Ultralase Eye Clinics Limited

London Centre for Refractive Surgery (Ultralase Harley Street)

Inspection report

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

Ratings

Overall rating for this location	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

The service had not previously been rated. We rated it as requires improvement:

- The service had enough staff to care for patients and keep them safe. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well.
- Staff provided good care and treatment and gave them pain relief when they needed it. Staff worked well together for the benefit of patients and supported them to make decisions about their care.
- 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. People could access the service when they needed it and did not have to wait too long for treatment.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

However:

- The service did not require staff working under practising privileges to complete safeguarding training.
- The service did not always control infection risk well.
- The service did not always provide care and treatment based on national guidance and evidence-based practice.
- The service did not always make sure staff were competent for their roles.
- The service did not manage incidents well.
- The service did not ensure consent documentation and health questionnaires were accessible and in line with best practice.
- The service did not ensure patient information was available in other languages.
- Leaders did not always have effective governance processes.
- The services vision and strategy were not clear.
- The provider did not engage with patients about their experiences of using the service.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Refractive eye surgery	Requires Improvement 	

Summary of findings

Contents

Summary of this inspection

Background to London Centre for Refractive Surgery (Ultralase Harley Street)

London Centre for Refractive Surgery provides ophthalmic procedures to self-funding patients aged of 18 years of age and over. All patients receiving care at the service are patients of surgeons using the provider's operating facilities under practising privileges.

London Centre for Refractive Surgery is operated by Ultralase Eye Clinics Limited, which is part of the Eye Hospital Group. The clinic opened in 1991. The service offers implantable contact lenses (ICL), YAG laser treatment, lens replacement surgery, blepharoplasty (eye lid surgery) lesion, lumps, bumps, cysts and pterygium treatments. Patients who have LASIK or LASEK laser eye surgery are treated at another site managed by the same provider.

At the time of the inspection, there was a registered manager in post. The registered manager had been in the post since April 2021.

The service was first inspected in July 2014. Our previous inspection of the service took place in November 2017 but not rated. In 2017, we did not have a legal duty to rate refractive eye surgery services when they were provided as a single speciality service.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on 15th November 2022. On the day of the inspection the service was not undertaking any ophthalmic procedures, patients were attending for consultations and aftercare appointments.

Following the inspection, we conducted 2 telephone interviews with staff on the 16 November 2022.

We spoke with 3 patients. We reviewed a range of policies, procedures, patient records and observed patient care.

The inspection team comprised of a lead CQC inspector and a CQC specialist advisor. The inspection team was overseen by Nicola Wise, Head of Hospital Inspection.

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.

Action the service MUST take to improve:

- Must ensure staff working under practising privileges completed safeguarding training.

Summary of this inspection

- Must ensure all policies and procedures are up to date reflecting national guidelines and best practice are clearly identified as the providers policies.
- Must ensure the equipment and control measures are in place to protect patients, staff and others from infection.
- Must ensure there are effective governance processes.

Action the service SHOULD take to improve:

- Should ensure DBS checks are undertaken in line with best practice.
- Should ensure learning from incidents is shared with all staff.
- Should ensure consent documentation and health questionnaires are accessible and in line with best practice.
- Should ensure staff working under practising privileges have an annual appraisal.
- Should ensure patient information is available in other languages.
- Should ensure learning from concerns and complaints is shared with all staff.
- Should ensure there is a clear vision and strategy, and this is communicated to all staff.
- Should ensure there is a commitment to continually learning and improving the service.
- Should ensure patients are actively and openly engaged with.

Our findings

Overview of ratings

Our ratings for this location are:

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

Requires Improvement

Refractive eye surgery

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

Are Refractive eye surgery safe?

Requires Improvement

The service had not previously been rated. We rated it as requires improvement.

Mandatory training

The service provided mandatory training in key skills to all clinic staff.

Staff told us they had completed mandatory training and data provided showed mandatory training completion was 74% for nursing and non-medical staff. Following the inspection the provider advised that one staff member was still in their probationary period and was not expected to complete all the mandatory training modules.

Mandatory training met the needs of patients and staff. Mandatory training included a range of topics such as equality, diversity and inclusion, fire awareness, manual handling, and slips, trips and falls.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Doctor's working under practising privilege were required to provide evidence they had undertaken mandatory training in basic life support, infection control and fire awareness training. Data provided showed mandatory training completion was 75%.

