

London Vision Clinic Partners Limited

# London Vision 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?

Good 

# Summary of findings

## Overall summary

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risks 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 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.
- 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 their patients, 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 there were short waiting times 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 to plan and manage services and all staff were committed to improving services continually.

However:

- We noted that while all staff had received safeguarding adults training it was only to level one. We would expect all nursing, technicians and clinical staff who had face to face contact with patients to be trained to at least level two for adults.

We rated this service as good because it was safe, effective, caring and responsive, and well led.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Refractive eye surgery	Good 	

# Summary of findings

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# Summary of this inspection

## Background to London Vision Clinic

London Vision Clinic is operated by London Vision Clinic Partners Limited. The clinic was registered with CQC in 2016. It is a private clinic in London providing refractive eye and cataract surgery. The hospital primarily serves the communities of London and the surrounding areas and accepts patients more widely and from overseas.

The hospital has had a registered manager in post 2016. The clinic is registered to provide the following regulated activities:

- diagnostic and screening
- surgical procedures
- treatment of disease, disorder and injury

The clinic undertakes refractive eye surgery (laser) and cataract surgery on patients aged 18 and above. The clinic does not provide treatment and care for children and young people. All patients were self-referring, through enquiries via the website or by phone and are self-funded.

During the inspection, we examined all areas of the clinic, including consultation areas and operating rooms. We spoke with nine staff including; registered nurses, clinic co-ordinators, reception staff, medical staff, laser technician, and senior managers. We spoke with three patients. As part of our inspection, we also reviewed six sets of patient records.

We last inspected the service in December 2017. We carried out a comprehensive inspection but at the time we did not have the legal duty to rate them.

## How we carried out this inspection

The team that inspected the service comprised of a CQC lead inspector and one other CQC inspector. The inspection team was overseen by Nicola Wise, Deputy Director of Operations.

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>.

## Outstanding practice

We found the following outstanding practice:

The clinic had a research team, headed by the research manager, Dr Tim Archer, who had been with the clinic for 19 years. The research team collects data from the clinic's activities and uses it to improve patient outcomes and inform the wider refractive eye surgery community. Together with the medical director, Professor Reinstein and his fellow surgeon, Mr Glenn Carp they had published over 180 articles on refractive eye surgery in medical journals, written and published a textbook on SMILE laser surgery and ran yearly courses for other refractive eye surgeons.

# Summary of this 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:**

- The service should ensure that all staff have received training, to an appropriate level, in the safeguarding of vulnerable adults.

# 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 

### Are Refractive eye surgery safe?

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 clinic managers kept an updated mandatory training spreadsheet. It was monitored to ensure staff had completed the required training to maintain the safety of patients, visitors and staff.

Staff received training in basic life support, infection prevention and control, manual handling and data protection (GDPR) and laser safety, amongst other subjects. Most of the training was undertaken annually on a rolling basis.

Surgeons who worked under practising privileges had their mandatory training reviewed on appointment and were then entered into the clinic's system.

#### 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 safeguarding training on how to recognise and report abuse. However, we noted all staff were only trained to safeguarding level one for adults. We would expect all nursing, technicians and clinical staff who had face to face contact with patients to be trained to at least level two for adults. Since the day of inspection nine of the nurses have completed level two training and the remaining staff had been booked on appropriate courses as required. At the time of our inspection the surgeons were trained to level two for adults. We were told this would be increased to level three with further training arranged.

The service had an updated and revised safeguarding policy which included contact details for the local authority safeguarding team. Staff we spoke with told us although they had not had to make a safeguarding referral at the clinic they were knew how to do so and who to contact if they had concerns.



# Refractive eye surgery

Although children were not treated by the clinic it was recognised that occasionally they may be on the premises. The clinic had a child protection policy which stated it was actively discouraged for any patient to bring a child with them to appointments. The policy also had links to government child protection websites.

We were told the clinic had three safeguarding leads who were the clinic manager, the director of operations and the lead ophthalmic technician. They were trained to safeguarding level three for adults.

## Cleanliness, infection control and hygiene

**The service controlled infection risks 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 clinic's theatres, consulting rooms and reception areas were visibly clean and had suitable furnishings which were appeared clean and well-maintained. The service had an overnight cleaning team and deep cleaning of the theatres was carried out quarterly. Nursing staff cleaned the equipment and theatres/treatment rooms between patients and a deeper clean bi-weekly or as required.

Patients were sent a pre-appointment questionnaire regarding their Covid-19 status and any symptoms they may have. They were also reminded the current clinic policy was for those not exempt to wear a mask. There were signs making that clear in the reception area and supplies of suitable masks and sanitising hand gel. Other hand gel dispensers were available throughout the clinic. We observed both staff and patients wearing masks within the clinic.

Nursing and clinical staff wore 'scrubs' and we observed them changing the personal protective equipment (PPE) such as gloves and safely disposing of it between patients. We also observed the equipment and nurse's trolley being cleaned after each use.

We observed staff using appropriate waste bins, such as 'sharps bins' to safely dispose of clinical waste, which was collected by an external contractor twice a week.

