Focus Clinics

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

Focus Clinics is operated by Horizon Medical Limited. Facilities include a laser suite, two pre-screening rooms, five consulting rooms, and a customer lounge. Refractive eye services do not generally treat child and Focus Clinics provides refractive eye surgery for adults only, aged 18 years and above.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on 24th October 2018, along with an announced visit to the service on 7th November 2018.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's

Summary of findings

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

We rated it as good overall.

We found good practice in relation to outpatient care:

- The service managed staffing effectively. There were enough staff with the appropriate skills, experience and training to keep patients safe and to meet their care needs. Staff had opportunities for personal development and had an annual review with their line manager.
- The service had systems for the reporting, monitoring and learning from incidents. Patient safety was fully considered, and the clinic followed best practice guidelines and measured patient outcomes.
- Medicines were recorded, stored and disposed of safely. Equipment, including lasers were managed safely. Staff had been trained in line with recommendations and evidence of this was kept on their personnel files. Laser machines were maintained in line with manufactures guidance and equipment maintenance was kept up to date.
- Patient records were accessible to staff, records were completed fully and were managed securely.
- Staff treated patients with dignity and respect. Care was provided in a respectful way and there was a good system to capture patient feedback which was shared with staff.
- There was a clear organisational structure with clearly defined roles and responsibilities. Line management was clear and staff were approachable and supportive. There was a clear strategy developed with input of all members of staff.

However, we also found the following issues, which the service provider needs to improve:

- The Medical Advisory Committee (MAC) had not met for a number of months to consider governance matters. Clinic policy stated the MAC meeting should take place every three months but we saw evidence that suggested the MAC had not met for over 9 months.
- Patient information leaflets were not available in different languages or formats.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Nigel Acheson

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Refractive eye surgery	Good 	The main service was refractive eye surgery. We rated this service as good because it was safe, effective, caring, responsive and well led.

Summary of findings

Contents

Good

Focus Clinics

Services we looked at

Refractive Eye Surgery

Summary of this inspection

Background to Focus Clinics

Focus Clinics is operated by Horizon Medical Limited. The service opened in 2007. It is a private clinic located in Wimpole Street, London. The clinic primarily serves the communities of London and South East England area. It also accepts adult patient referrals from outside this area.

The clinic has had the same registered manager in post since 2007.

Our inspection team

The team that inspected the service comprised a CQC lead inspector,and one other CQC inspector. The inspection team was overseen by Helen Rawlings, Head of Hospital Inspection.

Information about Focus Clinics

Focus Clinics is registered to provide the following regulated activities:

- Surgical procedures.

The clinic is based on the basement floor of a privately owned building. Patients are self-referring and self-funded. The clinic provides refractive eye surgery. Refractive surgery is the term used to describe surgical procedures that correct common vision problems (nearsightedness, farsightedness, astigmatism and presbyopia) to reduce dependence on prescription eyeglasses and/or contact lensesOphthalmic surgeons carry out the treatment.

During the inspection, we visited all areas of the clinic. We spoke with 11 staff including; reception staff, medical staff, administration staff, and managers. We spoke with five patients and one relative. During our inspection, we reviewed six sets of patient records and six staff personnel files.

There were no special reviews or investigations of the clinic ongoing by the CQC at any time during the 12 months before this inspection. This was the clinics first inspection since registration with CQC, which found that the hospital/service was meeting all standards of quality and safety it was inspected against.

Activity

- In the reporting period August 2017 to September 2018 there were 464 refractive eye surgery procedures carried out. All these cases were privately funded.

There is one ophthalmologist employed directly by the clinic, four optometrists and six technicians and one ophthalmologist worked at the service under practising privileges. The accountable officer for controlled drugs (CDs) was the clinical manager.

Track record on safety (August 2017 to September 2018)

- There were no reported never events.
- There were no reported clinical incidents.
- There was no duty of candour notifications.

No incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA),

No incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)

No incidences of hospital acquired Clostridium difficile (c.diff)

No incidences of hospital acquired E-Coli

No complaints received by the clinic.

335 compliments were received by the clinic.

