

Optyco Limited

Optyco Ltd

Inspection report

23 Churchgate
Leicester
LE1 4AL
Tel: 07185500785

Date of inspection visit: 17 April 2023
Date of publication: 06/07/2023

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

Ratings

Overall rating for this location

Good 

Are services safe?

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available 7 days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their treatment.
- The service planned care to meet the needs of 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. The service engaged well with patients to plan and manage services and all staff were committed to improving services continually.

However:

- While the clinical environment was well maintained and met national standards, other areas used by patients required improvement.

Summary of findings

Our judgements about each of the main services

Service

Refractive eye surgery

Rating

Good



Summary of each main service

We have not previously rated this service. We rated it as good because it was safe, effective, caring, responsive, and well led.

Summary of findings

Contents

Summary of this inspection

Background to Optyco Ltd	5
Information about Optyco Ltd	5

Our findings from this inspection

Overview of ratings	7
Our findings by main service	8

Summary of this inspection

Background to Optyco Ltd

Optyco Ltd is a family-run business that provides laser vision correction treatment to adults over the age of 18. The location name and provider name are the same.

For laser correction surgery, patients are self-referring and self-funding as visual acuity deterioration is not classed as a medical condition and so is not treated by the NHS. The service offers lens replacement surgery very rarely, with fewer than 10 procedures per year.

The service registered with us in 2012 and has a registered manager in post.

The service is registered to provide the following regulated activities:

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

Clinical services are delivered from dedicated, adapted premises located in a shared building in Leicester city centre. It is easily accessible by road and public transport. The business includes an optician's service, which is co-located on the premises. While this does not fall within our remit and is not part of the regulated activities, we refer to the service to help explain how the surgical activity operates.

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

The service operates on a pre-planned basis in line with demand. In 2022, 54 patients underwent a laser surgical procedure.

How we carried out this inspection

We carried out an unannounced inspection on 17 April 2023 using our comprehensive methodology.

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

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

Areas for improvement

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

Summary of this inspection

Action the service SHOULD take to improve:

- The service should consider a more permanent solution to the challenges arising from the age of the building, such as the maintenance of the toilets and the lift.

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 

Is the service safe?

Good 

We have not previously rated safe.

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. At the time of our inspection the team had 100% compliance with required training, which met the provider's target.

Mandatory training was comprehensive and met the needs of patients and staff. All staff completed a standard training programme that included safeguarding, infection control, patient care, and health and safety. Each individual completed training modules specific to their role, such as Legionella prevention, manual handling, and the Control of Substances Hazardous to Health Regulations (COSHH). Staff involved in laser eye surgery completed the national core of knowledge training, which was a best practice standard.

The registered manager and surgeon completed training on recognising and responding to patients with mental health needs. While it was rare for patients with such needs to present for treatment, staff maintained training as good practice.

The registered manager monitored mandatory training and planned updates in advance to ensure staff were always up to date.

The surgeon working under practising privileges completed a core programme of training that included areas essential to their work. The registered manager ensured they had access to training in local policies and carried out an annual check of their training in their substantive NHS post.

Safeguarding

Staff understood how to protect patients from abuse and the service had policies to enable staff to work well with other agencies. Staff had training on how to recognise and report abuse and they knew how to apply it.

Refractive eye surgery

Staff received training specific for their role on how to recognise and report abuse to a level commensurate with their role. Non-clinical staff completed training to level 1, clinical staff to level 2, and the registered manager, who was the safeguarding lead, held level 3 training. The service had access to a level 4 trained safeguarding professional through the local NHS trust.

Staff discussed safeguarding policies and practice during team meetings as a standing agenda item. While the service had made no formal safeguarding referrals, the team demonstrated good understanding of reporting and escalation systems. The registered manager and surgeon both worked substantively in NHS trusts and discussed anonymised safeguarding incidents with the team as part of a good practice approach to make sure the service had the opportunity to learn from incidents elsewhere.

The clinic manager was the safeguarding lead, and they were always on site whenever treatment was taking place. Staff knew how to escalate an issue if they needed support, including in an urgent situation.

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

Cleanliness, infection control and hygiene

The service controlled infection risk well in most areas. 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.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. The laser suite was free from dust, which is a key safety requirement for surgical environments.

