Optical Express - Manchester (Deansgate) Clinic

Quality Report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

Optical Express - Manchester (Deansgate) Clinic is operated by Optical Express Limited. The clinic is based in Manchester, Lancashire and provides refractive eye surgery procedures for self- referring, privately funded adults over 18 years of age.

The main service provided by the clinic is refractive eye surgery. We inspected this service using our comprehensive inspection methodology on 18 February 2020.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services:

Summary of findings

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.

Services we rate

This is the first time we have rated this service. We rated it as Good overall.

We found the following areas of good practice:

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

Ann Ford

Deputy Chief Inspector of Hospitals (North Region)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Refractive eye surgery	Good 	Refractive eye surgery was the main activity of the service. We rated this service as good because it was safe, effective, caring, well-led and responsive to patient's needs.

Summary of findings

Contents

Good

Optical Express - Manchester (Deansgate) Clinic

Services we looked at:
Refractive eye surgery.

Summary of this inspection

Background to Optical Express - Manchester (Deansgate) Clinic

Optical Express - Manchester (Deansgate) Clinic is operated by Optical Express Limited. The clinic provides refractive eye surgery procedures for self- referring, privately funded adults over 18 years of age.

In April 2019, the intra-ocular service was transferred to another of the provider's locations. The clinic offers laser vision correction treatments only on the first floor of a three floor building. The ground floor provides a general optometric service which falls outside the scope of registration. The facilities on the first floor include a patient waiting area, an examination room, a discharge room and a laser treatment room (theatre) with adjoining utility room.

The clinic provides laser vision correction procedures under topical anaesthetic using Class 4 and Class 3b lasers. The treatments are carried out by ophthalmologists employed by the service.

The service is only intermittently operational and there are no staff permanently based at the clinic. Refractive eye surgery only takes place on a limited number of days each month. Treatment days are supported by a regional surgery team that also carries out treatment at the provider's other locations across the North West and Yorkshire regions.

The clinic has been registered with the Care Quality Commission (CQC) since October 2013. It has had a registered manager in post since registering with the CQC in 2013.

Our inspection team

The team that inspected the service comprised a CQC lead inspector. The inspection team was overseen by Judith Connor, Head of Hospital Inspection.

Information about Optical Express - Manchester (Deansgate) Clinic

Optical Express - Manchester (Deansgate) Clinic is registered to provide the following regulated activities:

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

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection.

The clinic was previously inspected in December 2017 and we identified one regulatory breach in relation to safe care and treatment at the inspection. We did not rate the service during the previous inspection in December 2017 because we did not have the authority to rate refractive eye surgery services at the time of that inspection.

During the inspection, we visited the laser treatment theatre, discharge room and patient waiting areas. We spoke with six staff including the registered manager, the regional surgery support managers, the ophthalmologist surgeon, a theatre nurse and the discharge coordinator. We spoke with four patients and one relative. During our inspection, we reviewed five sets of patient records.

Activity (February 2019 to January 2020)

In the reporting period February 2019 to January 2020, There were 308 patients day case patients treated at the clinic. There were 589 eye treatments reported by the clinic. This consisted of: -

Summary of this inspection

- 456 laser-assisted in-situ keratomileusis procedures. This is the most commonly performed laser eye surgery to treat myopia (near-sightedness), hyperopia (far-sightedness) and astigmatism (imperfection in the curvature of your eye's cornea).
- 133 were laser-assisted sub-epithelium keratomileusis refractive eye treatments; this procedure changes the shape of the cornea using an excimer laser.
- The patient age ranged between 18 years and 67 years. The proportion of male patients was 50.4% and the proportion of female patients was 49.6% during this period.

Track record on safety

- No Never events
- One clinical incident that resulted in no patient harm
- No serious injuries
- No patient deaths
- No incidents of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA),
- No incidents of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)
- No incidents of hospital acquired Clostridium difficile (C.diff)
- No incidents of hospital acquired E. coli
- Seven complaints

Services provided at the hospital under service level agreement:

- Clinical and or non-clinical waste removal
- Cytotoxic drugs service
- Interpreting services
- Laser protection service
- Maintenance of medical equipment

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

This is the first time we have rated this service. We rated safe as good.

We found the following areas of good practice:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- 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.
- 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.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave staff a full induction.
- 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.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service used monitoring results well to improve safety.

Are services effective?

Good

This is the first time we have rated this service. We rated effective as good.

We found the following areas of good practice:

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

Summary of this inspection

- The service provided refractive eye surgery procedures and hydration and nutrition assessments were not routinely carried out due to the nature of the services provided.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Are services caring?

Good

This is the first time we have rated this service. We rated caring as good.

We found the following areas of good practice:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Are services responsive?

Good

This is the first time we have rated this service. We rated responsive as good.

We found the following areas of good practice:

- The service planned and provided care in a way that met the needs of local people and the communities served.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

Summary of this inspection

- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Are services well-led?

Good

This is the first time we have rated this service. We rated well-led as good.

We found the following areas of good practice:

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders 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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- 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.
- Leaders and staff actively and openly engaged with patients, staff and local organisations to plan and manage services.

Summary of this inspection

- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

Good

Refractive eye surgery

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

Are refractive eye surgery services safe?

Good

This is the first time we have rated this service. We rated safe as good.

Mandatory training

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

Staff received mandatory training in areas such as consent, duty of care, conflict resolution, fire safety, health and safety, infection prevention and control, safeguarding of children and adults, information governance and equality, diversity and human rights.

Mandatory training was delivered either face-to-face or through e-learning modules. The registered manager reported that an online training platform had been installed in 2019 across the provider's services and this improved the accessibility and monitoring of mandatory training provided by the service.

Mandatory training was provided on induction followed by updates either annually or every three years depending on the training topic.

Records showed that 100% of staff working at the clinic had completed their mandatory training.

The surgery manager and the registered manager monitored mandatory training compliance through the use of a training matrix and alerted staff when they needed to update their training. The individual staff members were notified when mandatory training was due or had expired.

