

Accuvision Eye Care Clinic - Solihull

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

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Overall summary

Accuvision Ltd was established in London, UK in December 2001. The provider opened the Solihull clinic in May 2005.

Accuvision Laser Eye Clinic in Solihull is one of three clinics nationwide run by an independent healthcare provider. It primarily offers corneal laser vision correction surgery and treatments for short-sightedness (myopia), long-sightedness (hyperopia), astigmatism (a refractive error), keratoconus treatment (a progressive eye disease), age related long-sightedness (presbyopia) and access to non-laser cataract surgery through another provider.

We inspected Accuvision Solihull as part of our comprehensive programme, using our comprehensive inspection methodology. We carried out the announced part of the inspection on 31 October 2017 along with an unannounced visit to the clinic on 19 November 2017.

The Solihull clinic operates on an appointment basis depending on patients' needs.

The provider mainly manages administrative work at the London clinic and the whole team of 20 staff work between all three of the clinic locations as needed.

Summary of findings

On entry to the clinic ground floor there is a waiting room with refreshments available to patients, the clinic office, toilets, a consulting room and a diagnostic room, a preparation room and a laser treatment room.

The first floor consists of a combined waiting and recovery area, three consulting rooms, a cleaner's room, store room and three toilets.

The second floor is restricted to staff access only and is primarily an administration and storage area with one staff toilet.

The clinic has parking available for patients and the ground floor is accessible to wheelchair users.

We inspected laser eye surgery.

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

are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so, we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we do not rate

We regulate refractive eye surgery but we do not currently have a legal duty to **rate** them when they are provided as a single specialty service. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

Summary of findings

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Accuvision Eye Care Clinic - Solihull

Services we looked at

Refractive eye surgery

Summary of this inspection

Our inspection team

The inspection team included a CQC lead inspector, an additional CQC inspector, an assistant inspector and a specialist advisor with expertise in leadership and governance. Tim Cooper, Head of Clinic Inspection, oversaw the inspection team.

Information about Accuvision Eye Care Clinic - Solihull

In the previous 12 months, the provider carried out 522 laser-assisted in situ keratomileusis laser eye surgery treatments, 75 trans epi-surface treatments and 14 combined laser and corneal collagen cross-linking procedures. Laser eye surgery or laser vision correction, is a type of refractive surgery for the correction of myopia, hyperopia, and astigmatism.

During the inspection, we visited all areas of the clinic. We spoke with eight members of staff including; reception staff, ophthalmologists, optometrists and senior managers. We spoke seven patients and three relatives. During our inspection, we reviewed eight sets of patient records.

There were no ongoing special reviews or investigations of the clinic by the CQC at any time during the 12 months before this inspection. We inspected the service once before, and the most recent inspection took place in December 2015.

During the 12 months prior to our inspection the clinic performed:

- 611 refractive eye surgery procedures

- All patients privately funded their procedures

Seven ophthalmologists, seven optometrists, one registered nurse and five administrative staff worked at the clinic.

In the 12 months prior to our inspection the clinic reported:

- No never events
- No clinical incidents
- No incidences of clinic acquired Methicillin-resistant Staphylococcus aureus (MRSA), Methicillin-sensitive staphylococcus aureus (MSSA), Clostridium difficile (c.diff), or E-Coli.
- No complaints

Services provided at the clinic under service level agreement:

- Clinical and non-clinical waste removal services
- Interpreting services
- Laser protection services
- 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?

- The service managed patient safety incidents well.
- The service used safety monitoring results well.
- The service controlled infection risk well.
- The service had suitable premises and equipment and looked after them well.
- The service prescribed, gave, recorded and stored medicines well.
- Staff kept appropriate records of patients' care and treatment.
- Staff understood how to protect patients from abuse.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

Are services effective?

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles.
- Staff of different kinds worked together as a team to benefit patients.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

Are services caring?

- Staff cared for patients with compassion.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their concerns.

Summary of this inspection

Are services responsive?

- The service planned and provided services in a way that met the needs of local people.
- People could access the service when they needed it.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

Are services well-led?

