

SMV PVT LTD

Lumivision Laser Eye CLinic

Inspection report

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

Ratings

Overall rating for this location	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 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. Medicines were managed well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents and learned lessons from them.
- Staff provided good care and treatment. Staff worked well together for the benefit of patients and supported them to make decisions about their care. Key services were available to suit patients' needs seven days a week. Staff gave pain relief to patients when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent.
- 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. People could access the service when they needed it and did not have to wait too long to access treatment at the service.
- 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. 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 and the community to plan and manage services and all staff were committed to improving services continually

However:

- The provider should ensure all recruitment and fit and proper person information is available in staff files.

Summary of findings

Our judgements about each of the main services

Service

Refractive eye surgery

Rating

Good



Summary of each main 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. Medicines were managed well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents and learned lessons from them.
- Staff provided good care and treatment. Staff worked well together for the benefit of patients and supported them to make decisions about their care. Key services were available to suit patients' needs seven days a week. Staff gave pain relief to patients when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent.
- 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. People could access the service when they needed it and did not have to wait too long to access treatment at the service.
- 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. 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 and the community to plan and manage services and all staff were committed to improving services continually

Summary of findings

However:

- The provider should ensure all recruitment and fit and proper person information is available in staff files.
-

Summary of findings

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Summary of this inspection

Background to Lumivision Laser Eye CLinic

Lumivision Laser Eye Clinic is operated by SMV PVT Ltd. The service provides surgical eye procedures for patients aged 18-years and over who wish to fund their own treatments. The surgical eye procedures provided included Lasik and Lasek laser eye treatments. The difference between the two is how your cornea is opened to allow the laser through. The service also provides cataract surgery, implantable contact lenses, lens replacement and YAG laser procedures. YAG is a laser surgery that is performed to create a small hole in the cloudy lens capsule. This allows light to pass through the membrane to the retina at the back of the eye and restore vision. At the time of the inspection, the service was mostly providing Lasek and Lasik surgery.

The main service provided by this service provider was surgery. We inspected this service using our comprehensive inspection methodology. We carried out a short-announced inspection of the service on 13 August 2022.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so, we rate services' performance against each key question as outstanding, good, requires improvement or inadequate. Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

What people who use the service say

Patients we spoke with were all very positive about the service they received and the staff who provided it. Patients told us everything was clearly explained, and they knew what to expect.

How we carried out this inspection

We carried out a comprehensive inspection of the service under our regulatory duties. The inspection team comprised of a lead CQC inspector and a Specialist Advisor. A Specialist Advisor is someone who has up-to-date and credible clinical and professional knowledge and experience of similar services. The inspection team were supported by an offsite CQC inspection manager.

We gave the service short notice of the inspection because we needed to be sure it would be in operation at the time we planned to visit. We spoke with members of staff including the registered manager and nominated individual, eye technician and receptionist. We also spoke with patients who used the service, reviewed 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>.

Areas for improvement

Action the service **SHOULD** take to improve:

Summary of this inspection

- The provider should ensure all recruitment and fit and proper person information required by schedule 3 is available in staff files.
- The provider should ensure their training policy is updated in line with national guidelines and staff have the training identified as good practice.
- The provider should ensure emergency equipment is checked daily to remove the potential for out of date items being used in an emergency.
- The provider should ensure details about medicines are always recorded in patients' notes.
- The provider should ensure incidents are reported when they are identified.

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 rated safe as good.

Mandatory training

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

Although the provider did not have a training policy to determine the training required for each role, the nominated individual told us staff were expected to have basic life support, safeguarding adults and children and infection prevention and control, data security and fire safety. The provider had a personnel file front sheet which had this training listed, which also stated how often the training should be refreshed. As staff had substantive posts with other large employers, they completed their mandatory training with their primary employer. All staff had completed the training identified for their role and provided copies of their certificates to the registered manager. However, the UK Core Skills Training Framework identifies additional training required which includes equality, diversity and human rights; health, safety and welfare; conflict resolution; moving and handling; preventing radicalisation and resuscitation.