Training records showed all eligible staff had completed training in adult basic life support and the theatre scrub nurses on the rotational surgical team had also received training in immediate life support.

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 mandatory training in the safeguarding of vulnerable adults and children. Records showed that all staff (100%) had completed level one and level two safeguarding training for adults and children. Training relating to 'prevent' (anti-radicalisation) was included as part of the safeguarding training.

Staff were aware of how to identify potential abuse and report safeguarding concerns. There was a safeguarding vulnerable adults and children policy in place and information on how to report safeguarding concerns within the service and to external bodies (such as local authority safeguarding teams) was available for staff.

There had been no safeguarding incidents reported by the service between February 2019 and January 2020.

The surgery manager was the safeguarding lead for the clinic. There was an arrangement in place so staff at the clinic could refer to an external named safeguarding lead (trained to safeguarding level four) if they required additional advice and support.

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.

There was an infection prevention and control policy in place and the registered manager was the infection prevention and control lead for the service. Records showed 100% of eligible staff had completed mandatory training in infection prevention and control training.

The clinic waiting areas, theatre area and recovery room were visibly clean and tidy. Staff were aware of current infection prevention and control guidelines. Cleaning schedules and daily checklists were in place, and there were clearly defined roles and responsibilities for cleaning the environment and cleaning and decontaminating equipment.

Equipment such as the refractive eye lasers, trolleys and tables were visibly clean and staff used disinfectant wipes to clean and decontaminate equipment and work surfaces.

Personal protective equipment, such as gloves and aprons, were readily available and gowning procedures were adhered to in the theatre area. There were enough hand wash sinks and hand gels. Staff we saw were compliant with hand hygiene and 'bare below the elbow' guidance.

There had been no cases of healthcare-acquired infections (such as Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia) reported by the clinic between February 2019 and January 2020. There had also been no reported corneal infections after surgery during this period.

As part of the initial consultation process, patients with MRSA risks were identified, such as those with a previous MRSA infection or patients with a healthcare-related occupation. There was a procedure in place so these patients underwent an anti-microbial eye drop treatment programme prior to undergoing any laser eye surgery.

Infection control audits were carried out every three months to check compliance against national infection prevention and control guidelines and to monitor the cleanliness of the general environment and equipment. The most recent audit results from December 2019 showed the clinic achieved 98% compliance, achieving the provider's minimum target of 85% compliance. The audit identified minor areas for improvement such as a bin identified with no bin bag. There was an action plan in place to address the areas for improvement and the action plan was followed up at subsequent audits.

Staff carried out hand hygiene audits every three months. The audit involved observing compliance of at least three staff members with hand hygiene guidelines. Hand hygiene audit results from June 2019, August 2019 and December 2019 showed 100% compliance had been achieved during each audit, which showed there was a high level of staff compliance. The registered manager told us if they identified any hand hygiene issues this would be discussed with individual staff members to improve compliance.

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 clinic waiting areas, theatre area and recovery room were well maintained, spacious and free from clutter. All the equipment we saw was clean, well maintained and within service, calibration and electrical safety test due dates.

The waiting room, theatre and recovery areas were located on the first floor of the premises. The premises were accessible for patients with wheelchairs and there was lift in place.

There was a planned maintenance schedule in place that listed when equipment was due for servicing. The servicing and maintenance of equipment (such as the laser equipment) was arranged with external contractors. The electrical safety testing was carried out in-house through the corporate provider and all the equipment we saw had stickers in place to show the date they had been tested.

There were two types of laser used in the clinic and the laser machines had a backup system in the event of a power failure. We looked at the servicing records for the laser equipment and certificates showed these had been serviced and maintained at least every three months during the past year.

Good

Refractive eye surgery

We saw certificates demonstrating that safety checks and servicing of the premises and facilities had been carried out at least annually. This included the servicing of the lift, water supplies (Legionella testing), air conditioning systems, fire alarms and extinguishers and emergency backup power supply systems.

Staff told us that all items of equipment were readily available and any faulty equipment was repaired or replaced in a timely manner. If the laser equipment became faulty for an extended period of time, patients could receive treatment at one of the providers other locations in the local area.

Staff monitored the humidity and temperature in the theatre area and this was checked on a daily basis. Records showed the room temperature and humidity was within acceptable ranges between January 2020 and February 2020. There was a system in place for staff to notify the maintenance support where room temperature or humidity exceeded the maximum range. The registered manager told us the laser equipment had a built-in mechanism where it would fail to operate if the humidity and temperature fell outside the recommended range.

There was a contractual arrangement in place for the clinic to receive support from an external laser protection advisor (LPA). The laser protection advisor was responsible for undertaking risk assessments, and providing advice and training on laser safety. They also drafted local rules and investigated laser incidents. The laser protection advisor carried out a review at least every three years. The last review was carried out in June 2019 and did not highlight any significant concerns in relation to the service.

We looked at the local rules for the laser equipment. These contained risk assessments and information on the control of laser and gas hazards, and staff roles and responsibilities. We saw that staff had signed the local rules to show they had read and understood all the information.

The surgery manager was the laser protection supervisor (LPS) and directly supervised all optical radiation protection at the clinic in line with the local rules. The laser technicians were also trained as laser protection supervisors and assumed the role when the surgery manager was not available.

There was an approved list of trained staff that were authorised to operate the laser equipment. We saw during the inspection that the laser technician performed safety and calibration checks before each use and the checklist for checking the equipment was completed appropriately.

There were signs and warning lights outside the laser theatre areas to make it clear when it was safe to enter and these were in use and functioning correctly on the day of the inspection.

The theatre operation register contained the date and details of each procedure, the surgeon, supporting staff and patient. Staff kept labelling information from instruments and medicines prescribed during the procedure for tracking and traceability. Information on batch numbers and expiry dates was also recorded in the patient notes.

Staff only used single use sterile procedure packs and instruments. We found that single use sterile instruments were stored appropriately and kept within their expiry dates.

Medical gas cylinders (such as oxygen) were stored securely and hazard signage was in place where medical gases and other hazardous and flammable items were stored. We saw that hazardous chemicals were stored appropriately and up to date Control of Substances Hazardous to Health (COSHH) risk assessments were in place.