Most of the surgical instruments used in the clinic were of the single use variety. However, the clinic had a contract with an external company to collect reusable instruments and return them within a specified time frame decontaminated and sterilised.

The clinic's water system is checked for water temperature and for Legionella bacteria monthly.

The clinic carried out infection prevention and control (IPC) audits, which included hand hygiene, sharps disposal, clinical theatre environment, storage of equipment and medicines and cleaning schedules. The results were reported and any which were below standard were discussed at the monthly governance meetings

## Environment and equipment

**The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.**

The treatment and consultation rooms were spacious and fully equipped with the necessary items for the procedure. There were external contracts in place for the maintenance and servicing of the equipment. Staff carried out daily safety checks of specialist equipment.

## Refractive eye surgery

The clinic had a laser eye surgery theatre and a cataract theatre. Both surgical areas were observed to be visually clean, tidy and well maintained. There was controlled access to the theatres and signage to indicate when the theatre was in use.

The laser machines were able to alert the operators to any potential safety issue. They could not be used if they had not been appropriately serviced, which was a built-in safety feature of the system. In addition, the laser technicians conducted a calibration of the machines before each patient.

There was a regular service schedule for the laser, but the machine was able to indicate an earlier service was required if it detected a problem.

The lead laser technician was the Laser Safety Officer or Laser Protection Supervisor and was responsible for maintaining safe laser use. They had also been trained by the laser machine supplier to be able to carry out basic maintenance on the machine. In any case the clinic had a service level agreement (SLA) with the laser manufacturer for a laser technician to be dispatched from Germany within 12 hours to fix any issues.

The clinic had not had any never events. These are serious incidents that are entirely preventable because guidance or safety recommendations providing strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.

An external Laser Protection Advisor (LPA) was available to ensure the lasers met national safety requirements.

A resuscitation trolley was available for use by trained staff which was checked daily and maintained.

Fire extinguishers (CO2 and water) were last serviced in July 2022.

### 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**

Patients receiving care at the clinic were carefully screened and suitability assessed, during their pre-operative consultations to ensure their needs could be met, and treatment was appropriate. This ensured that patient care needs were planned and delivered safely.

There was a proactive approach to anticipating and managing risks to patients by all staff. Staff completed risk assessments for each patient pre-operatively, during treatment and post operatively and reviewed this regularly, including asking about allergies.

Patient consent was obtained at the end of the consultation with the surgeon after the treatment plan had been explained and the patient had had the chance to ask any questions. There was always at least a seven day 'cooling off' period before surgery took place. Final consent was given on the day of surgery.

We observed lab technicians and a nurse cross referencing against the surgeons notes to verify the correct patient and the correct treatment plan.

# Refractive eye surgery

The electronic patient record (EPR) contained all the patient information, consent and treatment plan criteria for each patient. The clinic used a version of the World Health Organisation (WHO) surgical safety checklist which was later uploaded into the EPR. All the patient records we examined contained both the WHO checklist and signed consent forms for both laser and cataract patients.

Following their operation patients were taken to a recovery room for a short while. Patients were advised to plan for their journey home as they should not drive or use public transport on the day of surgery. Patients would then be expected to return to the clinic the following day for a check-up, one month after surgery, three months and finally after one year.

## Nursing and medical staffing

**The service had enough medical, nursing and technical 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.**

The service had enough medical, nursing, optometrist, technicians and support staff to keep patients safe. All staff were directly employed by the clinic, except for the surgeon who carried out the cataract surgeries. He was working at the clinic under practising privileges, a common practise in the private sector, subject to suitability checks, history, references and appropriate indemnity cover. The clinic used an external company to act as the GMC designated body and provide the responsible officer for the laser surgeons. The responsible officer ensured regular appraisals of the surgeons were completed and made recommendations to the GMC about their fitness to practise.

The clinic employed nine optometrists, who provided pre-operative and post-operative reviews for patients, eight nurses and six ophthalmic technicians.

The clinic did not use bank or agency staff and staffing was planned in advance according to the clinic and surgical lists.

The clinic managers maintained a log of each staff's professional registration and were able to remind staff when these were due for renewal.

## 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 authorised staff could access them easily.

The clinic stored patient medical records on an electronic patient record (EPR) system. The clinic had moved to electronic consent forms which patients were able to initial and sign electronically. Final consent was always signed by the patient when in consultation with the surgeon. For patients who were unable to access via smartphone or computer they still had a paper alternative which was then scanned into the EPR.

We examined six patient records, three for laser refractive eye surgery and three for cataract surgery. All relevant stages of the patient pathway were clearly documented, including laser settings.

The clinic coordinators checked the consent forms and the patient medical record after each surgeon consultation and those were then audited daily via an export to a surgery checklist.

# Refractive eye surgery

The nursing team carried out an audit on the EPR time out checklist for Laser and Intraocular Surgery every six-months.