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 level two and adults level two formed part of the mandatory training programme for staff. The registered manager was the safeguarding lead and was trained to level three, all staff had completed level two safeguarding children and vulnerable adults training, in line with the provider's policy.

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

The service had up-to-date safeguarding policies, one for children and one for adults. 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.

Refractive eye surgery

All staff had up to date DBS checks in place.

Cleanliness, infection control and hygiene

The service controlled infection risk well. 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 visibly clean and had suitable furnishings which were clean and well-maintained. An external company deep-cleaned the theatres twice a month, the front area twice a week and clinical areas and theatres the day before surgery. The provider had a surgery day checklist which was completed at the start and end of surgeries.

Staff were 'bare below the elbow' and adhered to infection control precautions throughout our inspection, such as hand washing, using hand sanitisers when entering and exiting the unit and wearing personal protective equipment (PPE) when caring for patients.

Staff had easy access to PPE such as masks, caps and gloves. There was enough access to antibacterial hand gels. Most areas had handwashing and drying facilities, but not the consultation room. Staff cleaned equipment after patient contact.

Staff worked effectively to prevent, identify and treat surgical site infections because everyone was given topical antibiotics and iodine before surgery and at other times as appropriate.

The environment for laser equipment was maintained by air conditioning which was permanently on. This ensured the equipment was maintained at 21 degrees and optimal humidity. The ventilation system in theatre was set to 20 air exchanges per hour (AEH), which was more often than the Royal College guideline of 15 AEH.

The service ensured surgical instruments were decontaminated in accordance with Health Technical Memorandum (HTM) 01-01: management and decontamination of surgical instruments (medical devices) used in acute care by using disposable instruments for Lasek surgery.

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 service had suitable facilities and had enough suitable equipment to meet the needs of patients. The design, maintenance and use of facilities, premises and equipment kept people safe. The facilities were accessible for people using a wheelchair. The patient's toilet was wheelchair accessible and had an emergency call cord.

Equipment was operated and maintained consistent with the manufacturer's recommendations. There were service contracts for the equipment and a clear process for maintaining them and rectifying any faults. The provider arranged for a specialist organisation to complete the safety checks and these included annual maintenance checks. There was a process for the safe handover of equipment after maintenance. Staff were trained to use equipment.

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.

The service had an emergency first aid kit and the contents were within expiry date. The service had an oxygen defibrillator and resuscitation equipment, an anaphylaxis kit, blood glucose monitor and blood pressure kits. Glucagon

Refractive eye surgery

was stored in the fridge. Staff did not undertake daily checks of emergency equipment. The service also had a pulse oximeter, this was used to monitor patients' pulse and saturation levels when doing cataract surgery. Gases used for the laser and oxygen were managed by the supplier. Staff were up-to-date with basic life support training. Staff told us in case of an emergency they would call 999.

Staff did not visit people in their homes to complete tests.

Records showed other checks such as electrical equipment tests, fire extinguishers, legionella testing and the fire risk assessment were all completed.

Assessing and responding to patient risk

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

The service had an admission/screening policy which set out safe and agreed criteria for admission of people using the service for each procedure. For example, staff would not book treatment appointments for people aged over 65-years old. The consultant would see people aged over 60 years for advice, but rarely treated people over 60. This was a decision taken by the registered manager because although there is no upper age limit when it comes to having laser eye treatment, your suitability will be determined by the health of your eyes and the thickness of your cornea. Patients aged between 44 and 55 years were able to book and the registered manager, who was a consultant, would discuss their needs with them. Patients completed information about their medical history, any medicines they were taking and any allergies they had in a questionnaire.

Each patient had a risk assessment which included details of their occupation, GP and optician. Risk assessments included questions such as whether the patient took part in contact sports, which would mean they would not be suitable for Lasik treatment.

Staff did not use a nationally recognised tool to identify deteriorating patients because they felt this was not appropriate for the service. Staff explained they could have an emergency such as anaphylaxis or a heart attack to manage and said they would call 999 and request an emergency ambulance to transfer the patient to the nearest accident and emergency department. The registered manager was a consultant and the nominated individual was also a doctor, they would maintain a patient until they were transported to hospital.

