

Optical Express - Norwich Clinic

Quality Report

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

Ratings

Overall rating for this location

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

Summary of findings

Letter from the Chief Inspector of Hospitals

Optical Express Norwich Clinic is operated by Optical Express Limited. Optical Express Limited is a nationwide company offering general optometric services. The clinic provides laser vision correction procedures for adults aged 18 and over.

The clinic is a high street optical practice set over three floors. Facilities include a consultation room, a laser treatment room, a surgeon examination room, a waiting area and two discharge rooms.

We inspected this service using our comprehensive inspection methodology. We carried out an announced inspection on 19 March 2018.

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

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

Services we do not rate

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

We found the following areas of good practice:

- The service had systems for the reporting, monitoring and learning from incidents.
- Staff followed good practice in relation to infection prevention and control. The clinic was clean and equipment well maintained.
- Medicines were recorded, stored and disposed of safely.
- The clinic followed best practice guidelines and measured patient outcomes.
- Mandatory training and annual appraisals were up to date. Staff had the appropriate skills, knowledge and experience to deliver effective care and treatment.
- Staff cared for patients with compassion, treating them with dignity and respect.
- Services were planned and delivered to meet the needs of local people.
- Services were available at the patient's convenience and were accessible to those who had disabilities.
- The culture of the service was positive and staff felt well supported in their role.
- The service had governance, risk management and quality measures to improve patient care, safety and outcomes.

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

- 24% of patients had less than seven days cooling off period between their consent appointment with the surgeon and the procedure. This was not in line with Royal College of Ophthalmologist guidance 2017.
- There was no formal interpreting service. Patients were advised to bring their own interpreter to consultations.
- Patient information leaflets were not available in different languages or formats.

Summary of findings

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

Heidi Smoult

Deputy Chief Inspector of Hospitals

Summary of findings

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Optical Express - Norwich Clinic

Services we looked at:

Refractive eye surgery

Summary of this inspection

Background to Optical Express - Norwich Clinic

Optical Express Norwich Clinic is operated by Optical Express Limited. The clinic opened in August 2007. The clinic primarily serves the communities of Norfolk but accepts patient referrals from outside this area.

The current registered manager has been in post since 2016.

Our inspection team

The team that inspected the service consisted of two CQC inspectors. Fiona Allinson, Head of Hospital Inspection, oversaw the inspection team.

Information about Optical Express - Norwich Clinic

Optical Express Norwich Clinic is registered to provide the following regulated activities:

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

The clinic is a high street optical practice set over three floors. Facilities include a consultation room, a laser treatment room, a waiting area and the surgeon's examination room. The clinic provides laser vision correction procedures using Class 4 and Class 3b lasers. There are four classifications of visible beam lasers, with 3b and 4 being considered the highest levels.

The team involved in the delivery of care included an ophthalmologist (surgeon), a scrub assistant (nurse), a laser technician, an optometrist, a co-ordinator and a surgery associate. The clinic provides services approximately two days per month. The clinic does not have any resident staff members. Instead, the clinic is staffed by a team who work regionally across clinics in London and the south of England. The scheduling of the team is managed by a dedicated scheduler based at Optical Express head office.

Patients are self-referring and self-funded; they attend an initial consultation with an optometrist followed by a consent appointment with a surgeon. Treatment takes place on a day case basis and there are no overnight facilities.

During the inspection we visited the surgeon's examination room, laser treatment room, consultation room, discharge room, and the clean and dirty utility rooms. We spoke with seven members of staff including; the registered manager, ophthalmologist, optometrist and a laser technician. We spoke with three patients and one relative. We reviewed four sets of patient records and one staff personnel file.

There were no special reviews or ongoing investigations of the clinic by the CQC during the 12 months prior to inspection. We have not inspected Optical Express Norwich Clinic since registration in 2013.

Activity

- In the reporting period July 2017 to December 2017, the clinic recorded 169 episodes of care. Of these, 146 were treatments to treat myopia (near-sightedness) and hyperopia (far-sightedness and astigmatism) and 23 were treatments to change the shape of the cornea using an excimer laser.

Track record on safety

In the reporting period July 2017 to December 2017 there were:

- No never events.
- No clinical incidents.

