

Optimax Clinics Limited

Optimax Laser Eye Clinics - Leicester

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?

Good 

Summary of findings

Overall summary

We have not previously rated this service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available 7 days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients.
- The service planned care to meet the needs of people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Ventilation extraction fans in the treatment room were dirty and had not been included in infection prevention and control procedures.
- Management of sharps was not in line with national requirements.

Summary of findings

Our judgements about each of the main services

Service

Refractive eye surgery

Rating

Good



Summary of each main service

We have not previously rated this service. We rated it as good because it was safe, effective, caring, responsive, and well led.

Summary of findings

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Summary of this inspection

Background to Optimax Laser Eye Clinics - Leicester

Optimax Laser Eye Clinics - Leicester is operated by Optimax Clinics Limited. The service provides laser vision correction treatment and intra ocular surgery for the treatment of cataracts under topical anaesthetic to adults over the age of 18.

For laser correction surgery, patients are self-referring and self-funding as visual acuity deterioration is not classed as a medical condition and so is not treated by the NHS. The service offers lens surgery, including for cataracts and glaucoma, to private patients. The service provides cataract surgery services to NHS patients under a new contract with local trusts.

The service registered with us in January 2011 and is part of the Optimax Clinics Limited, which was established in 1991.

The service is registered to provide the following regulated activities:

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

Clinical services are delivered from dedicated premises located in a shared building in Leicester city centre. It is easily accessible by road and public transport. There is a registered manager in post.

We last inspected this service in September 2017. At that time, we did not have a duty to rate and instead produced a narrative report. We issued a Requirement Notice for a regulatory breach along with 13 areas the service needed to improve. At this inspection we found the team had fully addressed all of these.

How we carried out this inspection

We carried out an inspection of the service using our comprehensive methodology. We carried out an unannounced inspection on 24 January 2023 and an announced inspection on 11 February 2023. We announced the second day of the inspection because we needed to make sure the surgical service would be in session at the time of our site visit.

Our inspection team consisted of a lead inspector and a specialist advisor with support from an off-site inspection manager. After our inspection the registered manager sent us a range of data and other evidence to provide details of standards of care.

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

Areas for improvement

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

Action the service **SHOULD** take to improve:

Summary of this inspection

- The service should ensure that infection prevention and control procedures, including audits, in the treatment room include extraction fan vents. (Regulation 12)
- The service should ensure sharps waste is managed in line with national requirements. (Regulation 12)
- The service should ensure WHO surgical safety checklists are followed consistently by all staff at all times. (Regulation 12)

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	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Refractive eye surgery

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

Is the service safe?

Good 

We have not previously rated safe.

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. At the time of our inspection the team had 92% compliance against required training, which met the provider's 90% target. All staff with expired modules had updates planned.

Mandatory training was comprehensive and met the needs of patients and staff. Staff completed up to 34 training modules depending on their role, with supplemental training requested by the NHS trusts for some cataract treatment. Some modules were required for all staff, such as cyber security, the duty of candour, safeguarding, and health and safety. Safety-related training included Legionella awareness, manual handling, falls prevention, and the Control of Substances Hazardous to Health Regulations (COSHH).

Staff completed training on recognising and responding to patients with mental health needs and learning disabilities. While it was rare for patients with such needs to present for treatment, staff maintained training as good practice. This also helped staff provide safe care for patients referred from the NHS, as this care pathway had fewer exclusions.

Managers monitored mandatory training and alerted staff when they needed to update their training, including where staff worked across clinics.

Surgeons and optometrists working under practising privileges completed a core programme of training that included areas essential to their work. This included infection prevention and control, safeguarding, and the national laser core of knowledge. The registered manager ensured they had access to training in local policies, such as information governance and the medical director coordinated the system that ensured surgeons maintained expected training in their substantive NHS posts.

Refractive eye surgery

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. Patient advisors and administrative staff completed training to level 1 and nurses and the clinic manager completed training to level 2. All staff were up to date with training at the time of our inspection.

The provider's head of safeguarding was trained to level 4 and worked nationally to provide staff with support and guidance during incidents.

If staff had a safeguarding concern about an NHS patient, they followed the usual internal process to investigate and coordinate support. They then contacted the patient's referring professional to ensure the NHS trust had sight of the issue.

The clinic manager was the local safeguarding lead and the provider's national safeguarding lead, or their deputy, was always available for help and guidance. Staff knew how to escalate an issue if they needed support, including in an urgent situation.

Staff gave examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. They knew how to identify adults and children at risk of, or suffering, significant harm and knew how to make a safeguarding referral in such circumstances. Staff undertook a range of training that enhanced safeguarding knowledge, such as equality and diversity training and adapting care and communication for patients living with disabilities. Prior to the implementation of the NHS care pathway, staff had reviewed existing safeguarding practices to ensure they met patients' needs.

There had been no safeguarding incidents in the previous 12 months. The registered manager received information on safeguarding incidents from other clinics in the provider's network from compliance and governance meetings and discussed these with their team if there were implications for practice or learning.

Cleanliness, infection control and hygiene

The service controlled infection risk well in most areas. 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 most areas of the premises visibly clean.

Most clinical areas were clean and had suitable furnishings which were clean and well-maintained. All areas were free from dust except for 2 extraction fan grills in the surgery treatment room. Grills on each fan had accumulated dust that was visibly hanging and presented a risk of contamination during procedures. We spoke with the clinic manager about this who said they would address it. On the second day of our inspection, we noted the grills had been cleaned.

Staff used plastic sheeting to cover optical equipment when not in use, which was good practice to prevent the build-up of dust. Staff cleaned equipment after patient contact using appropriate virucidal techniques and maintained a record of when equipment was cleaned.