- The service had managers with the right skills and abilities to run a service providing high-quality sustainable care.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

Refractive eye surgery

Safe

Effective

Caring

Responsive

Well-led

Summary of findings

We found the following areas of good practice:

- We reviewed performance over the previous 12 months. This showed an excellent track record of safety.
- All staff were up to date with their mandatory training and all clinical and office staff were trained in basic life support.
- All staff were trained to adult and children safeguarding level two and all clinical staff were trained to level three. Staff did not treat patients under the age of 18 years at the clinic.
- We saw good infection prevention control practice. There were no incidents of a healthcare acquired infection in the previous 12 months.
- Handling of all patient data was in accordance with the provisions of the Data Protection Act 1998 and the Freedom of Information Act 2000.
- We saw an excellent proactive, multidisciplinary approach to coordinating patients' care.
- Staff always asked patients to give their consent to their care, treatment and support in accordance with the relevant guidance for example, General Medical Council consent guidance: patients and doctors making decisions together.
- Patient feedback was consistently positive. There were no formal complaints in the previous 12 months.
- We reviewed clinical outcomes and data that consistently exceeded benchmarked standards across the board.

- Staff we spoke with were extremely proud to work for the clinic and spoke highly of the leadership and the culture. Every member of staff felt like a valued contributor within the team.

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Are refractive eye surgery services safe?

Incidents and safety monitoring

- There were no reported never events in the previous 12 months. Never events are serious incidents that are 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 healthcare providers.
- There were no reported incidents that met the threshold of the Serious Incident Framework (2015) and no mortality incidents in the previous 12 months.
- This meant no duty of candour notifications were made in the previous 12 months. 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. However, staff followed processes in place within the organisation for staff to determine whether a trigger had been reached.
- Duty of candour formed part of mandatory training for all staff.
- Staff were able to report incidents on a paper based system, which fed into the governance meetings which took place three to four times a year. Incidents were formally reviewed through the governance meetings.
- The clinic provided data for the incidents staff reported over the previous 12 months. There were four incidents reported with no harm to patients. These were non clinical incidents and included a region power outage and coffee machine leak.
- Staff were positive about information received on safety. As the team was small and worked closely together across all three of the provider's locations they told us they kept in constant communication and would always hear of any incidents that had taken place even if they had not been present.

Mandatory Training

- Staff training was identified through an annual mandatory training log. Topics included anaphylaxis

awareness, awareness of mental health, dementia and learning disability, basic medical gas training, health and safety, infection prevention and control, and safeguarding.

- All staff were up to date with their mandatory training and all clinical and administrative staff were trained in basic life support. Training took place every year.
- This meant staff were equipped with the necessary skills to meet the needs of patients and deliver safe and compassionate care.

Safeguarding

- The registered manager was the designated safeguarding lead and was trained to level three. This meant Accuvision Solihull had a "named person" for safeguarding children and young people. This complied with the Children Act 2004.
- All eligible staff were trained to safeguarding level two and all eligible clinical staff were trained to level three. The training combined child and adult safeguarding.
- There had been no safeguarding concerns raised in the previous 12 months. Staff were aware of their duty of care to their patients, knew what constituted abuse and knew how to act on their concerns appropriately.

Cleanliness, infection control and hygiene

- All staff had received up to date training in infection prevention control.
- The infection prevention control policy was available in a hard and electronic copy, which all staff could easily access.
- There were no incidents of a healthcare acquired infection in the previous 12 months.
- The provider's legionnaire risk assessment showed the risks were low and being properly managed to comply with the law.
- Managers displayed hand hygiene posters on walls and we saw staff washing their hands between each patient.
- Clinical staff were responsible for cleaning clinical and medical equipment. An external cleaning company cleaned all other areas of the theatre and clinic every morning. Clinical areas were visibly clean and tidy. Cleaning checklists of all clinical areas were complete and up-to-date.
- The cleaner had completed external infection prevention control and the use of colour coding system

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training. They used disposable gloves and disposable cloths to clean. We reviewed the cleaning rota for the previous month and found it to be complete and up to date.

