

Optical Express Limited

Optical Express - London (Shaftesbury Avenue) Clinic

Inspection report

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September 2022
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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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

We had not previously rated this location. We rated it as good because:

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

Summary of findings

Our judgements about each of the main services

Service

Refractive eye surgery

Rating

Good



Summary of each main service

We have not previously inspected and rated the service. We rated it as good. See the overall summary above for details

Summary of findings

Contents

Summary of this inspection

Background to Optical Express - London (Shaftesbury Avenue) Clinic	5
Information about Optical Express - London (Shaftesbury Avenue) Clinic	5

Our findings from this inspection

Overview of ratings	7
Our findings by main service	8

Summary of this inspection

Background to Optical Express - London (Shaftesbury Avenue) Clinic

Optical Express – London (Shaftesbury Avenue) Clinic is operated by Optical Express Limited. Facilities at the location include one laser treatment room, one surgeon's examination room, one discharge room and one screening room. The service provides laser correction procedures using class 4 and class 3b lasers carried out by ophthalmologists.

There were no permanent surgical staff based at the clinic. The laser eye surgery takes place on limited number of days every month by the surgical team and they were supported by the regional surgery team, who also work at other locations across London and South East region.

There is an optometrist and other sales staff on site every day who provide advice to patients about any suitable treatment for their eye condition and also assess patients for any potential laser eye surgery, if appropriate. There is also an optometric service which falls outside the scope of the Care Quality Commission registration.

The clinic is registered to provide the regulated activities of:

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

The service has a Registered Manager in post. The service was previously inspected in 2017 but was not rated because we did not have the legal duty to rate the service at that time.

How we carried out this inspection

We carried out an unannounced inspection of the service on 27 September 2022 and a follow up visit on 30 September 2022 using our comprehensive inspection methodology. The inspection team comprised a lead CQC inspector and a specialist advisor. The inspection team was overseen by Nicola Wise, Head of Hospital Inspection for London.

During the inspection, the team visited the clinic and looked at the quality of the environment and observed how staff were caring for patients. The inspection team spoke with members of staff including the clinic manager, the registered manager, ophthalmologist and nursing staff. We spoke with six patients who used the service, reviewed patient's care and treatment records. We also looked at a range of policies, procedures and other documents relating to the running of the service.

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>.

Outstanding practice

We found the following outstanding practice:

Summary of this inspection

- Feedback from parents was extremely positive. The registered provider actively encouraged feedback in order to monitor the service.
- The provider had governance systems and processes which showed they actively identified, reviewed and managed the risks to their service.
- The provider undertook a clinical audit program to monitor their performance and review outcomes for refractive laser eye surgery. Clinical audits showed the service performed well with no adverse incidents or theatre re-visits in the previous 12 months.

Our findings

Overview of ratings

Our ratings for this location are:

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

Refractive eye surgery

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

Are Refractive eye surgery safe?

Good 

We have not previously rated safe at this service. We rated it as good

Mandatory training

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

Staff received and kept up to date with their mandatory training. Staff told us they had completed mandatory training and data provided showed 100% completion rate for clinical staff.

Mandatory training was comprehensive and met the needs of patients and staff. Mandatory training included courses covering basic life support, equality and diversity, health, and safety, infection prevention and control, information governance, medication, moving and handling, safeguarding, conflict resolution, dignity in care, amongst others.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities and dementia. Managers monitored mandatory training and alerted staff when they needed to update their training. The service monitored mandatory training for doctors working under practising privileges and recent data showed they had met the target of 100% completion rate.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Safeguarding children and adults formed part of the mandatory training programme for staff. The organisation's safeguarding leads had level four safeguarding. The local safeguarding lead had completed level three safeguarding vulnerable adults training and level one safeguarding children training. All staff had completed level three safeguarding vulnerable adults training and level one safeguarding children training.

Staff knew how to identify adults and children at risk of or suffering significant harm and worked with other agencies to protect them. Staff gave examples of concerns they would report and knew the contact details for the agencies they would report to. This included the integrated care board, safeguarding team and local authorities.