Summary of this inspection

Services provided at the hospital under service level agreement:

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

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

We rated safe as good

We found the following areas of good practice:

- There were systems to manage incidents. Incidents were investigated according to local policy and learning shared to all staff working within the clinic. This ensured that risk of recurrence of an incident was mitigated.
- There were sufficient members of staff with the skills and experience to manage patients' care and treatment correctly.
- All staff were up to date on mandatory training and given protected time to complete training.
- There were good laser safety arrangements. Staff were trained in line with national guidance and evidence of this kept in their personnel file. Accurate and up to date maintenance records were kept for laser equipment.
- Patient records were held securely and completed fully. Staff could access records when required.
- Medicines were recorded, stored and disposed of safely.
- The environment was clean and equipment well maintained.

Are services effective?

Good

We rated effective as good

We found the following areas of good practice:

- Staff delivered care and treatment in line with evidence-based best practice.
- Patient outcomes were measured across the service and benchmarked against national averages.
- Staff regularly assessed and managed patient pain levels.
- The staff worked well together as a team to deliver person-centred care.
- Consent was gained in line with national recommendations.

Are services caring?

Good

We rated effective as good

We found the following areas of good practice:

- Staff treated patients with compassion, dignity and respect.
- Patients, carers and relatives gave positive feedback about their care.
- Patients and those close to them were involved in treatment choices and delivery of their care.

Summary of this inspection

- Staff supported patients throughout their treatment and offered guidance and reassurance.

Are services responsive?

Good

We rated effective as good

We found the following areas of good practice:

- Services were planned and delivered to meet the needs of the local population.
- Services were accessible to those who had physical disabilities.
- There were clear processes for staff to manage complaints and concerns.
- The clinic had used an interpretation services for patients whom English was not their first language.

However:

- Patient information leaflets were not readily available in different languages or formats.

Are services well-led?

Good

We rated effective as good

We found the following areas of good practice:

- The service had a clear management structure with clear lines of accountability. Managers knew about the risks, priorities and challenges of the service.
- The culture of the clinic was positive and staff felt support by their peers and managers.
- Governance systems supported the service and reviewed patient outcomes. Monthly staff meetings were held to capture learning and ideas for improvement.
- There was good system to capture patient feedback, which was shared with staff and used to improve the service.

However:

- The Medical Advisory Committee did not meet every three months as per clinic policy. As a result there was limited scope to review safe practices and current best practice guidance.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Good

Refractive eye surgery

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

Are refractive eye surgery services safe?

Good

We rated it as **good.**

Mandatory training

- All staff had received training in basic life support to aid them in providing cardiopulmonary resuscitation (CPR) in an emergency. The laser protection supervisor (LPS) and lead optometrist had attended advanced life support training.
- The clinical manager was responsible for ensuring staff completed their mandatory training. We saw evidence of an online tracker, which showed the members of staff that had upcoming training due. Access to training was provided through an online e-learning system and other courses provided through face to face teaching.
- Staff received protected training time and could access the e-learning system from home or at work.
- At the time of inspection, all staff were 100% compliant with mandatory training. Mandatory training included first aid training, manual handling, fire training, safeguarding adults Level 2 (level 3 for senior staff), child protection level 2, data protection, infection control, health and safety, equality and diversity, safe handling of sharps, working at heights and medication training.
- Staff told us they found the training useful, well presented and relevant to their role.

Safeguarding

- The clinic had safeguarding systems and processes in place to ensure people using the service were kept safe. Staff were required to complete safeguarding training for both vulnerable adults and children.
- The clinic had a safeguarding lead who was trained to adult safeguarding level three. All other staff were trained to level two. All staff had attended safeguarding children training.
- Staff had access to a policies and procedures folder that contained updated information for safeguarding referrals and contact details for safeguarding authorities. There had been no reported safeguarding incidents in the twelve months prior to our inspection.
- Staff we spoke with had a good understanding of what constituted a safeguarding concern and were able to provide examples of abuse.

Cleanliness, infection control and hygiene

- The clinic had an up-to-date infection prevention and control (IPC) policy, which ensured standards of cleanliness and hygiene were maintained by staff. This was easily accessible to staff and kept updated by the clinical manager.
- Staff were observed adhering to 'bare below the elbows' when providing care and were witnessed carrying out effective hand hygiene techniques. Hand sanitiser was readily available around the clinic for staff and patients to use.
- Personal protective equipment (PPE) was readily available and observed to be used during patient contact. Disposable gloves, aprons and face masks were available in a variety of sizes for staff to use.