We requested details of the mandatory training undertaken by the 4 optometrists who worked under practising privileges at the service, but this was not provided.

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. However, safeguarding training was not required for doctors and optometrists working under practising privileges.

The service could not be assured that doctors and optometrists had received safeguarding training specific for their role on how to recognise and report abuse. This was because the practising privilages policy did not identify safeguarding training was required when working under practising privileges.

The providers safeguarding adult and safeguarding children policies did not reflect the latest Royal Colleges guidance, latest relevant legislation in England, Scotland, Wales and Northern Ireland or best practice guidance.

Clinic staff received training specific for their role on how to recognise and report abuse. Safeguarding children and adults formed part of the mandatory training programme for staff. Records showed 100% of staff had received training in both safeguarding children and adults. The safeguarding lead for the service told us they had been trained to safeguarding adults' level 3.

Staff knew how to identify adults and children at risk of, or suffering, significant harm. Staff knew who to inform if they had concerns and could access support from the services safeguarding lead if needed.

Relevant recruitment checks had been completed for all staff including the optometrists. These included a disclosure and barring service (DBS) check and professional registration checks. However, 2 of the 4 the optometrists who attended the clinic had not had a DBS check within the last 3 years. This was not in line with best practice and the provider could not be assured there had been no change in staff circumstances occurred whilst employed by the provider.

Cleanliness, infection control and hygiene

The service did not always controlled infection risk well. Staff did not always use equipment and control measures to protect patients, themselves and others from infection. However, they kept equipment and the premises visibly clean.

Staff had access to personal protective equipment (PPE). Staff were observed to be 'bare below the elbow'. There were adequate supplies of PPE in the treatment and consultation rooms. Whilst hand gel dispensers were evident, they were not always accessible for patients and hand dispensers fixed to the wall were found to be empty.

Staff were seen not to be observing the providers guidance concerning the reintroduction of masks for staff, visitors, and patients in clinic due to the increase of COVID 19 cases. There were no notices asking patients to wear masks whilst they were in the clinic. In medical advisory board (MAB) minutes we saw the guidance had changed in July 2022.

Staff were not always observed wiping down equipment after patient contact and between patients.

Clinic areas were clean and had suitable furnishings which were clean and well-maintained. Staff were responsible for cleaning the treatment room. Cleaning schedules detailed cleaning to be undertaken when the treatment room was utilised were up to date and signed. The treatment area was 'deep cleaned' every 6 months by an external company. The last deep cleaning certificate showed the treatment room was last cleaned in January 2022; the manager advised a further deep clean had taken place but did not have the certificate. An external cleaning company who was responsible all other areas undertook weekly checks. These showed the cleaning was satisfactory. Following the inspection, the service provided a copy of a deep cleaning certificate, which demonstrated a further deep clean had been undertaken in June 2022.

The service performed well for infection prevention. Six monthly infection control audits included the environment; waste disposal; protective clothing and PPE; decontamination and care of equipment. They also looked at hand hygiene and clinical practices. Results showed the service scored 96.95%. Action plans were in place to address the issues identified. The provider had an identified infection prevention and control (IPC) nurse leads.

Hand hygiene audits for the period January to July 2022 demonstrated 100% compliance.

Requires Improvement

Refractive eye 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.

Space was limited in terms of the layout of the clinic and most rooms had dual functions. The service had a treatment room; a topography/ pre-treatment room; a consulting / post operation recovery room; separate clean and sluice/ dirty rooms and a reception / waiting area. The clinic manager's office was also the staff room and stock room, there was also a large cupboard in part of the office which provided changing facilities for staff. At a previous inspection we were told there were plans in place to re-design this area within the clinic, however, there was no evidence this had been undertaken.

The treatment room consisted of a treatment bed, microscopic equipment and cataract /lens machine used during procedures. There was a separate clean room, which contained clean equipment and storage for medicines, and a separate sluice room. These rooms were well organised, and appeared clean, and tidy.

Patients were seen in the topography/ pre-treatment room where diagnostic tests could be taken. Treatment was undertaken in the treatment room and patients were taken into a separate consultation / recovery room. All rooms allowed private conversations to take place.