Refractive eye surgery

The service had up-to-date safeguarding policies for adults and children. Each policy included details of how to escalate concerns. All staff we spoke with knew how to access the safeguarding policies. They were aware of who the safeguarding lead was. There were no safeguarding incidents in the previous 12 months. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff followed safe procedures for children receiving outpatient's or surgical care at the service.

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.

The laser theatre room and recovery area were clean and had suitable furnishings which were clean and well-maintained. The service had robust cleaning schedules in place which included all areas, including theatres and recovery areas. These detailed cleaning to be undertaken on a daily, monthly and six weekly rotation; and were up to date and signed.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff followed the provider's policy on IPC, which included being 'bare below the elbow'. There were adequate supplies of PPE at the clinic. Numerous hand gel dispensers were evident, and staff were observed using them. There were hand washing facilities in the clinic and in theatres. The service had an up to date Covid 19 infection control policy.

The service carried out hand hygiene audits which showed 100% compliance. Clinical sharps audit report showed staff were 100% compliant with the safe use and disposal of sharps, as well as the correct assembly and disposal of sharps' containers.

The service completed regular water management audits. Water quality was tested as part of the quarterly IPC audit and included water temperature checks and checking of sampling results. An external organisation carried out a legionella and other organisms risk assessment in January 2022. Both audits met the required standards.

Staff cleaned equipment after patient contact. Staff were responsible for cleaning clinical and medical equipment. We observed staff preparing for surgery in line with good practice, policies and procedures. We observed staff clearing away dirty items after a patient had finished their procedure, and cleaning theatre beds and equipment with sanitising wipes after every use. Staff worked effectively to prevent, identify and treat surgical site infections. The clinic reported no incidents of surgical site infections in the last 12 months.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The design of the environment followed national guidance. The laser room had an illuminated warning sign outside the room and a lockable door. This ensured patient and staff safety to avoid accidental exposure to the laser. We observed the door was kept locked when not in use and the keys for the laser were kept in a locked cupboard to prevent unauthorised use.

The service had an external laser protection advisor (LPA). An LPA provided appropriate professional assistance in determining hazards, in assessing risks, and in proposing any necessary protective controls and procedures. There were

Refractive eye surgery

local rules for the use of the laser and a risk assessment for its use. Local rules provided guidance on the safe use of lasers. Local rules contained methods of safe working practices and listed those staff who were authorised for its use with details of the Laser Protection Supervisor and Laser Protection Advisor. Record showed all staff had understood and signed local rules to confirm their understanding of the rules.

The theatre had an integrated management system, which ensured airflow was maintained in line with the Royal College of Ophthalmologists ophthalmic services guidance. Refractive laser surgery was performed in a minimal access intervention operating environment with a log of temperature and humidity conditions been maintained. Records showed ventilation was checked regularly and serviced annually to meet the required standards. There was a temperature control monitor in the theatre room which was checked and monitored daily. Records reviewed showed this had been checked daily by the clinic staff.

The service had enough suitable equipment to help them to safely care for patients. All equipment conformed to the relevant safety standards and was serviced annually. A service of theatre equipment had been carried out in the last 12 months. Staff told us they had enough equipment to do their job properly. We were told equipment and other stock were ordered through a central operations team within the organisation and deliveries were prompt.

Staff disposed of clinical waste safely. There were adequate arrangements for handling, storage and disposal of clinical waste, including sharps. The service had a waste management policy, and waste was segregated with separate bins for general waste and clinical waste.

The service had processes in place to ensure equipment was maintained and tested for electrical safety, to ensure they were fit for purpose and safe for patient use.

There was sufficient access to hand gel dispensers, handwashing, and drying facilities. Hand washing basins had sufficient supplies of soap and paper towels. Services displayed signage prompting people to wash their hands and gave guidance on good hand washing practice.

Personal protective equipment, such as disposable gloves and aprons were readily available in all areas. Clinical and domestic waste bins were available and clearly marked for appropriate disposal. We noticed information explaining waste segregation procedures and waste segregation instructions were displayed at the service.

Staff carried out daily safety checks of specialist equipment. This included daily checks of the eye test machines used at the service. There were environmental risk assessments in place, including those to minimise the risk associated with fire.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

Staff used a recognised tool to identify deteriorating patients and escalated them appropriately. Patient records we reviewed, showed people were assessed using the National Early Warning Score 2 (NEWS2), which is the latest version of the National Early Warning Score (NEWS).