Staff shared key information to keep patients safe when handing over their care to others. Patient pathways were in place for the referral and transfer of patients to local NHS hospitals in the event of an emergency.

Staff arranged follow up calls after each procedure, with the initial call arranged on the day after the surgery to ensure aftercare arrangements were reviewed, and the patient's questions answered.

The service used the World Health Organisation (WHO) surgical safety checklist for patients throughout the perioperative journey, to prevent and/or avoid serious patient harm.

Staffing

The service had enough medical and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

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Staffing levels were compliant with recommendations from the Association for Perioperative Practice (AfPP) and Royal College of Nursing (RCN) guidance. On surgery days there was a minimum of three people in theatre, though the nominated individual told us often there were four staff. Staffing always included the consultant, then either a nurse and a technician or two nurses. The nominated individual told us this was a higher ratio in terms of staff to patients than the minimum required.

The consultant could adjust staffing levels according to the needs of patients. Rotas were planned in advance and any gaps could be filled at short notice if staff became unavailable.

The registered manager was the consultant who performed the procedures. Surgeries were performed one day a month. The number of patients on that day's lists and the procedures they were going to undertake determined the numbers of additional staff. All the staff we spoke with were happy with the current staffing levels. They felt there were appropriate numbers and skill mix for the patients that were being treated. The registered manager had a service level agreement with two ophthalmologists who would provide the required service should the registered manager not be available, for example if the registered manager was sick. This ensured there was access to consultant medical input if required in an emergency and post-operatively. Patients were given the surgeon's personal mobile phone number and were told they could telephone any time.

Staff were self-employed with substantive posts elsewhere. One member of staff was employed on a zero hours contract. Self-employed staff worked on surgery days, one day a month, because their main job was elsewhere.

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.

Records were clear, up-to-date, stored securely and easily available to all staff providing care. We reviewed the records for six patients and found staff completed documentation in line with General Medical Council (GMC) best practice. For example, notes were contemporaneous, dated and signed. Staff detailed each patient's medical history and prescription medicine history along with a clear plan of the next steps in their treatment.

Patient notes contained a copy of patients consent forms. The consent forms we saw were legible and included the risks and benefits of the procedure the patient was undergoing. Patient records were stored appropriately. Access to the computers and patient confidential information was password protected, with staff having access via passwords. Copies of peri-operative treatment plans were recorded in patient notes. These included the five-step surgical safety check list and details of any surgical aids used during surgery. Theatre registers were comprehensive and included details of patient procedures and consultant operations.

Medicines

The service used systems and processes to safely prescribe and administer medicines, however, but medicines were not always recorded in patients' notes.

Medicines were only managed by clinically trained members of staff, the registered manager and nominated individual. They followed systems and processes when safely prescribing and administering medicines. Private prescriptions were written so prescription pads were not needed. Patients were given an information sheet which explained what their drops were for and how to administer them. Patients' discharge letters contained information about the medicines the patient had received, but medicines were not always recorded in patient notes. All medicines were within the manufacturer's expiration date.

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Medicines were stored in the laser room. The temperature and humidity of the laser room were recorded and were constantly maintained by an air conditioning unit.

Incidents

The service had processes for managing patient safety incidents. Staff could recognise and knew how to report incidents and near misses. Managers would investigate incidents and share lessons learned with the whole team and the wider service. If things went wrong, staff would apologise and give patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

The provider had an incident management policy which referenced 'duty of candour'. The service had never recorded any accidents or incidents. The provider had not reported the lack of recording medicines in patients' records as incidents. Managers were clear about their role for investigating other incidents and sharing lessons learned with the whole team and the wider service. The nominated individual told us, "In the event of an incident this would be discussed at our governance meetings and a plan made for disseminating any learning and changes to the bank staff."

The provider's policy gave information about what should be done when things went wrong, this included staff apologising and giving patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff demonstrated knowledge of incidents in other locations for which staff had used the DoC and used these as training and development opportunities.

