Optical Express (Gyle) Limited

Optical Express, Dartford Clinic

Inspection report

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

Ratings

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

Summary of findings

Overall summary

We rated it as good because:

- Staff followed protocols for infection prevention and control. We saw that staff washed their hands and cleaned equipment thoroughly. Waste was managed safely.
- Staff knew how to report incidents and safeguarding concerns. Incidents were investigated thoroughly.
- There were systems to ensure that lasers were used safely. The environment was designed and maintained for the use of lasers. Staff were trained to operate lasers. Staff were aware of protocols for safe use of lasers and followed these consistently.
- Staff were supported to maintain up to date clinical skills and competencies. Staff participated in appraisals and competency checks.
- Staff understood and complied with the Mental Capacity Act 2005. Patient consent was checked at every stage of the patient journey.
- The service offered flexibility around appointment times, dates and locations. There was no waiting list for surgery. Surgery was rarely cancelled.
- Interpreter services were available for patients whose first language was not their first language and for patients who used sign language to communicate.
- Governance and performance management arrangements were proactively reviewed and reflected current best practice.
- Staff understood the service's vision and values, and how to apply them in their work.
- The service engaged well with patients and staff to plan, manage and continually improve services.

However:

- The service did not always store staff and patient files securely in line with national guidance. Staff files were kept in a filing cabinet in the manager's office which was left unlocked, therefore easily accessible to unauthorised persons.
- The resuscitation trolley checks were not completed regularly and there was an out of date item stored on the trolley.
- We found the medicines cupboard used to stored eye drops was not always locked and the key was left in the lock.
- We found boxes stored on the floor in the storeroom. This meant it was difficult to adequately clean the floors.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Refractive eye surgery	Good 	We rated it as good. See the summary above for details

Summary of findings

Contents

Summary of this inspection

Background to Optical Express, Dartford Clinic

Optical Express, Dartford Clinic provides refractive, oculoplastic and ophthalmic and surgical procedures to people aged 18 years and above. The service includes pre- and post-operative care associated with the procedures. The service is offered to self-paying and some insured (dependent upon insurance provider) patients.

The clinic is located on the ground floor of a multi business development in the heart of Kent Thameside. The clinic was registered and has been operating since November 2020.

The clinic is registered to provide regulated activities of:

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

A CQC registered manager has been in post since November 2020, with the current registered manager being in post since May 2021.

During the 12 months preceding our inspection, 2957 surgical procedures were carried out. No patients stayed overnight at the facility.

Track record on safety (May 2021 to April 2022)

- No serious incidents
- No never events
- No incidences of hospital acquired infection

Services provided at the clinic under service level agreement:

- Laser servicing
- Decontamination services
- Clinical waste contractor
- Laser Protection Advisor
- Diagnostic equipment

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out the inspection on 19 April 2022. We spoke with three patients and over 10 staff. We reviewed six patient records. We reviewed patient feedback from the previous 12 months.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Summary of this inspection

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service MUST take to improve:

The service must ensure staff and patient files are stored securely and not easily accessible to unauthorised people. Regulation 17 (2)

Action the service SHOULD take to improve:

- The service must ensure that medicines are secure and safe to administer to people. Regulation 12 (1)
- The service should consider solutions for storing boxes and equipment to allow for adequate cleaning of the floors.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Refractive eye surgery

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

Are Refractive eye surgery safe?

Good

We rated it as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training.

The mandatory training was comprehensive, consisting of 17 modules including fire safety, moving and handling and basic life support. Staff were 100% compliant with all modules except for consent training. The compliance rate for this module was 84%, this was due to new members of staff who had still to complete this module. The registered manager told us that new members of staff are not able to work unsupervised without completing all mandatory training.

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

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. The compliance rate for staff based at the Dartford Clinic was 100% for both safeguarding adults and children level 2, meeting the organisation's training target.

Staff knew how to identify adults and children at risk of or suffering significant harm. Staff understood their roles and responsibilities regarding safeguarding vulnerable people.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. A safeguarding lead trained to safeguarding adults level 3 was on duty each surgery day. The safeguarding lead was identified at the start of the day during the daily briefing meetings attended by all staff. Staff told us they knew where to find details for the local safeguarding authority and the steps to take if they had any concerns.