Refractive eye surgery

Staff used the World Health Organisation (WHO) safer surgery checklist in theatres, which was designed to prevent avoidable mistakes. Monthly audits of the WHO checklists were undertaken by staff in theatres. Monthly audits of the WHO checklist undertaken for the 12-month period January to December 2021 was 100% for being completed on all surgical procedures.

There was 24-hour, seven days a week helpline for patients following treatment, if they had any problems or concerns. All patients were given details of emergency out of hours contact if they needed to contact the service post-operatively, out of hours or in an emergency.

Staff completed risk assessments for each patient on arrival, using a recognised tool. This included identifying potential risks such as allergies and assessing patients' suitability for specific procedures. The service had guidelines for escalating patients at risk of deterioration, which included transfer to hospital where necessary.

All staff had completed basic life support to care for patients in an emergency. Staff participated in simulated emergency scenarios at least annually to ensure they maintained skills in responding to patient collapse or cardiac arrest. Staff shared key information to keep patients safe when handing over their care to others. This ensured continuity of care when people moved between services.

A laser protection supervisor was identified at the start of the shift and noted in the daily briefing document, so all staff knew who to speak with if they had any concerns about the laser.

Staffing

The service had enough clinical 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.

The service had enough staff to keep patients safe. The clinic did not carry out laser eye surgery procedures every day and staffing levels were based on the number of planned surgical procedures required on the day. There were no surgical staff permanently based at the clinic. Staff members based at the clinic were part of the general Optical Express optometry staff responsible for the provision of non-registrable services. The surgery team included operating department technicians, scrub nurses and health care assistants. The service did not use agency staff as there were enough staff to cover the rotas as required.

Surgery staffing levels for the service were planned to ensure staffing levels and skill mix followed national guidance and laser protection supervisor recommendation. Surgical staffing levels were based on the number of patients on the day's lists and the procedures they were going to undertake. All the staff we spoke with were happy with the current nursing staffing levels at the clinic. They felt there were appropriate numbers and skill mix for the patients being treated.

The clinic had a pool of ophthalmologist who carried out most of the laser eye surgery procedures at the clinic. These ophthalmologists were part of the larger surgical team who covered surgical sessions at the clinic and other registered locations of the provider. All ophthalmologists had completed the Royal College of Ophthalmologists certificate in laser and refractive eye surgery. We were told all the ophthalmologists had an up to date indemnity insurance and yearly appraisals.

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.

Refractive eye surgery

Patient notes were comprehensive and all staff could access them easily. Patient records were a mixture of paper and electronic copies.

When patients transferred to a new team, there were no delays in staff accessing their records. Patients could have their pre-treatment and post-treatment care at other Optical Express Limited clinics. Patient records were accessible through the electronic system at all Optical Express Limited clinics. Patients paper records were stored securely at the clinic site in line with the clinic's policies and procedures. Electronic records were only accessible to staff who were authorised to access them.

We reviewed six patient records during this inspection and saw records were accurate, complete, legible and up to date. The provider had an up to date information governance policy and staff received training on information governance as part of their mandatory training programme.

Medicines

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

Staff followed systems and processes to safely prescribe, administer, record and store medicines. Medicine records were complete and contained details about any patient allergies, dose of medicines and when patients received them.

The service used two drops off-licence during a particular procedure (LASEK). Ethanol drops were used by the surgeon to loosen the corneal epithelium in LASEK procedures only. Mitomycin C was used during LASEK (superficial) treatments only and where clinically indicated i.e. not every LASEK treatment. The use of these off-licence drops was included in the patient's consent form. The batch number and expiry date was recorded in the operations register and in the patient's pathway (medicines chart). The service did not reconstitute Mitomycin C on site, reconstituted Mitomycin C were bought from an NHS hospital pharmacy department. There was an appropriate risk assessments and staff competency assessments in place for the use of these drugs.

Medicines were stored securely in locked cupboards and temperature-controlled rooms. Fridge temperatures were monitored and audited by the service. Emergency medicines were available in the theatre area and we saw evidence to show these were routinely checked for correct quantities and expiry dates.