- Staff we spoke with told us they had completed online training in IPC and were able to detail the importance of IPC in reducing infection diseases to patients.
- We observed waste being appropriately segregated, bagged up and disposed of in accordance with IPC policy.
- We observed three sharps bin containers which were correctly labelled, sealed and not filled above the maximum fill line. There was information in the treatment room which detailed what to do in the event of a sharps injury.
- The sinks in the treatment room were visibly clean with no signs of corrosion or lime scale. We noted hand soap was attached to the wall and easily dispensed.
- There was a treatment room checklist completed every time treatment was provided which included, checking all patient areas for cleanliness, ensuring cleaning lists were complete and adequate IPC equipment (gloves, aprons etc.) were stocked correctly.
- Hand hygiene audits were carried out monthly and showed 100% compliance at time of inspection.
- The clinic appeared visibly clean, free from debris and clutter. Cleaning schedules were observed in different rooms and evidence of recent cleaning having taken place. We saw a daily cleaning log was completed and signed and dated for the past eight months.

Environment and equipment

- The humidity and temperature in the treatment room was recorded daily to maintain patient safety, this is where laser equipment was kept and used. Staff explained the importance of this in ensuring optimum function of the laser. Out of normal temperature ranges were recorded and an on-call maintenance specialist contacted immediately before treatment commenced.
- The lasers had a fully comprehensive maintenance contract which was renewed annually. The lasers were both serviced and maintained on a six-monthly basis. The clinic manager completed a monthly audit to ensure these were up to date.
- There was a maintenance folder which contained evidence of service checks made on all equipment. We observed evidence of checks on electrical safety testing, laser servicing and emergency call bells. These were logged with dates and signatures showing an audit trail of who had conducted each test.
- Fire testing was conducted once a week by the maintenance team responsible for the overall building. The fire testing included ensuring all alarms were working, fire exits were not blocked and smoke detectors were working correctly. Staff also carried out annual fire drills when patients were in attendance to test the accessibility of the fire assembly point.
- The laser protection supervisor (LPS) was responsible for undertaking risk assessments, providing advice and training on laser safety to staff. There was a laser protection Assistant (LPA) who developed local rules and policies that were reviewed on an on-going basis. Staff were aware of how to contact the LPS and LPA in the event of any questions or queries.
- After each treatment, patient's details, the laser operator and the procedure were logged in a laser register. This was securely stored in the treatment room. Records we reviewed were completed fully, and were clear to read.
- There was resuscitation equipment kept within the treatment room. The equipment was kept in a resuscitation kit bag and contained adult airway devices, breathing aides and equipment designed to assist with severe allergic reactions (anaphylaxis). All equipment we checked was in date. A clear log was kept that showed the equipment had been checked on a weekly basis.
- We observed the laser technician performing safety and calibration checks before each treatment procedure. The machine displayed a variety of information which was logged by the technician. The laser equipment was designed to display safety warning and cut-outs in the event of an error occurring.
- The control area was clearly defined and warning lights were illuminated once the laser equipment was in use. This ensured members of staff and relatives did not enter the room when the laser was in use. The treatment room was accessed by keypad only and

only staff knew the code. Relatives and family members were kindly asked to wait in the waiting area, which was located away from the treatment room.

- There was a recovery room for patients and their relatives to use after treatment. The treatment room consisted of low level lighting and an emergency call bell. Staff would stay with the patient if they had visited alone or leave them in the care of their relatives, having explained how to use the emergency call bell. Staff also kept a close check on patients and their relatives once they were in the recovery room.

Assessing and responding to patient risk

- Patients were assessed for their suitability prior to treatment. Health questionnaires, eye examinations and patient record checks were completed and reviewed by the operating surgeon before the start of treatment.
- Treatment risks were explained to patients and we observed consultations where patients had an opportunity to ask questions about their treatment and recovery. Lifestyle questions were asked to help the operating surgeon make an informed decision regarding the most suitable treatment option.
- Staff used a modified surgical safety checklist adapted from the World Health Organisation (WHO) five steps to safer surgery checklist prior to treatment. We observed staff making checks and documenting these correctly on the checklist.
- An independent laser advisor was contracted by Focus Clinic to carry out risk assessments regularly on the lasers and laser rooms. To prevent unauthorised use of the laser, the system was protected using a password and a key, which was kept in a secure location.
- In the event of a patient collapse staff told us they would call 999 as per their own policy. Staff told us they would maintain basic life support until emergency services arrived. All staff we spoke with were aware of the location of emergency equipment and were familiar with the contents of the resuscitation kit.
- The clinic had a dedicated telephone line which was used in the event a patient had a clinical query. Non-clinical staff would answer the telephone call, take the patient's query and ensure an optometrist called them back as soon as possible. Staff we spoke with told us patients never waited longer than 15 minutes for a call back by an optometrist.
- If a patient had a clinical query out-of-hours then this was handled by an on-call optometrist who was able to call the operating surgeon for advice if required. The same telephone number was used during in- hours and out-of-hours and patients we spoke with were clear on the information given to them.
- We saw multiple eye wash stations available in the event of any splashes of irritant solutions to patient or staff eyes.