The service had not made any safeguarding referrals in the last 12 months.

Cleanliness, infection control and hygiene

The service-controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

The service was generally clean and had suitable furnishings which were clean and well-maintained. Records showed there was regular cleaning completed.

The service performed well for cleanliness. The service carried out quarterly infection prevention and control (IPC) audits and achieved an average compliance score of 98%.

Staff followed infection control principles including the use of personal protective equipment (PPE) and the use of hand sanitising gel. PPE and hand sanitising gel was available throughout the clinic including at the entrance to the building and the reception. We observed staff asking patients who had entered the building without a mask to put on a mask whilst at the clinic and encouraged the use of hand sanitising gel.

All staff were observed to be bare below the elbow. The service carried out hand hygiene audits to ensure staff were compliant with hand washing. Results from October 2021 to April 2022 showed a compliance rate of 100%.

There were sufficient numbers of hand washing sinks available, in line with the *Health Building Note (HBN) 00-09: Infection control in the built environment*. Soap and disposable hand towels were available next to sinks and instructions on how to effectively decontaminate hands were displayed above the sinks.

The service completed regular water management audits. Water quality was tested as part of the quarterly IPC audit and included water temperature checks and checking of sampling results. An external organisation carried out a legionella and other organisms risk assessment in January 2022. Both audits met the required standards.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Staff were responsible for cleaning clinical and medical equipment. We observed staff preparing for surgery in line with good practice, policies and procedures. We observed staff clearing away dirty items after a patient had finished their procedure, and cleaning theatre beds and equipment with alcohol wipes after every use.

Staff worked effectively to prevent, identify and treat surgical site infections. The clinic reported no incidents of surgical site infections in the last 12 months.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well. However, we found that the emergency equipment was not checked regularly

The design of the environment followed national guidance. The laser room had an illuminated warning sign outside the room and a lockable door. This ensured patient and staff safety to avoid accidental exposure to the laser. We observed that the door was kept locked when not in use and the keys for the laser were kept in a locked cupboard to prevent unauthorised use.

Good

Refractive eye surgery

The service had enough suitable equipment to help them to safely care for patients. All equipment conformed to the relevant safety standards and was serviced annually. A service of theatre equipment had been carried out in the last 12 months.

Records showed fire extinguishers were serviced in June 2021 and these were placed in prominent positions. Fire exits were accessible and clear from obstructions. Information on actions to take in the event of a fire were displayed throughout the service, including where the muster point was located.

Staff disposed of clinical waste safely. We saw all clinical waste was stored in accordance with national guidance and collected weekly as part of a service level agreement with an external company.

Staff told us they had enough equipment to do their job properly. We were told equipment and other stock were ordered through a central operations team within the organisation and deliveries were prompt. However, we found that the compound sodium lactate (fluids used to restore loss of body fluids) solution was out of date stock and was yet to be replaced on the resuscitation trolley. The solution had been noted as out of date in March 22 on the resuscitation trolley logbook and in the April 2022 compliance and quality audit but there was no indication of what action had been taken. We were told the registered manager was responsible for ordering and replacing the stock but due to sick leave this had not been completed.

Staff carried out safety checks of specialist equipment. Safety checks were undertaken and recorded for operating equipment on the days there was surgical activity at the clinic.

However, the resuscitation trolley was not checked regularly. The last checks had been recorded on 5 and 19 April 2022, the day we inspected. Our review of the logbook showed that checks were only competed on the days there was surgical activity at the clinic. Similarly, with the ordering of stock, this responsibility for checking the resuscitation trolley lay with the registered manager and due to recent sickness related absence, this had not been completed on the days there was surgical activity.

The service did not always have suitable facilities to store equipment. We found boxes stored on the floor in the storeroom. This meant it was difficult to adequately clean the floors.

Assessing and responding to patient risk

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

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately.

Staff completed risk assessments for each patient, using a recognised tool, and reviewed this regularly. Staff assessed the level of risk to ensure patients were suitable for the procedure. This included an assessment of the patient's health and lifestyle check, risk factors such as the existence of diabetic retinopathy or high blood pressure. Some risk factors resulted in the patient being excluded for surgery, for example pregnancy.