Are Refractive eye surgery effective?

Good 

We rated effective 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.

Surgical staff followed national guidelines from the Royal College when undertaking procedures. The consultant was up-to-date with continuing professional development and revalidation requirements.

Staff followed up-to-date policies to plan and deliver high quality care according to evidence-based practice and national guidance. Clinical guidelines and policies were available for staff reference. All the provider's policies we reviewed were compliant with current guidance and best practice and were in date.

Nutrition and hydration

Staff took into account patient's individual needs.

The service did not provide food for patients visiting the centre. However, water was available. Patients did not need to fast before their treatment.

Refractive eye surgery

Pain relief

Staff provided topical drops to provide pain relief in a timely way.

Patients were given a local anaesthetic in the form of topical drops, which the consultant or nominated individual applied. At the time of the treatment patients experienced discomfort rather than pain. Patients were given information about how to manage any post-treatment pain.

Patient outcomes

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

The registered manager conducted regular audits to monitor the service. This included infection prevention and control audits, an audit of patient case notes and audits of surgical outcomes. Audits did not identify the lack of recording patients' medicines in their notes as an issue or as incidents. Learning from clinical audits was discussed with staff during the daily meetings that took place on surgery days. The registered manager audited the outcomes of laser treatments. The data, available for 2018 and 2019, showed outcomes for all patients were positive.

Patients underwent an eye surgery consultation, assessment and a medical review before treatment. Outcomes from these reviews were used to identify how successful it was likely to be for the intended outcomes to be achieved for each individual patient.

Patient outcomes were monitored following discharge through follow up appointments. Patients were given a series of appointments to review their progress. Patients were seen on day one after the surgery, then days five to seven. Their third appointment was between four and six weeks post surgery, their fourth appointment was three months post surgery and their final appointment was at six months post surgery. The nominated individual told us some patients, particularly those who had travelled a long distance, sometimes did not attend their three and six-month appointments because they said everything was fine. These patients were offered telephone consultations instead.

The service provided evidence of benchmarking against similar organisations on monitoring patient outcomes. Surgical data was sent to the European Society of Cataract and Refractive Surgery; the service's results were better than average. A retrospective audit of all patients treated at Lumivision Eye Clinic from the period May 2021 to April 2022 was performed. Not everyone wanted to achieve (6/6) vision, this was because some people wanted to be corrected for reading (monovision) hence reduced distance visual acuity was the intention. Based on the European Registry of Quality Outcomes for Cataract and Refractive Surgery audits showed that all the standards currently achieved across Europe were being exceeded, The visual acuity standards of (6/6) or better were achieved by 98% of treatments compared to the standard of 68.9% set in the registry.

The clinic did not submit data to the Private Healthcare Information Network (PHIN).

The nominated individual reported that 100% of patients were happy with their treatment in the 12 months preceding the inspection.

Treatment outcomes were measured in terms of the visual acuity for every patient. Outcomes for patients who undergone eye surgery were positive, consistent and met expectations, such as national standards. Out of 274 treatments recorded in the last year at the clinic there had been no reported complications.

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Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held 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 according to their role. The consultant attended relevant conferences such as the European Society of Cataract and Refractive Surgery conference and undertook work for the NHS.

Not everyone had full employment history and an up-to-date curriculum vitae on file. The service had obtained two references for most staff in line with their policy, but one member of staff had one reference. We also saw evidence of induction training, qualifications, and professional memberships were kept on file. Staff had annual one-to-one meetings where they discussed their role, aspirations and how they wished to develop their skills.

Multidisciplinary working

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

Doctors, technicians and nurses worked together as a team to benefit patients. They supported each other to provide safe care. The team worked well together, with care and treatment delivered to patients in a co-ordinated way. Staff were seen to be supportive of each other to provide the best care and experience for the patient.

The nominated individual explained the team was very small so formal meetings weren't appropriate. Instead, they had daily huddles on surgery days where they were able to discuss anything needed. The service operated a clinical discussion group where information was shared before surgery days to give staff the information they needed.