Staff followed infection control principles including the use of personal protective equipment (PPE). We observed a high standard of hand hygiene and correct use of PPE throughout our inspection.

Refractive eye surgery

Each handwashing area had a World Health Organisation (WHO) poster with visual guidance on expected standards of hand hygiene.

The provider's infection control nurse carried out an annual audit of the service, including the clinical environment, use of PPE, decontamination, and waste disposal. The most recent audit took place in September 2022 and found over 99% compliance. There were 2 minor areas for action and the team addressed these immediately.

The clinic manager carried out a quarterly hand hygiene audit amongst staff. This included spot checks of their knowledge and observations of practice. The team performed consistently well and in the previous 12 months demonstrated 100% compliance. This reflected our inspection findings during which staff demonstrated good standards of hand hygiene practice.

The service reported no surgical site infections in the previous 12 months.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed most areas of clinical waste well.

Some areas of the clinic followed national guidance, including Department of Health and Social Care (DHSC) Health Building Notice (HBN) 00/10 in relation to flooring in clinical facilities. Topography and consultation rooms had carpeted floors, which was not best practice due to the risk of contamination. However, the carpet was tiled, which meant staff could remove individual sections in the event of a spillage. They further mitigated risk through deep cleaning undertaken by an external specialist.

The service had an optical scanning room, used for topography scans, 2 optometrist assessment and examination rooms, and 1 laser surgery treatment room. The entrance to the treatment room was equipped with an illuminated laser safety warning sign. While this was no longer required by national standards, the service maintained it as best practice.

The treatment room met Royal College of Ophthalmology standards for ventilation and air exchange during surgical procedures. All aspects of the surgical treatment room complied with clinical design requirements.

The clinic had recently undergone refurbishment in some areas, such as the treatment room and patient toilets. This was completed to a high standard and the areas were fully compliant, light, and fresh.

Each consultation room had a handwashing sink, but these were not in line with HBN 00/09 in relation to safe water supply, as each had an overflow opening. This was against best practice due to the risk of bacteria building up.

The service had suitable facilities to meet the needs of patients. A preparation room provided staff with space to administer eye drops before a patient underwent laser treatment and the room had direct access to the theatre.

Staff managed clinical waste safely in line with DHSC health technical memorandum (HTM) 07/01 in relation to the storage and management of clinical waste.

Service records for clinical equipment, including laser equipment, were up to date and reflected a comprehensive programme of planned and preventative maintenance.

Housekeeping staff stored cleaning products and equipment safely and in line with COSHH.

Refractive eye surgery

The service was not fully compliant with DHSC HTM 07/01 and the Health and Safety Executive Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 in relation to sharps waste. For example, a sharps bin in the treatment waste room was overfilled and included items prohibited from being disposed of in this way. The provider was aware of a need for more consistent sharps management across its network and the compliance manager was working with local teams to improve this.

The service was compliant with DHSC HTM 04/01 in relation to safe water in healthcare premises. Staff flushed water outlets regularly to protect against a build-up of Legionella bacteria and staff undertook training to ensure safe management.

Staff calibrated the laser before each patient following manufacturer guidelines and used a safety checking system to ensure it was set to the correct definition for the patient's prescription.

Each shift had a named first aider and fire warden and their details were displayed in the reception area. Emergency policies, including for evacuation and gas leaks, were up to date and readily available. The clinic manager carried out 6-monthly fire risk assessments and drills. The most recent drill took place in September 2022 and the review found staff reacted well and evacuated the premises in less than 1 minute. Evacuation equipment was in place for patients with reduced mobility and at least 1 member of staff per shift was trained to use it.

Assessing and responding to patient risk

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

Staff were trained in life support to a level commensurate with their role. Patient advisors and administration staff were trained in basic life support, nurses and optometrists completed immediate life support training, and surgeons maintained advanced life support training. A nurse led a resuscitation drill every 3 months and monitored staff response, including use of emergency equipment. The most recent drill reflected a safe, rapid response from all staff involved.

Staff completed risk assessments for each patient before surgery and reviewed this regularly, including after any incident. Staff maintained a high standard of pre- and post-operative notes that provided clear documentation of the patient's condition and treatment. Staff used surgical consultations to identify risk factors that excluded patients from laser surgery.

Staff knew about and dealt with any specific risk issues. There was a minimum of 7 days between a patient consenting to surgery and the procedure taking place. Staff reassessed patients' vision before proceeding with surgery on the day of treatment to ensure their needs had not changed.

The surgical team used the WHO surgical safety checklist during procedures to ensure they were well coordinated and proceeded safely. Audits of the checklist in the previous 12 months found 100% compliance with completion requirements. However, there was inconsistent practice during our inspection. For example, a nurse completed the full checklist for 1 patient by themselves before the procedure was finished, including the 'time out' and 'sign out' sections. This meant the checklist time entries were not a true reflection of the team's procedure and did not follow its safety purpose. We spoke with the clinic manager about this who said it was not usual procedure and they would discuss with the surgery team. We observed more consistent practice during subsequent procedures.

Refractive eye surgery

The clinic manager audited compliance with the WHO surgical safety checklist quarterly. Results were consistently good and demonstrated 100% compliance with expected standards in the previous 12 months.

Staff shared key information to keep patients safe when handing over their care to others. For example, optometrists shared information with GPs when making onward referrals if this was important for safe care.

Named staff adopted key safety roles including for First Aid and fire safety officers.

Staff maintained a stock of emergency medical equipment including an automatic external defibrillator (AED), an EpiPen, oxygen, and a first aid kit. This was appropriate for the level of care provided in the clinic as patients needed to be medically fit before undergoing treatment. Staff documented weekly checks on emergency equipment to ensure items were intact and those with expiry dates were usable.