Summary of this inspection

- No incidences of healthcare acquired Methicillin-resistant Staphylococcus Aureus (MRSA) or healthcare acquired Methicillin-sensitive Staphylococcus Aureus (MSSA).
- No incidences of healthcare acquired Clostridium difficile (C.diff).
- No incidences of healthcare acquired Escherichia coli (E-Coli).

- Six complaints.

Services provided at the clinic under service level agreement:

- Clinical and non-clinical waste removal
- Pharmacy
- Laser Protection Advisor
- Maintenance of medical equipment

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found the following areas of good practice:

- The service had systems for the reporting, monitoring and learning from incidents.
- Staff were trained to recognise patients at risk and were supported with effective safeguarding policies and procedures.
- Staff followed good practice in relation to infection prevention and control. The clinic was clean and equipment well maintained.
- Medicines were recorded, stored and disposed of safely.
- Patient records were accurate, stored safely and provided detailed accounts of care and treatment.
- Staffing levels and skill mix were planned and reviewed so that people received safe care and treatment.

Are services effective?

We found the following areas of good practice:

- Staff delivered care and treatment in line with evidence-based practice.
- Staff regularly assessed and managed patient pain levels.
- Surgeon outcomes were routinely measured and benchmarked.
- Staff had the appropriate skills, knowledge and experience to deliver effective care and treatment.

However:

- 24% of patients had less than seven days cooling off period between their consent appointment with the surgeon and the procedure. This was not in line with Royal College of Ophthalmologist guidance 2017.

Are services caring?

We found the following areas of good practice:

- Staff cared for patients with compassion, treating them with dignity and respect.
- Patients and relatives gave positive feedback about their care.
- Patients were involved in the planning and delivery of their care.
- Staff were able to recognise when a patient was anxious and support them during their treatment.

Summary of this inspection

Are services responsive?

We found the following areas of good practice:

- Services were planned and delivered to meet the needs of local people.
- Services were available at the patient's convenience and were accessible to those who had disabilities.
- There were clear processes for staff to manage complaints and concerns.

However:

- There was no formal interpreting service, and patients were advised to bring their own interpreter to consultations. This is not best practice as interpreters could misinterpret information provided by the service.
- Patient information leaflets were not available in different languages or formats.

Are services well-led?

We found the following areas of good practice:

- The service had a clear management structure. Managers knew about the risks, priorities and challenges.
- The service had governance, risk management and quality measures to improve patient care, safety and outcomes.
- The culture of the service was positive and staff felt well supported in their role.
- The organisation recognised and rewarded staff through their weekly staff reward scheme.

Refractive eye surgery

Safe

Effective

Caring

Responsive

Well-led

Are refractive eye surgery services safe?

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

Incidents and safety monitoring

- There were effective processes to record and manage incidents. Staff followed an up-to-date clinical incident reporting policy. The policy set out the accountability, responsibility and reporting arrangements for all staff in relation to incidents.
- Staff recorded incidents on an incident reporting form, which the surgery manager uploaded on to the electronic incident reporting system. All incidents were brought to the attention of the surgical services manager and clinical services director for review. If required, they would instigate an investigation and share learning with staff. Patient safety alerts were also shared via email.
- Staff we spoke with understood the incident reporting policy and knew how to report an incident. Staff were aware of the types of incidents they needed to escalate and were encouraged to report them.
- Meeting minutes evidenced that incidents were discussed at senior management meetings and locally at team meetings.
- From June 2016 to December 2017, the service reported no incidents and no serious incidents requiring investigation. Serious incidents are adverse events, where the consequences are so significant or the potential for learning is so great, that a heightened level of response is justified. The surgical services

manager had completed root cause analysis (RCA) training for serious incidents. RCA is a method of problem solving and identifying the root causes when things go wrong.

- In the same reporting period, the service reported no never events. Never events are serious incidents that are wholly preventable, where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.
- Duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to the person. Information about the duty of candour was covered as part of staff mandatory training.

Mandatory training

- Staff received effective training in safety systems, processes and practices.
- Mandatory training consisted of 16 e-learning modules including equality and diversity, infection prevention and control, and duty of care. Staff received protected training time and could access the training at work or at home. As of December 2017, 100% of staff had completed all 16 mandatory training modules.
- The surgical services manager and medical director were responsible for ensuring staff completed their annual mandatory training. They were able to do this through an online tracker which flagged outstanding training on the e-learning system. The surgical services manager set training completion dates for staff and sent a weekly training report to the medical director.