We saw allergies were recorded in the patient record which included the prescription chart. Only staff who had completed competencies in the management of medicines, dispensed and administered medicines to patients.

Following treatment, patients were given eye drops to take home for self-administration. We saw the expiry dates of the eye drops were checked by two members of staff before they were given to the patients. Patients were provided with verbal and written information about their eye drops before they left the clinic.

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 investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. The provider had an incident management policy which referenced 'duty of candour' (DoC). Managers ensured actions from patient safety alerts were implemented and monitored.

Refractive eye surgery

There was a culture of open sharing of learning and outcomes from incidents across the provider. Staff demonstrated knowledge of incidents in other locations in which staff had used the DoC and used these as training and development opportunities.

Staff knew what incidents to report and how to report them. Staff we spoke with told us they were encouraged to report incidents and incidents were discussed at morning briefing sessions before surgery and during team meetings. Team meeting minutes reviewed showed incidents had been discussed. Staff received feedback from the investigation of incidents. They met to discuss the feedback and look at improvements to patient care. There were no incidents in the last 12 months.

Are Refractive eye surgery effective?

Good 

We have not previously rated effective at this service. We rated it as good.

Evidence-based care and treatment

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

We saw policies and procedures were in date with guidance from National Institute of Health and Care Excellence (NICE), Department of Health (DoH), Royal College of Surgeons (RCS) and the World Health Organisation (WHO). Staff were able to access these in both paper format and online. Staff had access to computers in the clinic.

Treatment pathways for Refractive Laser Eye surgery referenced relevant NICE guidelines and RCN peri-operative guidelines.

Patients were given written post procedure and aftercare instructions by staff. The service carried out regular clinical audits. This included infection prevention and control audits, records and consent audits. Feedback from these audits were shared with staff directly or in team meetings.

Nutrition and hydration

Staff gave patients drinks to meet their needs and improve their health.

Patients were present in the service for a very short time but were offered a hot or cold drink if they wanted one. There was water cooler fountain available in the patient waiting area.

Pain relief

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

During the discharge process, staff gave patient advice about expected levels of discomfort and how to manage any discomfort. Patients were informed about the procedure and sensations they could experience before the surgery, and they received local anaesthetic eye drops before the surgery commenced. We were informed patients could ask for additional eye drops during the procedure if they felt any pain or discomfort.

Refractive eye surgery

Staff gave patients pain relieving eye drops to ensure patients did not experience pain or discomfort during the surgery. Staff checked with patients to see if they were comfortable and not in pain throughout the surgery.

We spoke to two patients following their procedures and they said they had been pain-free during the procedure and immediately after. They were told the anaesthetic would wear off about 20 minutes after their procedure and they were advised to take their usual pain relief and to rest or sleep for the rest of the day. Patients received information in their discharge pack about how to manage any pain symptoms.

Patient outcomes

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

The service participated in relevant national clinical audits. Outcomes for patients were positive, consistent and met expectations, such as national standards. Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time.

The service had an audit plan for 2022/2023 which related to guidelines audit, national clinical audits and improvement audits. It was clear from the audit plan to see when an audit was due for completion.

Managers and staff used the information and results from audits to improve patients' outcomes. The results from the audits showed 100% compliance with hand hygiene and infection control processes. They investigated outliers and implemented local changes to improve care and monitored the improvement over time. The service had an electronic performance dashboard that gave managers oversight of unexpected outcomes from surgeries. This meant managers could be responsive to any concerns or issues relating to individual cases.

The average rate of complications for treatments carried out in Optical Express clinics was 1%. The rate of complications for the surgeons who worked at the clinic was lower (better) than the average for Optical Express.

Optical Express used data to monitor the efficacy and safety of treatment. Outcome data was collected for every treatment undertaken including long term follow up. Optical Express compared their outcomes with the data in the National Ophthalmic Database. This comparison provided a means of benchmarking the treatment outcomes of individual surgeons.

Managers shared information from the audits and made sure staff understood. Findings from audits were shared at team meetings and during team brief sessions.