The pre-operative nurse carried out diligent risk assessments with each patient before each procedure, including any changes in their condition since the first assessment or since they gave initial consent. The surgeon re-assessed each patient's eyes before surgery to ensure no change in planned treatment was needed.

Patients had access to on-demand clinical support by telephone for the first 24 hours after surgery, followed by prescheduled series of aftercare appointments.

Staff followed good safety practices during lens surgery. This included a 2-stage checking process to ensure the correct lens was implanted into the correct eye.

Staff carried out triage and pre-operative consultations with patients referred directly to the surgical waiting list by NHS optometrists or opticians. The process included a vision check and health check to ensure surgery would be safe. Staff checked potential exclusion criteria such as elevated blood pressure, heart problems, or certain types of cancer. Where patients disclosed mental health needs, such as a history of depression, the surgeon required a referral letter from a mental health professional to ensure the planned procedure would be safe and suitable.

Surgical teams maintained a good standard of traceability documentation for intraocular lenses and sterilisation tracking details. This information helped to trace potential problems in the manufacturing and supply chain in the event of a post-operative complication or infection.

Staff maintained local contact details and opening times for emergency eye services in the area. This was part of the emergency care protocol in the event a patient needed urgent care. While this had never happened, staff maintained details as good practice.

Staffing

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

The service had enough nursing and support staff to keep patients safe. The permanent clinic team included the registered manager/clinic manager, 2 front of house staff, 2 registered nurses, and 1 optometrist. Front of house staff worked in a dual patient advisor/treatment assistant role and undertook reception and administration duties as well as topography scans.

Refractive eye surgery

Additional optometrists worked on a locum basis under practising privilege arrangements. The provider's medical director was a surgeon and provided treatment on a pre-planned basis along with 2 other surgeons who worked under practising privileges. Substantive staff said temporary or remote colleagues were easy to contact if they had pre- or post-operative questions about a patient and the communication system worked well.

The service had no vacancies at the time of our inspection and had a consistently low turnover rate, which was 0.5% in 2022. The service was planning to expand in 2023 and increase capacity and was recruiting new dual role front of house staff as part of this process.

The service reported an average sickness rate of 2% in 2022. This was an average that reflected 5 months with no sickness absence and 7 months with up to 6% sickness absence. The service monitored sickness for permanent staff only and clinicians working under practising privileges were not included. Where an optometrist or surgeon was unwell, the clinic manager worked with the clinical services team to secure cover, reschedule patients, or arrange same-day appointments at another clinic in the provider's network.

Locum staff completed inductions relevant to their role. Optometrists each spent a minimum of 1 week with the lead optometrist followed by a shadowing period with senior colleagues before working alone.

The service maintained records of surgeons' liability insurance and kept a Disclosure Barring Service (DBS) background check for all staff regardless of working arrangements. This was managed at provider level and the registered manager had access to on-demand support from head office in the event of a query or concern. The provider required clinicians to be registered with an appropriate professional body, such as the Royal College of Ophthalmologists for surgeons or the General Optical Council for Optometrists.

Nurses took a lead role in pre- and post-operative care for patients undergoing lens surgery and there was always a registered nurse trained in scrub procedures on surgical days.

The service was in the process of recruiting to a new assistant manager post and 2 new patient advisors to meet the demands on the service from a new contract to provide care to NHS patients.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive, and all staff could access them easily. All the records we checked included clearly documented vital signs, medical histories, and risk assessments specific to the individual. Post operative care plans and discharge notes were detailed and evidenced patient involvement.

When patients transferred to a new team, there were no delays in staff accessing their records. Surgeons provided some aftercare consultations remotely on request and the provider's technology and data management protocols enabled them to access each patient's clinical information securely whilst reviewing recovery. Where surgeons needed to discuss post-operative care with referring NHS colleagues, they used an established data sharing protocol to ensure personal details were protected.

Records were stored securely. Electronic records were stored in encrypted systems with restricted access. IT security was coordinated at provider level and the local team had on-demand support for technical issues.

Refractive eye surgery

Staff audited patient records quarterly to review compliance with up to 53 expected standards, including the full completion of information and the quality of written notes. In the previous 12 months audits found 99% compliance, with the inclusion of a second telephone number and named employer the 2 key areas often missed from records. These 2 details were usually excluded because patients either did not have them, or did not wish to provide them.

Medicines

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

Staff reviewed each patient's medicines prior to treatment to ensure the planned procedure was safe. For example, some neurological, cancer, and psychiatric medicines presented a risk to patients and staff used the information to assess potential contraindications. Patients received dry eye, antibiotic, and anti-inflammatory eye drops to take home after treatment.

Staff followed systems and processes to prescribe and administer medicines safely. Trained nurses used patient group directions (PGDs) to administer prescription eye drops on approval from an optometrist or surgeon. PGDs enable non-prescribing staff to administer specific medicines to a defined group of patients in some circumstances.

Staff completed medicines records accurately and kept them up to date in the records we checked. For example, prescriptions and medicines were always signed and dated with batch numbers and expiry dates.

All medicines were in date and staff used an effective stock management system. Staff documented daily temperature checks on fridges used to store eye drops. A medicines management audit reflected consistently good standards of practice.

The service stored eye drops on site and obtained other medicines from an external supplier in advance of procedures.

The clinic manager audited medicines documentation and processes quarterly to ensure consistent standards of safe practice. In the previous 12 months audits showed good standards with a need for greater consistency in documenting batch expiry dates when medicines were delivered. The manager worked with the team to ensure this was implemented.