- Staff followed infection prevention control (IPC) procedures in the two surgical procedures we observed. For example, they wore personal protective equipment.
- All ophthalmic packs for a patient during a procedure were single use and disposable. This minimised the risk of cross infection.
- Staff kept a log of temperature and humidity conditions demonstrating that these were being maintained consistently within the range for safe operation of equipment specified by the manufacturer's guidelines.
- We reviewed an IPC audit completed on 15 June 2017. The overall compliance was 93%. We saw action plans to address areas of non-compliance. For example, the corridor and staircase area achieved 75% compliance. The action plan recorded the 'outside of the main door was now being cleaned regularly by the new cleaner'.

Environment and equipment

- Surgery took place in a fit for purpose theatre.
- The layout of the building enhanced patient flow and safety. For example, staff had easy access to supportive diagnostic technology which ensured smooth running of clinics while providing a quality service to patients. Clinic waiting areas were well lit and ventilated, and separate 'sub waiting' areas were provided for patients who had their visual acuities measured by the clinician and were waiting to see the clinician again.
- The provider complied with the manufacturer's guidance through maintenance checks carried out by the director of Accuvision, who was the manufacturer's trained laser protection supervisor. However, the director told us that he practised proactive maintenance. Proactive maintenance is the application of advanced investigative and corrective technologies to extend machinery life. This meant the director viewed machine failure and similar problems as something that could be anticipated and dealt with before they occurred.
- The laser protection adviser from an external consultancy service conducted a laser safety risk assessment. The registered nurse and the laser protection supervisor carried out an annual laser risk assessment.

- Staff followed the laser local rules supplied by the laser protection adviser. The purpose of local rules is to ensure that staff know how to work correctly within a safe environment and that patients are treated in accordance with the equipment and treatment protocols. This showed the provider complied with the relevant legislations, such as Health & Safety at Work Act 1974.
- The laser equipment was self-calibrated. This reduced the amount of time that staff would have needed to calibrate the equipment otherwise.
- The laser room was a minimal access intervention operating environment and adequate notifications of this were displayed on the entrance door. This was in line with the local rules.
- We reviewed the laser safety audit completed by the radiation consultancy in May 2017. It reported full compliance and no outstanding issues.
- The registered nurse carried out a health and safety risk assessment annually. We reviewed the assessment completed in December 2016. The report highlighted areas of risk, hazards, what the clinic were already doing about them and suggestions and recommendations.
- An external company removed clinical waste and sharps. The provider told us this contract worked well. All the sharps bins were dated and were not filled more than halfway.

Medicines

- The registered manager was the location lead for the safe and secure handling of medicines.
- Staff stored medicines in a secure manner and in conditions that did not affect their potency; procedures were in place to ensure compliance with the manufacturer's storage recommendations. The registered manager and registered nurse had access to the medicine cupboard keys.
- Staff used prescription sheets to record all medicines prescribed to the patient. This provided evidence of medicine administration and showed good medicine prescription and administration practice.
- The clinic did not sedate patients or use intravenous anaesthetics. They only used local and topical anaesthetic for surgical procedures.
- We saw evidence that fridge temperatures were checked and logged when the clinic was open and were maintained to ensure medication efficacy.

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- Staff did not use any un-licensed cytotoxic medicines or other treatments to help with post-operative complications. This meant staff did not expose themselves or patients to the potential hazards involved in the preparation and administration of these kinds of medications.
- Medical gases and oxygen were stored and checked appropriately and all staff had completed training in medical gas safety.

Records

- Staff held patient data and records securely at all times. They were only accessible to authorised staff members in order to deliver safe care and treatment.
- Patients were required to give or refuse consent in writing to enable staff to send details of the treatment provided to the patient's GP.
- Staff were required to obtain a request in writing from the patient before they granted access to the patient's health records, either to the patient themselves or to third party as per the patient's specific request.
- Handling of all patient data was in accordance with the provisions of the Data Protection Act 1998 and the Freedom of Information Act 2000.
- We reviewed eight sets of patient notes. Records were accurate, complete, legible and up to date and complied with General Medical Council Guidance and the Royal College of Ophthalmology standards.
- We saw that staff maintained appropriate records each time they operated a laser.
- We saw evidence that patient file audits were completed. We reviewed five audits, which the provider had completed between 19 September 2017 and 7 October 2017 and found full compliance.