Competent staff

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

All new staff had a full induction tailored to their role. The provider's induction policy set out what staff were required to complete, commencing on their first day at work and throughout their probationary period.

Surgeons and technicians are trained in basic life support. The lead nurse was trained in Immediate Life Support.

Nursing staff told us there were opportunities for learning and development. Nursing staff

Refractive eye surgery

competencies were reviewed at least every two years. Nursing staff also had opportunities to take

on lead roles for example resuscitation, infection control and medication.

Managers supported staff to develop through yearly appraisals of their work. The service reported all their staff had an up to date appraisal for the period January to August 2022.

The provider had a service provider agreement / practising privileges policy for individual consultants who worked under practising privileges. Consultants with practising privileges were required to provide evidence of appraisals, revalidation and professional registrations. Data provided showed all the consultants had an annual appraisal in the last 12 months.

Staff we spoke with during our inspection told us the induction and probation process had been robust, supportive and well structured. One member of staff we spoke with had worked for the provider for about two years and described the company as “supportive and inclusive”.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

There was effective multi-disciplinary work to support patient care. At the beginning of each surgery session, there was a team brief to enable staff understood their role for the day. All staff were aware of all patients attending the clinic for treatment and were aware of any specific needs for each patient.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Minutes of meetings showed staff from different clinical sites met to review the care and treatment of their patients.

We observed positive working relationships between managers and the staff groups. We observed managers to have close professional relationships with the staff and provided them with advice and guidance as required.

Seven-day services

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

The service was available 9am to 5.30pm Monday to Saturday. Laser eye surgery was arranged to meet the needs of the patients. If patients received one type of laser surgery on a Saturday, they would be seen on the following Sunday for follow up. Patients had access to support and advice from the service 24 hours a day seven days week following their treatment.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

The service did not routinely deliver any health promotion to patients. However, the Optical Express Limited website provided information about a wide range of eye conditions which included what action the person should take to resolve the eye condition.

Patients completed a health and well-being questionnaire before they received treatment and were given advice about eye health and healthy lifestyle, if appropriate.

Refractive eye surgery

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.

Staff clearly recorded consent in the patient's records. All six records we reviewed had accurately dated and signed consent. Additionally, the service's audits indicated 100% compliance with signing of consent and respecting the one-week cooling-off period.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. As an example, consent was obtained in a two-stage process with a cooling-off period of at least one week between initial consultation and surgery, to allow patients to reflect on their decision. This was in line with the Royal College of Ophthalmologists guidance to allow patients for a potential decision change. The provider's policy stated any person unable to give consent would be declined treatment.

The final consent for treatment was the responsibility of the operating surgeon on the day of surgery. We observed a consultation between the ophthalmologist and a patient about risks and benefits of the treatment and after care. This was a detailed conversation and the patient was encouraged to ask questions and sought clarifications.

Staff made sure patients consented to treatment based on all the information available. Information about the refractive laser eye surgery procedure, risks and alternative treatments were offered to patients, to enable them to make informed choices.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care and this was clearly recorded in the patient notes.

Are Refractive eye surgery caring?

Good 

We have not previously rated caring at this service. We rated it as good.

Compassionate care

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

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Patients we spoke with told us they were treated with dignity and respect by all staff members. Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

We observed staff speaking to patients with kindness and compassion throughout our inspection. We observed patients being welcomed warmly when they came into the clinic and were offered refreshments. Staff were always professional, and we saw they readily offered reassurance and advice to patients in a variety of circumstances; for example, advice on eye drops and application techniques.

Refractive eye surgery

Privacy and dignity were maintained by staff closing doors during consultations and speaking discreetly and in low voices within the waiting room so that conversations could not be overheard.

Emotional support

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

We noted staff were trained to provide a positive, compassionate and supportive aftercare experience; for example, asking patients about their comfort when they had slept on the first night after the surgery during their post operation review visit to the clinic.

Staff provided emotional support to patients and their relatives, as required. They understood patients' personal, cultural and religious needs. During the initial consultations we saw staff took the time to ask patients about any specific cultural or social needs they may have had in relation to the treatment.

Patients we spoke with told us they felt supported and confirmed they were given a named patient advisor as a point of contact and to support them throughout their journey.