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. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. They raised concerns and reported incidents and near misses in line with policy. In the previous 12 months staff reported 18 incidents and 17 near misses. Documentation reflected consistently appropriate responses from staff when something went wrong. For example, 2 incidents related to surgical equipment failure during a procedure. In each case staff implemented backup protocols, contacted the manufacturer of each item, and ensured procedures continued safely with no impact on the patient.

Refractive eye surgery

Staff response to incidents and near misses reflected a focus on safety. For example, when daily checks indicated a slight increase in the humidity of the treatment room, staff liaised with the laser engineer to establish if it was safe to proceed with planned treatment. Another incident involved a patient who experienced a medical emergency. The incident report indicated staff acted quickly to support the patient and ensure they were transported to the nearest emergency department.

The clinic manager investigated incidents thoroughly and shared details and outcomes with the compliance manager, who monitored reports for themes and trends. The compliance manager found no trends or common themes in the previous 12 months.

Staff understood the duty of candour and undertook training in how and when to use it effectively. Incident, near miss, and complaint documentation indicated staff were open and transparent and gave patients and families a full explanation when things went wrong.

Staff received feedback from investigation of incidents, both internal and external to the service through the provider's national staff communication network. This system had been replicated for the implementation of NHS care pathways with referring trusts to ensure staff in both organisations were aware of issues or learning.

Staff met to discuss the feedback and look at improvements to patient care during team meetings.

The clinic manager reviewed national safety alerts to identify if they applied to the services offered at this clinic. They worked with nurses to ensure accuracy and distributed updates across the team.

There had been no instances of treatment complications or emergency transfers out of the clinic in the previous 12 months.

Is the service effective?

Good 

We have not previously rated effective.

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. Policies and standard operating procedures were available electronically in the clinic and all staff had access to these, including surgeons working under practising privilege arrangements.

Care and treatment pathways were based on national requirements and best practice issued by organisations such as the Royal College of Ophthalmology (RCO), the National Institute for Health and Care Excellence, and the United Kingdom and Ireland Society of Cataract and Refractive Surgeons (UKISCRS).

Refractive eye surgery

The clinic manager maintained clear audit trails that provided assurance of evidence-based care. The provider's compliance manager used local data to benchmark care standards against expected results nationally, which meant patients were assured of consistently good standards of practice.

Laser protection guidelines and local rules were up to date and available in the treatment room.

The clinic manager updated staff about changes to policies and standard operating procedure including those resulting from the Medicines and Healthcare products Regulatory Agency updates and incident investigations. The provider's lead optometrist was based at this location and wrote protocols for treatment. They worked with the team to ensure they kept up to date with the latest updates and practice.

Where national guidance was changed or updated, the medical director worked with clinic teams to implement safe working practices through modified policies and standard operating procedures. For example, the RCO recently issued new guidance for patients who wished to have cataract lens surgery on both eyes on the same day. Called 'immediate simultaneous bilateral cataract surgery' (ISBCS), this was a change to previous guidance that surgery should be on 1 eye per day. Using the new protocol along with safety guidance from the UKISCRS, staff implemented a new treatment process that ensured surgery could be carried out with enhanced safety measures such as new infection control processes for the surgical team, separate traceability forms, and enhanced patient counselling with regards to risk and consent.

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 patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Staff prescribed, administered, and recorded pain relief accurately. Most surgery was pain free and patients reflected this consistently in feedback to the service.

During treatment staff regularly asked patients about pain and were skilled in detecting the difference between pain, discomfort, and anxiety.

Staff asked patients through the feedback questionnaire about discomfort during and after surgery. In the previous 12 months, 90% of patients said staff adequately prepared them for discomfort and how this could be managed. During our inspection staff discussed pain and discomfort with patients during each stage of surgery, including in recovery when discussing how to manage and residual discomfort.

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. There were no national standards for the outcomes of laser refractive or lens surgery and instead the service measured success through patient expectations and individual surgeon track record.

Refractive eye surgery

The medical director monitored evidence of good patient outcomes on an individual surgeon level. Surgeons were highly experienced with significant track records of effective care. For example, 1 surgeon had completed over 40,000 surgical procedures with a 99% success rate and over 99% patient satisfaction. All surgeons who provided care had a success rate of at least 98% in the previous 5 years.

Staff encouraged patients to discuss their individual outcomes using a digital online feedback platform. Feedback was consistently positive, and patients commented on areas such as, “immediate improvement,” and “20/20 vision straight after surgery.” The service gauged patient-led outcomes using a questionnaire given to each individual after surgery. In the previous 12 months 99% of patients said the treatment was worthwhile.

Exact results of laser refraction surgery cannot be predicted with a high degree of accuracy and instead staff used a patient-defined outcomes system to determine if the outcomes met individual expectations. In the previous 12 months, over 99% of patients described their treatment as worthwhile, good, or excellent. The service also asked patients if they could see well in the distance and to read after surgery and how quickly they were told it was safe for them to drive. Each measurement was consistently good, with over 90% in each during the previous 12 months.

The service reported 1 postoperative clinical complication in the previous 12 months. This reflected a complication rate of less than 0.1% and was significantly better than the national RCO maximum tolerance of 2%.

The service monitored the reasons for patients who were unable to go through with their requested surgery, including pre-existing health conditions. The medical director reviewed unsuitable patients to identify themes that could improve referral processes.

Competent staff

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

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients. The clinic manager supported the learning and development needs of staff. For example, patient advisors were trained to review pre-surgical documentation and were trained as extended role laser assistants, which enabled them to support a range of surgical lists.