Patient risk was reviewed on the day of their surgery. The pre-operative nurse verified all the details of the previously identified risks and checked the patients pulse rate, temperature, respiration rate, and blood pressure to ensure that no further risks had arisen since the previous consultation.

The service had processes to keep people safe and used the World Health Organisation (WHO) safety checklist for surgery. The WHO checklist is a nationally recognised system of checks designed to prevent avoidable harm and mistakes during surgical procedures. Staff shared key information to keep patients safe when handing over their care to others. We saw that compliance with this standard was audited, we reviewed the audit from January to April 2022 which demonstrated 100% compliance.

Staff continually monitored and observed patients throughout their surgical procedure and during recovery. Patient records were completed to reflect observations including blood pressure, pulse and oxygen saturation levels.

A laser protection supervisor was identified at the start of the shift and noted in the daily briefing document, so all staff knew who to speak with if they had any concerns about the laser.

The service provided staff with basic life support training. Records showed that 100% of clinical staff were compliant with basic life support training.

Staffing

The service had enough staff to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

The service had enough nursing and support staff to keep patients safe. The clinic had four permanent staff who were based at the Dartford clinic. All other staff were based at other locations but were contracted to provide cover at the Dartford clinic a few times a month. Our review of the rotas showed that shifts were often covered by staff from other locations.

The central operations team accurately calculated and reviewed the number and grade of nurses, operating department practitioners and technicians needed for each shift. The central operations team made sure there was always a laser protection supervisor (LPS) present on each shift. All technicians employed by Optical Express were LPS trained.

Surgery days were booked depending on the availability of the surgeon. Medical staff were booked up to three months in advance.

Staff told us they knew which location of Optical Express and which shifts they were working a month in advance.

The number of nurses and healthcare assistants matched the planned numbers. Staffing numbers depended on the type of surgery being performed. For laser surgery four to five staff were required on duty and included a registered nurse and a technician. On an intraocular lens day, seven to eight staff were required, and we saw this was the case on the day of our inspection. There were three scrub nurses, two healthcare assistants, one operating department practitioner, a surgeon and one registered nurse in the discharge room.

The service had no vacancies at the time of our inspection and reported a turnover rate of 0%.

Managers limited their use of bank and agency staff and requested staff familiar with the service in the three months before our inspection agency staff usage was at 2%. This was lower than Optical Express' target of 5%. Managers told us they preferred to use bank staff to fill gaps in shifts and we saw that in the three months before our inspection, 23% of shifts were covered by bank staff. This was lower than the provider's target of 25%.

Good

Refractive eye surgery

Managers made sure all bank and agency staff had a full induction and understood the service.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, and easily available to all staff providing care. However, records were not always stored securely.

Patient notes were comprehensive, paper-based and all staff could access them easily. We reviewed seven patient records and found that they adhered to the National Ophthalmic Database. Patient records had patient name, identifying number and date of birth noted, consent to treatment, risks where applicable and pre-operative assessments were completed. There was also a full record of the patient care from pre-operative appointment, surgery and post-operative follow up. All entries were legible, signed and dated.

Staff recorded the serial number of the implants in the patients' records, as well as any other equipment used during surgery. This meant there was an audit trail available if there were any later issues.

The service did not routinely send letters to all patients' GPs. Records could be made accessible to other health professionals such as GPs at the patient's request.

Records were not always stored securely. We found patient records were stored in an unlocked filing cabinet in the manager's office which was unlocked throughout the day. We also found that the mitomycin folder with patient details was kept on the worktop, therefore easily accessible to unauthorised persons.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines. However, we found eye drops were not stored securely.

Staff followed systems and processes to prescribe and administer medicines safely. The surgeon prescribed patients with take home eye drops. A full explanation was given to them during the discharge process, which included the purpose of the medicine, frequency, duration and possible side effects. Staff checked to ensure that the patient was able to administer the drops themselves or had someone at home to support them.