Emergency equipment was available. We saw evidence of regular checks to ensure all equipment was in date, and ready for use. This included oxygen, a defibrillator, epi-pens and first aid equipment.

Electrical appliance safety testing was undertaken annually. A random check of equipment found testing had been undertaken in the last 12 months. Electrical medical equipment (EME) had a registration label affixed. The providers maintenance policy set out a general maintenance schedule, which set out the frequency of servicing by contractors and staff.

In MAB minutes we saw that CAS alerts (Central Alert System) were highlighted and actioned locally. Medicines and Healthcare products Regulatory Agency (MHRA) safety notices were actioned by the service.

The provider had a contract with an external provider for sterilisation of surgical instrumentation. Following surgery instrumentation would be stored in sealed containers and collected on the day of surgery. The service level agreement had been in place for the provision of these services since March 2016.

Waste in all clinical areas was separated and in different coloured bags, to identify the different categories of waste. All waste was kept in bulk storage bins on the clinic premises and collected by a specialist waste company on a weekly basis.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks.However, basic life support training was not required by optometrists when working under practising privileges.

Basic life support (BLS) was part of the mandatory training programme for all staff. The clinic nurse had been trained in immediate life support (ILS). The service could not be assured that optometrists had received training in BLS as this was not required when working under practising privileges. The service operated as a small team and the provider could not be assured that a trained member of staff would be able to respond to a cardiac arrest whilst waiting for an ambulance.

The provider had a resuscitation policy, which was due to be reviewed in July 2023. However, the policy referenced both the Resuscitation Council's UK's guidelines 2015 and 2021. This meant that staff could not be assured they were working with the latest guidance. For example, there was a material change to the guidelines related to the placement of defibrator pads, which staff may not have been aware.

Patients were assessed for the suitability for treatment at the clinic prior to treatment. Checks were completed on the patients' medical history including allergies and medication. Eye tests were performed to assess the patient's suitability.

We observed two initial consultations. The risks of the treatment were explained clearly and health checks and eye diagnostic tests were completed. Patients were provided with information on the treatment, the risks associated, and likely outcomes. This information allowed the patient to make an informed decision. Patients were told they would need to see the surgeon who would make the final decision and discuss everything again and review examination results.

Staff told us all patients would have the choice of a call or face to face meeting with the operating surgeon prior to the treatment day for assessment checks.

Staff used an adapted version of World Health Organisation (WHO) Surgery Safety Checklist and Five Steps to Safer Surgery, which was designed to prevent avoidable harm, by carrying out a number of safety checks before during and after each patient's procedure. The service audited the World Health Organisation (WHO safety check list quarterly. Data provided for the WHO safety check list for quarters 1 to 4 for the period January to October 2022, showed the service was 100% compliant.

The treatment room logbook contained patients' demographics and product stickers to provide an audit trail of patients and lens used and if necessary facilitate any re-call of products. We saw that this was written up; however, we found gaps where the surgeon had not signed the logbook.

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.

The service was staffed by a whole time equivalent (WTE) clinic manager, a 0.8 WTE patient advisor/treatment assistant, who worked 4 days a week at the service and a 0.4 WTE clinic nurse who worked mainly on treatment days. Staffing was planned according to patient bookings, which were known in advance. Staff told us rotas were planned and agreed a month in advance and adjusted in response to patient levels.

The service also used bank nursing staff to assist with the treatment days. Data provided showed bank nurses had covered 100 days of the treatment days in the last 12 months.

The service did not directly employ optometrists. The service had 4 optometrists who were able to work at the service with practising privileges. Practising privileges are a well-established system of checks and agreements, whereby allied professionals can practice in hospitals without being directly employed by them.

The provider had a practising privileges policy for optometrists which had been reviewed in July 2022 and due to be reviewed in July 2023. The policy did not identify what training optometrists were required to undertake.

Requires Improvement

Refractive eye surgery

Medical staffing

The service did not directly employ any medical staff. The service had 4 consultants who were able to work at the service with practising privileges. The provider had a practising privileges policy for doctors which had been reviewed in July 2022 and due to be reviewed in July 2023.