Understanding and involvement of patients and those close to them

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

Staff supported and involved patients and their families; as required, to understand the options in relation to their condition and make decisions about their care and treatment.

Patients were provided with printed information at all stages throughout their patient journey; including explanations of their planned treatment, likely results and aftercare instructions. All information was discussed verbally during assessments and the printed copy was mainly for reference purposes.

Patients were directed to the provider website where they could read satisfaction reviews of those who had undergone treatment previously.

Patients were supported to understand treatment options; including risks, benefits and potential consequences, as per the Royal College of Ophthalmologists professional standards for refractive eye surgery.

We saw during the initial consultation, the ophthalmologist gave a detailed explanation of the process of surgery, explained the potential results and was responsive to the patient's questions. We saw the optometrist used terminology the patient could understand and confirmed clarity of understanding with the patient. There was a deliberate 'non-hurried' approach by the consultant and we saw the patient was appreciative of the non-hurried approach of the service.

Are Refractive eye surgery responsive?

We have not previously rated responsive at this service. We rated it as good.

Refractive eye surgery

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.

The service planned and provided care and treatment in a way that met the needs of local people and the communities served. The clinic was easily accessible from the town centre and close to public transport links.

The service ensured all patients received the necessary information and clear explanations of what to expect before the day of surgery. Patient information leaflets were given with instructions on what to do before, during and following treatment.

Patients' individual needs and preferences were central to the planning and delivery of the service. Services were flexible and provided choice. The service provided refractive laser eye surgery for patients at their convenience. We observed patients being offered different appointment times to meet their social and work-life commitments.

Facilities and premises were appropriate for the services being provided. The facilities at the clinic reflected the profile of the service and were designed to ensure a good patient experience. The recovery room had comfortable chairs for patients to relax on following their surgery. The room had low lighting as patients would be sensitive to light following the procedures. The service had systems to help care for patients in need of additional support or specialist intervention.

We saw the service made provisions to meet patient needs through access to magazines and newspapers. The clinic environment was appropriate and patient-centred. There was a comfortable seating area, cold water facilities, availability of hot beverages and toilet facilities for patients and visitors. Patients were seen promptly and could book the next available appointment with ease and flexibility.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

The service was inclusive and took account of patients' individual needs and preferences. We saw in patient records each patient was treated individually. Consultations were performed by the ophthalmologist and treatment was tailored towards the patient's needs and desired outcome. Staff recognised patients had choice around their treatment and care and had other commitments. Staff were flexible and supported patients to change scheduled treatment times as needed. The service opening hours reflected service demand and patient appointment choice.

Waiting areas within the clinic were bright, spacious and comfortable. Treatment areas were arranged to enable patient journey from admission in reception to discharge from the consultant flowed easily.

All staff completed an equality and diversity course as part of their mandatory training. The service had an up-to-date discrimination prevention policy which was compliant with the Equality Act (2010) and ensured staff delivered care without prejudice to protected characteristics. There was a clear care and treatment ethos based on individualised care. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Refractive eye surgery

Staff understood and applied the equality policy in meeting the information and communication needs of patients with a disability or sensory loss. Staff had access to communication aids to help patients become partners in their care and treatment. Patients told us staff took time to explain their care and treatment. The service could access information and leaflets in other languages and different formats such as large prints, to meet the needs of the community they served.

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 admit, treat and discharge patients were in line with national standards.

People could access the service when they needed it and received the right care and treatment promptly. Access to the service was timely and flexible. Appointments were available during the week, evenings and at weekends to ensure the service was accessible to all patients who needed their services.

Staff minimised waiting times for patients in the clinic. Appointments were staggered to coincide with patients appointed surgery time this minimised waiting times for patients in the clinic. Patients we spoke with told us they were offered a choice of appointment time according to their need and availability. Staff told us patients were seen promptly following referral and there were no waiting lists.

There were no cancelled appointments, treatments and operations at the clinic. Managers and staff worked to make sure patients did not stay longer than they needed to when they attended the clinic for their surgery. We were told if patients had their surgery cancelled at the last minute, the service made sure they were rearranged as soon as possible.