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- All staff had received training in basic life support in order to provide cardiopulmonary resuscitation (CPR) in an emergency. The service did not provide laser corrective surgery under sedation, which meant staff did not require advanced life support training.
- In addition, staff attended core of knowledge training provided by the Laser Protection Advisor.

Safeguarding

- The clinic had safeguarding systems and processes in place to ensure that people were kept safe. Although the clinic did not provide treatment to young people under the age of 18, staff were required to complete safeguarding training for both vulnerable adults and children.
- Staff followed an up-to-date safeguarding policy, based on statutory guidance within the Care Act 2014. Staff knew what the term safeguarding meant and how to recognise signs of abuse. They could explain the reporting process and knew how to seek support if needed.
- Safeguarding training was part of the mandatory training programme. As of December 2017, 100% of staff had completed safeguarding adults training and 100% had completed both safeguarding children Level 1 and Level 2 training.
- The registered manager was the safeguarding lead for the service, also trained to Level 2. The safeguarding lead had access and support from staff trained to Level 4, via the local safeguarding hub.
- Staff had access to a policies and procedures folder containing contact details for the local safeguarding authorities. There had been no safeguarding incidents reported during the twelve months prior to our inspection.

Cleanliness, infection control and hygiene

- Staff followed good practice in relation to infection prevention and control. The service had an up-to-date infection prevention and control (IPC) policy, ensuring standards of cleanliness and hygiene were maintained. From June 2016 to December 2017, the clinic had no instances of healthcare acquired infection.

- Staff received IPC training as part of their mandatory training programme. Staff completed an end of day cleaning checklist to ensure clinical areas were cleaned at the end of each shift. Staff also completed a monthly deep clean. All clinical areas, including the treatment and examination rooms, were visibly clean.
- Domestic and clinical waste was disposed of correctly. Staff segregated clinical waste, in line with current legislation. The service contracted an external company to remove and dispose clinical waste on a monthly basis.
- We noted that sharps management complied with Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Sharp bins were clearly labelled and tagged to ensure appropriate disposal of sharp items, such as needles.
- Staff used effective hand hygiene techniques and were 'bare below the elbow' when providing care. Hand sanitiser points were widely available to encourage good hand hygiene practice.
- Personal protective equipment (PPE), such as gloves and aprons, was accessible for staff in all clinical areas to ensure their safety and reduce the risk of cross-infection when providing care. We saw staff using PPE appropriately.
- The surgical services manager conducted quarterly IPC and hand hygiene audits, accompanied by an action plan if staff were non-compliant. We reviewed 14 hand hygiene audits completed between July and November 2017. Staff compliance was 97%. Where compliance fell below 100%, the surgical services manager provided feedback to the staff involved, highlighting when they did not comply with good practice, and conducted a re-audit.
- Staff recorded the humidity and temperature in the laser room daily to maintain patient safety. The extraction of plume was through a small suction machine attached to the laser machine. Plume is the vapour produced during laser treatments, which can be irritating to the eyes and patients can feel nauseated.

Environment and equipment

Refractive eye surgery

- The clinic was a high-street optical practice, spanning over three floors. The first floor was used for optometric examinations and screenings. There was a separately managed optometric practice on the ground floor.
- The laser treatment area was held on the second floor. This area included: the surgeon's consultation room, where patients gave their consent; a dirty and clean utility room; a waiting area; a treatment room, containing the laser equipment; and two discharge rooms. Access to clinical areas were secure via keypad entry and all floors could be reached by passenger lift.
- Areas were tidy and well maintained; they were free from clutter and provided a safe environment for patients, visitors and staff.
- A Laser Protection Advisor (LPA) carried out a site visit and risk assessment every three years. Following the visit, the LPA would re-issue or revalidate the protocols (local rules) that staff followed when working in the laser treatment room. We saw an up-to-date list of authorised laser users and the signature list of staff declaring that they had read, understood and would follow the local rules.
- For each laser treatment session, the laser technician would undertake the role of Laser Protection Supervisor (LPS). A LPS is responsible for ensuring the lasers are calibrated and that the laser area is secure.
- Within the clinic, there were two lasers used for refractive eye treatments. The laser technician performed safety and calibration checks before each use. We checked the calibration log sheets for the previous two months and found them to be correctly signed and dated.
- The laser manufacturers conducted preventative maintenance on the laser machines every three months. In addition, calibration information was emailed to the engineer at the end of a shift, in order to continually monitor functioning.
- The clinic met the standards recommended by the Royal College of Ophthalmologists (RCOphth) for a safe laser environment. There were suitable locks on the doors to prevent unauthorised entry, illuminated laser hazard signs to indicate the laser was in use and reflective hazards were minimised.
- Staff checked emergency equipment on laser treatment days. This consisted of oxygen tubing and mask, two airways and an oxygen cylinder which was full and within service date. The clinic did not have a defibrillator machine. Staff the event of patient deterioration or collapse, they would telephone the emergency services whilst providing basic life support.
- A fire extinguisher was available and within service date.