Staff told us patients were seen by their consultants, pre via a video link and post surgery. Out of hours, consultants were contactable for telephone advice.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, stored securely and easily available to all staff providing care. Some records were not always fully completed.

Patients' personal data and information was kept secure and only staff had access to the information. Paper and electronic patient records were used to document patient's treatment pathway. Patients treatment pathway commenced at pre-operative assessment prior to eye surgery. The pre-operative assessment, health assessment questionnaire and the WHO surgical pause safety checklist for lens surgery formed part of the record.

Staff told us all paper records would be scanned onto the providers electronic patient record (Optic) system. This included the traceability forms/ patient operation record which had been completed. Care records were written and managed to ensure they were accurate, complete, legible, up to date and stored securely.

The service audited patient records quarterly. Data provided for patient records audits for quarters 1 – 3 for the period February to August 2022 showed patients general practitioners (GP) details were not recorded in 81.25% (13 out of 16) of patient records and patient blood pressure was not recorded in 43.75% (7 out of 16) of patient records. Actions points had been identified and included more training for staff and discussion at the team meeting. We reviewed 3 team meeting minutes and noted that the minutes did not record any discussion on patient records.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Medicines were prescribed by surgeons with practice privileges. The resident registered nurse was responsible for the management of medicines at the clinic. Data provided showed that all staff had medicines training in the last 12 months.

Staff stored and managed all medicines. All medicines were stored securely in locked cupboards and fridges. Staff monitored fridge temperatures to confirm that fridge temperatures were within the range and we saw these were recorded.

We reviewed a selection of medicines held by the provider and found they were in date. Medicines expiry dates were monitored to ensure medicine would be used in advance of their expiry dates.

The service held medicines to take out (TTO). Staff would record when medicines were being given to patients on discharge.

The provider was not licensed to hold controlled drugs and no controlled drugs were stored at the service.

Medical gases and equipment were checked regularly, in date and readily accessible to staff. Gases were stored away from flammable materials.

There were no reports of medicines related incidents in the 6 month period January to June 2022.

The provider had a medicine management policy which was due to be reviewed in December 2022.

Incidents

The service did not manage incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents; however, it was not clear how lessons learned was shared with the whole team.

Staff raised concerns and reported incidents and near misses in line with providers policy. In the 12 month period January to December 2021, the service reported 63 clinical related incidents. Of these, 89% (56) were categorised as incidents, 11% (7) were categorised as near misses. The main incidents reported related to health records and patient's identification. Of these, 71.5% (45) which were recorded as 39 incidents and 6 near misses.

In the 6 month period January to June 2022 the service reported 54 clinical incidents. Most of the incidents reported 68.5% (37) were related to health records and patient's identification which were recorded as 2 incidents and 35 near misses. This would indicate that the risk related to health records and patient's identification had increased in the 6 month period.

The service audited incidents 6 monthly. Actions points had been identified and included further training for staff and to make sure that information was double checked. We reviewed 3 team meeting minutes and noted the minutes did not record any discussion of incidents, or if any training had been identified. It was not clear how learning was shared to improve patient safety.

Following the inspection, the provider advised incident reporting and learning was discussed at monthly senior managers compliance meetings and this was shared as a report with clinic managers and staff who would sign to confirm they had read the report.

Are Refractive eye surgery effective?

Requires Improvement

The service had not previously been rated. We rated it as requires improvement.

Evidence-based care and treatment

The service did not always provide care and treatment based on national guidance and evidence-based practice.

We were not assured staff had access to relevant, up to date policies based on best practice or national guidance. We reviewed a sample of the policies and found some did not reference for example relevant National Institute for Health and Care Excellence (NICE) guidelines, Royal Colleges, latest legislation in England, Scotland, Wales and Northern Ireland, or latest best practice guidance. These included the providers policies on single use surgical instruments and non conforming products policy and the water testing policy.

All staff had access to the providers policies, procedures and guidelines, which were available via the service's intranet system. All the policies and procedures we reviewed had a scheduled review date clearly marked on them. However, none of the policies had the provider's logo on them and were not clearly identified as the providers policies.

In the Medical Advisory Board (MAB) minutes changes to policies and procedures were highlighted. However, it was not clear if the MAB was signing off the changes or if the MAB was used to approve new policies.