The service reported that an automated external defibrillator (AED) had been installed during 2019. We saw emergency resuscitation equipment (such as the defibrillator), a first aid kit and an anaphylactic shock kit were available in the theatre area. Other equipment available included chemical spillage packs and eye wash packs. Staff carried out routine checks on emergency equipment on each surgery day and the log sheets we looked at were complete and up to date.

There were arrangements in place for the handling, storage and disposal of clinical waste, including sharps. Sharps bins were appropriately stored and labelled correctly. There was an arrangement with an external contractor for the removal of clinical waste.

Assessing and responding to patient risk

Good

Refractive eye surgery

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

Patients had an initial assessment to determine whether they were eligible to receive treatment at the clinic. This included a review of the patients' medical history and an eye examination.

As part of the suitability guidelines for refractive surgery, patients with certain medical conditions were excluded from receiving treatment at the clinic. This included patients with open wounds, patients with a pacemaker in place, patients that were pregnant and patients sectioned under the Mental Health Act (1983).

Patients with certain conditions required further assessment or treatment prior to undertaking laser eye surgery. This included patients with diabetes, patients with a history of depression or low mood and patients identified as an MRSA risk. If there were any identified concerns, patients were required to obtain a letter from their GP to confirm their condition and medical treatment before surgery.

Patients were assessed by the ophthalmologist surgeon on the day of surgery to identify if there had been any changes to their medical condition since their initial consultation and a decision was made whether treatment could commence.

Staff carried out routine monitoring observations based on the patient's individual needs (such as pulse and blood pressure checks) to ensure any changes to their medical condition could be promptly identified.

The registered manager told us they would contact the emergency services if a patient's health deteriorated during a procedure, so the patient could be transferred to the nearest acute hospital by ambulance. There had been no instances where a patient's health deteriorated and required urgent transfer to hospital between February 2019 and January 2020.

There were processes in place for the management of patients with sepsis. We saw a guide to recognising symptoms, diagnosis and early management of sepsis displayed in the clinical areas to prompt staff and staff understood the process.

During our previous inspection in December 2017 we issued a requirement notice and reported that the service must ensure the surgical teams formally participate together in all stages of the surgery safety checklist.

We found improvements had been made during this inspection. We observed three refractive eye surgery procedures where the theatre teams undertook the 'five steps to safer surgery' procedures, including the use of the World Health Organization (WHO) checklist. The theatre staff completed safety checks before, during and after surgery and demonstrated a good understanding of the 'five steps to safer surgery' procedures.

The service had developed a surgical safety checklist that was based on the World Health Organization guidelines and we observed staff completing this during the inspection. The theatre team carried out a safety huddle at the start of each theatre list and also conducted a de-brief at the end of the day. We looked at the records for five patients that had undergone treatment at the clinic and found surgical safety checklists were completed correctly in each of the patient records we looked at.

Staff carried out audits at least every three months to monitor adherence to the World Health Organization guidelines and completion of the surgical checklist record. We looked at the audit results for December 2019 (based on a sample of five observations and a review of five patient records). The audit showed 100% compliance was achieved. The registered manager told us if they identified any areas for improvement, this was followed up with individual staff members to aid their learning.

Nurse staffing

The service had enough nursing 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. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

The clinic did not carry out laser eye surgery procedures on a daily basis and staffing levels were based on the number of planned surgical procedures required. There

were no staff permanently based at the clinic. Staff members based at the clinic were part of a larger regional team covering clinics across the North West and Yorkshire regions.

Staff rotas were prepared by a central staffing coordinator from the corporate provider. The staff coordinator managed staff rotas and moved the surgical team members around the region to staff laser surgery sessions as required. At local clinic level, the surgery manager monitored the skill mix for each laser eye surgery list and raised any concerns to the corporate provider.

The regional surgery team included operating department technicians, scrub nurses and health care assistants. During the inspection the theatre team consisted of a theatre nurse and an operating department technician that supported the ophthalmologist. There was an additional discharge coordinator for the post-procedure recovery and patient discharge area. The surgery manager was also based at the clinic as a coordinator and oversaw the daily running of the clinic and supported patient access and flow.

The registered manager told us the clinic did not use agency staff and there were sufficient numbers of staff within the regional surgery team to cover for any leave or unplanned absence. The clinic reported there was no staff sickness in the three months prior to the inspection.

The registered manager told us there were no staff vacancies at the time of the inspection. However, two members of the team were due to leave the organisation and recruitment for these two posts was on-going at the time of the inspection.

Medical staffing

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

The clinic employed one resident ophthalmologist who carried out most of the laser eye surgery procedures at the clinic. Other ophthalmologists from the regional team were allocated to the clinic if the main ophthalmologist was on leave.

The ophthalmologist had been employed by the service for approximately 13 years and had completed the Royal College of Ophthalmologists certificate in laser and refractive surgery. We saw evidence of up to date indemnity insurance in the ophthalmologist's staff file.

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.

Staff used both electronic and paper based patient records and these were securely stored in the clinic. The paper records scanned into the electronic system following patient discharge so they were accessible for follow up consultations.

We looked at the electronic and paper based records for five patients. These were structured, legible, complete and up to date.

The paper records contained information such as the patients' contact details, consent forms, patient service contracts, clinical assessments and laser eye procedure records (such as safer surgery checklists, instrument traceability records and medicine charts). The electronic records included information such as patient's medical history, previous medicines, consultation notes, diagnostic scan images, treatment plans and follow-up notes.

A patient records audit was carried out every three months to check for accuracy and completeness of the records. The audit involved a review of at least five randomly selected patient records (paper and electronic). This increased to 10 records if any errors or omissions were found during the audit.

The patient record audit report for August 2019 showed there was good compliance with only one minor omission identified. We saw evidence this was shared with the member of staff involved to aid their learning and improve compliance. The November 2019 audit showed 100% compliance with no errors or omissions identified in the five records reviewed as part of that audit.