Medicines

- Staff followed an up-to-date medicines management policy which covered the prescribing, administering, dispensing, storing and disposal of medicines.
- Medicines (eye drops) were stored safely. Staff stored all medicines in either a locked cupboard or, for medicines requiring cold storage, a locked fridge. No controlled drugs were stored or administered at the clinic.
- Fridge temperatures were checked and logged to ensure medicines were stored at the correct temperature. All medicines we checked were within date.
- Medical gas cylinders, containing oxygen, were available for emergency use. Medical gases were stored securely, contained safe levels of oxygen and were within date.
- Medicines were ordered from an external supplier. Pharmacist support was available by telephone.
- All medicines were prescribed and checked by the ophthalmologist before being dispensed and administered by a scrub assistant. Only staff with the required competencies were allowed to dispense and administer medicines. Prescription labels were attached to each medicine package, with the patients name, date and instructions for dosage.
- We looked at four sets of patient records. All records detailed current medications, allergies, and the patients' medical history to ensure medications were prescribed safely.

Records

Refractive eye surgery

- Staff followed an up-to-date records management policy, which set out responsibilities in the creation, storage and disposal of records. It also detailed standards for confidentiality and set out rights to access records.
- All patient care records were held electronically and in paper format. Staff stored all records containing patient information securely and electronic records were password protected.
- The electronic record system was accessible in all Optical Express clinics, ensuring patient information was shared between the clinics. This was important because some patients completed their initial assessment at one clinic and received their treatment at another.
- As part of our inspection, we reviewed the records of four patients. We found them all to be clear, complete and up to date. All those reviewed included details of the patient's consent, assessment, surgery, and post-operative care.
- Staff maintained appropriate records each time the laser machine was operated.
- The surgical services manager conducted a quarterly records audit. We reviewed the data from the February 2018 audit and found 100% staff compliance with no actions.

Assessing and responding to patient risk

- Patients were assessed for their suitability prior to treatment. At their first appointment, patients completed a health questionnaire which highlighted any patient risks. Following this, a trained optometrist conducted a pre-operative examination to identify any risk factors such as the existence of diabetic retinopathy or high blood pressure.
- The risks of treatment were explained to patients and we observed a consultation where health checks and eye tests were undertaken. Lifestyle questions were asked so that the clinic could make an informed decision and recommend the most suitable treatment. We witnessed patients signing to declare that they had understood the information received.
- There were detailed protocols for clinicians to identify whether patients were suitable to undergo surgery

and likely to obtain good results. The criteria considered the specific type of treatment offered, plus the existence of permanent, temporary and medical conditions.

- Patients deemed suitable for laser treatment required a consultation with the surgeon. Patients could choose whether this was face-to-face with the surgeon or via telephone. At Optical Express Norwich, 87% of consent appointments were completed over the telephone.
- Staff followed a modified surgical safety checklist during the provision of laser treatment. There was a surgical time out which ensured staff completed a number of safety checks prior to treatment. Safety checks included confirming the patients' identity, completed consent, allergies and refractive data. We observed the verbal checks were completed by the team and recorded on the surgery checklist.
- The clinic did not have resuscitation equipment but portable oxygen, airways and tubing was available. In the event of a patient deterioration or collapse, staff would telephone the emergency services whilst providing basic life support.
- Patients were given detailed written instructions on aftercare and the time and date of their next appointment.
- Patients were also given an out-of-hours telephone number to use if they had any concerns following treatment. This provided patients with 24 hour support. Calls were answered by the on-call optometrist who provided support to the patient and ensured that emergencies were managed appropriately. The optometrist had access to an on-call senior optometrist and ophthalmology surgeon.