Nutrition and hydration

Staff gave patients enough food and drink when needed.

Patients were not required to fast before surgery. Staff told us post operation patients procedure they would offer patients a hot drink and biscuit to ensure patients were not without food and drink for long periods.

Pain relief

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

Doctors used local anaesthetic eye drops to ensure the surgery was pain free. The procedures the service offered were relatively pain free and patients were not expected to experience much discomfort after the procedure.

Staff told us patients received antibiotic and or steroid eye drops to be taken after surgery to help lubricate patients' eyes and aid recovery. The providers had an aftercare advice guide which would be given to patients. This detailed how to apply eye drops or eye ointment post treatment. Patients were also given a medication and aftercare information for each treating surgeon.

If patients were experiencing severe pain within 24 hours after surgery, they were advised to contact the service, the surgeon or the providers customer services team if the service was closed. If patients were not able to contact with the provider, they were advised to attend their local accident and emergency centre (A&E).

Patient outcomes

Staff monitored the effectiveness of care and treatment. However, it was not clear if they used the findings to make improvements and achieved good outcomes for patients.

The provider used part of the electronic patient record (Optic) to monitor any complications that surgeons and optometrists had identified in follow up appointments. In the 11 month period January to November 2022 the service recorded 3 complications following surgery. This included 1 report for haze graded moderate and above and 2 reports of lens infection. The audits did not detail what actions had been taken to address the complications. Following the inspection the provider advised all 3 patients were followed up.

In the medical advisory board (MAB) minutes we saw the provider monitored and audited doctors' feedback. Doctors who scored less than 95% would be followed up by the chair of the MAB.

At the time of our inspection the provider had not engaged with the Private Healthcare Information Network (PHIN). It is not a legal requirement but good practice to be registered with PHIN.

Competent staff

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

All new staff had an induction tailored to their role. The provider's induction policy set out what staff were required to complete, commencing on their first day at work and throughout their probationary period. We saw that new starters were supported through regular 121 meetings.

Managers supported staff to develop through yearly appraisals of their work. The service reported 50% of staff had an appraisal in the last 12 months. One appraisal had been outstanding since November 2020 due to maternity leave.

The provider had practising privileges policies for individual consultants to work under practising privileges. Consultants and optometrists with practising privileges were required to provide evidence of appraisals, revalidation and professional registrations. Data provided showed all the consultants and 75% of optometrists had an appraisal in the last 12 months.

Multidisciplinary working

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

Staff described good working relationship between staff members and staff from other sites. For example, the infection control lead nurse worked closely with the clinic manager. The optometrist worked at the service 1day a week.

Staff told us on the days when ophthalmic surgery took place there was a pre-theatre team briefing at the start of the day. The meeting was led by the surgeon and information on each patient was discussed.

Seven-day services

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

The service was open 6 days a week opening from 8:00am to 6.00pm Monday to Saturday. Patients had access to the customer services team out of hours for telephone advice should they experience any post-procedure complications and were unable to visit the clinic. Due to the size of the service at Ultralase Harley Street, ophthalmic surgery was undertaken 6 to 10 days a month.

Patients were able to contact their surgeon out of hours and 24 hours after following their procedures if they had any concerns.

Health promotion

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

The service had limited opportunities to be involved in promoting healthy lifestyles for patients. Patient information leaflets included aftercare following treatment and general advice that might affect the outcomes of the treatment such as on the use of eye make-up or UVA and UVB light. Patients were also recommended to avoid smoking or smoky atmosphere for a week following treatment.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Requires Improvement

Refractive eye surgery

Staff made sure patients consented to treatment based on all the information available. Patients had a cooling off period between the procedure recommendation and surgery. This was the minimum of seven days, as advised by the guidance issued by the Royal College of Ophthalmologists. They had two appointments before the procedure where they could discuss any concerns and ask questions related to the surgery.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Data provided for patient records audits for quarters 1 – 3 for the period February to August 2022 showed consent forms had been completed correctly in all the records audited. Patients signed consent forms were scanned and stored in their medical records.

The provider had a consent policy, which was due to be reviewed in December 2022.