Nursing and medical staffing

- Nursing staff arrangements were dependant on patient demand. At the time of inspection, one regular bank scrub nurse was being used on treatment days and an open vacancy for a full time scrub nurse was being advertised. Shifts were filled and the clinic employed staff on full time, part time and zero hour contracts. Staffing rosters we viewed showed their were sufficient staff on shift to ensure patients were cared for safely and appropriately.
- Staff rosters and clinical cover was arranged by the clinics own administration staff depending on patient demand. The clinic was typically operating on patients two days per week.
- The treatment room staff consisted of: a surgeon, a scrub nurse, and a laser technician. There was a laser protection supervisor (LPS) on duty whenever treatment was carried out. An optometrist provided pre- and post-operative assessment.
- All surgeons who performed refractive eye surgery at the clinic held the Royal College of Ophthalmology Certificate in Laser Refractive Surgery.
- At the time of inspection there was one ophthalmologist working under practising privileges and one directly employed by the clinic. There was one part-time optometrist and three which worked on a zero hour's contract. Two technicians were full time,

three on part time hours and one technician working on a zero hour's contract. All staff we spoke with told us staffing was not an issue as cover could be sought quickly as many staff lived close to the clinic.

Records

- There was an up-to-date records management policy. This set out clear responsibilities for the correct completion, storage, management and disposal of all patient records.
- All patient records were in paper format. Any patient correspondence (such as letters) were held securely on a password protected computer. We observed staff locking their computers when moving away from their desks.
- Records were kept securely in locked filing cabinets in a room which was also locked. Administrative staff held keys for the cabinets and would keep them on their persons to ensure they were not lost or misplaced.
- We looked at six patient records and saw these were clearly completed, dated, signed and accurate. Medication charts which clearly showed patient allergies displayed in the front pages.
- All patient records we viewed contained documented information regarding the treatment procedure and aftercare advice given to the patient. We also saw signatures from patients to confirm they had received this.

Medicines

- Medicines were stored safely in a locked cupboard situated inside of a locked room. For medicines requiring cold storage, a locked fridge was situated inside the treatment room. No controlled drugs were stored or administered at the clinic.
- Fridge temperatures were checked daily and a log kept ensuring medicines were stored at the correct temperature. All medicines we checked were in date, labelled and sealed correctly.
- Medicines were ordered from an external supplier with pharmacist support available by telephone.
- Medical gases were secured within the treatment room. Oxygen cylinders contained safe levels of oxygen and were within date.
- Medicines were checked and prescribed by the ophthalmologist before being dispensed to the patient. Only staff with the required competencies were allowed to dispense medication. Staff that dispensed medication had attended a medicines management course. Prescription labels were attached to each medicine package clearly stating the patients name, date and instructions for use.
- There was a Mitomycin C policy in place that clearly outlined the procedure for administrating cytotoxic medicine. Clinical staff had relevant training in the handling and administration of cytotoxic medicines. These are drugs that contain chemicals which are toxic to cells. There was also a policy in place to ensure the correct procedure was carried out in the event of a spillage.
- Patients were provided with information on the use of Mitomycin C and were made aware this was being prescribed off licence. We saw evidence of this information and documented discussions within patient care records.
- Mitomycin C was bought in as prefilled syringes and not made on site. We noted the clinic had a policy in place to ensure safe administration. There was a medicines policy in place which stated the licensing and consent processes to follow when using this medicine.
- There were appropriate control of substances hazardous to health (COSHH) assessments in place and a 'safe handling of cytotoxic drugs in the workplace' guidance situated in the policies folder. All staff handling Mitomycin C medicine were required to sign they had read this and this was overseen by the clinic manager.

Incidents

- There were processes in place to record and manage incidents. The clinic had an up-to-date incident reporting policy which advised staff how to report near misses and incidents. All incidents were brought to the attention of the clinical manager or the director of operations.