Medicines

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

There was a medicines management policy that provided guidance for staff on the handling, storage and administration of medicines.

Medicines used during laser eye procedures and given to patients to take home were prescribed by the ophthalmologist. Nursing staff that administered eye drop medicines underwent competency training and assessment prior to administering medicines.

The clinic did not keep any controlled drugs or sedatives. The clinic only kept eye drop medicines required for the laser eye procedures. The medicines we saw were securely stored in locked cabinets and medicine fridges.

We looked at a sample of medicines and found they were stored securely and were kept within the manufacturer's expiry dates. Staff carried out monthly checks on medicine stocks to ensure that medicines were reconciled correctly and were within their expiry dates. We looked at the reconciliation audit for December 2019 and this showed correct stock reconciliation and no issues relating to expiry dates.

Emergency medicines were available in the theatre area and we saw evidence to show these were routinely checked for correct quantities and expiry dates.

The corporate provider had an arrangement with an external pharmacy provider for the supply and disposal of medicines at the clinic. We found that medicines were ordered, stored and discarded safely and appropriately. Records for ordering, return and disposal of medicines were maintained by the surgery manager and we saw these were complete and up to date.

There was a policy and procedure for staff in the management and disposal of cytotoxic medicines. The policy clearly outlined the procedure for staff to follow in the event of spillage. Risks associated with the use of these medicines were identified within a risk assessment and actions were taken to protect the safety of patients and staff. For example, the surgeon took responsibility for prescribing the cytotoxic medicines and these were ordered as a pre-prepared solution specifically for each patient as required. These medicines were stored in secure containers in the medicines fridge.

We saw that medicines that required storage at temperatures between 2ºC and 8ºC were appropriately stored in medicine fridges. Fridge temperature logs showed that these were checked daily and the medicines we checked were stored at the correct temperatures. Records showed that staff also monitored the room temperatures where medicines were stored on a daily basis.

We looked at the medicine administration records for five patients. Patients were given their medicines in a timely way, as prescribed, and records were completed appropriately. The records we looked at also showed patient allergy status had been documented.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

There was an incident and near miss events policy that outlined the process for identifying and reporting clinical and non-clinical incidents and near misses. Staff were aware of the process for reporting any identified risks to patients, staff and visitors. Incidents were logged using a paper incident reporting form.

There had been no never events or serious patient safety incidents reported by the service between February 2019 and January 2020. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all providers. The event has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.

There had been only one incident reported by the clinic between February 2019 and January 2020. This was reported in October 2019 in relation to information about a patient's allergy status. The incident was logged as a 'near miss' and there was no patient harm. We saw the incident was investigated and shared with staff to aid future learning.

The registered manager told us if an incident was reported, it would be investigated by staff with the

appropriate level of seniority. The registered manager told us information about incidents was shared with staff through weekly newsletters and discussed during routine staff meetings to improve practice and the service to patients. We saw evidence of this in the meeting minutes and newsletters we looked at.

The clinic had a duty of candour policy in place and the staff we spoke with were aware of their responsibilities regarding duty of candour legislation. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.

There had been no incidents reported by the service that met the threshold for implementing the duty of candour.

Safety Thermometer (or equivalent)

The service used monitoring results well to improve safety.

Information on patient safety was reported by the clinic to the provider's governance team every three months.

There had been no incidents that had led to patient harm or any patient safety incidents (such as falls with harm) reported by the clinic between February 2019 and January 2020.

Are refractive eye surgery services effective?

Good

This is the first time we have rated this service. 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.

Care and treatment was delivered to patients in line with the provider's corporate national guidelines, Royal College of Ophthalmologists (RCOphth) Standards for Refractive Surgery and National Institute for Health and Care Excellence (NICE) guidelines in relation to refractive eye surgery.

The service followed NICE Interventional Procedures Guidance IPG64 guidelines on photorefractive eye surgery. The ophthalmologist undertook appropriate tests and pre-treatment checks, and ensured consent was obtained. Patients were supplied with information on the potential risks of treatment through watching a video followed by consultation discussions prior to undergoing laser eye treatment.

All patients undergoing procedures had their needs assessed and their care planned prior to any treatment. All treatments offered were based on the clinical need of the patient and were delivered in line with evidence based guidance and professional standards. Where it was assessed that patients were unsuitable for a particular treatment or were more suitable for a treatment provided outside of the services at the clinic, patients were duly advised and signposted accordingly.

The corporate provider had had an international medical advisory board (IMAB) made up of international refractive surgery experts. They met annually over several days to consider new research evidence, technologies and changes to best practice guidelines.

Policies and procedures were in date, and staff were able to access these online and in paper form. A range of corporate clinical directives was accessible to staff on the intranet. These referred to relevant national professional guidance and were reviewed and updated by the corporate provider with input from the local surgery team.

Nutrition and hydration

The service provided refractive eye surgery procedures and hydration and nutrition assessments were not routinely carried out due to the nature of the services provided.

There were no prerequisite nutrition and hydration requirements for patients in relation to refractive eye procedures carried out at the clinic.

Patients were only present on site for a short period of time, therefore food and drink was not routinely offered; however, patients were offered refreshments, such as water or hot beverages.

Pain relief

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

Patients received an anaesthetic block to the eye during refractive eye surgery and local anaesthetic eye drops before and after surgery.

Patients were given verbal and written information to take home which provided information on how to manage pain symptoms following discharge from the clinic.

The four patients we spoke told us they were kept comfortable throughout their laser procedure and their pain symptoms were effectively managed by staff.

Patient outcomes

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

The clinic was not required to contribute to the National Ophthalmic Database Audit (NODA), as this only collected data relating to NHS cataract procedures. However, the corporate provider collated data for individual ophthalmologist surgeon's outcomes. the ophthalmologist was presented with their outcome data, as part of the annual appraisal process.

The data collected enabled the service to monitor the demographics of patients, in terms of their age, gender and treatment type. This data included data on number of treatments, improvements in vision, number of complications and number of attempted versus achieved results.