Mental health awareness and assessing mental capacity was part of the providers mandatory training programme and 100% of the clinic staff who were required too had completed this training.

Are Refractive eye surgery caring?

Good

The service had not previously been rated. 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. We sat in on 2 consultations and observed staff were polite and courteous. We observed staff took time to interact with patients and those close to them explaining about treatment and care pathways. We also spoke with 3 patients, all were positive about their experience, 1 patient told us they felt the aftercare they received was good.

We were provided with feedback from 5 patients who had attended the Harley Street clinic. One patient commented ‘thank you so much for helping me see properly, both during, before and after surgery’, another said, ‘Right from the off, all the staff we encountered (2 other clinics) and Harley Street were super friendly and super helpful.’

Emotional support

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

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 undergoing eye surgery. We observed the Optometrist carefully explained the options available to patients. Following their consultations 2 patients told us they felt well informed and not rushed in making decisions.

Feedback from 1 patient who had attended the Harley Street clinic commented “I couldn’t be happier with the surgeon who talked me through every step of my surgery and was very calming with impeccable bedside manner making me feel incredibly at ease throughout the whole process.”

Requires Improvement

Refractive eye surgery

Staff told us patients were able to telephone their surgeon after discharge, for further help and advice.

Understanding and involvement of patients and those close to them

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

Staff supported patients to make informed decisions about their care. All the patients told us they were given the opportunity to ask questions about the treatment. Staff told us after patient's initial consultation patients had a cooling off period with a minimum of 1 week to 6 months.

Staff told us the surgeon who undertakes the procedure would have an online consultation with the patient to discuss options and before they came to the clinic for their surgery.

Are Refractive eye surgery responsive?

Requires Improvement

The service had not previously been rated. We rated it as requires improvement.

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 provided a range of eye procedures to self-funding patients both from the local area and other parts of the country. Managers planned services to meet the needs of the patients booked for surgery. All eye procedures were pre-planned so staff could access and plan patients care before treatment. The service offered appointments during the week for consultations and aftercare between 8.00am and 6.00pm Monday to Saturday and offered between 6 and 10 eye treatment days per month.

Facilities and premises were appropriate for the services being delivered. Patients were seen in a consultation room where diagnostic tests were undertaken. Treatment was undertaken in the treatment room and patients were taken into a separate recovery room. All rooms allowed private conversations to take place.

The service had a patient guide and aftercare advice booklets, which set out everything they needed to know about their eye procedure before admission and what to expect when they were discharged.

Meeting people's individual needs

The service did not always take account of patients' individual needs and preferences.

During the inspection we found documentation printed for patients could be difficult to read. Consent documentation and health questionnaires were both in a small font and printed in a light grey on white paper, which is not in line with best practice. The manager advised their printer ink was running low; however, patients were using the documentation and commented on this.

Patient information leaflets were not available in other languages. This had been raised at a previous inspection. The manager advised it would be impractical to have printed paperwork in other languages, especially in London, where the demographic is so diverse and the requirement potentially so varied. We reviewed the providers website and found information was only available in English.

Staff did not have access to communication aids to help patients become partners in their care and treatment. There was no hearing loop, information or signage suitable for visually impaired patients.

The building had restricted access and was accessible via steps at the entrance of the building. Staff told us there was a ramp that could be fitted to enable easy access.

Staff told us they would provide translation services at the patients cost if needed or patients could bring a family member. The use of family members for translation is not in line with best practice. The provider had an interpreting and translating policy in place which was due to be reviewed in October 2023. Following the inspection, the provider advised that family members were only used in an emergency or exceptional situations, and their preferred option was using a translating service.

Patients had access to cold and hot drinks in the waiting room and could serve themselves whilst waiting for their appointment.

Disability awareness and inclusion training was part of the providers mandatory training programme; 100% of the clinic staff who were required too had completed this training.

Access and flow

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

Patients were self-referring; patients were able to access the service by making bookings online or via the providers customer services team. The service was open 6 days a week. Patients were able to access appointments at the other clinics which gave patients flexibility on time and location for follow up procedures or aftercare.

The service had criteria for treatable conditions and only treated patients over the age of 18. All patients going under treatment were under the care of an eye surgeon who had practising privileges. The surgeon had the final decision on the treatment provided.