Patients were provided with a general discharge information sheet which included phone numbers they could use to contact the clinic after their operation. All patients having specific procedures were also provided with an advice sheet with more specific aftercare advice.

Staff supported patients when they were discharged and during their after care. We observed how staff supported patients' post-surgery providing information and advice relevant to their procedure and encouraging them to contact the service should they have any questions or concerns.

The clinic ran on time and staff informed patients when there were disruptions to the service. During the inspection, there were no delays observed and patients were seen on time or before their scheduled appointment.

Learning from complaints and concerns

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

The provider had its own complaints policy which included signposting patients to other organisations should they remain unhappy, if their complaint was not resolved by the provider. The service had received 31 complaints in the last 12 months.

The registered manager explained how they would lead an investigation into any complaint. A formal written response would be made and if required, a meeting set up with the complainant. Informal complaints were dealt with by staff at the clinic and endeavoured to resolve them before they became a formal complaint. There were rooms available to allow privacy to discuss the patient's concerns.

Refractive eye surgery

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff said they regularly heard from senior colleagues with information about learning opportunities as a result of feedback.

Staff could give examples of how they used patient feedback to improve daily practice. For example, they briefed patients before they arrived on what to expect in relation to COVID-19 measures after finding patients presented with a range of different expectations and tolerance levels for safety measures.

Are Refractive eye surgery well-led?

Good 

We have not previously rated well-led at this service. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

The registered manager had overall responsibility for the surgical team of clinic. The registered manager did not work all the time at the clinic, but they attended the clinic a few days every month to provide refractive laser eye surgery.

The senior management team knew the challenges and issues of the service. They supported the clinical staff in the operational delivery of the service. They were frequent visitors to the clinic sites. One of the senior leaders described their development through the service into a senior leadership role. Staff knew who the senior leaders were and told us they felt well supported by the managers of the service. Staff were aware of their reporting structures and said local managers were visible and approachable. Clinical staff said they had support at a clinical and managerial level.

Staff were clear on the organisational structure and although they worked at various locations, all staff we spoke with understood how the leadership structure worked and who they reported to.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services.

The vision and strategy were planned to support the wider health economy. The service aimed to provide high quality and safe patient-centred care and treatment with the help of latest technologies and employing world leading professionals in refractive laser surgery.

There was a clear vision with quality and sustainability as the top priorities. There was a documented strategy for achieving their priorities and delivering good quality sustainable care. The registered manager told us it was about delivering high quality care to patients.

There was an overarching corporate strategy focused on delivering exceptional patient care, outstanding clinical outcomes and continued investment in people and technology.

Refractive eye surgery

The service monitored progress against the vision and strategy through the use of audits and the annual International Medical Advisory Board meeting. This was a group of worldwide refractive eye experts financed by Optical Express Limited, but who did not work for Optical Express Limited. The group met annually to review data and clinical protocols, which supported monitoring against the vision and strategy.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff were positive, enthusiastic and were proud to work for the service. Staff felt supported, respected and valued. Staff were happy with the working arrangements of rotating to other clinics nearby, with rotas arranged to give enough rest between work and travelling. Staff we spoke with said they enjoyed working at the clinic. One member of staff we spoke with told us how they liked working with ophthalmologists and being a member of a bigger team. Staff received positive feedback from patients who told them what a difference the surgery had made to their lives.

Staff were focused on meeting the needs of patients. Staff spoke with pride about the difference they made to patients' lives. They showed care and compassion towards patients.

Managers supported staff wellbeing and staff had access to counselling and gym membership through the company. Staff felt able to raise concerns with the leadership team and were confident their concerns would be dealt with.

The service promoted equality and diversity in their daily work. The workforce was a supportive and diverse team with no instances of inappropriate behaviours relating to equality and diversity. The service showed a culture of openness and honesty where staff and patients could raise concerns without fear. Patients had easy access to the complaints process and staff understood duty of candour.

Governance

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

Leaders operated effective governance processes which evidenced the quality of care. There was a clear structure for governance and sharing of information across all leadership levels, staff working at the clinic and for staff working across the organisation. Staff were clear about their roles and accountabilities. The surgery manager managed performance and quality of the service through local auditing, the results of which fed into the team meetings and into the surgical services team governance meetings.