Patients gave consent for their GP to be contacted when required. All patients were given a letter to give to their GP's post procedure; it was the patients' responsibility to ensure that the GP received this letter.

Seven-day services

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

The registered manager was responsive to patients who needed additional advice and support, responding to messages and calls seven days a week.

Patients were able to book their appointment online at any time. Patients could also make a booking using the service's call centre, which gave patients flexibility.

Health promotion

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

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. This included providing reference materials and signposting to other services.

A wide range of bespoke printed health promotion leaflets were available in the centre. These were evidence-based and tailored to common eye conditions. For example, leaflets such as Understanding Glaucoma, Understanding Cataracts and information about laser surgery were on display.

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The clinical team provided targeted health education to patients during their care and treatment. For example, staff tailored health promotion guidance for patients with severe eye conditions. The consultant provided general ophthalmology consultations and could identify conditions such as glaucoma. Patients were referred to their GP where appropriate.

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 gained consent from patients for their care and treatment based on all the information available and in line with legislation and guidance. Staff understood their responsibility to gain consent from patients before continuing with the examination. They explained care and treatment to patients to gain their consent and recognised and respected patients' choice.

Staff clearly recorded consent in the patients' records. Patients were given information about aftercare and leaflets were available to help patients understand their conditions. Staff had access to a policy which gave clear guidance on consent and obtaining consent.

Are Refractive eye surgery caring?

Good 

We rated caring 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 took time to interact with patients. Patients reported that staff were polite, courteous and attentive. Patients told us staff introduced themselves and treated them with kindness and respect.

Staff were seen to be considerate and empathetic towards patients. During our inspection, we spoke with three patients, who were all very positive about their care and treatment. They told us the staff were kind, caring and listened to their concerns.

In theatres, we observed staff interacted with patients in a professional and pleasant manner. At all stages, patients were treated with dignity and respect. Staff made sure patients were comfortable and had the opportunity to air any concerns.

Staff followed policy to keep patient care and treatment confidential. The privacy and dignity of patients was maintained by ensuring patient's information was kept secure, and doors were closed.

Emotional support

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

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Staff gave patients emotional support and advice when they needed it. Staff showed sensitivity and support to patients and understood the emotional impact of them having surgery. Patients we spoke with told us the consultant had carefully explained the procedure and alternatives they felt well informed and not rushed in making decisions.

Patients told us staff regularly checked on their wellbeing and to ensure their comfort. Patients were able to telephone the service after discharge, for further help and advice.

Patients reported that if they had any concerns, they were given the time to ask questions. Staff made sure that patients understood any information given to them before they left the service.

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.

Patients felt fully informed about their care and treatment. All the patients we spoke with had a good understanding of their condition and proposed treatment plan, as well as where to find further information.

We observed and were told by the patients that they were given time to ask questions about their care and treatment. We observed staff introduced themselves and communicated well to ensure that patients and their relatives/friends fully understood about care.

Staff spoke with patients sensitively and appropriately dependent on their individual needs and wishes. Patients we spoke with following their consultation told us that they felt they had been fully informed of upcoming treatments, test results and their next appointment.

Patients gave overwhelmingly positive feedback about the service. Comments included, “Fantastic experience from start to finish. I am happy to recommend this service, couldn’t have asked for anything more” and, “I couldn’t be happier with the results and the customer service.”

Are Refractive eye surgery responsive?

Good 

We rated responsive as good.

Service delivery to meet the needs of local people

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

The service planned and provided care in a way that met the needs of the patients it served. Services provided were elective and pre-planned procedures only. There were no emergency eye surgery services provided.

Services were planned to ensure continuity of care. The service ensured patients had all the necessary information and clear explanations of what to expect through their consultation process and detailed forms in use.

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Services were provided for the immediate local population and surrounding areas and patients were also accepted from further afield. Patients who travelled a long distance were informed they needed to stay nearby so they could attend for their first check done the day after surgery and would need to come back for their one-week and one-month checks. Staff informed us that services were planned and delivered for all persons who wished to use the service except for those deemed medically unsuitable.