Staff covered optical equipment when not in use, which was good practice to prevent the build-up of dust. Staff cleaned equipment after patient contact using appropriate antivirus techniques and maintained a record of when equipment was cleaned.

Staff followed infection control principles including the use of personal protective equipment (PPE). We observed a high standard of hand hygiene and correct use of PPE throughout our inspection.

Each handwashing area had a World Health Organisation (WHO) poster with visual guidance on expected standards of hand hygiene.

Staff carried out an annual infection prevention and control (IPC) audit, including the clinical environment, use of PPE, decontamination, and waste disposal. The most recent audit took place in early 2023 and found over 99% compliance. A separate annual hand hygiene audit found 100% compliance.

Staff carried out weekly cleaning and IPC audits. The clinic manager carried out a quarterly hand hygiene audit amongst staff. This included spot checks of their knowledge and observations of practice. The team performed consistently well and in the previous 12 months demonstrated 100% compliance. This reflected our inspection findings during which staff demonstrated good standards of hand hygiene practice.

The service reported no surgical site infections in the previous 12 months.

Refractive eye surgery

An external specialist organisation carried out a scheduled deep clean of the clinic 3 times per year. Staff arranged for deep cleans more frequently if needed.

The service asked patients to comment on the cleanliness, hygiene, and safety of the clinical environment in the satisfaction questionnaire. In the previous 12 months, 100% of patients said they were happy with these areas.

Environment and equipment

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

The clinic was compliant with national guidance, including Department of Health and Social Care (DHSC) Health Building Notice (HBN) 00/10 in relation to flooring in clinical facilities.

The service had suitable facilities to meet the needs of patients. It had an optical scanning room, used for topography scans, an optometrist assessment and examination room, and 1 laser surgery treatment room. The entrance to the treatment room was equipped with a laser safety warning sign in line with national guidance.

The treatment room met Royal College of Ophthalmology standards for ventilation and air exchange during surgical procedures. All aspects of the surgical treatment room complied with clinical design requirements.

The clinic was located in an adapted building that presented challenges with maintenance due to its age. The senior team had recently completed a programme of refurbishment for the patient toilets and a specialist organisation was reviewing options to replace the building's original lift, which was becoming unreliable.

Staff managed clinical waste safely in line with DHSC health technical memorandum (HTM) 07/01 in relation to the storage and management of clinical waste. A third-party contractor managed waste disposal and staff were trained to safely handle and store hazardous waste, including cytotoxic and cytostatic material.

Service records for clinical equipment, including laser equipment, were up to date and reflected a comprehensive programme of planned and preventative maintenance. The registered manager planned calibration of clinical equipment such as slit lamps in advance using a preventative planned maintenance programme. This reduced the risk of service interruption.

Staff stored cleaning products and equipment safely and in line with the COSHH.

The service was compliant with DHSC HTM 07/01 and the Health and Safety Executive Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 in relation to sharps waste.

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

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

The service maintained up to date standard operating procedures and risk assessments of the laser-controlled area. This included warning signs and controlled access in line with national safety standards.

Refractive eye surgery

Staff carried out a monthly environmental audit. This included updates to risk assessments including for fire, first aid, and Legionella. The risk assessments reflected the nature and age of the building and its different uses.

The registered manager implemented a comprehensive risk assessment to manage maintenance issues with the lift. These were caused by the age of the lift and restrictions in carrying out repairs and refurbishment by the building owner and age of the equipment. Staff used an enhanced risk assessment for patients who needed to use the stairs. This included checks of lighting and handrails and the requirement for a member of staff to accompany patients when using the stairs after surgery. Risk assessments were up to date and included detailed mitigating practices supported with staff knowledge and safety ethos.

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 were trained in life support to a level commensurate with their role. Non-clinical staff were trained in basic life support and clinical staff were trained in immediate life support. The registered manager carried out an annual resuscitation drill and monitored staff response, including use of emergency equipment. The most recent drill took place in February 2023 and reflected a safe, rapid response from all staff involved.

The service maintained comprehensive fire safety standards. This included an up-to-date risk assessment and a 6-monthly evacuation drill. In the most recent drill staff evacuated the premises in less than 1 minute, which reflected best practice and good standards of training.