Assessing and responding to patient risk

- Staff completed comprehensive risk assessments for patients and developed risk management plans in line with national guidance such as National Institute for Care and Excellence (NICE)
- Staff recorded appropriate patient pre-operative assessments which included a full medical history and discussion of the patient's expectations following surgery. Consultants carried out comprehensive testing procedures to inform them of the patient's suitability for

laser corrective surgery and the results which can be achieved in each particular case. This assured consultants their patients were well enough to undergo laser eye surgery.

- A modified version of the WHO Surgical Safety Checklist was in place in the form of a preoperative/Intraoperative check list including; patient identity check, consent, allergies, surgery location and procedure, application of anaesthetic drops, preparation of eyes, procedure recorded in register and post-operative information given. Notes were checked to establish the location of surgery and verbally with the patient during consent. Following our inspection, we reviewed five audits which had been completed by the provider between 19 September 2017 and 7 October 2017. We also observed two surgical procedures and found full compliance.
- Staff provided a post-operative medicine kit to patients, which included an instruction sheet with out-of-hours contact information.
- The registered manager and or optometrist always dealt with the out-of-hours patient calls.
- The clinic was consultant lead and when patients were on site, they were seen by their consultant who was always on site when their patients were.
- There were no incidences of unplanned transfers to another health care provider in the previous 12 months. Protocols were in place for the transfer of patients to the local NHS trust in the event of serious complications.
- Staff could access the laser protection supervisor by phone or email for expert advice and guidance. Staff planned all surgical procedures in advance to ensure that the laser protection supervisor was always available.
- All optometrists could refer to the attending surgeon in case of any post-operative issues. The treating surgeon, if required or requested, saw the patient. Non refractive consulting ophthalmologists were on call for staff and patients seeking a second opinion.

Nursing and medical staffing

- There was a small team of 20 staff working from the clinic including optometrists, administrative staff and a registered nurse.
- Management planned staffing in line with the Royal College of Ophthalmology (RCOphth) guidance on staffing in ophthalmic theatres; appropriate skill mix in line with MHRA guidance on laser safety.

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- All seven ophthalmologists worked under practising privileges and had been with Accuvision for a minimum of five years.
- We reviewed the current number of vacancies and turnover in the previous 12 months for staff directly employed by Accuvision. There were no current staff vacancies. Two optometrists had left and one had joined the clinic. Two non-clinical staff had joined the company.
- The provider had not used bank or agency staff in the previous three months and there was no staff sickness reported.
- In the previous 12 months the provider had not used locum agency staff to cover an ophthalmologist at the location.
- One nurse, six optometrists and six administrative/clinical support staff had worked for the provider for a minimum of five years.
- All staff had their professional registration checked by management.
- All staff had valid Disclosure and Barring Service (DBS) certificates in place. This meant the provider prevented unsuitable people from working with vulnerable groups, including children.

Major incident awareness and training

- The provider had tested back up uninterruptable power supply in place in case of failure of essential services. This ensured that if power failed mid treatment staff had not compromised the patient's treatment. This was in line with RCOphth professional standards, April 2017.

Are refractive eye surgery services effective?

Evidence-based care and treatment

- Staff aligned policies, procedures and treatment with recognised national standards and guidance, such as Royal College of Ophthalmology Standards for Laser Refractive Surgery and National Institute for Health and Care Excellence (NICE) guidance on photorefractive surgery.

- Staff assessed patients' needs and planned their care in line with evidence based guidance, standards and practice such as Royal College of Ophthalmology guidelines. Management monitored compliance through regular patients file audits
- All staff we spoke with were aware of all policies and knew where to access them. We observed staff following local policies and procedures. Management completed audits, including patient file and infection prevention control audits and the director oversaw almost all of the surgical procedures to ensure staff were complying with policies and procedures.
- The service provided was consultant led and patients saw the same consultant throughout their patient journey to ensure continuity of care.

Pain relief

- The service ensured patients underwent surgical procedures without experiencing discomfort or pain. Staff prepared patients for procedures, which included anaesthetic eye drops prior to surgery. During the procedure the consultants used topical anaesthetic to keep the patient comfortable.
- Staff provided pain killers to take home for patients undergoing treatments that were more likely to cause post-operative discomfort.

Nutrition and hydration

- Staff provided patients with hot drinks and biscuits whilst they were in recovery.