Staff carried out a controlled drugs audit to monitor compliance at quarterly intervals. We reviewed the last two audits and saw that compliance was 100%. Staff told us an action plan was created where there was evidence of non-compliance and this was communicated to all staff.

Controlled drugs (medicines with specific storage requirements) were stored securely and only accessible to authorised personnel. Records were kept ensuring the service had an audit trail of all stock that had been ordered and when it had been dispensed. However, we found the medicines cupboard used to stored eye drops was not always locked and the key was left in the lock.

Medicines that required cool storage were appropriately stored in fridges. Fridge temperatures, room temperatures and humidity checks were carried out daily when the theatre was open. All fridge temperature checks showed that the fridges remained within tolerance limits to ensure the medicines maintained their effectiveness. Records we reviewed from January to April 2022 showed all checks had been completed and signed by staff with no gaps.

Good

Refractive eye surgery

Medical gases were stored securely in a medical gas compound. Empty and full cylinders were clearly labelled and kept separately within the store. All oxygen cylinders were in date and staff checked these daily. They did not use piped gas at the clinic, as medical gases were not used routinely.

There was a long-standing contract with a pharmacy for the supply of medicines to the clinic. Staff ordered medicines through the organisation's head office and delivered to the clinic.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. They understood their responsibilities to raise concerns and knew how to record safety incidents. This included the need to report suspected or actual ocular injury to their manager and to the laser protection advisor. The annual summary of incidents from January 2021 to December 2021 showed that there were 10 incidents reported at the Dartford clinic. We reviewed five incidents and their outcomes and noted that lessons learnt had been shared with all teams in the region.

Staff raised concerns and reported incidents and near misses in line with provider policy.

There were no reported incidents in the previous 12 months that had met the threshold for the duty of candour regulation. Staff we spoke with were familiar with the duty of candour and understood the importance of putting it into practice.

The service had no reported never events in the previous since the clinic had opened in 2020.

Managers shared learning with their staff about never events that happened elsewhere. Incidents were discussed at team meetings. We looked at meeting minutes and saw that information was shared across different locations in the region to aide learning across sites.

Are Refractive eye surgery effective?

Good

We rated it as good.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Optical Express had an international medical advisory board (IMAB) made up of international refractive surgery experts. The board met yearly to consider new research evidence, technologies and guidelines for best practice such as the Royal College of Ophthalmology Standards for refractive surgery. The IMAB used this evidence together with the Optical Express outcomes data to review the clinical protocols of the company. For example, the suitability guidance and treatment criteria clinicians used to make decisions to treat patients.

The clinic had local rules for the use of the laser and a risk assessment for its use. The local rules provide guidance on the safe use of lasers. The local rules contained methods of safe working practices and listed those staff who were authorised for its use with details of the laser protection supervisor and laser protection advisor.

All staff we spoke with were aware of all policies in place and knew where to access them. We observed staff adhering to local policies and procedures.

Pain relief

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

Staff assessed and monitored patients regularly to see if they were in pain during the procedure. However, they did not routinely record pain scores.

Staff informed patients that they may feel uncomfortable following the procedure. The ophthalmologist and the registered general nurse advised the patients to take their preferred choice of simple analgesia if they had some pain when they got home.

Patient outcomes

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

Outcomes for patients were positive, consistent and met expectations, such as national standards. The average rate of complications for treatments carried out in Optical Express clinics was 1%. The rate of complications for the surgeons who worked at the Dartford clinic was lower (better) than the average for Optical Express.

Managers and staff used the results to improve patients' outcomes. Optical Express used data to monitor the efficacy and safety of treatment. Outcome data was collected for every treatment undertaken including long term follow up. Optical Express compared their outcomes with the data in the National Ophthalmic Database. This comparison provided a means of benchmarking the treatment outcomes of individual surgeons.

Managers closely monitored the individual performance of surgeons who worked at the Dartford clinic. We review three annual audits of the individual surgeon’s outcomes. Outcomes included the total number of treatments, mean age and gender, pre-operative measurements of the eye, treatment types, three-month post treatment distance vision for different types of vision correction, three-month post treatment refractive predictability, surgeon safety and efficacy over time, estimated enhancement rate and complications.