Good

Refractive eye surgery

- Incidents were investigated and learning shared with staff. Shared learning from an incident would take place during staff meetings and also shared to staff via email. We saw meeting minutes where near misses were discussed.
- Staff who had reported an incident were given individual feedback. Staff we spoke with felt included in the investigation of an incident or near miss.
- All incidents were compiled by the clinical manager and themes analysed. From August 2017 to September 2018, the clinic reported no incidents and no serious incidents requiring investigation. Serious events are adverse events, where the consequence are so significant or the potential for learning is so great, that a heightened level of response is justified.
- Although no incidents had been reported, time was set aside to discuss this as a standard agenda item at team meetings.
- Serious events are adverse events, where the consequence are so significant or the potential for learning is so great, that a heightened level of response is justified.
- The clinic reported no never events in the same reporting period. Staff had a good level of understanding of what a never event was and how to report them. Never events are serious incidents that are wholly preventable, where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.
- The duty of candour is a regulatory duty which 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 were no reported duty of candour notifications between August 2017 and September 2018.
- Staff we spoke with were aware of the duty of candour and were able to provide examples of when it maybe applied.

Are refractive eye surgery services effective?

Good

We rated it as **good.**

Evidence-based care and treatment

- Staff delivered treatment in line with evidence-based best practice. Policies had been developed in line with the Royal College of Ophthalmologists Professional Standards for refractive eye surgery (reviewed May 2018). We saw evidence staff were aware and had implemented guidelines from the National Institute for Health and Care Excellence (NICE).
- Staff told us they were kept updated with any changes in practice through team discussion and meetings, as well as through the internal email system.
- Prior to treatment, patients had their medical history discussed with the operating surgeon and the service followed NICE guidelines (NG45) Routine preoperative tests for elective surgery. Scans and appropriate tests were taken to help determine the level of treatment.
- All policies we checked were within date, version controlled and accessible to staff in paper format. Staff we spoke with were able to tell us where to find individual policies.
- The clinic manager carried out a monthly audit to ensure health and safety checks had been carried out. Any areas of concern were addressed on an action plan, once the action had been completed; the plan was signed off by a senior member of staff.

Nutrition and hydration

- During our inspection we noted several tea, coffee and water machines available for patients. These were provided free by the clinic. Where appropriate, we observed patients being offered water before and after treatment.

Pain relief

- Anaesthetic eye drops were used prior to treatment and this was documented within the patients care record. We observed patients being asked if they had any discomfort throughout their procedure.
- We observed pain management conversations taking place before and after a patient's treatment. There was a discussion around the type of discomfort a patient may experience and how this was best treated.
- Patients were provided with information leaflets after treatment which provided pain relief advice.

Patient outcomes

- Focus Clinics used data to monitor the effectiveness and safety of treatment. Data was collated and used to compare patient outcomes against national averages. Re-treatment, patient satisfaction, post treatment complications, loss of best corrected vision and infection rates were collected and compared.
- Data showed that at one year post treatment stage, Haze (PRK only) was above the national target of 5%. The data showed the clinic was currently performing at 5.8%. Action for this was noted and an action plan put in place.
- The data showed the number of patients requiring re-treatment was 3.25%. The national target was set at 10%, meaning the clinic had a low number of patients requiring further clinical input after their initial treatment. Dry eye was the condition that caused the majority of patients requiring re-treatment.
- At the end of each treatment, patients were offered an opportunity to fill out a questionnaire on their satisfaction of the service provided.
- Clinical outcomes were discussed at staff member's annual appraisal. Outcome data was benchmarked against national averages and used as a basis of discussion during the appraisal process.
- If patients experienced any complications after treatment, they would be asked to attend the clinic to be seen by a consultant. Between September 2017 and September 2018, 19 patients were retreated at the clinic; the clinic told us these returns were expected and normal to make minor enhancements.

Competent staff

- Staff had the appropriate skills, knowledge and experience to deliver effective care and treatment.
- An induction programme was in place at the clinic which included familiarisation with policies and procedures. Staff completed a number of competency assessments which were signed off by their line manager. New staff we spoke with felt their induction programme prepared them well for their role.
- There were appropriate arrangements for staff supervision and appraisal. Records showed that all staff had received an appraisal within the last twelve months. Staff identified learning and development needs and agreed an action plan of how to achieve these. Staff felt supported to attend additional training courses relevant to their job.
- We noted that staff working under practising privileges also had an annual appraisal and goals and objectives discussed and documented.
- We looked at a number of training records and saw completed training certificates which were dated and signed. Patient feedback was also included in their file.
- The personnel file for the laser protection supervision (LPS) showed their most recent training for this role and completed certificate. We saw core of knowledge training which tested the competency of the LPS and this was conducted every three years.
- We saw evidence of medicine competencies relevant to a staff member's role. A training log was held by the clinic manager. This showed when a staff member was due to attend refresher or update training.