Staff encouraged patients to remain in the recovery room until they felt able to leave. Recovery was typically fast, and staff helped patients, such as by offering chocolate to raise blood sugar.

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

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

The surgical team used the WHO surgical safety checklist during procedures to ensure they were well coordinated and proceeded safely. Audits of the checklist in the previous 12 months found 100% compliance with completion requirements.

The clinic manager audited compliance with the WHO surgical safety checklist quarterly. Results were consistently good and demonstrated 100% compliance with expected standards in the previous 12 months.

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

Refractive eye surgery

Staff maintained a stock of emergency medical equipment including an automatic external defibrillator (AED), an EpiPen, oxygen, and a first aid kit. This was appropriate for the level of care provided in the clinic as patients needed to be medically fit before undergoing treatment. Staff documented regular checks on emergency equipment to ensure items were intact and those with expiry dates were usable. The registered manager supplemented this with an annual emergency equipment audit that provided assurance that frequent checks were effective.

Staff maintained local contact details and opening times for emergency eye services in the area. This was part of the emergency care protocol in the event a patient needed urgent care. While this had never happened, staff maintained details as good practice.

The surgeon and registered manager provided 24/7 on demand aftercare for patients after surgery.

The registered manager tracked the reasons surgery was declined by the surgeon as part of a system to ensure risk assessments worked effectively. In 2022, the surgeon rejected laser treatment for 6 different reasons, including an out-of-range prescription and previously undiagnosed ocular problems found during the initial assessment. Laser eye treatment was unsafe for patients who were pregnant or breastfeeding and in 2022 the service declined to treat 2 patients for this reason. In such cases staff offered a timeline for potential future review and treatment.

Staffing

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

The service had enough staff to keep patients safe. The permanent clinic team included the registered manager, who was a glaucoma consultant in an NHS trust, a surgery manager, and 2 support staff. A surgeon worked under a practising privileges arrangement.

Nurses worked in the service as needed and the registered manager maintained records of the training and availability of nurses who provided locum services. Substantive staff said temporary or remote colleagues were easy to contact if they had pre- or post-operative questions about a patient and the communication system worked well.

The service had no vacancies at the time of our inspection and had a consistently low turnover rate, which was 0% in the previous 12 months.

Interruption to regulated activities due to staff sickness was very rare. The clinical team was small and knew each other well and supported each other to ensure the service ran well. Surgical care was pre-planned and in the event a member of staff was sick, the registered manager engaged with locum staff.

Locum staff completed inductions relevant to their role and spent a minimum period of shadowing experienced staff before working alone. The manager maintained up to date records of locum staff available to provide support, including a registered nurse, operating department assistants, and administrative staff. Each individual had undertaken the same induction as substantive colleagues and underwent a service update prior to delivering care.

The service maintained records of the surgeon's liability insurance and kept a Disclosure Barring Service (DBS) background check for all staff regardless of working arrangements. The provider required clinicians to be registered with an appropriate professional body, such as the Royal College of Ophthalmologists for surgeons or the General Optical Council for Optometrists.

Refractive eye surgery

The service was in the process of recruiting to a new assistant manager post and 2 new patient advisors to meet the demands on the service from a new contract to provide care to NHS patients.

Records

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

Patient notes were comprehensive, and all staff could access them easily. All the records we checked included clearly documented vital signs and risk assessments specific to the individual. For example, staff used 8 risk checks to identify potential reasons surgery may not be successful. Staff also carried out a detailed medical history with each patient to check conditions that might impact treatment, such as diabetes, asthma, and mental health conditions. Post operative care plans and discharge notes were detailed and evidenced patient involvement.

All treatment was provided on a private basis and there was no obligation for clinical staff to provide treatment summaries to GPs. Instead, the surgeon provided each patient with a discharge summary and sent a copy to their GP on request.

When patients transferred to a new team, there were no delays in staff accessing their records. The surgeon provided some aftercare consultations on a pre-planned basis and optometrists maintained long-term post-operative reviews.

Records were stored securely. Electronic records were stored in encrypted systems with restricted access. Staff secured paper records with secure, restricted access.