Staff attended annual continuing professional development (CPD) events organised by the provider. The events were multidisciplinary and open to all staff regardless of role, including optometrists and surgeons who worked nationally under practising privilege arrangements. This location was 1 of 2 sites that had started to offer cataract surgery to NHS patients and CPD opportunities reflected a wider range of patient-focused care knowledge.

Managers gave all new staff a full induction tailored to their role before they started work and supported them to develop through yearly, constructive appraisals of their work.

Clinicians working under practising privileges underwent an annual appraisal at their substantive place of work, such as an NHS trust. The medical director and lead optometrist monitored appraisals annually and ensured they were relevant to this service.

Managers supported permanent staff to develop through regular, constructive clinical supervision of their work. Nurses who worked regionally for the provider underwent supervision as a joint process between a clinic manager and human resources. The clinic manager carried out supervisions for other members of the team.

Refractive eye surgery

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff were able to request funding for external specialist training courses by submitting a business case, supported by their manager, to the provider. The clinic manager empowered staff to develop business cases as part of an environment that encouraged and rewarded development and new ideas.

Nurses attended an annual role-specific training day that included guest expert speakers and interactive laboratory sessions. The provider's national education team consulted with nurses first to contribute ideas for sessions useful to practice.

The clinic manager supported substantive staff to develop through yearly, constructive appraisals of their work and the director of operations carried out the manager's appraisal. The medical director was responsible for clinical supervision and appraisals of surgeons. They maintained an ongoing record of appraisals for surgeons checked with each individual's substantive NHS place of work.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. The whole clinic team met monthly, and role-specific teams met more often if required. Minutes reflected consistent attendance with a clear process for tracking actions, updates, and changes to the service. Staff signed and dated meeting minutes to indicate they had read and understand action plans and updates.

Multidisciplinary working

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

Staff worked across health care disciplines and with other agencies when required to care for patients. Care pathways included patient advisors, optometrists, and surgeons. Where patients presented with complex or unusual needs, staff liaised with other professionals to establish if treatment was clinically appropriate.

Staff referred patients for mental health assessments when they showed signs of untreated mental ill health or depression that prevented them from accessing treatment. They worked with mental health professionals to establish a better understanding of the needs of patients to identify if treatment options could be safely offered.

Staff referred patients for further investigation or specialist care and treatment in line with provider and NHS guidelines based on the urgency of the patient's need. The medical director and lead optometrist provided guidance and support for staff to help them navigate appropriate referral processes.

Clinicians followed an established policy to refer patients to other services for diagnostics and treatment. For example, optometrists referred patients to corneal specialists through their GP. In the case of urgent referrals, the clinician worked with the medical director or lead optometrist to establish the most appropriate action. This process ensured patients received the fastest route to care whilst adhering to standard NHS referral protocols.

Seven-day services

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

The clinic was usually open 6 days per week, from Monday to Saturday. Appointments were pre-booked based on demand and staff availability and out of hours a national support team provided contact options. If surgery was in operation on a Saturday, the service opened on Sunday to provide patients with mandatory post-operative checks.

Refractive eye surgery

Health promotion

Staff gave patients practical support and advice to maintain good eye health.

Some conditions presented a risk of post-operative complications and meant surgery would be unsafe, such as psychiatric or neurological problems. Staff worked with patients and other professionals involved in their care to assess the potential benefits of treatment with the risks and establish an evidence-based treatment plan. For example, patients with neurological issues may be at heightened risk of neuropathic corneal pain after treatment and surgeons worked with them to identify post-operative management measures.

Staff provided patients who experienced dry eyes or allergies with extra post-operative care advice and guidance to prevent them causing damage by itching.

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. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance and at each stage of treatment. For example, optometrists gained consent for eye assessments and scans and planned surgery. Surgeons gained consent from patients on the day of a planned procedure and after checking the patient fully understood the plan and potential outcomes and risks.

Staff made sure patients consented to treatment based on all the information available. They ensured each patient had a cooling off period of at least 7 days before surgical treatment.

The provider had a best interests decision making policy in place that reflected staff responsibilities under the Mental Capacity Act 2005. Optometrists and surgeons would lead this process although it had not been used to date in the clinic due to the nature of elective care provided. Staff recognised the introduction of NHS cataract services meant the policy might be needed and worked with the senior team to ensure such use would be in line with national guidance.

Staff received and kept up to date with training in the Mental Capacity Act 2005. They understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act and they knew who to contact for advice.

Staff audited compliance with consent processes and found consistently good standards of practice. The audit process was effective in identifying opportunities for improvement. For example, a recent audit found a patient had not fully documented that they knew the name of the procedure to which they had consented. This was a rare occurrence and clinic managers worked with the whole team to ensure they maintained standards of documentation.

Surgeons offered patients virtual consent appointments to discuss referrals and the outcomes of pre-surgical consultations.

Staff used a pre-treatment questionnaire to support the consent process. The questionnaire required patients to document they understood their treatment plan, its implications, and the information provided around potential success and outcomes.

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Staff used enhanced consent processes for patients who wished to undergo ISBCS, which reflected the increased risk of complication or infection.

Is the service caring?

Good 

We have not previously rated caring.

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. They took time to interact with patients and those close to them in a respectful and considerate way. We observed all staff offer patients a warm, friendly welcome and spend time with them to discuss their appointment and address any worries.

While surgeons worked across multiple clinical sites and for other organisations, the same surgeon always saw the patient for consultation, surgery, and immediate aftercare. This ensured continuity of care and helped provide the patient with reassurance and dependable support. Staff ensured patients referred on NHS care pathways received the same standard of care as private patients.

In the previous 12 months 90% of patients who completed a post-surgical questionnaire said staff had treated them with dignity and respect. A patient commented, "Thank you to all the staff for their warm welcome and help."