Daily briefings attended by all surgical staff working on the day at the clinic allowed sharing of essential safety, performance and activity information. Manager's meetings and clinical staff team meetings were recorded and reviewed performance of the service. Actions were tracked, and records showed they had been completed.

The quality and governance team had clinical oversight of patient safety issues, incidents, complaints, information governance, quality management and audit and policy updates. Staff contributed with information and service updates to the governance team.

Refractive eye surgery

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.

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The service had a local risk register. Risks contained within the register were found to be within review date, scored appropriately in line with the provider's policy and had relevant action plans to mitigate the risk. There was good oversight of incidents, issues, risks and performance by the surgical management team. All information about risks, issues and performance were held electronically.

Audits were carried out by the regional surgical team. We saw evidence of a robust, rolling audit schedule which detailed all audits. This was held electronically to enable senior managers to have access and oversight of them. We saw the results of audits were discussed at clinic team meetings and compliance meetings and learning was shared.

Senior managers monitored performance nationally, for all the provider's clinic sites and we saw evidence that feedback was given to clinic managers and relevant staff on a regular basis. The provider monitored various aspects of performance; for example, conversions from consultation to surgery, treatment results, retreatment rates and unplanned re-attendances to surgery. We saw themes and trends were identified and when required investigation was undertaken.

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.

Service performance measures were reported and monitored. These included data and notifications that required submission to external bodies.

Information technology systems were used effectively to monitor and improve the quality of care. For example, the incident and complaints recording system provided the service with a platform to monitor and assess risks and assess trends.

Staff had secure access to the service's intranet, which gave them access to a range of policies, procedures and guidance, as well as their training and personal development records.

The provider was registered with the Information Commissioners Office (ICO). The service had an up to date information governance policy. Information governance awareness training was part of the mandatory training programme with 100% of surgical staff having completed the training.

Systems were in place to record and collate complaints and incidents. The service had received 31 complaints in the last 12 months. The service had 14 minor incidents and one patient fainting in the last year. Staff were encouraged to report any deviation from a routine procedure.

The service received compliments from patients through messaging and recorded this information in their performance dashboard.

Refractive eye surgery

Staff spoke positively about communications between teams and levels of seniority. They said this helped patients to access specialist services quickly and meant discussions between teams were focused and effective. All staff subscribed to the provider's information governance code to support appropriate handling of confidential data.

Engagement

Leaders and staff actively and openly engaged with patients and staff.

We observed staff actively engaging with patients about their care and treatment. Staff told us they felt engaged with the provider and had opportunities to feed back and be involved in improvements through staff survey, staff feedback and comment forms.

Staff had access to information about the service through electronic systems and at team meetings. We observed the staff notice board highlighted relevant clinical information and guidelines. Staff told us they felt engaged in the day to day operations of the service and could influence changes. They had regular staff meetings which they used to share information related to incidents or complaints and examples of good practice.

Consultants were positively involved in the development of the service through regular consultant ophthalmologist meetings with the senior management team. The service had procedures in place for staff to raise 'whistleblowing' concerns outside of their line management arrangements and staff had access to confidential counselling and support services. The service gathered patients' feedback through patient satisfaction questionnaires, which were completed post surgical procedure. The 2021 patient satisfaction survey showed all patients were very happy with the service and would recommend the service to their family and friends.

Learning, continuous improvement and innovation

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

The service had systems to monitor staff training and development. Staff had taken advantage of the opportunities available to learn, develop and improve their skills. All staff were committed to improving patient access to the service by minimising delayed appointments. The service had implemented a new system of booking patient appointments to reduce waiting times.

Senior staff encouraged and empowered staff to develop professionally by facilitating opportunities and providing the resources needed for professional development.

Clinical staff were research-active and proactively attended network meetings and conferences as part of a strategy to ensure continual professional development and provide patients with care based on the latest knowledge. Staff spoke highly of this and said opportunities for training and networking were particularly valuable to their work.

The clinical services manager and the senior management team were committed to continual learning. Although they had not received any complaints or recent incidents, they could provide examples where they have made changes to practice to improve safe and effective care. For example, the provider changed the pre-assessment questions following an audit of patient care records.