We looked at the ophthalmologist's outcome data for 2019. The complication rate following laser eye procedures was either similar to or better than the corporate provider's average. Each surgeons' outcomes were reviewed at annual medical advisory board meetings.

The outcomes data included a score of patient satisfaction and the 2019 data showed the surgeon scored better than the provider's national average score for each of the nine questions relating to the patient's experience with the individual surgeon.

The individual ophthalmologist surgeon's efficacy and safety outcomes were compared nationally and a benchmark score of 50 or above demonstrated the individual surgeon achieved better outcomes than the corporate provider's expected level. The surgeon scored 61 for efficacy and 56 for safety.

As part of the initial consultation, patients were made aware they might have to return to the clinic to correct their vision (enhancement) or to achieve an outcome with which the patient was satisfied. The enhancement rate for the ophthalmologist surgeon was 0.6%, which was better than the corporate provider average of 0.8%.

The registered manager told us there had been no instances where patients required readmission as a result of unexpected complications following their laser eye surgery between February 2019 and January 2020.

Competent staff

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

Staff completed a corporate and role specific induction when they commenced employment. Staff were allocated a mentor and set learning objectives. The mentorship period ranged between four to eight weeks dependant on previous experience and the nature of the role. Staff also completed task based competencies and remained supernumerary until their competencies had been assessed.

The corporate provider had developed a range of role-specific competencies that staff were required to complete and update every three years. These included competencies for laser surgery technicians, scrub nurses and theatre health assistants. Additional competency assessments were in place for record keeping, confidentiality and information governance, medicines management and for safer surgery checklist compliance.

We looked at four staff files and these contained up to date competency assessments had been completed and

assessed by designated qualified trainers. The laser protection supervisor received specific training for their role and all staff involved in the use of lasers underwent 'core of knowledge' training and were trained and assessed by a corporate team of trainers at least every three years.

Staff told us they routinely received supervision every six months and an annual appraisal. Records showed all staff had completed their appraisals within the last 12 months.

The clinic employed one ophthalmologist surgeon who had a valid Royal College of Ophthalmology Certificate in Laser Refractive Surgery. We saw evidence the surgeon had completed their annual medical appraisal within the past 12 months through an independent appraiser. All eligible staff had validation of their professional registration completed within the last 12 months.

Multidisciplinary working

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

There was effective daily communication between multidisciplinary teams within the clinic. Nursing and healthcare staff told us they had a good relationship with the ophthalmologist. At the beginning of each surgery day, the team completed a team brief (huddle) to discuss patient safety and individual staff roles and responsibilities.

There was regular communication between the surgery manager, registered manager and the corporate staffing coordinator so patient care could be coordinated and delivered effectively.

There were contractual arrangements in place with a number of external organisations to support processes such as equipment maintenance, pharmacy services and clinical waste disposal.

Staff at the clinic also liaised with some patients' general practitioners (GP's) to confirm their health status where patient risks were identified as part of the initial consultation assessments.

Seven-day services

The clinic did not provide seven-day services.

The clinic did not operate over seven days. The clinic only opened on certain days each depending on the number of patients that required laser eye surgery procedures. During January and February 2020, the clinic was only operational for two days in February 2020.

Patients were provided with an emergency contact number so they could contact staff at any time in case of a medical emergency or complication following discharge.

Health promotion

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

The service offered limited health promotion advice due to the specific and specialist nature of the treatments provided.

Staff told us they offered verbal advice and information leaflets relating to the laser eye procedures and discussed lifestyle choices relating to their vision needs as part of the initial consultation process.

Consent and Mental Capacity Act

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

Staff had the appropriate skills and knowledge to seek written consent before providing care and treatment to patients. There was a consent to treatment policy which provided guidance for staff. Records showed 100% of staff working at the clinic had completed mandatory training in consent.

As part of the initial consultation, patients had a face to face or telephone interview with an optometrist or ophthalmologist. The registered manager told us where possible, this was done by the ophthalmologist carrying out the laser eye surgery procedure to allow continuity of care. The risks and benefits were discussed with the patient and the patient was also required to watch a video explaining the procedure. If a patient agreed to undergo a laser eye procedure they had a face to face discussion with the ophthalmologist and signed a detailed consent form.

Consent was also obtained a second time on the day of surgery before the patient underwent laser eye surgery.

Good

Refractive eye surgery

During our previous inspection in December 2017 we made a recommendation for improvement in relation to the service compliance with Royal College of Ophthalmologists guidance for a seven day cooling off period between the date of initial consent and the procedure date.

We found improvements had been made during this inspection and all patients were allowed a minimum 'cooling off' period of seven days before undergoing refractive eye surgery. This was in line with the Royal College of Ophthalmologists guidance (updated May 2018).

Patients were provided with the service terms and conditions as part of their initial consultation process. This included information about fees and charges and patients were expected to sign to state they understood the terms and conditions. The patients we spoke with told us fees and charges were clearly explained to them prior to undergoing any treatment.

We looked at four patient records. These showed that written consent had been obtained from patients and that planned care was delivered with their agreement. Consent forms showed the risks and benefits were discussed with the patient prior to carrying out laser eye procedures and there was a minimum of seven days from the signed consent to the day of surgery. The records we looked at also contained service terms and conditions that had been signed by the patient.

Whilst the service did not exclude patients living with dementia or a learning disability, if a patient lacked the capacity to provide written consent, they would not be considered eligible for laser eye surgery unless the ophthalmologist was satisfied the patient fully understood the risks and benefits of the procedure.

The registered manager told us if they identified patients with certain mental health conditions (such as depression, anxiety or risk of low mood) they sought input from a patient's GP before a decision could be made as to whether refractive eye surgery was suitable for the patient or whether alternative non-surgical treatments may be more beneficial for the patient.

Are refractive eye surgery services caring?

Good

This is the first time we have rated this service. 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.

All the staff we spoke with were caring and compassionate and were committed to providing good patient care. Staff told us they treated patients with respect and were able to explain how they maintained patient's privacy and dignity during laser eye surgery procedures. We observed staff interacting with patients in a professional and friendly manner.