Specific data for the treatment outcomes obtained at the Dartford clinic was not available because Optical Express monitored outcomes according to individual surgeons rather than locations. The outcomes data for the surgeons operating at the Dartford clinic were similar to the outcomes data for other surgeons working for Optical Express.

The service had reported no healthcare acquired infections for the 12 months prior to our inspection.

Competent staff

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

Good

Refractive eye surgery

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. We reviewed six staff files in various states of completeness. Some files included out of date training, appraisals and disclosure and barring service records. However, when we raised these as an issue with the clinical service support manager, we were told staff files were kept electronically and that some files we had reviewed were of staff who were no longer working for the service.

Managers gave all new staff a full induction tailored to their role before they started work. All staff we spoke with based at other clinics told us they had been given an induction which included a tour of the Dartford clinic. Staff said all clinics were designed and worked in the same way; therefore, they could easily adapt to a different clinic.

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff had received an appraisal within the last 12 months. All staff we spoke with told us that there were opportunities for further training and were given time to enhance their skills. They were encouraged to gain qualifications to assist them in their roles.

Optical Express collected patient feedback for each surgeon to support their appraisal. An annual audit capturing positive and negative comments relating to the care provided was shared with the surgeons to identify areas for improvement.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Staff told us they received regular emails and a weekly newsletter with any updates from the managers and the organisational messages.

Managers made sure staff received any specialist training for their role. Optical Express used a competency-based training system and we spoke to staff who were current undergoing this.

Managers identified poor staff performance promptly and supported staff to improve. Managers had a clear process for identifying and supporting staff whose performance was not to an acceptable level.

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Staff we spoke with told us they worked well together and knew what each person's role was. Although not all staff were based at Dartford clinic, they told us they had many opportunities to work together at different locations. There was a good team ethos that focused on patient safety and ensuring patients had a positive experience.

Staff worked across health care disciplines and with other agencies when required to care for patients. Patient care records showed that they were completed by different staff to inform every part of the patient journey.

We observed positive working relationships between managers and the staff groups. We observed managers to have close professional relationships with the staff and provided them with advice and guidance as required.

Seven-day services

There we no set operating dates at Dartford Clinic. Operating dates depended on surgeon availability.

Good

Refractive eye surgery

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff assessed capacity to consent at various stages of the patient pathway from the patient's self-assessment in the health questionnaire, during their initial consultation with the optometrist and before proceeding with the surgery.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to treatment based on all the information available. Only patients who could give informed consent were accepted for surgery. Patients received a pre-operative assessment and a consultation to discuss their needs with both the optometrist and the surgeon. Staff gave detailed verbal and written information about all risks, benefits, realistic outcomes and costs of treatments. Patients were offered a range of options for treatment as alternatives to refractive eye surgery.

Staff clearly recorded consent in the patients' records. We reviewed seven patient records and saw patients had consented to treatment prior to admission and reconsented on the day of the operation.

All clinical staff had to undertake consent training every three years, which included mental capacity act training. Dartford Clinic had a compliance rate of 84% for staff completion of consent training. One member of staff had not completed this training.

Are Refractive eye surgery caring?

Good

We rated it as good.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed staff greeting patients on their arrival and introducing themselves. Staff were polite friendly and helpful in their approach.

We observed the consultant ophthalmologist talking with patients during the surgical procedure and explaining what sensations they may feel. This complied with the Royal College of Ophthalmology professional standards for refractive eye surgery.

Feedback from patients we spoke with was positive with comments that staff were great, caring and reassuring. All patients said that staff made them feel at ease and that staff were always friendly and approachable.

Patients said staff treated them well and with kindness. We reviewed feedback from patients about the staff, the environment and overall experience. The majority of responses showed that patients were either satisfied and very satisfied with the care and treatment they had received.

Good

Refractive eye surgery

Staff followed policy to keep patient care and treatment confidential. We saw that staff respected patient confidentiality and ensured discussions took place in treatment rooms for privacy. All patients we asked reported that their dignity and privacy was maintained throughout their visit.