Nursing and medical staffing

- Surgery was carried out at Optical Express Norwich twice a month. The clinic had no resident staff members. Instead, the clinic was staffed by a team who work regionally across clinics in London and the south of England. The scheduling of the team was managed by a dedicated scheduler based at Optical Express Limited head office.

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- The laser team consisted of an ophthalmologist (surgeon), a scrub assistant (nurse), a laser technician, a co-ordinator and a surgery associate. An optometrist provided pre- and post-operative assessment. Surgery days were determined by the surgeon's availability.
- The service planned staffing levels based on the number of patients requiring laser treatment surgery, post treatment follow-ups and consultations. The staffing levels and skills mix had been agreed by the medical director and the medical advisory board.
- The dedicated scheduler was responsible for managing staff rotas, ensuring the clinic had sufficient staff and skill mix to cover clinic days. Rosters were allocated six weeks in advance.
- In the event of sickness or annual leave, the scheduler would allocate a resident staff member from another clinic to support the team. The clinics were all standardised so that staff were familiar with equipment and protocols, regardless of location.
- All surgeons who performed refractive eye surgery at the clinic held the Royal College of Ophthalmology Certificate in Laser Refractive Surgery.
- The clinic did not use bank or agency staff.
- The Laser Protection Adviser (LPA) was employed by an external company. The LPA was accessible should staff need expert advice or guidance. For each laser treatment session, the laser technician would undertake the role of Laser Protection Supervisor (LPS).

Major incident awareness and training

- During our inspection, the fire alarm was raised and we observed staff safely following the evacuation process. Fire escapes were clearly identifiable. The manager of the optometric practice ensured all staff evacuated the building and the surgical services manager held a roll call at the fire meeting point.
- Laser treatment was not interrupted if there was a power failure mid-treatment. Laser equipment was fitted with an uninterruptible power supply, allowing surgeons to complete the surgical procedure in the event of a power failure.

Are refractive eye surgery services effective?

Evidence-based care and treatment

- Staff delivered care and treatment in line with evidence-based practice. Policies and procedures were based on national guidance such as those produced by the Royal College of Ophthalmology (RCOphth) and the National Institute for Health and Care Excellence (NICE). For example, pre-operative tests for elective surgery were in line with NICE guidelines NG45. The patient's medical history was discussed and staff conducted tests and scans to determine the most appropriate treatment for the patient.
- The International Medical Advisory Board (IMAB) annually reviewed the clinic's suitability guidance and treatment criteria. Guidance and recommendations were then discussed and reviewed internally via the medical advisory board. Any changes in guidance or protocols were shared with staff.
- The service had representatives on several national groups such as the Refractive Surgery Standards Working Group and the Optical Confederation. This allowed for new and emerging best practice to be shared within the organisation.
- All policies checked were within date and staff were able to access these both online and in paper form.
- There was a comprehensive local audit programme to monitor staff performance. We saw that key findings from audits were documented, with actions for improvement.

Pain relief

- Patients undergoing laser refractive eye surgery received treatment under local anaesthesia. Staff administered drops into the eye prior to the procedure as a method of pain relief. This was in line with joint guidelines from the Royal College of Anaesthetists and the RCOphth (2012).
- Patients were prescribed anaesthetic eye drops post treatment. Staff provided patients with verbal and written pain relief instructions.

Refractive eye surgery

- Staff provided patients with pain management information leaflets to take home.

Patient outcomes

- Optical Express used data to monitor the effectiveness and safety of treatment.
- Each surgeon's clinical outcomes were monitored by the service on an annual basis. A full time biostatistician collated the information. Outcomes measured included: surgeon safety and efficacy over time, estimated enhancement rate and complication rate.
- Each year, each surgeon was presented with their clinical outcomes and they were discussed and evaluated as part of the surgeon's appraisal process. The outcome data for the surgeon operating at Optical Express Norwich compared favourably to the outcome data of other surgeons working for Optical Express.
- The service expected around 5% of treatments to require enhancement. Treatment enhancement is when a patient requires eye surgery for a second time, to improve their vision. Patients were made aware of the potential need for enhancement at the start of their treatment.
- From July 2017 to December 2017, the clinic completed 27 enhancement procedures. All patients had received their primary treatment outside of the reporting period. The reasons for enhancement were regression, quality of vision and desired outcome not achieved.
- Within the same reporting period, 29 patients experienced complications following refractive eye surgery. Twenty complications related to dry eye and corneal haze.