Patients remained in their own clothes during the laser eye surgery procedure. However, there was a private changing area that could be used by patients if required.

We spoke with four patients and the relative of one patient during the inspection. They all spoke positively about ways in which staff showed them respect and ensured that patient dignity was maintained. The comments received included "positive experience", "staff were friendly" and "privacy and dignity was maintained at all times".

Staff sought feedback from patients about the quality of the service provided through feedback surveys. The care and welfare survey results for 2019 were based on feedback from 228 patients and covered eight questions relating to their experience. The patient feedback received was mostly positive in relation to the care they received for areas such as patient experience, staff interactions and appointment wait times. The clinic achieved survey scores better than the overall national provider scores across all the areas covered in the survey.

The vision and eye health assessment survey results for 2019 were based on feedback from 458 patients and covered three questions relating to their vision and whether they would recommend the service to friends and family. The clinic achieved survey scores better than

Good

Refractive eye surgery

the overall national provider scores across all the areas covered in the survey and achieved a score of 9.8 out of 10 (compared to overall provider score of 9.7) in relation to recommending the service to friends and family.

Emotional support

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

Patients told us the staff were calm, reassuring and supportive and helped them to relax prior to undergoing treatment. Patients commented that a member of staff met them on the day of surgery and accompanied them before and after their procedure; this helped to reassure them and calm their nerves.

The ophthalmologist reviewed patients' emotional state as part of the pre-operative assessment process. Where patients were identified as needing counselling support, they were referred to their general practitioner (GP) so they could access the appropriate support or treatment needed.

Understanding and involvement of patients and those close to them

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

Patient records included pre-operative assessments that took into account individual patient preferences.

Patients we spoke with told us they were kept informed about their treatment and staff were clear at explaining their treatment to them in a way they could understand. They told us the risks and benefits of their procedure were clearly explained to them so they could make an informed decision.

Patients also spoke positively about the verbal information and support they received from staff before, during and after their procedure.

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

Good

This is the first time we have rated this service. 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.

Laser surgery procedures were carried out a limited number of days each month, based on the number of patients that required treatment. Patient appointments were given based on their preferences.

Initial patient queries and consultations were managed by a central team. Patients had the choice of attending a number of the provider's locations for their initial assessments and pre and post- surgery consultations.

The clinic undertook laser vision correction procedures only. The clinic stopped providing intra-ocular lens replacement procedures after April 2019. These services were transferred to another of the provider's locations within the local area.

The initial consultation process allowed staff to plan for the patient in advance so they did not experience delays in their treatment when admitted to the clinic.

The clinic only provided laser eye surgery services for private fee-paying adult patients over the age of 18 years. Patients were admitted for planned day case procedures with no overnight stay.

Staff used an electronic system to manage patient appointments and follow up visits. Patients received a follow-up appointment within 24 hours of their procedure followed by appointments at regular intervals depending on patient preference.

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.

All staff at the clinic had completed training in conflict resolution and equality, diversity and human rights.

Good

Refractive eye surgery

During our previous inspection in December 2017 we identified areas for improvement in relation to the availability of written materials in other languages and formats and the availability of interpreter services for staff. We found improvements had been made during this inspection and the registered manager told us they could provide information leaflets and consent forms in different languages or other formats, such as braille if requested. Information leaflets about the services were readily available in all the areas we visited. There was also an arrangement in place with an external language interpreter and sign language service that staff could access if needed.

As part of the pre-operative assessment process, patients with certain medical conditions were excluded from receiving treatment at the clinic.

The pre-operative assessment process identified patients with dementia or learning difficulties and this allowed the staff to determine if they could accommodate these patients' needs or whether they should refer them to another service that could meet their needs.

Staff told us they would make reasonable adjustments for patient with specific needs, such as allowing a visit of the premises prior to undergoing treatment or scheduling their procedure to be carried out at the start or end of the theatre list.

The clinic was accessible for patients with limited mobility. The consultation and theatre areas were located on the first floor of the premises and there was an operational lift in the building to allow wheelchair access to the first floor.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

Patients accessed the services via self-referral. When a patient made an initial enquiry about the services offered at the clinic, an initial consultation appointment was made and they were given verbal and written information about the types of treatments offered.

Patients were then reviewed by the ophthalmologist responsible for carrying out the procedure before treatment. As part of this consultation, a review of the patient's medical history was carried out to determine whether they were suitable to undergo treatment at the clinic. The ophthalmologist also saw each patient on the day of surgery to check if there had been any changes to their health, personal circumstances and to confirm patient consent for treatment.

The registered manager told us most patients underwent laser eye surgery within two to four weeks of their initial referral. The patients we spoke with and patient records we looked at also showed patients did not experience long waits from referral to treatment.

Patients were given staggered appointment times during the day so they did not experience long waits on the day of surgery. The patients we spoke with told us they only waited 10 to 15 minutes before being admitted for treatment.

There was sufficient capacity to provide care and treatment for patients undergoing laser eye surgery. The clinic had one laser theatre, with one recovery bay and only one patient was present in the theatre and recovery area at one time. The next patient was not called to theatre until the previous patient had been transferred to the recovery area.

The total time each patient spent in the theatre area ranged between 20 to 30 minutes. There were approximately 15 patients on the theatre list on the day of the inspection. We saw there was sufficient time for theatre staff to carry out their duties (such as complete checks and records and preparing for next patient) in between patients.

The patients stayed in the recovery area for up to 10 minutes following the procedure and a discharge coordinator provided them with take home medicines as well as verbal and written information about their aftercare.

Patients were discharged once they had received all the relevant information and they had confirmed there were no untoward concerns following their procedure. We observed staff discussing patient's travel arrangements and who would accompany them to their home following discharge from the clinic to reduce any patient risks.

Good

Refractive eye surgery

Discharge letters were not routinely sent to a patient's GP unless there was a specific reason and patient permission had been obtained. Patients that were discharged from the clinic were given an emergency contact number so they could speak with a member of staff as part of the aftercare process.