All treatment was undertaken as day cases with patients discharged on the same day. Patients were given follow up appointments and were provided with an information sheet for aftercare with contact details for their surgeon which they could use to contact the surgeon out of hours if they had any concerns. During clinic opening times patients were made aware they could contact the clinic directly for advice.

Data provided for the period January to November 2022 showed there were a total of 1764 appointments offered, with 87.5% (1542) attendances at Ultralase Harley Street. Of these 22% (340) were consultations, 67.7% (1045) treatments, and 10% (157) aftercare appointments. The cancellation rate for this period was 12.5% (222).

The provider had a protocol for patients who do not attend (DNA) and follow up. Patients who were post treatment would be contacted to book their follow up appointment. Patients who DNA for a consultation would receive a DNA letter to inform the patient the onus was on them to rebook. Patients we spoke with had booked for their consultations online and paid a £10.00 deposit. Staff told us this was refunded following attendance.

Learning from complaints and concerns

It was not always easy for people to give feedback and raise concerns about care received. The service investigated concerns and complaints; however, it was not clear how lessons learned were shared with all staff.

The provider had a complaints policy and whistleblowing policy, which were in 1 document.

The complaints policy set out the process for how complaints could be raised. A verbal complaint could be raised at a clinic, via email or phone. Formal complaints could be submitted to the providers head office via email or writing. However, it was not clear how people could make a formal complaint as the policy did not provide an address, telephone number or email address.

During the inspection we found there was no written information on how to make a complaint available to patients and the providers complaints policy was not available online. The policy set out a time frame for acknowledging and investigating complaints when handled by the head office but did not set out a time frame for complaints to be handled by clinic managers. Acknowledgements were sent within 2 working days of receiving a complaint. The provider aimed to respond in writing within 20 working days.

Staff had completed duty of candour training as part of their mandatory training and were aware of their responsibilities.

Staff told us they knew how to report verbal complaints, and these were discussed within the team. The service monitored their verbal complaints. In the 10 month period January to October 2022, 34 complaints had been received; 82% (28) had been resolved, 15% (5) were ongoing and 3% (1) the outcome was unknown. The top three themes were classified as clinic environment 44% (15), communication 20.5% (7), and diaries 17.5% (6). Over the same period the service had 3 formal complaints. We saw these were acknowledged and investigated within the providers time frame.

We saw formal complaint numbers were reported at the Medical Advisory Board (MAB) and the compliance senior conference call meetings.

Following the inspection, the service provided 2 examples of changes made following a complaint. These included facilitating the use of a portable air conditioning unit for the clinic during the hot weather and purchasing a DAB radio so there was background noise to calm patients who were waiting for treatment.

Are Refractive eye surgery well-led?

Requires Improvement

The service had not previously been rated. We rated it as requires improvement.

Requires Improvement

Refractive eye surgery

Leadership

Local leaders were visible and approachable in the service for patients and staff.

There was a clear local leadership structure. The registered manager told us they received support from the director of operations at a corporate level. However, the top down approach to governance and monitoring the quality of services was not particularly patient focused. Therefore, the registered manager had some gaps in their knowledge and understanding of the regulations and their role in meeting them.

Staff were positive about their immediate manager. They said they were supportive, approachable and felt they worked as a team. Staff knew their reporting responsibilities and the role they played at the clinic.

Vision and Strategy

The service's vision and strategy were not clear.

The providers focus was on providing laser eye surgery and lens replacement surgery. During the inspection we found no information on the Ultralase vision or strategy.

The strategic vision and direction were led at a corporate level. Following the inspection, we requested a copy of the the strategy and vision and were provided with a copy of the 2022 business plan, which included the providers vision and strategy. It was not clear how this was communicated to staff and patients as we found no reference to them in for example, the providers website, in the staff handbook or induction pack.

Culture

Staff were focused on the needs of patients receiving care.

Staff were focused on the needs of patients receiving care. Staff felt the local team worked well together and and were enthusiastic about the care and service they provided for patients.

Staff felt able to raise concerns and report incidents locally.

There were opportunities for further learning and development including an annual and regular 121 meetings.

Governance

Leaders did not always have effective governance processes. Staff were clear about their roles.