Competent staff

- Staff had the appropriate skills, knowledge and experience to deliver effective care and treatment.
- All new staff were required to complete a comprehensive induction programme, which included familiarisation with policies and procedures. Staff completed competency assessments, which were signed off by their line manager. Staff then spent a week observing each stage of the patient pathway from scanning to discharge. New staff we spoke with

confirmed they had completed their induction and were working through their competencies. Competencies were practical and included infection prevention and control, discharge and pre-screening.

- The medical director and clinical services director oversaw the induction of surgeons. The induction programme included detailed information about the procedures, clinical suitability guidance, policies, diary and patient management systems, protocols and pathways. Surgeons then shadowed either the medical director or a senior surgeon and attended training with the laser manufacturer. Surgeons were required to undertake a number of procedures under supervision before they were placed onto the list of authorised laser users.
- The service ensured staff had the necessary training to deliver effective care and treatment. All staff attended the laser core of knowledge training day. Laser technicians attended a one-week course in the use of lasers and associated equipment, which was run by the laser manufacturer. We were told by the surgical services manager that the service ensured all laser technicians completed laser safety training every three years. Senior refractive trainers were employed to manage laser competency assessments and support technicians and the Laser Protection Supervisor to ensure they remained skilled.
- There were appropriate arrangements for staff supervision and appraisal. Staff identified their learning needs and development opportunities through their yearly appraisal. We saw all staff had completed their annual appraisal. The surgical services manager completed appraisals for all resident staff members and the medical director completed all surgeon appraisals. The medical director also supported surgeons with their revalidation. This is the process where doctors renew their registration with the General Medical Council.

Multidisciplinary working

- There was effective multidisciplinary working across the service. We saw the clinical team working well together in the treatment room. Each staff member knew their role and carried it out effectively within the team.

Refractive eye surgery

- At the beginning of each treatment day, the team completed a morning brief, identifying staff roles and responsibilities. The team brief also included an update on any specific issues or incidents.
- Staff worked as part of a regional team and attended the clinic periodically when scheduled to work. All staff had worked at Optical Express Norwich before and were aware of how the clinic was set up and managed.

Access to information

- Staff had access to patient records electronically and could access them from any Optical Express clinic. Authorised staff had a password protected code to access electronic records.
- Policies and procedures were accessible to staff on the intranet and hard copies were held in the clinic.
- Communication with the patient's GP was encouraged with patient consent. Post-treatment, patients received a discharge letter to give to their GP. GPs were able to access the service through the out-of-hours telephone number.

Consent and Mental Capacity Act

- All patients had an initial consultation with an optometrist who provided the patient with an information folder containing: a copy of the treatment consent form, risks associated with the treatment, and expectations after treatment. Part of the consultation involved the patient watching a video, which provided information on the treatment and potential risks. The costs of the procedure were also provided at this stage. The patient was required to sign electronically to confirm that they had received this information.
- After the initial consultation with the optometrist, patients were required to attend a consent consultation with the surgeon. Patients could choose whether this consultation was face-to-face or via telephone. At Optical Express Norwich, 87% of surgeon consultations were completed over the telephone. The final consent appointment was face-to-face and took place on the day of the surgery, by the surgeon.
- The Optical Express consent policy, dated September 2017, stated that for confirmation of timescales and the consent process staff must refer to the current

relevant clinical directive on consent. The service had a professional standards directive dated February 2018 which stated that a minimum reflection period of one week was recommended between the procedure recommendation and surgery but in exceptional circumstances, where the one-week reflection period is impractical, the reasons for this should be agreed with the patient and documented in the medical record.

- At Optical Express Norwich, the time between the consent consultation and the surgery was less than seven days for 24% of patients.
- It was the responsibility of the surgeon to assess capacity to consent. The consent policy included reference to the Mental Capacity Act (2005). Information around capacity to consent was covered as part of staff mandatory training.

Are refractive eye surgery services caring?