Patient outcomes

- Staff conducted regular reviews and audits on patient treatment. These included audits to ensure staff had recorded all relevant information and these showed full compliance. Staff completed a second check when the records were entered onto the Patient Administrative System (PAS).
- The provider did not submit data to the National Ophthalmology Database and Private Healthcare Information Network (PHIN). Management told us these databases did not record data for the type of refractive laser surgery the provider performed. However, staff used regular monitoring of published studies in scientific journals and data published online by competitors as a benchmark for comparison.

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- There was no incidence of an unplanned return to theatre following refractive eye surgery in the previous 12 months.
- Managers benchmarked their patient outcome measures against industry standards for refractive laser eye patients. The provider's measures were consistently above the national standards.
- For all cases treated at Accuvision Solihull in the last 12 months, 10 eyes (seven patients) underwent enhancement. Three of these patients underwent bilateral enhancement. This is a procedure that sometimes is performed if the outcome of the patient's original vision correction surgery is unsatisfactory or if the patient's vision changes significantly over time. Some of these enhancements were for patients who had had primary treatment several years ago and wished to have further treatment due to natural deterioration in vision.
- Four eyes required a flap rinse and three eyes required enhancement in the previous 12 months. Staff reviewed these cases on a quarterly basis within the internal clinical peer group of ophthalmologists and optometrists at the time of outcome audit to ensure staff had not missed any factors.
- The Royal College of Ophthalmologists suggests that most clinics have an enhancement rate varying between five % and 15%, at a 0.5% average enhancement rate for patients treated over the previous 12 months. The enhancement rate at Accuvision Solihull was significantly better than this average range.
- In 2016, eyes achieving 6/6 or better unaided (within +/-0.50 of target) following eye laser treatment was 99%. A visual acuity of 6/6 is frequently described as meaning that a person can see detail from six metres away the same as a person with "normal" eyesight would see from six metres
- In 2016, eyes achieving 6/7.5 or better unaided (within +/-0.75 of target) and patients achieving 6/6 or better binocularly unaided following laser eye surgery treatment was 100%.
- No patients experienced a loss of best corrected visual acuity following laser eye surgery treatment in 2016.
- In 2016, eyes achieving 6/6 or better unaided (within +/-0.50 of target) was 100% following trans-epithelial advanced surface ablation. Trans-epithelial advanced surface ablation is an advanced form of laser eye surgery.
- Patients achieved 6/6 or better binocularly unaided following trans-epithelial advanced surface ablation.
- No patients experienced a loss of best corrected visual acuity in 2016 following trans- epithelial advanced surface ablation.
- We also reviewed the patient outcomes for 2014 and 2015, and noted they had improved each year.
- This outcome analysis encompassed a full spectrum of patients treated, over all prescription complexities. Management did not exclude any data.

Competent staff

- All new clinical and office staff completed an induction. Induction for clinical staff covered areas such as policies, procedures, and protocols, medicine management, basic life support training and health and safety and for office staff covered areas such as care respect and privacy of patients, waste management and data protection and handling patient data.
- The provider annually checked staff certification to ensure they were up to date with their registrations and compliant with the regulations of their professional bodies, such as the General Medical Council.
- The director checked surgeons NHS revalidation. Revalidation is the process by which all licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise in their chosen field and able to provide a good level of care. This assured
- All staff received an annual appraisal as well as spot checks on the standard of their work, receiving feedback on how they performed and any areas for improvement.
- It is a recommendation not a requirement of the Royal College of Ophthalmology that surgeons hold the Certificate in Laser Refractive Surgery. The provider decided that given their excellent outcomes year on year and the fact that the certificate is not a requirement, as a service they did not see the merit in imposing on the surgeons' time and resources. The provider assured itself the surgeons they worked with had the requisite knowledge, skills and experience

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required. Surgeons had been performing corneal laser refractive surgery for several years, some for more than 10 years. The laser protection supervisor oversaw nearly all of the surgical procedures.

- The laser protection supervisor underwent training by the manufacturer to ensure that he was knowledgeable and competent. His training was updated regularly and he was provided a certificate demonstrating competence.
- Staff completed training on the use of equipment and the laser protection supervisor who had “train the trainer” accreditation, validated by the equipment manufacturer, delivered and signed this off.