Emotional support

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

Staff gave patients emotional support and advice when they needed it. When patients expressed anxiety regarding their surgery, we observed staff giving verbal reassurance in a kind and gentle manner.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. There was a smaller waiting area and a side room available for sensitive discussions.

Patients we spoke with told us “staff put me at ease”; “they took their time and did not rush me”.

Staff understood the emotional and social impact that a person’s care, treatment or condition had on their wellbeing and on those close to them.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Patients were supported by staff to understand the various treatment options available to them, including the risks and benefits of the procedures. This was in line with the National Institute of Health and Care Excellence Quality Statement 15, statement five on understanding treatment options and the Royal College of Ophthalmologists professional standards for refractive eye surgery.

Staff supported patients to make informed decisions about their care. People who used services were given information verbally and in writing to take home and read in their own time. They were given a cooling off period to give them time to read and understand the information they were provided with.

Patients gave positive feedback about the service.

Are Refractive eye surgery responsive?

Good

We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served.

Good

Refractive eye surgery

Managers planned and organised services, so they met the needs of the local population. The service was accessible by public transport and was easily accessed by car or foot. The service provided outpatient clinic appointments for adults across Kent and accepted patients from outside of this area including London and Essex.

Facilities and premises were appropriate for the services being delivered. The clinic was easily accessible from the town centre and close to public transport links. Waiting areas were comfortable. Treatment areas were spacious. Treatment rooms were arranged to facilitate ease of patient movement along the surgery pathway.

Managers ensured that patients who did not attend (DNA) appointments were contacted. The service reported a low DNA rate with only five reported in the 12 months before our inspection.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

Managers made sure staff, patients and carers could get help from interpreters or signers when needed. Staff told us support was arranged and booked through Optical Express's central operations team. This included requests for interpreters for patients who did not have English as a first language and British Sign Language interpreters.

The service had information leaflets available in languages spoken by the patients and local community. Medical questionnaires were provided ahead of appointments for patients to indicate their personal and individual needs. This allowed staff to ensure that translated information leaflets were available when the patient attended their appointment.

Chaperone services were available on request and signs were displayed within the service.

The service made reasonable adjustments so that people in vulnerable circumstances could access and use services on an equal basis to others. There was ramp access to the premises and accessible toilet facilities on the ground floor.

Access and flow

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

The central operations team monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes. The clinic had no waiting list for refractive eye surgery.

At the time of our inspection, theatre utilisation at the Dartford clinic averaged three to five days a month. Therefore, in the event of a surge in demand, the team could schedule additional theatre time to accommodate the surge of patients.

Managers and staff worked to make sure patients did not stay longer than they needed to. The clinics ran on time and staff informed patients when there were disruptions to the service. All patients we spoke with said there was minimal waiting time when visiting the clinic. The maximum they had to wait was for 10 minutes and they were always informed of a delay with an apology.

Good

Refractive eye surgery

Patients were moved to the discharge area once they were fit enough to leave the theatre area. This area was staffed so patient observations could be taken. The use of this area ensured that once a patient was discharged from recovery the next patient could be taken through to the theatre to aid theatre flow. Patients remained in the discharge area until they were well enough to be discharged.

Patients were given the flexibility to choose when to have their appointments with the clinic. Staff would offer patients the days and times each consultant had available and the patient could book any slot that suited them. If the surgery dates at the Dartford clinic were not convenient, dates at other clinics within the region were offered.

Managers worked to keep the number of cancelled appointments/operations to a minimum. Surgery was rarely cancelled or postponed. The service reported 69 cancelled or postponed appointments in the last 12 months. The most common reason was due to patient ill health. When patients had their appointment cancelled at the last minute, managers made sure they were rearranged as soon as possible and within the provider's guidance.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Patients, relatives and carers knew how to complain or raise concerns. Patients we spoke with confirmed this. The service clearly displayed information about how to raise a concern in patient areas. Complaints leaflets outlined how patients could raise concerns, both informally and formally. In addition to the leaflets, patients were able to access information on how to raise concerns through the clinic's website.

Staff understood the policy on complaints and knew how to handle them. Staff told us they attempted to resolve the complaint as and when it happened and if it could not be resolved, they would signpost the complainant to the complaints policy.