In addition to the formal patient questionnaire, the service often received personal thank you cards from patients. These presented consistently compassionate care from patients who were happy with the team's standards. A patient recently noted, "Thank you for your professionalism and kindness." Another patient said, "Just wanted to say a big thank you for all the support and kindness you have given me."

Staff followed policy to keep patient care and treatment confidential. They ensured private consultations took place in appropriate areas and offered patients private spaces for conversation. Patients commented positively on this approach in feedback. A recent patient noted, "Thank you for being caring and not pushy, I would recommend you to anyone."

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 and those close to them help, emotional support and advice when they needed it. Staff supported patients who became distressed or anxious and helped them maintain their privacy and dignity. For example, when a patient was very anxious whilst being prepared for surgery, the team adapted their communication approach to provide a continuous reassuring commentary of what they were doing and why. This had a demonstrably positive effect on the patient.

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Staff had a clear understanding of the anxiety eye surgery could cause. They spoke with patients before and during treatment to help calm their nerves and offered a foam stress ball to squeeze for stress relief during the procedure.

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. Patients commented positively on their experiences through feedback. A recent patient noted, "Thank you so much for making me feel welcome and safe throughout my whole experience. I felt very nervous about my surgery and made me feel at ease, I am extremely happy."

Staff understood and respected the personal, cultural, social, and religious needs of patients and how they may relate to care needs. For example, we saw staff respond discreetly and sensitively to a patient who made a request for an appointment that enabled them to meet a religious commitment.

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. They provided individualised advice and guidance to help patients stay safe after their treatment. Patients reported positive experiences of the service. In the previous 12 months 99% of patients who responded to the feedback questionnaire said staff had helped them throughout their treatment.

Staff spent time with patients prior to surgery to make sure they fully understood the nature of their proposed treatment. For example, the service did not guarantee the exact results of any laser surgery and instead projected the success of treatment based on clinical assessment. Optometrists discussed this with patients to help them make the best decision for their needs. As part of this process staff discussed data collection with each patient. This included a discussion and printed guide that explained the personal information collected and what this was used for. For example, patients disclosed their occupation and ethnic origin, and staff discussed the importance of understanding both to fully assess the patient's level of risk in undergoing ophthalmic surgery.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff asked patients at each stage of care if they had any questions.

Staff recognised the nature of laser surgery meant it was a significant personal decision and wanted to make sure people were making decisions with all the information at hand. The team adapted this approach for patients attending the service on the new NHS referral pathway. This ensured each patient received standardised information about the type of treatment recommend along with individualised advice to help them make the best decision for them.

Patients provided consistently positive feedback about the service. Recent comments included, "Thank you for making my experience so good, I'm delighted!" and, "This life life-changing for me."

Patients gave positive feedback about the service. Questionnaire results indicated staff were consistent with patient support. In the previous 12 months, 92% of patients said staff helped them throughout their consultation and treatment.

Staff provided patients who were considering cataract surgery on both eyes on the same day with an extended discussion about the potential risks and benefits. For example, the surgical process reflected a change in national

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guidance but still presented an increased level of risk although this was balanced with convenience for the patient and reduced anxiety from just 1 surgical attendance. Staff ensured patients understood all aspects of the approach in practice, including the measures that helped to manage but not remove risk, and provided them with alternative options.

Is the service responsive?

Good 

We have not previously rated responsive.

We rated it as good.

Service delivery to meet the needs of people

The service planned and provided care in a way that met the needs of people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services, so they met demand. Each patient was assigned a named member of staff as their main point of contact and support for the duration of their care and treatment.

Facilities and premises were appropriate for the services being delivered. All clinical areas had step-free access from the street.

The service had systems to help care for patients in need of additional support or specialist intervention. Staff completed training to help them support patients with mental health needs or a disability and had access to policy information to help establish how best to meet the individual's needs.

Staff took action to minimise missed appointments. All care was elective, which meant there were limited urgent risks if a patient missed an appointment. Staff reminded patients of appointments using their preferred method, such as e-mail or text message, and contacted patients if they missed an appointment. Where patients receiving NHS treatment did not attend post-operative follow-up appointments, the service contacted their GP if they did not respond to messages.

The need for more complex treatment after surgery was rare and had not occurred since 2021.

Staff worked closely with other clinics in the provider's network and ensured patients had access to locations of convenience for them.

All patients received a lifetime post-operative care package. This provided access to clinical advice and review for any condition or issue related to the surgery.

The service had doubled the number of monthly surgical lists, from 4 to 8, to improve capacity for the new NHS provision. The clinic manager worked with the NHS trust colleagues to manage referrals and ensure capacity met demand.

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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. They coordinated care with other services and providers.

Staff made sure patients living with mental health problems, a learning disability or dementia, received the necessary care. Staff were trained to provide care to people living with such needs and assessed whether surgery was safe and appropriate for them.

The service was designed to be accessible for patients with additional needs. All areas could be accessed step-free and there was an accessible, gender-neutral toilet available. The service had a portable hearing loop to support patients with hearing impairment. Staff undertook disability awareness and inclusion training specific to healthcare services and knew how to apply this. Staff said the introduction of NHS cataract services meant they were providing care for a different demographic of patients than they usually saw and such training helped them provide individualised care to those with more complex needs.

Staff supported patients living with dementia to undergo treatment appropriate for their individual needs. Staff worked with their existing care team to identify any adjustments needed to the service and ensured patients could understand and consent to treatment.

Staff arranged interpreters for patients on request or where they found a patient could not fully understand their options due to a language barrier. This included securing British Sign Language interpreters.

The service established a number of new policies and processes to ensure patients referred from the NHS trust received a good standard of care within their wider health pathways. For example, the service recruited an NHS optometrist to ensure patients referred from the trust received appropriate care within their wider care pathway.