Meeting people's individual needs

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

The service took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. Patients with mobility difficulties could access the clinic, there was an accessible toilet with an emergency alarm for wheelchair users.

The service had a strict criteria with regards to the patients that could be treated at the clinic. The clinic was designed to provide low risk procedures under local anaesthetic only. For example, people aged over 60 years were not offered consultations, although there is no upper age limit for laser eye surgery.

Patients were provided with information about aftercare and post-operative appointments. This included contact details of the consultant should they need to contact them.

Services were tailored to each individual patient's needs without exception. This included amending and reassessing the patient's needs and expectations at each stage of the pre-assessment process.

Access and flow

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

The service had a clear exclusion criterion and these included patients requiring critical care, infectious conditions, mental health conditions and patients under the age of 18 or over the age of 60 years. The service only treated patients they had the facilities and expertise to care for.

Patients we spoke with told us that they had not had to wait long to get their appointment and when they arrived at their appointment, they were seen within 5 to 10 minutes of their arrival. The nominated individual explained patients were given at least a week between their first consultation and procedure recommendation and surgery; as recommended by the Royal College, to ensure they had time to think about the procedure before going ahead.

Staff supported patients when they were discharged and during their after care. We observed how staff supported patient's post-surgery by providing information and advice relevant to their procedure and encouraging them to contact the service should they have any questions or concerns. Patients could contact the consultant outside of normal working hours. All patients were seen the day after their surgery to review how they were recovering.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service had a policy in place which detailed how concerns and complaints would be investigated and shared lessons learned with all staff. This included involving patients in the investigation of their complaint.

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It was easy for people to give feedback and raise concerns about care received. The service had not received any complaints, but the staff were aware of the policy which described how to manage complaints. The policy described how to treat concerns and complaints seriously, investigate them and share lessons learned with all staff. We spoke with staff who were able to describe how they would support a complainant, be it informal or formal, and how a complaint was escalated and managed by senior managers.

Managers regularly reviewed feedback received through search engines, social media and feedback forms. The service was rated five stars from 96 reviews on a well-known platform. The service was also rated five stars on a social media platform from 26 reviews. They shared feedback with staff and learning was used to improve the service. For example, staff showed people the laser room where their procedure would take place if they were anxious/nervous beforehand to familiarise them with the room. The provider received good feedback as a result. Other changes included staff not parking their cars in the car park to ensure there were plenty of car parking spaces and patients were given an extra bottle of drops.

Are Refractive eye surgery well-led?

Good 

We rated well-led as good.

Leadership

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

Leaders had the experience, 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 nominated individual told us that the service had an open-door policy and staff confirmed that this was the case. Staff told us they were proud to work for the service.

The consultant was an NHS Consultant at a local hospital who had multiple first author publications in peer-reviewed journals and regularly took part in ophthalmology conferences throughout the world. The consultant was involved in teaching of ophthalmic nurses, medical students and junior ophthalmologists.

All staff we spoke with were positive about the leadership structure and their relationships with the team. The clinic leadership team were experienced and demonstrated a good understanding of the performance challenges and risks within the services.

There were clear lines of management responsibility and accountability within the organisation.

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. Leaders and staff understood and knew how to apply them and monitor progress.

Refractive eye surgery

The provider shared their mission, “Complete patient satisfaction from the first consultation to the final post-operative check is our ultimate goal” on their website. Underpinning this, they had values which meant they put the patient first, provided patient centered care, being open and honest and acting with integrity. This meant they put the patient’s health first and would not operate if a patient was unsuitable for surgery.

Staff demonstrably delivered care and treatment according to the provider’s mission statement and values and were supported to contribute new ideas and ways of working.

The provider had a clear strategy to build the laser service, increasing the operating days to two days each month. After that the plans were to expand into cataract surgery.

Culture

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

Staff informed us there was a positive culture within the service. They felt respected, supported and valued. Staff told us they had opportunities for training and career development. The service had an open culture where staff could raise concerns without fear. Staff recognised they needed to be open and transparent with patients when something went wrong in line with the duty of candour requirements. Patients we spoke with were positive about the culture of the service and did not have any concerns to raise.