Multidisciplinary working

- We observed good multidisciplinary working between all staff working at the clinic. Staff told us they worked well as a team and each staff member was aware of their responsibilities within the team.
- Monthly team meeting minutes showed that all members of staff attended. The purpose of the meeting was to share improvement ideas and to identify learning opportunities. Teams were also asked if they required any additional support.

Seven-day services

Good

Refractive eye surgery

- The clinic had a policy in place which highlighted the correct protocol to follow for emergency transfer of patients into an acute hospital in the event of an adverse reaction or complication from treatment.
- The clinic also had a telephone line which was manned 24 hours per day and seven days per week for patients to contact for advice.

Health promotion

- Health assessments and questionnaires were provided to patients before treatment. We saw documented discussion between surgeon and patient which highlighted a number of dietary changes that could be made to support visual improvement.
- Patients with abnormal test results were given a further consultation to discuss treatment options. We observed discussion around lifestyle changes to maximise treatment effectiveness.

Consent and Mental Capacity Act

- There was a consent policy which detailed staff responsibilities in gaining valid consent. The consent policy stated a cooling off period of a minimum of one week prior to the procedure. Six patient records we viewed showed this policy was being adhered too.
- An initial consultation was held with an optometrist who provided the patient with information containing: a copy of the treatment consent form, associated risks and complications of the proposed treatment and expectations/results after treatment.
- After initial consultation with the optometrist, patients were required to attend a consent consultation with a surgeon a minimum of one week later. This consultation was conducted face to face. The final consent appointment took place on the day of surgery by the surgeon carrying out the treatment.
- The consent policy included reference to the Mental Capacity Act (2005). Information regarding capacity to consent was covered as part of staff mandatory training. A capacity assessment form would be used by trained staff on any individual suspected of lacking capacity.
- Records showed patient consent and at least a seven-day 'cooling off' period for patients to think about their treatment before agreeing to go ahead. All consent forms we reviewed were dated, signed and legible. Possible complications and side-effects of treatment were documented and signed as understood by the patient.

Are refractive eye surgery services caring?

Good

We rated it as **good.**

Compassionate care

- We observed patients being treated with dignity, kindness, courtesy and respect by all members of staff. Staff took time to interact with people using the service and those close to them and spoke in a considerate and caring manner. Staff introduced themselves and escorted patients to their consultation or treatment room.
- People's dignity and privacy was respected and we observed staff knocking on doors before entering and giving patient's space and time to prepare for treatment. During consultations, doors were closed throughout discussion.
- During treatment procedures, the surgeon kept up a reassuring dialogue with the patient and explained the different sensations a patient may feel during the treatment.
- Patient feedback was consistently positive. Patients we spoke with felt they had received professional service and felt reassured throughout their treatment journey.
- Chaperones were offered to patients for their consultations.
- Thank you cards were displayed in the waiting area with positive patient feedback. Feedback included thanking staff for their caring attitude, compliments in the way information was described and positive comments regarding the availability of refreshments.

Emotional support

Good

Refractive eye surgery

- Staff were able to explain treatment details and potential side effects in a reassuring manner. Patient's questions were answered in a way which the patient was able to understand.
- During a procedure, one member of staff was responsible for supporting the patient by talking to them and offering reassurance. Following each procedure, patients told us they felt reassured and cared for.
- The clinic provided clear information on pricing and finance choices for their treatment. Following treatment, patients were provided with information of how to care for their eyes post procedure. Staff checked patients understood the information they were given.
- Patients were provided with time to ask questions. Patients were given an out-of-hours telephone number to contact the service if they had any concerns. This provided patients with 24 hour support.

Understanding and involvement of patients and those close to them

- Staff provided patients with relevant information, both verbal and written so they could make informed decisions regarding their care and treatment.
- Patients told us they were aware of the next steps in their treatment. Follow up appointments were made within a reasonable timescale depending on the treatment the patient had received.
- Explanations, potential risks and treatment benefits were explained thoroughly, not rushed and patient understanding was checked regularly.
- Patients were given opportunity to ask questions. Patients we spoke with stated they did not feel rushed or persuaded to go through with treatment. Instead, they felt they were given enough information to make an informed choice themselves.