Access and flow

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

The service did not have a waiting list. Patients were seen in the next available slot for their consultation or surgery and staff scheduled appointments and treatment lists based on demand. Each surgeon was available at least once per month and offered the next available appointment on request. They worked with patients to schedule post-operative aftercare appointments in advance, which included remote video appointments nearer to the point of discharge.

This clinic offered a broader range of surgical services than most others in the provider's network. This meant patients often travelled considerable distances to be seen for surgery. In such cases staff arranged aftercare appointments with the team at clinics closer to the patient's home or other more convenient location.

Optometrists offered urgent appointments in each diary list to provide short notice care for post-operative patients who needed review or support in between planned aftercare appointments.

The service had started offering cataract and lens surgery for NHS patients under a new contract in November 2022. They were referred to the service from opticians or NHS optometrists and joined a surgical waiting list based on this referral.

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Staff followed a 'did not attend' policy depending on the type of appointment missed. For example, all private care was elective and if a patient missed a prebooked appointment prior to surgery, staff contacted them once to rebook. If a patient missed a postoperative appointment, they attempted contact until they reached the patient, which reflected the importance of clinical aftercare. Where an NHS patient did not attend, staff contacted them and their referring professional.

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.

Patients knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. This was on display in the reception area and more details were provided in the patient information folder. Patients could also access the information from the service's website.

The provider's customer care manager investigated complaints and identified themes with support from the clinic manager. In the previous 12 months the service received 5 written complaints. In each case the appropriate manager undertook a detailed investigation and provided the patient with an explanation and attempt at resolution. Complaints related to aftercare and patients who were unhappy with their surgical outcomes. In each instance managers and the operating surgeon reviewed medical records and consent documentation to ensure patients had been fully aware of the risks and potential outcomes before agreeing to treatment.

Staff knew how to acknowledge complaints and patients received feedback from the registered manager after the investigation into their complaint. Staff undertook training to help them handle complaints and minor concerns. The registered manager maintained ownership of complaints as the senior permanent member of staff in this clinic. They liaised with surgeons who worked under practising privileges on an as-needed basis if they were involved in a complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service, such as by ensuring patients were offered as much time to talk about potential risks and outcomes as they needed.

The service had not received any complaints from patients treated on NHS pathways. In such an instance, the clinic manager would handle the complaint through the existing policy and duplicate this with the referring NHS trust. This meant both organisations would maintain oversight of the problem and opportunities for learning.

Staff used a logbook to document informal, verbal comments made by patients during their clinic visits. This enabled the team to track themes and trends in feedback that may not be captured by more formal feedback processes. For example, recent verbal feedback related to sickness by a member of staff that led to a list cancellation. This was short notice, and the service could not secure another member of staff, which led to rescheduled appointments. Staff apologised and offered patients the next available appointment, including at another clinic if this was more convenient for the individual.

Is the service well-led?

We have not previously rated well-led.

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We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

The registered manager was a registered nurse and, along with the clinic manager, led the team locally. The clinic manager was also a registered nurse and provided clinical care alongside their leadership role. The provider's senior management team included a head of compliance and director of operations, both of whom supported the registered manager. The chairman of the board and chief executive officer held overall accountability for the clinic. While the registered manager and their team were responsible for patient care locally, the operating model was embedded in the national clinic network and most processes operated at provider level.

All staff had direct lines of communication to the clinical support manager, lead optometrist, and director of operations for support or guidance at any time the clinic was open.

All staff we spoke with described positive experiences with senior colleagues and there was a good working atmosphere during our inspection. A member of staff said, "The manager is extremely hardworking and always goes out of her way to ensure the days run smoothly."

Each member of staff had the opportunity to plan their development, including into more senior positions, through the appraisal, supervision, and continuing professional development processes. Line managers documented conversations with staff that identified their objectives and support available to help them succeed. Staff spoke positively of this process and said that while opportunities for development were good, they appreciated it was optional and they could maintain their current position without pressure to progress.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The overarching vision and strategy were established at corporate provider level with the guiding principle to be leaders in the field of refractive eye surgery. The vision was focused on establishing the service as the 1st choice nationally for specialist care and was underpinned by a set of values that reflected staff commitment, training, and pride in their work.

Staff were committed to the service and understood the provider's vision and values. The provider was expanding its work with the NHS nationally and the local team were enthusiastic about expanding this clinic to offer such services in the future.

The provider had awarded the service a 'clinic of the month' award in recognition of consistently positive patient feedback and results from patient satisfaction questionnaires. Staff told us this reflected their attention to detail and belief in shared values.

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Culture

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

Staff said they felt the team worked well together and was stable. A member of staff said, “This is a really nice place to work. I like the atmosphere and it feels like we’re a close team.” Another member of staff told us, “It is a great company to work for. They really care about their staff, address any concerns, and [are] always willing to take feedback on board. It’s fulfilling to be able to have helped so many patients with visual problems.”

There was a provider-wide focus on equality, diversity, and inclusion. Staff undertook training in delivery care that adhered to these principles and they had access to inclusive work policies such as paternity and adoption leave.

Staff demonstrated good knowledge of the provider’s whistleblowing policy, as well as how to obtain informal senior support if they had worries or concerns.

A provider-wide staff survey in 2022 reflected generally good morale and satisfaction with support, leadership, and the working culture. While the survey was generalised to the whole organisation, the clinic manager facilitated good relationships with their team. They supported planning for career development, including to access external training and professional opportunities, and provided space for 1-to-1 support and conversations.