The registered manager audited a sample of 10 patient records annually. The audit checked the completion of 10 key items of information in each, such as a full medical history and documentation of treatment options. The most recent audit took place in March 2023 and found 100% compliance with standards of completion. The manager identified more timely scanning of paper records into the secure digital system as an area for improvement. The audit process and results reflected consistently good standards of practice.

Medicines

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

Staff reviewed each patient's medicines prior to treatment to ensure the planned procedure was safe. For example, some neurological, cancer, and psychiatric medicines presented a risk to patients and staff used the information to assess potential contraindications. Patients received dry eye, antibiotic, and anti-inflammatory eye drops to take home after treatment.

Staff followed systems and processes to prescribe and administer medicines safely. The surgeon and other trained staff administered prescription eye drops on approval from an optometrist or surgeon.

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

All medicines were in date and staff used an effective stock management system. Staff documented daily temperature checks on fridges used to store eye drops. A medicines management audit reflected consistently good standards of practice.

Refractive eye surgery

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

Incidents

The service had processes in place to manage patient safety incidents well. Staff recognised the criteria for reporting incidents and near misses. The registered manager ensured that actions from patient safety alerts were implemented.

Staff knew what incidents to report and how to report them. There had been no instances of treatment complications, incidents, near misses, or emergency transfers out of the clinic in the previous 12 months. This reflected the relatively low number of patients and the extensive planning staff undertook in advance of treatment. The registered manager maintained oversight of care and practices of working to ensure staff recognised the types of incidents to report.

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

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

The clinic manager reviewed national safety alerts to identify if they applied to the services offered at this clinic. They provided the team with updates on standard operating procedures and practices as a result.

The registered manager monitored safety incidents published by other services as a tool to ensure continuous learning and safety improvements. For example, after another provider reported an increase in post-operative infections following LASEK surgery, the service increased the number of aftercare appointments offered. Another provider reported increased post-operative flap complications. To reduce the risk, the service implemented a new process for goggles that required patients to wear these immediately after surgery and when they left the clinic.

Is the service effective?

Good 

We have not previously rated effective.

We rated it as good.

Evidence-based care and treatment

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

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

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

Refractive eye surgery

The clinic manager maintained clear audit trails that provided assurance of evidence-based care such as treatment outcomes and details of declined procedures by the surgeon.

Laser protection guidelines and local rules were up to date and available in the treatment room. The registered manager was the laser protection supervisor (LPS) and maintained appropriate training and registration. An appointed laser protection advisor (LPA) was in place and had completed annual regulatory requirements. They provided an on-demand advisory service, and the registered manager maintained a record of their credentials, such as board-certified competencies. The LPA carried out an annual review of the laser equipment and local rules to ensure staff safely and to the latest guidance.

The registered manager updated staff about changes to policies and standard operating procedure including those resulting from the Medicines and Healthcare products Regulatory Agency or other professional body updates and incident investigations.

Pain relief

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

Staff used a pain management plan during treatment. This included the use of pre-operative prophylactic pain medicine and local anaesthetic during surgery. After surgery, staff encouraged patients to recover in a dark room followed by steps to reduce discomfort such as limiting screen time and using over the counter pain relief. Staff prescribed a to take away anaesthetic for patients who underwent Lasek surgery and guided patients on safe and appropriate use.

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

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

Staff discussed pain management with patients during the pre-surgical consultant to help manage expectations. Patients often commented on pain in post-operative feedback noting they found the surgery to be painless with minimal discomfort, which staff managed well.

Patient outcomes

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

Outcomes for patients were positive, consistent, and met expectations, such as national standards. There were no national standards for the outcomes of laser refractive surgery and instead the service measured success through patient expectations and surgeon track record. In 2022, 100% of surgical treatments met the planned outcomes, with no adverse effects or complications.

Refractive eye surgery

Staff carried out a full examination of ocular health and status using a range of diagnostics during the pre-surgical assessment process and during each post-operative recall. This enabled the team to track recovery and outcomes. Where outcomes were not as expected, or staff found abnormalities, they referred patients to the nearest NHS specialist.

Patients agreed to structured check-ups for the first 6 months after surgery as part of a strategy to support the best possible outcome for each individual.

The service offered top-up surgery between 6 and 8 months after the initial procedure if this would be clinically beneficial.