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

Good

We rated it as **good.**

Service delivery to meet the needs of local people

- The clinic planned and delivered services to meet the demands of the local population. The clinic was open to both national and overseas patients.
- The clinic had developed clear admission criteria to ensure patients were only accepted if staff could meet their needs.
- The clinic provided information to prospective patients and clear explanations of what to expect before their treatment.
- The clinic generally undertook refractive eye surgery as and when patient demand dictated. Staff were accommodating in fitting patients in for appointments around times which suited them.
- Operational meetings were held at the start of each day to discuss planning and delivery of services.
- The clinic was designed to provide refractive eye surgery for adults only and did not offer treatment for children.
- All patients were self-funded and the clinic did not undertake any NHS work or receive referrals from the NHS.
- There was a system in place which ensured people using the service were provided with information which included amount and method of payment of fees.

Meeting people's individual needs

- Individual need requirements were recorded on the patient s medical record. Consultations ensured the clinic only treated patients if their needs could be met.
- There was access for disabled people with the use of a stair lift. This lift brought patients to the back of the clinic where they could be escorted to the main reception area. Staff told us that they required prior notification if a patient with a physical disability was to attend the clinic, to ensure staff could assist the patient in using the stair lift.
- The clinic did not treat patients with dementia, bariatric patients or patients with complex needs. The service did have access for patients with physical

disabilities and the clinic environment was suited for people requiring the use of a wheelchair. The clinic did not have the necessary environment or facilities to treat bariatric patients.

- Equality and diversity training was provided to all members of staff.
- There was a range of patient information leaflets available. All leaflets provided easy-to-read information on a range of treatment choices. However, we did not see patient information leaflets available in other languages except English. Leaflets were in a standard font and did not take it account people who may need a larger font to read.
- There was an interpretation service the clinic was able to use if a patient did not have English as their first language. We saw evidence this had been used successfully. If a patient required a physical interpreter (as opposed to telephone interpretation) this could be arranged at short notice. Patients were not charged extra for this service.
- There were a number of toilet facilities for patient use. These were clearly sign posted and appropriate for patients with physical disability.
- The waiting room was of adequate size and there was plenty of seating available. Hot and cold drinks, newspapers, magazines and information leaflets were available for patients.
- The clinic was able to accommodate for patients that were hard of hearing. An audio loop was installed to assistance patients with hearing.

Access and flow

- Patients were able to access the clinic via self-referral. This often involved a telephone call to the clinic to book an initial consultation. A brief description of the patient's condition was taken over the phone and assessed by an optometrist to see if the clinic was able to assist.
- Any missed appointments were followed up with a phone call or email and rescheduled as soon as possible.
- The clinic did not report any delays in treatment. The clinic actively monitored patient waiting times to identify trends or patterns to ensure patient delays were kept to a minimum.
- The clinic was situated on the basement floor of a building that catered for other medical practices. There was a main reception area for the entire building and a local reception area for patients of Focus Clinics. There was clear signage on the main outside door to inform people where the clinic was located.
- There was no lift in the clinic and wheelchair users were asked at the initial booking stage if they were comfortable using a stair lift. If patients were unable to use a stairlift then the clinic would not accept the patient for an appointment.

Learning from complaints and concerns

- There were clear processes for staff to manage complaints and concerns.
- In the 12 months prior to our inspection, the clinic reported no complaints.
- Staff were aware of how to deal with complaints and concerns and were able to show us a system for reporting these.
- Any potential concerns were raised during monthly team meetings to discuss. If a potential concerns required a quicker discussion then the clinic would call a meeting of all staff as soon as possible.
- Learning from potential concerns was shared through email and team meetings.
- Patients told us they knew how to make a complaint and we saw posters informing patients how a complaint could be made.
- The clinic provided patients with information on how to make a complaint contained within their information packs on discharge.

Good

Refractive eye surgery

Are refractive eye surgery services well-led?

Good

We rated it as **good.**

Leadership

- We found the clinic to be managed by an experienced and knowledgeable clinic manager. They were enthusiastic about the clinic and strived to continuously improve the services offered to patients.
- The clinic manager understood current challenges and was able to identify actions needed to address them. Sustainable quality improvement was a key focus for all staff, which was being driven by the clinic manager.
- Staff told us leaders of the service were visible, approachable and proactive in resolving issues and concerns.