Patients that had undergone surgery received a follow up appointment within 24 hours of discharge to discuss any concerns the patient may have. Patients were also given a post-operative follow up appointment with the consultant at routine intervals as required.

The clinic reported instances where procedures had been cancelled and recorded this information on non-treatment forms. There had been 161 instances where procedures were cancelled between February 2019 and January 2020. There were only four instances where procedures were cancelled due to equipment failure. The remaining cancellations were due to patient's choice or for clinical reasons where the patient could not commence with the procedure. The registered manager told us they offered patients an alternative appointment if there had been a cancellation due to non-clinical reasons.

The registered manager told us they did not routinely follow up patients that did not attend their planned appointment. In most cases patients did not attend these appointments through their own personal choice.

Learning from complaints and concerns

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

Information leaflets describing how to raise complaints about the service were visibly displayed in the main reception and waiting area.

Patients told us they had been given information on how to raise a complaint. Staff we spoke with understood the process for receiving and handling complaints. Complaints were managed by a centralised complaints management team at the corporate provider with oversight from the registered manager.

The complaints policy stated that complaints would be acknowledged within two working days and investigated and responded to within 20 working days for routine complaints.

Where the complaint investigation had not been completed within 20 working days, staff were required to notify the complainant in writing explaining the reasons for the delay.

Where patients were not satisfied with the response to their complaint, they were given information on how to escalate their concerns with an independent complaints adjudicator, the Optical Consumer Complaints Service (OCCS).

The clinic received seven complaints between February 2019 and January 2020. There were no identifiable trends in the complaints received as each complaint was for an individual reason (such as patient not satisfied with procedure or appointment times).

A complaints audit report showed all seven complaints had been acknowledged and responded to within the clinic's specified timelines. The registered manager told us complaints were routinely reviewed to analyse for trends and to identify improvements to the services provided.

We looked at the records for three complaints during the inspection. These showed that complaint investigations and response letters were completed appropriately. We saw evidence that duty of candour principles had been applied in writing following complaints to the clinic.

Staff told us that information about complaints was discussed during routine staff meetings and clinical governance meetings to raise staff awareness and aid future learning. We saw evidence of this in the meeting minutes we looked at.

Are refractive eye surgery services well-led?

Good

This is the first time we have rated this service. 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.

The overall responsibility for the clinic was with the registered manager, who was also the surgical services manager. The registered manager was supported by a regional surgery support manager. The registered manager and surgery support manager were not based at the clinic but told us they attended the clinic two times each month.

The registered manager was supported by a surgery manager, who oversaw the daily management of the clinic on surgery days. There were no staff permanently based at the clinic and the team working at the clinic formed part of a regional team that carried out treatment at a number of the provider's other locations.

Staff told us they understood their reporting structures clearly and described the local management team as approachable, visible and provided them with good support.

Vision and strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action.

The vision for the service was 'We aim to be the world's leader in patient experience and clinical outcomes and become the world's most socially and environmentally conscious eye care provider.'

The vision was underpinned by a set of six values; integrity and respect, empathy and compassion, innovation, teamwork, inclusion and quality and safety.

The vision and values were clearly displayed and had been cascaded to staff across the clinic and staff had a good understanding of these. Objectives were incorporated into individual staff appraisals.

The registered manager had developed a strategy and objectives for the 2019 / 20. The strategy included eight objectives relating to the development and training of staff, strengthening governance and reporting processes and to reduce waste and improve environmental processes. Progress against the objectives was reviewed as part of the routine clinical governance meetings and reported by the registered manager as part of the service's annual business statement.

Culture

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

All the staff we spoke with were highly motivated and positive about their work. They told us there was a friendly and open culture and that they received good support from the their colleagues and managers.

There was a whistle blowing policy and a provider level freedom to speak up guardian in place. Staff were aware of the process to follow if they wished to raise any concerns. There had been no reported whistle blower concerns in relation to the clinic between February 2019 and January 2020.

Governance

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

There were clear governance structures in place that provided assurance of oversight and performance against safety measures.

The corporate provider held annual International Medical Advisory Board (IMAB) meetings which included a panel of global experts to discuss clinical quality indicators and strategy for the service.

A national-level corporate Medical Advisory Board (MAB) also met annually to review performance across all the provider's locations and to review and update clinical directives. This was managed by the provider's medical director and clinical services director. The purpose of the MAB was to review and implement recommendations made by the IMAB, and to review changing practices, to

either treatment, surgery techniques, or the introduction of new technology. The registered manager (also the surgical services manager) attended the MAB and IMAB meetings.

There were a number of groups and committees in place at corporate level and at local clinic level with meetings either annually or every three months with involvement from the local team and senior management team. This included the Laser Safety Committee, the Theatre Lead Committee, the Infection Control Committee and the Resuscitation Committee.

The Theatre Lead Committee held meetings every six months with representation from the local surgery team. Meeting minutes for November 2019 showed key issues such as audit results, changes to national guidelines and patient safety alerts were discussed.

The registered manager also attended the Clinical Governance Committee meetings held approximately eight times per year. We looked at the Clinical Governance Committee meeting minutes for June 2019, July 2019, August 2019 and December 2019. These showed that discussions around workforce, performance, key risks and governance issues took place and actions were assigned and followed up at future meetings.

The ophthalmologist surgeon told us they attended a national group meeting with other surgeons across the provider at least once a year to review patient outcomes data and review changes to clinical practise and policies.

The local surgery team also held a safety huddle at the start of each surgery day to discuss patient risks and any governance information relevant to staff. The local team held regional clinical staff meetings at least once every three months. Meeting minutes for November 2019 showed that discussions around risks, incidents, complaints and workforce and performance took place during these meetings.

We looked at four staff files and these showed evidence that appropriate recruitment pre-employment checks had been carried out. This included identification checks, qualifications, Hepatitis B inoculation certificates, at least two employment references and Disclosure and Barring Service (DBS) checks.

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

There was a clear process in place for identifying and managing risks to the service. We saw evidence of risk assessments in place for patient safety and organisational risks, as well as fire and health and safety risk assessments. We looked at a selection of these risk assessments and these included details such as the owner of the risk and the mitigating factors in place to manage the identified risk.