Compassionate care

- Staff treated patients with dignity and respect. We saw consultation and clinic room doors were closed to protect the privacy and dignity of patients. Staff knocked and sought permission before entering such areas.
- We observed all staff to be courteous, professional and kind when interacting with patients. We observed staff greet patients appropriately, and introduce themselves by name.
- We observed three refractive procedures taking place. During the procedures, the surgeon kept up a reassuring dialogue with the patient and explained when they were likely to experience sensations such as pressure in the eye or temporary loss of vision.
- Patient feedback was consistently positive. The patients we spoke with said that staff were "professional" and "reassuring".
- Patients were asked to complete an online satisfaction survey at various points during their care. The surgery

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results were then benchmarked against other clinics within the organisation. Optical Express Norwich achieved 100% for the question “did the surgery team make you comfortable and at ease?”

- Patients could request a chaperone to attend their consultation.

Understanding and involvement of patients and those close to them

- Staff at the clinic communicated with patients about their care and treatment in a way they could understand. Staff provided patients with relevant information, both verbal and written, so they could make informed decisions about their care and treatment. Patients had sufficient time at their consultation to ask questions.
- We observed staff interacting with patients before, during and after their treatment. At each stage, staff checked the patients understanding of the information they were given.
- Patients told us they were aware of the next steps in their treatment, and that follow up appointments were made quickly and within a reasonable timescale.
- Patients were given information about the cost of their treatment at their initial consultation with the optometrist. Patients confirmed that this information was provided to them and that the service was transparent and upfront about the costs.

Emotional support

- Staff demonstrated a clear understanding of the importance of providing emotional support to patients. We observed that staff offered emotional support to patients when they were anxious during their procedure.
- Patients visited the clinic before their surgery in order to meet the surgical team and ask questions.
- Patients were given an out-of-hours telephone number and could contact the service if they had any concerns. This provided patients with 24 hour support.

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

Service planning and delivery to meet the needs of local people

- The clinic planned and delivered services to meet the needs and demands of local people.
- Patients accessed the service through self-referral. All patients were self-funded. The clinic did not undertake NHS work or receive referrals from the NHS.
- The clinic was operational two days per month. The service generally undertook refractive eye surgery as and when patient demand dictated. Staff were able to refer patients to another Optical Express clinic if specific dates for treatment could not be accommodated locally.
- The service ensured all patients were provided with information and had clear explanations of what to expect before their day of surgery.
- The service had developed clear admission criteria to ensure patients were only accepted if staff could meet their needs.
- The facilities and premises were appropriate for the service delivered. Waiting areas and treatment areas were spacious and well maintained.

Access and flow

- Access to the service was timely. The service actively monitored patient waiting times to identify trends and ensure clinics in high demand were managed appropriately to prevent patient delays. As of December 2017, there were no patients waiting for refractive treatment at Optical Express Norwich.
- From July 2017 to December 2017, the clinic recorded 169 episodes of care. All patients had an initial consultation with an optometrist who assessed each patient’s suitability for surgery. If deemed suitable, patients then had a consultation with a surgeon either in person or over the telephone. Following the consultation with the surgeon, patients were offered an appointment on the next planned surgical list.

Refractive eye surgery

- Refractive eye surgery was offered two days per calendar month. Patients were able to attend another Optical Express clinic if the surgery dates at Optical Express Norwich were not suitable. From June 2016 to June 2017, there had been no cancelled refractive eye surgery at this service.
- There were no unexpected returns for treatment. Returns for treatment were expected and normal in some cases, for example, to make minor enhancements.

Meeting people's individual needs

- Consultations ensured the clinic only treated patients if their needs could be met. Staff would record any individual need requirements on the patient's medical record.
- The service did not treat patients with dementia, bariatric patients or patients with complex needs. Patients who required additional support were referred to alternative services, with the support of their GP.
- Equality and diversity training was part of staff mandatory training, completed every three years.
- There was a range of information leaflets available, providing patients with information on treatments and aftercare. However, patient information leaflets were not available in different languages or formats. The surgical services manager was looking at potential companies that could provide this service.
- There was no formal interpreting service. Patients were advised to bring their own interpreter to consultations. This is not best practice as interpreters could misinterpret information provided by the service. The service provided interpretation services on the planned day of surgery, if the patient was willing to cover the cost of the service.
- There was good access for wheelchair users. The layout of the clinic meant that all treatment areas were accessible for people with restricted mobility. There was lift access to all patient areas. Patients who used a wheelchair were invited to attend the clinic prior to their treatment in order for their needs to be assessed.