Staff felt they were able to raise concerns with staff if necessary. The service had a diverse team of staff, and staff we spoke with felt they worked in a fair and inclusive environment. There was a culture of learning and sharing from feedback.

Staff worked within and promoted a culture that placed patient care at the heart of the service and recognised the power of caring relationships between people. Dignity and respect were intrinsic elements of the culture and all staff we observed and spoke with clearly demonstrated this.

The provider was open to feedback provided by staff who worked in other organisations, this included information about doing things differently.

Governance

Leaders operated effective governance processes throughout the service. 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 throughout the service. 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 provider held directors’ governance meetings every six months where clinical governance issues and business management issues were discussed. The governance meetings were used to discuss audit results and ways to improve the service, as well as any feedback received. All staff we spoke with understood the governance structure of the service.

There were daily staff huddles where clinical issues, patient feedback and staffing were discussed. Staff were briefed before the clinic started and had a catch-up meeting at the end of every theatre day.

Refractive eye surgery

Meetings for all staff were held every six months, where clinical issues, patient feedback, staffing, complaints and incidents were discussed and reviewed.

Staff personnel files were kept electronically and the nominated individual shared this information with us after the inspection. All staff had up to date DBS checks and proof of identification in place.

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. They had plans to cope with unexpected events.

The provider had assurance systems for the service. Managers monitored performance issues and there was a process to escalate concerns through clear structures and processes.

The service kept a risk register. The main risks the service identified included the consultant becoming ill and unable to perform surgery and staffing issues because the service had a very small staff team. There were protocols in place to deal with these. Other risks included the service experiencing a power cut during surgery; the service had a back-up power supply to mitigate this. Infection risks and fire safety were also on the risk register. There was a policy for risk management and the service undertook various risk assessments. We saw risk assessments for fire safety, health and safety and infection control.

The provider had taken out insurance in case the service was unable to function. The service had business continuity plans for sudden staff sickness, lack of power, gas or water disruption.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

There was General Data Protection Regulation (GDPR) policy that staff followed. All staff had received information governance awareness training.

All patient information held by the provider was paper-based. There was a system to ensure all paper records held, such as patient records and written consent forms, were stored in a lockable filing cabinet. The only electronic records were the booking system. Patients could book their appointments online or by phone.

Systems were in place to record and collate complaints and incidents. However, the service had not received any complaints and no incidents had occurred from May 2021 to May 2022.

The service received compliments from families through messaging and recorded this information in their performance dashboard. The service had received in excess of 70 compliments in 2022 and had been rated five stars on a web-based service.

Engagement

Leaders and staff actively and openly engaged with patients and staff to plan and manage services.

Refractive eye surgery

We observed staff actively engaging with patients about their care and treatment. Patients were sent a link at the end of their treatment to provide feedback. The nominated individual told us reviews were important from a business point of view, but they wanted to undertake some random sampling surveys over the coming few months to see if these provided any different information and find out if there was anything they could improve.

Staff told us they felt engaged in the day to day operations of the service and could influence changes. Bank and self-employed staff had informal catchups on surgery days, around what could be improved. Minutes of governance meetings showed feedback from staff was discussed. In July 2022 the surgical list was restructured to improve flow and efficiency on theatre days based on staff feedback.

The provider used social media and their website to share information such as glaucoma week and raise awareness of other conditions.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

The service had systems to monitor staff training and development. The consultant attended conference and courses. Staff had annual one-to-one meetings where they discussed their role, aspirations and how they wished to develop their skills. Staff had taken advantage of the opportunities available to learn, develop and improve their skills. One member of staff was interested in marketing, so the provider supported them to do a marketing course. Where staff were supported to develop their skills, the nominated individual explained how they were supported to take on more responsibility. The nominated individual was completing training as a glaucoma specialist and would be bringing this expertise to the service.

The nominated individual informed us they did not have any capacity to take part in research.