Vision and strategy

- The clinic had a clear set of values which outlined quality improvement as a top priority. Staff were aware of the values and told us they had input into their development.
- There was a clear strategy in place which focused on delivering exemplary patient care. We saw a structured plan on how individual staff members were able to help achieve the clinics strategy.
- Staff we spoke with were clear about the strategy and told us they had opportunity to contribute towards the making of it.

Culture

- Staff told us they felt supported, respected and valued by senior staff and their colleagues. The culture was centred on the needs and experiences of people using the service.
- Staff we spoke with felt positive about their roles and proud to work in the clinic. Staff told us they felt they were able to openly challenge and discuss areas of concerns with senior members of staff.
- Staff were given regular appraisals which identified development needs and learning opportunities. We saw documented discussions around career development and personal goals and objectives. Follow up appraisals showed that personal goals had been reached and objectives met.

Governance

- The clinic was overseen by a managing director and a director. Reporting into these roles was an operations director who oversaw the responsibilities of a clinic manager. These members of staff were employed on a full time basis. The registered manager for the clinic was the managing director.
- Staff were clear on their individual roles and responsibilities. Staff understood what they were accountable for and where to seek support if required.
- All surgery carried out at the clinic was monitored and reviewed. The clinic manager kept a log of each treatment, the supporting team and the consultant involved.
- The roles and responsibilities of the medical advisory committee (MAC) were not clearly outlined. We saw minutes from a previous MAC meeting which stated they should meet every three months. However, the latest minutes from the meeting showed this took place over nine months ago. Therefore there were missed opportunities for consideration of clinical matters by senior clinicians.

Managing risks, issues and performance

- There was a clear reporting process for staff members to follow. Staff told us they were aware of how to highlight any potential risks and we saw a comprehensive risk register was in place.
- Processes to improve current and future performance were in place. Regular staff meetings showed current process was reviewed and improved.
- Risk assessment were carried out on in accordance with the clinic's risk management policy.
- The clinic had a risk register in place which gave a description of a risk, the initial severity and controls and mitigations. Fire, manual handling injuries, machine malfunction and trip hazards were some of the risks highlighted on the risk register.

- Each risk on the risk register was assigned an owner, a person responsible for overseeing the risk and minimising it. They was an action log which stated what the owner was doing to mitigate the risk.
- Policies supported the governance structure by giving clear guidance processes to follow.
- Performance data such was collected and trends and themes identified. The clinic manager was responsible for reviewing current processes aided by input from all staff members.
- The clinic director was responsible for ensuring surgeons had appropriate general medical council (GMC) registration.

Managing information

- Staff we spoke with felt they had enough information provided to them about each patient prior to any treatment commencing. We observed staff members taking the time to look through patient records to understand any relevant medical history or risks.
- Quality and sustainability was sufficiently covered in relevant meetings at all levels. Management staff had a particular interest in ensuring the clinic provided consistently good treatment, whilst also learning how to improve patient experience.
- Information was held securely within the clinic and any patient identifiable documentation was kept locked securely and only accessed by relevant staff members. Where information was used to help drive quality improvement, patient names were removed and identifiable information anonymised.

Engagement

- The clinic had a public website which included information about refractive eye surgery. This information included details about consultations, treatment options and costs.
- The website contained testimonials from patients who had received treatment at the clinic. The website was easy to navigate and contained detailed information for the public.
- Patients were encouraged to leave feedback about their experience of their service via a patient satisfaction leaflet left in communal areas and handed to patients after treatment. These were then collated and any areas for improvement, as well as areas of excellence were highlighted to all staff at monthly team meetings.

Learning, continuous improvement and innovation

- Monthly team meetings identified opportunities for staff members to contribute towards ideas for improvement within the clinic. Clinic objectives, data systems and processes were discussed.
- Staff told us they had plenty of opportunity to discuss improvement ideas with senior managers. Staff felt they were listened too and improvements were made from their suggestions.
- A dry eye pack was put in place by the clinic which offered additional supplements provided to the patient in the event of dry eyes after treatment. This pack was included for anybody receiving treatment and contained a number of items help to alleviate dry eyes. This was provided to patients at no extra cost.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The service should ensure Medical Advisory Committee (MAC) meetings are held regularly to identify any potential changes in clinic practice.
- The service should provide information leaflets in different languages and formats.