Multidisciplinary working

- We saw an excellent proactive, multidisciplinary approach to coordinating patients’ care. Administrative staff, surgeons, laser technicians, optometrists and a registered nurse worked together to provide safe, patient-centred treatment. Staff worked between the three clinics and told us joint working arrangements worked well.
- All staff members, including non-related staff members we spoke with said it was like working with family at the clinic, however they also felt confident and supported to raise their concerns openly and challenge where they felt practice was not up to standards.
- The clinic had effective external working relationships through service level agreements with external contractors, such as clinical waste management, to facilitate the effective running of the clinic.

Access to information

- Records were to staff system. a small, clinical team, was direct communication staff
- The provider sent discharge summaries to GPs with patients’ consent. This meant patients’ GPs had all necessary information for managing possible complications, such as infections and for continuity of care.

Consent and Mental Capacity Act

- All staff we spoke with told us they did not generally see vulnerable patients, however staff demonstrated a good working knowledge of the Mental Capacity Act 2005 (MCA). Policies and procedures were available for staff to refer to if need be.
- Staff always asked patients to give their consent to their care, treatment and support in accordance with the relevant guidance for example, General Medical Council consent guidance: patients and doctors making decisions together.
- Staff discussed all risks benefits and complications with patients at the pre- operative stage and during consent with the surgeon.
- If staff felt the patient was unable to give informed consent staff would contact the patient’s GP or other relevant medical colleagues before determining whether to proceed with the treatment journey.
- Prior to surgery all patients received a surgery pack which included a consent form, surgery day expectations, and post-operative instructions.
- Staff told us they refused patients whose expectations of surgery were unrealistic
- We observed consultants explaining the procedure to patients using clear and plain language and offered the patient time to ask questions.
- Staff could access translation services to aid the consent process either face to face or by phone if needed.
- The consent policy stated and staff told us they would give patients a cooling off period in between the pre-operative assessment and treatment to reflect the risks and benefits of the procedure before giving informed consent to proceed, in line with the Royal College of Ophthalmologists guidelines. However, in cases where the patient had carried out detailed research of the procedure and attended clinic with a strong intention of having surgery on the same day as their consultation, an additional consent form was signed by the patient and they were made aware of the Royal College guidelines.
- Patients were required to copy a statement, stating that they understood what they had read in the

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consent form and the benefits and risks of surgery in their own handwriting on the consent form. This ensured staff that patients were giving consent freely and voluntarily to the chosen treatment.

- We reviewed five consent audits, which staff had completed between 19 October 2017 and 7 September 2017 and found full compliance.

Are refractive eye surgery services caring?

Compassionate care

- Staff followed the provider's policies including: equality, diversity and treating patients and relatives with respect policy.
- Staff demonstrated a caring attitude for example, when a patient had needed a longer appointment to enable them to ask more questions relating to their treatment or procedure.
- We saw staff assessing patients' needs and ensuring dignity, privacy and independence throughout the treatment journey.
- We reviewed the patient satisfaction questionnaire results from May 2016 to June 2017. All patients responded that they were delighted to satisfy (excluding non-applicable or not marked responses) with the response and information they received, clinic environment, staff, treatment, immediately after treatment, and aftercare post-surgery.
- All patients said they would recommend the clinic to their friends and family, none said they would not and management classed five responses as unknown.
- We looked at reviews and testimonials patients had shared following their laser eye surgery. Examples of feedback included, "Honesty, professionalism, friendly caring approach. Each time I have visited the clinic has been like this, I am 100% satisfied. I can honestly say all the staff are so friendly...."
- Another patient said, "After considering laser eye surgery for many years, I decided to go for it straight away after my consultation with Accuvision - their knowledge and professionalism was first rate. I now have better than 20/20 vision without the reliance on glasses or contact lenses and I am thrilled with the outcome."
- We did not find any negative comments.