Exact results of laser refraction surgery cannot be predicted with a high degree of accuracy and instead staff used a patient-defined outcomes system to determine if the outcomes met individual expectations. In the previous 12 months, 100% of patients described their treatment as worthwhile.

Patients consistently reported highly effective outcomes of treatment and commented on these through feedback channels. Recent patients referred to surgery as “life-changing” and “...the best thing I have ever done.” Every patient who completed recent online surveys noted they had experienced improved vision, and several described their vision as “perfect.”

In 2022, 12% of patients required an additional surgeon review after treatment, all of whom were discharged immediately afterwards. This reflected a track record of good outcomes with minimal complications.

Competent staff

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

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients. The clinic manager supported the learning and development needs of staff.

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

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

Staff had the opportunity to discuss training needs with the manager, who supported them to develop their skills and knowledge.

The registered manager supported staff to develop through yearly, constructive appraisals of their work. As the team was small and worked closely together, staff discussed training updates and opportunities frequently and the manager arranged ad-hoc support. They maintained an ongoing record of appraisals for surgeons checked with each individual's substantive NHS place of work.

Refractive eye surgery

Managers made sure staff attended monthly team meetings or had access to full notes when they could not attend. Minutes reflected consistent attendance with a clear process for tracking actions, updates, and changes to the service. Staff signed and dated meeting minutes to indicate they had read and understand action plans and updates.

Staff worked with the boundaries and guidance of their professional body. The surgeon was registered with the General Medical Council (GMC) and certified by the RCO to provide refractive eye surgery.

Multidisciplinary working

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

Staff worked across health care disciplines and with other agencies when required to care for patients. Where patients presented with complex needs, staff liaised with other professionals to establish if treatment was clinically appropriate. The surgeon practiced substantially in NHS services and provided referrals for patients who needed ophthalmic surgery for conditions such as cataracts and glaucoma.

Staff referred patients for mental health assessments when they showed signs of untreated mental ill health or depression that prevented them from accessing treatment. They worked with mental health professionals to establish a better understanding of the needs of patients to identify if treatment options could be safely offered.

Staff referred patients for further investigation or specialist care and treatment based on the urgency of the patient's need.

Patients received lifetime aftercare in the provider's optician's service. The optometrist worked closely with the surgeon and coordinated aftercare in the first 3 months after surgery to ensure staff maintained the most appropriate level of testing and scanning for each patient.

Seven-day services

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

The clinic offered services based on patient demand. Appointments were pre-booked, and staff offered services up to 7 days per week from 7am to 7pm. If surgery was in operation on a Saturday, the service opened on Sunday to provide patients with mandatory post-operative checks.

Health promotion

Staff gave patients practical support and advice to maintain good eye health.

The provider's overarching care ethos and framework was based on prevention of avoidable disease and poor health outcomes. Staff provided each patient with individualised lifestyle advice during consultations to help them manage ocular health effectively and in line with their hobbies and work activities.

The registered manager measured the completion of lifestyle advice during consultations as part of the annual patient records audit. The most recent audit in March 2023 found staff completed lifestyle checks in 100% of cases.

Staff provided patients who experienced dry eyes or allergies with extra post-operative care advice and guidance to prevent them causing damage by itching.

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. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They gained consent from patients for their care and treatment in line with legislation and guidance and at each stage of treatment. For example, clinical staff gained consent at the pre-assessment stage and again on the day of treatment. This ensured the patient fully understood the plan and potential outcomes and risks. As all laser surgery carries some degree of risk, staff ensured patients fully understood this during the consent process.

The registered manager audited the completion of consent documentation as part of the annual records audit. The most recent audit found 100% compliance with expected standards. Staff made sure patients consented to treatment based on all the information available. They ensured each patient had a cooling off period of at least 7 days before surgical treatment. The maximum cooling off period was 4 weeks in advance of treatment, after which staff repeated the clinical review and consent process to ensure the patient remained suitable for the procedure.

Staff received and kept up to date with training in the Mental Capacity Act 2005. They understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act and they knew who to contact for advice. All care provided was elective and if a patient could not consent, or could not understand the potential benefits and risks, staff suspended treatment and sought specialist input.