Managers investigated complaints and identified themes. An annual report of complaints was collated each year, to highlight themes and actions taken to improve patient experience as a result of responding to complaints. The last report showed that there were 12 formal complaints received by the service. The reported highlighted visual outcome as the common theme however, reasons cited differed with each complaint.

Complaints were acknowledged in writing within three working days by email or letter and a response in writing was sent within 20 working days. We reviewed complaints received by the service and saw patients had been contacted regarding the outcome of their complaints in line with the provider's policy.

Managers shared feedback from complaints with staff and learning was used to improve the service.

Are Refractive eye surgery well-led?

Requires Improvement

We rated it as requires improvement.

Good

Refractive eye surgery

Leadership

Leaders had the skills and abilities to run the service. They were visible and approachable in the service for patients and staff.

Staff were clear on the organisational structure and although they worked at various locations, all staff we spoke with understood how the leadership structure worked and who they reported to.

They said local and senior managers were visible and approachable.

The registered manager for the service was supported in this role by the surgical services manager, and the clinical services support team. The registered manager was responsible for day to day coordination of the clinic. They dedicated 85% of their time to clinical work and 15% to managerial work limiting the time to ensure governance processes were adequately managed. However, we were told not all their time on clinical days was spent on clinical work as not all lists were full. This meant there was time for managerial tasks during those days.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. Leaders and staff understood and knew how to apply them and monitor progress.

Optical Express' vision was "To become the global leader among providers of Ophthalmic services, revolutionising the way in which eye care is delivered whilst becoming the worlds' most socially and environmentally conscious eye care provider".

The vision was developed at corporate level and staff told us they were familiar with the vision and values. The vision and values were displayed on the service's computers as a screensaver to serve as a reminder for staff of the core values which were integrity, efficiency and technology to improve outcomes.

The service had a comprehensive and realistic strategy with three elements for improving quality. The strategy was review yearly and we saw minutes from the last meeting in January 2022. Key messages from this meeting were communicated to the staff to ensure they understood that they too played a role in achieving the strategy.

Governance

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

Staff told us there were clear lines of information communication and governance. All staff in the service were able to attend governance meetings and/or received minutes from the meeting where incidents, complaints, and compliments were shared. Learning from incidents was also shared at these meetings. Changes in policy were discussed at these meetings and staff were informed of any changes to them in advance.

Optical Express had an independent medical advisory board (IMAB) that consisted of experts in the field of refractive eye surgery. The board met once a year to review surgical ophthalmic procedures in line with the latest evidence base for treatment including clinical research, published guidelines, and Optical Express data. They also reviewed all clinical directives and information given to patients to ensure it was up to date and in line with national guidance. The next meeting was scheduled for September 2022.

There was a medical advisory board that met once per year. We were told that members of this forum discussed the recommendations of the IMAB and considered how policies and protocols might need to be reviewed or amended.

The clinic had several service level agreements (SLA) which provided services, and these were routinely monitored. For example, clinical waste, decontamination and laser servicing. We reviewed two SLA's which were in date and defined the type of service provided, required performance level, steps on how to report matters affecting performance and a review date of the SLA.

Staff at the clinic were not proactive in ensuring that general tasks were completed in the absence of the registered manager to maintain governance processes. The service had established systems and processes to operate effectively. However, we identified on occasions that some tasks assigned to the registered manager had not been completed such as the management of emergency equipment checks and the ordering and replacing of stock. These tasks could be completed by junior staff and overseen by senior leaders. This meant when the registered manager was not available on site, these checks were not completed.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues to reduce their impact. However, they did not have written mitigations.

Managers monitored performance locally and had an overview of information including the activity, number of surgeries completed, any unplanned outcomes, incidents, compliments and complaints. This meant that managers and leaders could review current information and monitor any issues that may arise.

We asked the service to provide us with their local risk register and we were provided with two local risk assessment logs. The risk assessment logs that had been last reviewed in September 2021 and each risk had its own risk score and colour code highlighting the level of risk. The risks did not include mitigating actions or have a named risk reviewer responsible for monitoring each risk. However, the registered manager was aware of the top risks to the service and explained how these were monitored and escalated risks to the clinical governance committee and to all staff.