Understanding and involvement of patients and those close to them

- We saw staff giving patient-centred care and involving the patient at all stages of the decision-making process.
- Staff supported patients to understand relevant treatment options, including risks, benefits and potential consequences. This was in line with NICE QS15 statement 5 and RCOphth professional standards for refractive surgery.
- Staff provided patients with transparent and accurate information about all costs. This was in line with CQC Regulation 19.
- All patients we spoke with said staff had explained their procedure fully to them and had given them time to ask questions. This ensured that patients had realistic expectations of their procedure before proceeding with it.
- During the surgical procedures, we observed staff explaining to patients what was happening and ensuring the patient was calm and comfortable.
- We observed staff taking time to explain aftercare to patients and to answer their questions following procedures. For example, we saw a nurse explaining to a patient how to insert eye-drops. Staff involved those close to the patient to ensure the patient had the appropriate support on discharge.
- Staff counselled patients for the possibility of further procedures during their initial consultation and evaluation (before they decided to proceed and book treatment) as well as at consent with the surgeon.

Emotional support

- The service allowed carers and family members to accompany patients to their appointments. Whilst in theatre, the team offered reassurance and support to the patient to keep them calm.
- The provider provided general eye health patient information leaflets from organisations such as the College of Optometrists. Staff could signpost patients needing emotional support to support groups if need be.

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

Service planning and delivery to meet the needs of local people

- Staff provided patients with pre-treatment information, which included a clear explanation of what to expect during surgery and what patients could do to help the procedure run smoothly.
- Staff completed an individual assessment in order to understand the patient's individual needs. Staff then tailored and delivered treatment that met these needs.
- Staff planned clinics in advance to ensure that they delivered these to meet the needs of the patients. This meant staff planned and delivered services to meet patients' needs whilst ensuring care was person-centred, designed around the individual and included their involvement at every stage.
- Surgeons saw patients prior to the day of surgery and a surgeon was available to see patients at any point in their post-operative journey as required.

Access and flow

- Staff followed the provider's policy for pre and post-operative assessment, treatment and discharge to ensure timely access and flow.
- The patients had timely access to initial assessment, diagnosis and treatment.
- Staff cancelled no procedures for a non-clinical reason in the previous 12 months.
- Patients could make an enquiry via phone, internet and website or by email. If the individual already provided the full nature of the enquiry or service needed, staff passed this on to the relevant optometrist to respond to the patient.
- Where appropriate, staff contacted the patient by telephone to gain any relevant details to help tailor the appointment being booked.
- In cases where patients may only be making initial enquiries, staff provided information requested, and staff sent further information to them via email or post.
- Where requested, staff would make a pre-operative assessment appointment at the patient's convenience. Staff followed this up through a confirmation email or letter posted with a patient information request.

- The provider asked for patients to return these prior to staff seeing the patient so that the clinician could tailor the appointment to their needs. Staff noted all conversations and call logs against the patient record, to ensure continuity of care.
- At the appointment, staff discussed the patients' needs, documented visual history and completed a full diagnostic assessment.
- Clinics were arranged based on patient need and demand to ensure patients could access treatment at a time to suite them.

Meeting people's individual needs

- Staff requested information in advance around mobility or specific accessibility issues, medical and visual history to ensure they were responsive to patients' needs. The clinic was accessible to wheelchair users. This showed the provider met people's individual needs in line with Royal College of Ophthalmology guidance.
- An interpreter service was available upon request either by phone or face to face.
- This showed the provider complied with The Accessible Information Standard 2016, which aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support, so they can communicate effectively with services.
- All staff had completed equality and diversity training to ensure that they understood and took into account and respected people's personal, cultural, social and religious needs.
- The provider displayed realistic and expected patient outcomes clearly on the website and discussed them at the pre-assessment.
- The provider displayed leaflets on common eye conditions, such as glaucoma and age related macular degeneration, and could provide these in different languages and formats if need be.
- Patients received written information on their chosen procedure. This helped to ensure they felt prepared for surgical procedures.

Learning from complaints and concerns

- There was a comprehensive and easy to access complaints procedure at the clinic. We saw complaints leaflets in the patient waiting areas. Complaints information was also included on the patient information guide and the clinic's website.

Refractive eye surgery

- Staff encouraged patients to complete a patient satisfaction survey.
- There were no formal complaints in the previous 12 months.
- As well as an annual survey, the provider continually captured feedback about patients' experience through verbal and written feedback including feedback forms, thank you cards and online reviews.
- Staff told us there were "too many to count" thank you cards and compliments from patients. We saw numerous thank you cards in the patient waiting area.