Staff used a pre-treatment questionnaire to support the consent process. The questionnaire required patients to document they understood their treatment plan, its implications, and the information provided around potential success and outcomes.

Is the service caring?

We have not previously rated caring.

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

The same surgeon always saw the patient for consultation, surgery, and immediate aftercare. This ensured continuity of care and helped provide the patient with reassurance and dependable support.

Refractive eye surgery

In the previous 12 months, 100% of patients who completed a post-surgical questionnaire said staff had treated them with dignity and respect. A patient commented, “All the staff are really nice. The receptionist, owners, and other staff, they’re all calm and polite.””

Staff followed policy to keep patient care and treatment confidential. They ensured private consultations took place in appropriate areas and offered patients private spaces for conversation.

Emotional support

Staff provided emotional support to patients, families, and carers to minimise their distress.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff supported patients who became distressed or anxious and helped them maintain their privacy and dignity.

Staff had a clear understanding of the anxiety eye surgery could cause. They spoke with patients before and during treatment to help calm their nerves. We observed a member of staff spend time with a patient’s relative who was nervous about their planned treatment. They asked about the relative’s worries and explained the steps in place to ensure safety, adapting their tone and language to the individual. This approach worked well and addressed the person’s concerns and apprehension.

Patients often felt emotional with the immediate positive impact of laser surgery and staff provided support to help them adjust to their new vision standards.

Patients wrote positively of the emotional support offered by staff in feedback. A recent patient noted, “On the day of the surgery I was made to feel relaxed, and everything was explained in a very reassuring way. It was wonderful. ...wonderful care and advice.” Another patient noted, “The service was BRILLIANT. The staff are lovely and put me at ease during every step of my laser eye surgery process.”

Staff understood the emotional and social impact that a person’s care, treatment, or condition had on their wellbeing and on those close to them. Patients commented positively on their experiences through feedback.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. They provided individualised advice and guidance to help patients stay safe after their treatment.

Staff spent time with patients prior to surgery to make sure they fully understood the nature of their proposed treatment. For example, the service did not guarantee the exact results of any laser surgery and instead projected the success of treatment based on clinical assessment. The surgeon discussed this with patients to help them make the best decision for their needs.

Staff worked closely with patients to understand their specific needs. For example, they helped a patient coordinate their treatment with a planned holiday so they could safely go swimming.

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

Refractive eye surgery

Staff recognised the nature of laser surgery meant it was a significant personal decision and wanted to make sure people were making decisions with all the information at hand. This ensured each patient received standardised information about the type of treatment recommend along with individualised advice to help them make the best decision for them.

In the previous 12 months 100% of patients said they were properly informed of the proposed treatment, its potential benefits and risks, and the cost. Staff measured this through the patient questionnaire and results were consistently good.

Staff included a discussion of potential risks during the consent and pre-assessment process. This included the consequences of not achieving planned outcomes such as a negative impact on emotional wellbeing and social life. If patients wished to avoid such risks, staff worked with them to identify other treatment options.

All care offered was on a private basis and most patients paid for their own treatment. Staff discussed costs with each individual prior to treatment and made sure they fully understand what they were paying for and the cost of each stage.

Staff discussed the implications of pre-existing conditions with each patient and ensured they had all the information available to help them make an informed decision about treatment options.

Patients commented positively on the information given by staff and about communication prior to surgery. In feedback a recent patient noted, "I received wonderful support, information and advice when I was thinking about surgery and in preparation." Another patient noted, "Optyco have been brilliant from the first contact right the way through to the aftercare I've received." Other recent feedback reflected how patients felt about being involved in their care. For example, 1 recent patient noted, "I felt like I could ask them [staff] anything at any point. The surgeon was fantastic, he told me everything that he was doing, definitely helped to ease my nerves."

Is the service responsive?

Good 

We have not previously rated responsive.

We rated it as good.

Service delivery to meet the needs of people

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

The senior team planned and organised services, so they met demand. The service was a family run business with a small core team of staff who took responsibility for delivering tailored, personalised care.

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

Refractive eye surgery

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

Staff took action to minimise missed appointments. All care was elective, which meant there were no urgent risks if a patient missed an appointment. Staff reminded patients of appointments using their preferred method, such as e-mail or text message, and contacted patients if they missed an appointment.