Governance

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

The clinic manager and nurses attended a monthly compliance meeting that included sharing learning from incidents and complaints locally and across the provider’s network. Staff told us this was a useful process and included open discussions of near misses to help coordinate good practice.

The provider distributed policy and standard operating procedure updates to all clinics simultaneously and the registered manager distributed these amongst their team. They kept up to date records that evidenced staff received and acknowledged updates.

The provider’s medical advisory board (MAB) operated nationally. The chief executive officer, the head optometrist, the head of compliance, and 3 other department heads formed the board and met quarterly. The board contributed to clinical governance within the wider framework, which included clinician-led meetings, and senior compliance team reviews of performance and activity. The clinic managers maintained an up to date understanding of clinical governance updates to practice and communicated these across the team. For example, the MAB recently implemented new rules about the management of cytotoxic eye drops once opened. This involved a new 2-person signature process to match national standards.

The clinic manager attended an annual manager’s conference that included updates on the provider’s governance and new work. This provided the opportunity to meet with colleagues as a learning exercise and ensure their team worked within the latest guidance and standards available.

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Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The clinic manager and provider senior team used the clinical governance and risk management policy to guide operation and monitoring of the service.

The service implemented new incident and complaint management policies with the start of the NHS patient contract in November 2022. This reflected a dual system whereby staff reported an incident or complaint using the existing Optimax processes and duplicated this with the NHS trust's reporting system. This meant both organisations had oversight of risk and safety-related trends.

The clinic manager maintained a local risk register to track key risks in the clinic. This was separate to the provider's national corporate risk register, which was managed centrally and related to broader risks concerning performance and governance. At the time of our inspection the local risk register had 7 active items that included staff vaccination status and the training of a surgeon working under practising privileges. Each risk had a named accountable member of staff and clearly documented updates.

The provider's compliance team carried out a twice-annual governance audit of the service using regulations as a guide for standards of practice. The most recent audit took place in January 2023 and found 100% compliance. The audit found staff had addressed all recommendations from the previous audit in September 2022, such as improved consistency of staff signatures in safety documentation.

The service had escalation processes in the event staff had a concern about a surgeon working under practising privileges. This reflected good practice and meant the clinic manager had assurance of consistent standards of care within a temporary workforce.

The registered manager planned and mapped a series of 18 audits in advance. This was a key aspect of the governance and performance framework and helped the local team and the provider's governance team to identify consistency and opportunities for improved practice. The compliance manager supplemented this process with an annual full-service inspection against the regulations within which the service delivered care. The most recent inspection took place in November 2022 and found overall good standards of practice with minor areas for improvement, which the registered manager had actioned.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

The clinic manager carried out a monthly 'clear desk' audit that served as a check of information security standards. For example, it included spot checks of how staff used computers, such as if they locked screens when not in use, as well as if they locked sensitive paperwork away when their desk was unattended. The most recent audit found 99% compliance and our findings during the inspection supported consistent standards of data security.

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A data protection officer worked with the service nationally to support consistent standards of data protection and information management. All staff undertook and maintained data protection and information governance training and provider audits checked on local standards.

Information systems were secured with restricted access and the registered manager had support in the event of a systems failure.

Information governance systems reflected the workforce of the service and meant those working under practising privileges had appropriate training, guidance, restrictions, and support in their handling and access to data.

Engagement

Leaders and staff actively and openly engaged with patients and to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The service provided a wide range of information and communication to engage patients in care and treatment. For example, the patient guide had a profile page for each surgeon including their photograph, professional history, track record of laser eye surgery, including success rates, and their current General Medical Council credentials. The profile information included a summary of patient satisfaction rates.

Staff were trained in the use of the provider's de-escalation policy and a manager was always on call in the event they needed support.

There was a good communication structure between permanent staff and surgeons working under practising privileges. Most surgeons had worked in the service for a considerable period and worked well with the permanent team. When new surgeons worked in the service for the first time, they met with the whole team and discussed local working practices and established standards of practice with the scrub nurse and surgical assistant to ensure the list ran safely.

Staff had a range of options to engage with colleagues across the service and to keep up to date with initiatives and work from the senior leadership team. This included a quarterly newsletter that was interactive in nature and showcased staff achievements and rewarded exceptional practice and long service.

Staff encouraged patients to complete a digital questionnaire in the clinic at each aftercare appointment. They asked patients to do this until discharge from the service as a method to track their experience and better understand if there was room for improvement at specific stages of care. In 2022, over 4,000 patients completed the questionnaire and results demonstrated a 99% satisfaction rate with care and treatment. This was better than the provider's 97% average across all clinics. In the same period 90% of patients said they would recommend the service to their friends and family. Patient feedback was consistently positive. A recent patient noted, "A huge thank you to all involved in our lens replacement treatment, for your ongoing care and expertise. It is amazing to be free of contact lenses and spectacles. We are so grateful."

As part of the new contract to provide cataract surgery for NHS patients, the service had joined the NHS Friends and Family Test (FFT) feedback scheme. As part of this, staff gave each patient an FFT card and asked them to complete it, the results of which would be provided to the NHS trust.

Compliance meeting minutes demonstrated a consistent focus on patient communication and engagement. For example, staff discussed how new national guidance on neuropathic corneal pain could be best explained to patients as part of the consent process.

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Learning, continuous improvement and innovation

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

There was a culture of continuous improvement and learning across the provider's network. For example, the clinic manager worked with a colleague from another clinic following feedback that water testing and single use instruments could be managed with greater compliance to national guidance. The team reviewed the recommendations and implemented them locally.

The team had successfully completed a compliance and governance programme that enabled them to offer cataract surgery to NHS patients. This was a collaborative programme with local NHS trusts, which would significantly reduce treatment waiting times for patients.