Learning from complaints and concerns

- There were clear processes for staff to manage complaints and concerns.
- Staff logged all complaints and concerns onto the electronic recording system. The majority of complaints were submitted centrally rather than to the local clinic.
- On receipt of a formal complaint, the clinical services department co-ordinate the investigation and reply to the complainant. The registered manager is required to monitor the progress of the complaint and act on any issues at a local level.
- From July to December 2017, the service received six complaints. The majority of complaints related to the deterioration of vision over time. The service had taken action as a result of the complaints and had ensured staff were appropriately managing patient expectations.
- Learning from complaints was shared at team meetings and by email.
- The patient's consent form and terms of condition document contained information on how to make a complaint. The service also provided patients with information on how to progress a complaint with an independent body if they were not satisfied with the provider's internal complaints process.
- Patients told us they knew how to make a complaint and would feel confident to do so if required.

Are refractive eye surgery services well-led?

Leadership and culture of service

- The clinic had clear lines of management responsibility and accountability. The registered manager of Optical Express Norwich was also the provider's surgical services manager. The clinic was overseen by the surgical services manager and clinical services director. The medical director managed the service's surgeons.
- We found the clinic to be managed by an experienced and enthusiastic leader. They were knowledgeable about the clinic and strived to continuously improve the service.

Refractive eye surgery

- The clinic was operated by a team who worked regionally across clinics in London and the south of England. Staff knew their responsibilities and the role they played within the service.
- Staff told us they enjoyed working at the clinic and reported an open and honest culture. Staff felt they worked well as a team and that there was a good working atmosphere.
- Staff performance was regularly audited and we saw evidence of this in personnel files. Poor performance was addressed through the appraisal process.
- The clinic ensured marketing was responsible and complied with guidance from the Committee of Advertising Practice. Patients received a statement, which included terms and conditions, information on payment fees and details of the services provided. Patients told us that prices were clearly explained and there were no hidden costs.

Vision and strategy

- The strategic direction of the service was determined at corporate level, rather than locally. The provider's strategic plan was to open more clinics throughout the country and to invest in enhanced specialist refractive eye techniques and equipment.
- Optical Express set up the first International Medical Advisory Board (IMAB) for refractive eye surgery. The board was made up of world renowned refractive eye experts. Optical Express financed the board and met annually to review the organisation's data and clinical protocols.

Governance, risk management and quality measurement

- There was an effective governance framework to support the delivery of good quality care and treatment. Policies supported the governance structure by giving staff clear guidance and processes to follow.
- The service held meetings through which governance issues were addressed. At a local level, the regional team held meetings approximately once every six

weeks. We reviewed the meeting minutes from January 2018 and found agenda items included incidents, policy changes, audit results, complaints and training.

- At a senior level, the provider held monthly clinical committee meetings attended by the surgical services manager, clinical services directors and medical director. Governance issues were discussed including guideline updates from the RCOphth.
- The service managed risks through risk assessments, enabling staff to assess the severity of each risk. The risk assessments were stored electronically and could be updated by any member of staff. The surgical services manager reviewed the clinic's risks annually. For Optical Express Norwich, the risk to patients and staff was low as only refractive eye surgery was carried out at the clinic. The clinic had mitigations in place to reduce risk severity.
- We saw evidence of the latest laser risk assessment by an external provider. No current risks were identified.
- The medical director was responsible for ensuring

Public and staff engagement

- Patients were encouraged to leave feedback about their experience via the patient satisfaction survey. The patient survey results for Optical Express Norwich showed high scores in all areas.
- At the time of our inspection, the service did not have a staff survey. Staff could raise concerns formally through the human resources department or informally through their line manager or at team meetings. We were told by the surgical services manager that Optical Express was in the process of appointing a Freedom to Speak up Guardian. Freedoms to Speak up Guardians promote an open culture, allowing staff to speak up about concerns easily.

Innovation improvement and sustainability

- The surgical services manager was an expert panel advisor for the Optical Confederation. The Optical Confederation were currently drafting new refractive eye standards for policies.
- Optical Express had a staff recognition and reward scheme called 'wonderful Wednesday'. The scheme

Refractive eye surgery

took place every week to recognise valued members of staff. Staff could be nominated for the award by colleagues and successful staff members were rewarded with gifts.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- All patients should receive seven days cooling off period between the surgeon consultation and procedure in line with the service's surgical directive dated February 2018.
- The service should offer formal interpretation services for patients whose first language is not English.
- The service should provide patient information leaflets in different languages and formats.