The service offered lifetime aftercare, including eye tests, beginning with structured check-ups following surgery. The surgeon established the frequency of follow up appointments based on the individual's needs and patients could request these more frequently if they had any concerns.

Staff offered a range of diagnostics to assess suitability of laser eye treatment. These included consultations, slit lamp examination, fundus examination, cyclo refraction, pachymetry and corneal topography. Where staff identified a need for more complex surgery, they referred patients to other specialists, such as for the investigation of corneal irregularities.

The provider had an up-to-date equality policy that guided staff in the delivery of care and treatment that adhered to the Equality Act 2010. The registered manager assessed staff training and the provider's standard operating procedures to ensure all aspects of the service facilitated an environment free from discrimination.

A mental health policy extended work to facilitate equality of care and ensured staff provided clinically based consultations and treatment adapted to needs relating to conditions such as a learning disability or dementia.

Meeting people's individual needs

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

Staff made sure patients living with mental health problems, a learning disability or dementia, received the necessary care. Staff were trained to provide care to people living with such needs and assessed whether surgery was safe and appropriate for them.

The service was designed to be accessible for patients with additional needs. All areas could be accessed step-free. The registered manager carried out an annual disability access assessment to check on areas such as clear, well-lit entrances and walkways.

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

The registered manager carried out an annual access audit of the premises to assess features such as external lighting and paving as well as the condition of internal flooring and grip rails on stairs. This process helped staff to objectively identify maintenance needs from the perspective of those with reduced mobility. The manager completed the most recent audit in January 2023 and found a good standard of accessibility options.

Access and flow

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

Refractive eye surgery

The service did not have a waiting list. Patients were seen in the next available slot for their consultation or surgery and staff scheduled appointments and treatment lists based on demand.

The surgeon and registered manager were both in post with NHS providers. This supported integration with NHS services and meant staff could provide current and accurate information to patients on the varying aspects of public and private healthcare.

Optometrists offered urgent appointments in each diary list to provide short notice care for post-operative patients who needed review or support in between planned aftercare appointments.

The service asked patients about their experience of service availability as part of a satisfaction questionnaire. In the previous 12 months 100% of patients said they were satisfied with the availability of appointments.

The service operated within a clearly defined scope of care. The senior team managed a service level agreement with the local NHS trust that enabled them to refer patients onwards for care that could not be provided on site.

Post-operative appointments were prebooked at 1 day, 1 week, 1 month, 3 months, and 6 months after surgery. The team then scheduled check-ups based on individual need.

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 and had a policy to investigate them and share lessons learned with all staff.

Patients knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. This was on display in the reception area and more details were provided in printed service information provided to patients. Patients could also access the information from the service's website. The policy established the service's timeframes for responding to and resolving complaints along with arrangements for independent adjudication in the event a patient was dissatisfied with the service's resolution.

The service had received no formal complaints in its entire period of operation. The registered manager resolved informal concerns at the time they arose, which was reflected in consistently high patient satisfaction.

Staff learned from challenging sessions and adapted the service accordingly. For example, the team extended consent appointment slots and surgical treatment times following delays to a busy clinical list in early 2022.

Is the service well-led?

Good 

We have not previously rated well-led.

We rated it as good.

Refractive eye surgery

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 was an NHS consultant and, along with the surgery manager, led the team and service. The provider's senior management team included the registered manager, clinic manager, and an optometrist.

All staff had direct lines of communication to the registered manager for support or guidance at any time the clinic was open.

All staff we spoke with described positive working experiences with senior colleagues and there was a good working atmosphere during our inspection. Patient feedback reflected good standards of leadership.

Each member of staff had the opportunity to plan their development, through the appraisal, supervision, and continuing professional development processes. The senior team recognised the benefits of gaining experience across different organisations and health systems and empowered staff to explore development opportunities in NHS services.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of quality services.

The overarching vision and strategy centred on the guiding principle of high-quality care.

Staff were committed to the service and understood the provider's vision and values. They recognised the pressures on the independent care sector and worked to keep services accessible and affordable. The senior team worked to integrate private surgery options with NHS services so that patients understood the different choices available to them.

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. The service had an open culture where patients, their families and staff could raise concerns without fear.