Are refractive eye surgery services well-led?

Leadership and culture of service

- A director who also the CQC nominated individual and laser protection supervisor led the service. An executive director, director of communications, company secretary and a team of ophthalmologists, supported him. The rest of the team was made up of a registered manager a registered nurse, technical support and patient co coordinators.
- Staff we spoke with were extremely proud to work for the clinic and spoke highly of the leadership and the culture. Every member of staff felt like a valued contributor within the team.
- When asked what they were most proud of, most staff members said the feedback they received from their patients, the quality of care and treatment they were able to provide, and the fact they were able to make a positive difference to patients' quality of life.
- Staff gave each patient a satisfaction questionnaire to capture their view of the service. This helped the provider to improve the service through the analysis of the results.
- All staff received an annual appraisal as well as spot checks on the standard of their work, receiving feedback on how they performed and any areas for improvement.
- Policies and procedures were available to staff to refer to if needed.
- Patients received a statement that included terms and conditions of service being provided, and the amount and method of payment of fees.

- The director oversaw all surgical procedures. This meant he supervised and evaluated all procedures.

Vision and strategy

- The Accuvision mission statement was, "To transform your life, by safely and significantly reducing your dependency on contact lenses or glasses".
- We saw staff worked clearly in line with this statement.

Governance, risk management and quality measurement

- All staff who worked under rules or practicing privileges at the location had an appropriate level of professional indemnity insurance in place.
- The clinic did not allow ophthalmologists who worked under rules or practising privileges at the location to invite external staff to either work with them or on their own. This ensured only Accuvision staff provided treatment.
- The director held quarterly governance meetings. All staff working at the location were able to attend. The meetings were minuted and standing agenda items included infection prevention control, medicine management, training and audits.
- The director carried out unannounced audits looking at staffing, patient care treatment and support, governance, laser room, health and safety/fire and clinical environment and patient diagnostic and screening equipment. These were done to continually monitor and improve the service.
- Staff recorded evidence, comments and actions for each area of audit. For example, under governance, the evidence recorded was 'clinical governance and team based meetings', and comments and actions were 'governance meetings held every quarter and team meetings more frequently as and when required'.
- Management had employed an external consultant to develop a bespoke governance software package, which processed data for robust compliance procedures. The package was broken down into the Care Quality Commission's safe, effective, caring, responsive and well led domains and each domain was further broken down into the commission's key lines of enquiry.
- The system pulled together all elements of the service including policies, human resources, training and

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audits. The provider held all elements of compliance in this secure central portal and automatically reminded staff when items were due such as audits, contracts, and training.

- The package was still under development; however we were able to review the safety domain. We looked at the key line of enquiry 'What is the safety performance over time, based on internal and external information?' Evidence attached included regular audits, fire risk assessments, infection control audits, fire training and electrical safety testing.
- Attached to each piece of evidence was a recording of who was responsible for the evidence, where staff could find the evidence, how staff had achieved it, and the review date, and whether the director approved it. For example, the fire warden completed the fire risk assessment every year and kept in the fire file. The review date was the 15 June 2018.
- This showed there was an effective governance framework in place to support the delivery of good quality care and staff were clear about their roles and what they were accountable for. It also supported Accuvision to meet the CQC standards of care and reduced the risk of breaching regulations.

- The provider ensured named staff had responsibility for risk management. They identified risks, undertook risk assessments and applied mitigation if full action was not possible. They managed actions by a regular re-assessment process.

Public and staff engagement

- Management audited patient feedback for any themes. In the case of more than one patient making the same or similar criticism, management investigated and discussed with relevant staff members to see if aspects of the service could be changed or improved at point of care. No such instances had arisen in the last 12 months.
- Staff were encouraged to provide feedback on the service and their individual roles through the appraisal system.

Innovation improvement and sustainability

- The registered manager told us there was no accreditation for the niche service they offered, given that they did not perform intraocular procedures or cataract surgery. Topics selected for review at their next clinical governance meeting included long-term retrospective studies and results analysis, particularly for specialist cases. This would be a long-term (3-5 year) project.