The individual risk assessments were compiled into a risk register for the service. Risks were assigned a rating based on their severity and staff used a RAG rating (red, amber green) system. The risk register and individual risk assessments were maintained by the registered manager. Meeting minutes showed key risks had been reviewed and discussed at routine Clinical Governance Committee meetings.

We saw that routine audit and monitoring of key processes took place to monitor performance against patient safety standards and the provider's policies. There was a structured programme of audit and quality monitoring in place for key processes such as patient safety, medicines management, infection prevention and control, equipment maintenance and laser safety standards, patients records and staff training and management. Meeting minutes showed findings from audits were discussed at routine clinical governance meetings and regional clinical staff meetings to aid learning and improvement.

The corporate provider introduced compliance benchmarking for all clinics in 2019 to provide an overview of clinic performance against quality indicators. This allowed each clinic the opportunity to review all criteria assessed and review performance overall and specifically in relation to other clinics who provide a similar service in terms of treatments and volume of

treatments. At the end of the process, this clinic achieved an overall compliance score of 94%. This was the joint highest score achieved during 2019 compared with the 22 of the provider's other locations that were scored.

Managing information

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.

Staff completed data confidentiality and information governance training as part of their mandatory training. Records showed 100% of staff at the clinic had completed this training.

The registered manager was accountable for data security within the clinic. There had been no data breaches reported by the clinic to the Information Commissioner'sOffice (ICO) between February 2019 and January 2020. The corporate provider had appointed an information governance and Caldicott Guardian (a senior person responsible for protecting the confidentiality of people's health and care information and making sure it is used properly).

Staff used electronic and paper based patient records that contained detailed patient information from admission and surgery through to discharge. This meant that staff could access all the information needed about the patient at any time. Electronic systems (including patient records and laser equipment access) required password access.

Staff could access information such as policies and procedures in paper and electronic format. The policies we looked at were version-controlled, up to date and had periodic review dates. Staff told us they could access up to date national best practice guidelines and prescribing formularies when needed.

There was a system in place to ensure safety alerts relating to patient safety, medicines and medical devices were cascaded to staff and responded to in a timely manner.

The registered manager was aware of their responsibility to report notifiable incidents to the Care Quality Commission (CQC) and other external organisations.

Engagement

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

Staff told us they received good support and regular communication from the local management team and the wider organisation. Staff at the clinic routinely participated in routine regional team meetings and participated in regular meetings with peers across the provider's other locations. Staff engagement also took place through emails, daily huddles, weekly newsletters and through other general information and correspondence that was displayed on notice boards.

During our previous inspection in December 2017 we identified an area for improvement that the service should consider introducing a staff engagement survey to monitor job satisfaction and identify and address any issues that might be causing low morale or stress.

We found improvements had been made during this inspection and an annual staff survey had been carried out in February 2018 and February 2019. The staff survey for February 2019 was based on 10 questions relating to management support, communication and training. We looked at the staff survey results for February 2019, which were based on eight staff responses.

The staff survey results showed staff had stated they either agreed or strongly agreed with each of the 10 survey areas, indicating staff were very positive about the support they received from the local management team.

The registered manager told us the 2020 staff survey was currently being rolled out and the findings would be reviewed to identify improvements in staff support and engagement processes.

Staff working at the clinic could access additional support, such as counselling or emotional support through the corporate provider's occupational health team if needed.

Staff told us they routinely engaged with patients to seek feedback about the quality of the service provided. This was done through informal daily engagement and

through feedback surveys. The findings from the care and welfare survey and vision and eye health assessment survey for 2019 showed patient feedback was mostly positive in relation to the care they received.

The registered manager told us they routinely engaged with the public to promote services through the provider's website, through local events and through the use of social media.

The corporate provider launched the 'thanks a million' campaign where £1 million of laser eye treatments were donated to NHS and emergency service workers following a nationwide survey. A number of NHS and emergency service workers underwent their treatment and care at this clinic.

Learning, continuous improvement and innovation

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

We found there was a culture of continual learning and improvement across the staff working at the clinic. We saw evidence that findings from incidents, complaints and quality monitoring audits were used to identify and implement improvements to the service.

We identified several improvements had been made following our last inspection, such as improvements in 'five steps to safer surgery' guidelines compliance, the use of interpreter and sign language services, the implementation of annual staff feedback surveys and improved compliance with the Royal College of Ophthalmologists standards for a minimum seven day 'cooling off' period.

We identified several examples of innovation and improvement relating to the service, including: -

- A partnership with the UK Dementia Research Institute to share anonymised patient data from the clinic to support the research into the diagnosis, prevention and treatment of dementia.
- Implementation of the corporate provider's 'Environmental Pledge' in 2019 that included a number of initiatives relating to increased recycling and waste reduction at the clinic.
- Staff at the clinic implemented improvements as a result of shared learning following accreditation at a number of the provider's other locations by theAssociation for Perioperative Practice(AfPP). Improvements made at the clinic included a review of the quality of drapes used within the sterile field and the introduction of labelling of liquids used during the procedure to reduce the risk of incorrect application.
- The service planned to install new equipment with the latest scanning technology during 2020.
- The service introduced the iScan initiative in 2019. All patients who had a sight test or refractive surgery consultation received a personal iScan report by email. The report details findings of eye health, prescription and diagnostics for each eye and clear explanations so that patients can understand the information they receive. The use of the report allowed staff and patients better accessibility to information relating to their pre-operative scan. If the patient decided not to proceed with treatment at the clinic, the report allowed them to have a record of their eye health so they could monitor future progression of any adverse conditions.

Outstanding practice and areas for improvement

Outstanding practice

- All patients who had a sight test or refractive surgery consultation received a personal iScan report by email. This provided detailed diagnostic information in a format that patients could understand and allowed staff and patients better accessibility to this information. If the patient decided not to proceed with treatment at the clinic, they could use the report as a record of their eye health so they could monitor future progression of any adverse conditions. We identified this as outstanding practice.