The service was a family business and the close-knit team worked well together. They had recently introduced a new development scheme for university students to join the service to gain experience in the sector. The first student was in place and spoke highly of the team and the opportunities they provided.

Staff recognised eye surgery was a significant decision for patients and delivered the service based on good ethical principles. Patients could cancel planned treatment up to the point of surgery and did not pay a deposit. This reflected a strategy to ensure patients did not feel financially obligated to undergo treatment.

The registered manager carried out an annual equality, diversity, and human rights survey amongst staff. This reflected the nature of the small team and provided assured each individual felt supported and understood the most recent version of the equality policy.

Refractive eye surgery

The senior team valued equality and diversity in the clinic and implemented strategies to ensure this led to an equitable place to work and receive treatment. Each member of the team took the lead in an annual update relating to equality and diversity. For example, 1 individual led the team on an annual quiz of legislation and another audit the completion of diversity monitoring data provided anonymously by patients. This helped to embed the principles of the provider's policy into daily practice.

Open communication with patients was a key aspect of the service and the registered manager promoted this as part of a wider focus on good working culture.

Governance

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

The registered manager led a monthly compliance meeting that included sharing learning from incidents and complaints in other services in lieu of no negative feedback in this service. They used this time to review the service provision and adapt care based on feedback and changes to national standards or guidance.

The registered manager maintained policies and standard operating procedures and worked with colleagues, including the surgeon, to ensure they reflected the latest understanding of best practice.

Lens surgery was infrequent, and the service offered this an average of 10 days per year. The surgeon provided this service using a standard operating procedure from their home NHS trust. The registered manager planned treatments in advance and ensured standards of practice met governance requirements, including for reporting incidents and patient care.

Management of risk, issues, and performance

Staff 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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The registered manager and their team used the clinical governance and risk management policy to guide the operation and monitoring of the service.

The registered manager maintained a local risk register to track key risks in the clinic. At the time of our inspection the local risk register had 7 active items. Each risk had a named, accountable person and documented updates and mitigation.

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

The registered manager led the quality management system, which was guided by a policy that incorporated a range of audits and quality indicators. These included treatment and consultation reviews and thematic oversight of patient feedback from the survey tools.

Refractive eye surgery

The service had contingency plans in place for equipment or premises failures to reduce the impact on patient care. All staff had access to escalation and support contact details in the event the registered manager was off site during an urgent situation.

An arrangement with the nearest NHS trust provided assurance the service had systems in place to manage patients with previously undiagnosed or complex health needs, such as for refractive lens exchange. This reduced the risk patients would be lost in the system because staff in this service could refer them directly to an NHS specialist.

The service audited the number of patients who proceeded from consultation to surgical treatment as a key performance indicator. In 2022, the surgeon found 67% of patients suitable for surgical treatment and 29% ultimately proceeded with treatment.

Information Management

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.

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

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

The service maintained data protection registration with the Information Commissioner's Office, which provided patients with assurance that their personal information was protected to a national standard.

Engagement

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

The service provided a wide range of information and communication to engage patients in care and treatment. For example, staff provided a patient guide that detailed the types of laser treatment available along with typical benefits and risks. They provided the most up to date data available on success rates to help patients make informed choices.

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

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

Staff encouraged patients to complete a questionnaire in the clinic after each episode of care. Patients also had the option to complete an online survey the provider had designed as bespoke to the service. They asked patients to do this until discharge from the service as a method to track their experience and better understand if there was room for

Refractive eye surgery

improvement at specific stages of care. Patients reported consistently high standards of satisfaction. In the previous 12 months, 100% of respondents said they would recommend the service to friends and family and that staff were responsive to requests and questions. Recent comments included, “Everything was perfect. True professionals,” and, “It was a very quick, smooth surgery. Staff are supportive. Highly recommended.”

All 116 patients who completed an online review of the service rated it with a maximum 5 stars.

Staff meeting minutes demonstrated a consistent focus on patient communication and engagement, such as how they acted on feedback to continue developing the service.

Staff discussed each patient’s occupation and hobbies with them during the initial consultation. This enabled them to establish if laser eye correction was safe and appropriate based on lifestyle indicators, such as participation in sports or safety critical jobs.