action plan to ensure issues identified were addressed, however, records indicated that not all identified issues were addressed. For example, an audit indicated that staff did not always practice "handwashing in front of patients and using alcohol gel", there was insufficient records related to cleaning schedules and checks; the action plan did not directly address these. Most of the actions indicated as required were completed in August 2021.

Although, the provider had a system to monitor staff suitability to work in the health settings, they did not carry out regular disclosure and barring service (DBS) checks to verify no change in staff circumstances occurred whilst employed by the provider. The service relied on staff self declaring during their annual appraisal meeting that there was no change in the DBS status.

There was one person responsible for undertaking numerous internal audits and carrying regular safety checks, for example, daily medicines fridge's temperature checks. When the member of staff was away none of the other staff undertook the required checks. Multiple records indicated that checks were not carried out as the member of the team were away from the service. This means **the service did not have a system to ensure continuity and cope with unexpected events, such as staff absence.** In addition, this put additional pressure on staff that were responsible for tasks no one else could perform, for example, when they were planning on taking leave. This could lead to a situation in which one person being away from the service affects negatively the service and care delivery.

The service did not have a local risk register that would help to identify and mitigate generic risks. The provider told us the risk register was completed by the clinic manager, but they did not provide a copy or information related to a framework used to decide how risks were identified, mitigated, and escalated. We were unable to verify if risks identified by us at the time of the inspection, for example, risks related to the high turnover of staff, were adequately mitigated to minimise its impact on service delivery.

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. Data or notifications were submitted to external organisations.

The provider was registered with the Information Commissioner's Office. They had nominated an independent data protection officer who assisted with monitoring internal compliance, informed and advised on data protection obligations, and provided advice regarding Data Protection Impact Assessments (DPIAs). Staff were reminded about their responsibilities set by the legislation by completing annual data protection training. Notes related to principles set under the data protection legislation were displayed in the staff room.

Engagement

Because of the nature of the service, there were limited opportunities for leaders and staff to engage with patients, equality groups, the public and local organisations to plan and manage services. They had limited

opportunities for collaboration with other organisations to help improve services for patients**. The service used patients' feedback to guide the service delivery,** they monitored feedback left by patients on various internet sites that ranked similar services and responded to any concerns raised or suggestions made by people who used the service.

Staff told us they had a limited impact on how the service was organised and on any plans for the future of the service. Some staff told us they did not feel they were listened to or that the senior leadership team took their opinions into account. The provider was planning to refurbish premises at the end of 2021, staff told us they were not consulted regarding the refurbishment of their workplace.

Staff had a regular staff meeting; they could request a one to one meeting as these were not scheduled in regular intervals.

Learning, continuous improvement and innovation

The service scheduled regular audits throughout the year. It included health and safety and general patients' safety-related audits such as environmental audits, infection control audits, or records quality audits amongst others. However, **it was not always clear how identified shortcomings were used to facilitate service improvements.** Actions that were to be taken in response to audit were not always recorded, even in cases where the same failings were pointed out in consecutive audits; for example, in the clear desk policy audit or records quality audit. Safety audits were not summarised and analysed over a longer time frame to identify trends, they were not used to develop performance indicators or benchmark against other services managed by the provider or nationally. This meant there were missed opportunities for making improvements.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. (Regulation 12(2)(c) HSCA (RA) Regulations 2014)