Information Management

Patient records and staff files were not stored securely. The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.

The service did not always store staff files securely in line with national guidance. Staff files were kept in a filing cabinet in the manager's office which was left unlocked, therefore easily accessible to unauthorised persons. We found files of staff that had either left the service or were based at other locations. All files were not up to date however, when we raised this as a concern with the managers, we were told that updated staff files were stored electronically and monitored centrally to ensure staff were competent in their roles.

Similarly, as reported under records in the safe domain, patient records were not always stored securely.

Staff had the information they needed to provide care and treatment to patients. All information was accessible in paper or electronic format. Prior to the surgery date, the clinical services team checked the electronic files of all patients scheduled to attend the clinic. This was to ensure that all documentation and pre-surgical tasks had been completed. The organisation was able to use the electronic records to measure performance against organisation targets.

Staff were required to read and sign policies, procedures and risk assessments to ensure they understood their individual requirements. We saw that copies of the policies were also stored on an electronic database for staff to refer to as required. Staff signed a signatory sheet at the back of the policy or risk files to confirm they had read and understood the document.

Optical Express had a named person within the clinical services team responsible for maintaining and uploading the organisation's online policies. When a policy was updated and published, staff confirmed that they received an email with a link to the learning academy.

Managers made sure staff read and signed policies, procedures and risk assessments to ensure they understood their individual requirements. We saw that staff signed a signatory sheet at the back of the policy or risk files.

Engagement

Leaders and staff actively and openly engaged with patients and staff.

Managers routinely shared corporate messages with staff. Staff told us they received a weekly newsletter every Friday which included patient stories and feedback, new directives for staff to read, latest vacancies, links to wellbeing resources and organisational announcements.

There was an employee engagement survey completed in September 2021 consisting of 10 questions which covered topics including but not limited to; training, leadership, team environment and engagement. Results from the survey were positive however, the survey included responses from staff from the south region therefore we could not assess responses solely from staff based at Dartford clinic.

The service proactively sought and acted upon the views and experiences of patients. Patients routinely completed the patient experience questionnaire at various stages of their treatment pathway. Results submitted by the service of the patient experience questionnaire to date, showed patients gave positive feedback about their experience at the clinic. All patients said the surgery team made them feel comfortable and at ease, that staff explained the post-operative eye drop regime and aftercare process clearly and effectively, and that patients were satisfied with the care provided by the surgeon.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

In the last 12 months Optical Express had invested in new diagnostic equipment including biometry (critical measurements to calculate the power of lens implants), ocular coherence tomography (to assess each individual layer in cross-section of the retina at the back of the eye) and wide-angled retinal fundus photography for all surgery centers. This meant surgical teams did not need to dilate the eye at the consultation stage for most patients as the advanced technology allowed for better image quality and optical resolution. The camera was also linked to the electronic medical records enabling staff to review images and carry out detailed analysis remotely from multiple review stations.

Optical Express did not treat patients with dementia however, they had partnered with the UK Dementia Research Institute to support new approaches to better understand the treatment and prevention of dementia's underlying diseases. They were conducting research in eye health in a unique initiative which hoped to achieve a breakthrough in the prevention or treatment of dementia.

Good

Refractive eye surgery

Optical Express was committed to building a sustainable business to support environmental protection. They had conducted a study that showed that 97% of contact lens wearers were damaging the environment by incorrectly disposing used contact lenses. As a result, Optical Express had launched a contact lens recycling scheme that could be accessed by any of the 4.2 million contact lens wearers in the UK. All discarded contact lenses, plastic film, pods and cardboard packaging could be recycled at any of their clinics and high street locations nationwide, helping take care of the environment.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service did not always store staff files securely in line with national guidance. Staff files were kept in a filing cabinet in the manager's office which was left unlocked, therefore easily accessible to unauthorised persons. We found files of staff that had either left the service or were based at other locations. Patient records were not always stored securely. We found patient records were stored in an unlocked filing cabinet in the manager's office which was unlocked throughout the day. We also found that the mitomycin folder with patient details was kept on the worktop, therefore easily accessible to unauthorised persons.