The provider had a clear governance framework which set out how clinical governance and risk management was implemented across the company. Monthly meeting included senior management team meetings, compliance senior conference call meetings and managers conference calls. The medical advisory board (MAB) meetings were held 2 – 4 times a year, with a MAB conference call held prior to the MAB meeting.

Papers provided for the manager meeting showed the agenda did not include discussion or learning from for example; patient safety issues, incidents, and complaints. We requested minutes of the meetings but these were not provided.

Staff were clear about their roles and accountabilities. The clinic staff meeting minutes demonstrated staff were given feedback from meetings, however, there was no record of incidents and complaints which occurred locally being discussed or learning shared to improve patient safety.

Requires Improvement

Refractive eye surgery

Management of risk, issues and performance

Leaders and teams did not always identify and escalated relevant risks and issues. They had plans to cope with unexpected events.

The service had a local risk register for the service. The service identified 10 different risks over the 4 quarters from December 2021. The risks were reviewed and updated and there were mitigating actions in place to reduce the risks ratings on the register. However, whilst there were clear processes for monitoring the quality of the service these did not identify the risks that were identified during the inspection such as the service not following the providers guidance on the reintroduction of face masks due to the increase of COVID 19 cases and staff were not wiping down equipment before and after patient contact.

The provider had an up to date business continuity plan, which focused on corporate risk which outlined how unexpected risks were to be managed. Staff meeting minutes did not include updates on the risk register.

Staff undertook a variety of daily, weekly and monthly checks to monitor the safety of the service.

Information Management

The service collected data and analysed it. The information systems were integrated and secure.

The service used paper and electronic records, all of which were stored securely. Staff were able to access the service's intranet, which gave them access to a range of policies, procedures and guidance.

The provider was registered with the Information Commissioner's Office (ICO) and had nominated an independent data protection officer. They assisted with monitoring internal compliance, informed and advised on data protection obligations, and provided advice regarding Data Protection Impact Assessments (DPIAs).

The service had an in date information governance policy. Cyber security and General Data Protection Regulation (GDPR) awareness training were part of the mandatory training programme with 100% staff having completed both the training modules.

Engagement

Leaders and staff did not always engage with patients.

The service did not collect patient satisfaction data, there was no survey or other tool to collect patient's views and allow them to feedback on their experience of using the service. Therefore, there could be missed opportunities to follow up concerns or issues and make changes to improve the service.

The provider monitored patient satisfaction at other locations, where patients were given the opportunity to feedback following every appointment via a computerised touch screen survey. This facility was not available for patients who attended Ultralase Harley Street.

The provider shared details of a staff survey. This was not dated so was not clear when the survey had been undertaken. The survey had 53 responses with most staff agreeing with the statement 'I enjoy coming to work'. Following the inspection, the service advised the staff survey was undertaken in May 2022.

Requires Improvement

Refractive eye surgery

Following the inspection, the service provided examples of how they had addressed concerns/ suggestions raised by staff. This included providing additional storage an additional workspace with phone and computer had been created in the reception/waiting room. This meant staff were available to answer any questions that might arise from a patient and to oversee the day to day running of the service.

Learning, continuous improvement and innovation

Staff were not committed to continually learning and improving services.

During the inspection we found little evidence that leaders were committed to continually learning and improving the service.

Following the inspection, the provider advised Ultralase Harley Street was redecorated and thorough reorganised at the end of 2021, and extra storage was added.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • Hand gel dispensers were not always accessible for patients and hand dispensers fixed to the wall were found to be empty. • Staff were seen not to be observing the providers guidance concerning the reintroduction of masks for staff, visitors, and patients in clinic due to the increase of COVID 19 cases. There were no notices asking patients to wear masks whilst they were in the clinic. • Staff were not always observed wiping down equipment after patient contact and between patients

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance • The policies for practising privileges for consultants and optometrist did not identify adults and children safeguarding training or the level required for their role as part of the mandatory training required. • Policies did not reference for example relevant National Institute for Health and Care Excellence (NICE) guidelines, Royal Colleges, latest legislation in England, Scotland, Wales and Northern Ireland or latest best practise guidance. • There was no evidence that learning from for example; patient safety issues, incidents, and complaints are discussed and lesson learnt are shared to improve patient safety.