## Medicines

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

The clinic had an up to date management of medicines policy to ensure safe management and handling of medicines. We saw the policy outlined responsibilities for ordering, storing, prescribing and administration of medicines, including controlled drugs. Two nurses were responsible for the daily controlled drug stock check. Any discrepancies were to be reported to the named Controlled Drug Accountable Officer. The clinic had a disposal of medications policy which detailed how controlled drugs were to be disposed of and stated two registered nurses were to witness the disposal.

The surgeons prescribed pre-operative and post-operative eye drops and two sleeping tablets. Pre-operative eye drops were administered by nurses and patients were given clear written and verbal advice to self-administer their post-operative drops. All medicines patients took home were clearly labelled.

Staff completed medicines records accurately and kept them up to date. Prescribed medications were also accurately recorded in the EPR.

The service monitored fridge and room temperatures to ensure all were within normal ranges, which meant that medicines were stored at the correct temperature. All temperature logs we reviewed showed medicines were stored within the correct temperature ranges.

The clinic received alerts from the Medicines and Healthcare products Regulatory Authority (MHRA). This meant they had accurate and up to date information and best practice guidance which was used to improve care and treatment.

The clinic had a small stock of Mytomycin C. It is a cytotoxic agent, which means it can damage healthy tissue cells. However, it was very rarely used by the clinic and only for patients who have condition that suppresses the immune system and therefore may be at risk of corneal haze post refractive surgery. Staff involved with the drug have been trained in its use and read the policy and procedures. They also understand how to use the cytotoxic spill kits and how it should be safely disposed of. The clinic had an in-date Control of Substances Hazardous to Health (COSHH) assessment form for Mytomycin C.

## 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. 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.**

Managers investigated incidents thoroughly. The clinic had a reviewed incident policy and the manager told us they wanted staff to report incidents and the clinic had a 'no blame culture'.

Staff knew what incidents to report and how to report them. They raised concerns and reported incidents and near misses in line with the clinic's policy. Over the previous year staff had reported nine incidents. All had been investigated and finalised with learning for staff if required.

Staff understood the duty of candour. They were open and transparent and gave patients a full explanation if and when things went wrong.

# Refractive eye surgery

Staff received feedback from investigation of incidents and met to discuss the feedback and look at improvements to patient care. There was evidence that changes had been made as a result of feedback. We saw evidence of staff reminded to check patient's names on medication and to put large items away safely so as not to cause a trip hazard.

## Are Refractive eye surgery effective?

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.**

The clinic aligned policies, procedures and treatment with recognised national standards and guidance, such as the National Institute for Health and Care Excellence (NICE) guidance and the Royal College of Ophthalmology Standards for Laser Refractive Surgery.

All staff we spoke with were aware of all policies and knew where to access them. We observed staff following local policies and procedures. Management completed audits, including patient file and infection prevention and control audits

The clinic employed a dedicated research team to assist the surgeons, optometrists and technicians in continually reviewing their results and looking at ways to develop their practice to further enhance patient outcomes.

The medical director at the clinic was heavily involved in research in refractive surgery and had published over 187 articles on refractive eye surgery in medical journals. He also held several professorships internationally. This ensured staff at the clinic were always kept abreast of new development in refractive eye surgery.

### Nutrition and hydration

Due to the nature of the service staff were not required to provide patients with food and drink to meet their needs and improve their health.

Patients were not required to fast before surgery and were not without food for long periods. However, fruit and nut bars, biscuits, and other snacks were readily available for patients on top of tables situated across the waiting area. There was a coffee and tea station which also had herbal teas. A small refrigerator was also at the station which stocked soft drinks and juices.

### Pain relief

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

The clinic ensured patients underwent surgical procedures without experiencing discomfort or pain. Staff prepared patients for procedures, which included anaesthetic eye drops prior to surgery.

During the procedure the consultants used topical anaesthetic to keep the patient comfortable.

# Refractive eye surgery

Patients were prescribed anti-inflammatory eye drops to take home; with clear instructions on its use should they feel any discomfort in their eyes.

## Patient outcomes

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

The clinic did not submit data to the National Ophthalmology Database and Private Healthcare Information Network (PHIN). Neither database recorded data for refractive laser surgery and the National Ophthalmology Database only accepted NHS data.

The clinic had its own research department which collated, audited and analysed outcomes data and published their results in peer-reviewed articles as well as on its website. Potential patients could review these when making their choice of where to have their surgery. Outcomes for patients were positive, consistent and met expectations.

Managers and staff used the audited results to improve patients' outcomes. The outcomes data was shared with the surgeons to enable them to have a better understanding of their performance.

The clinic has worked towards and has now been awarded an ISO 9001/15. This is an internationally recognised quality management standard which places emphasis on continuous improvement.

At the time of our inspection the clinic had 96% five-star reviews on Trustpilot out of 1,824 reviews, the clinic also has a five-star rating on Google reviews based on 473 reviews.

## 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 had the appropriate skills, knowledge and experience to deliver effective care and treatment.

The clinic's surgeons were all registered on the GMC specialist register for ophthalmology. Two of the laser surgeons were also involved in continuing research and regularly published their research.

The laser protection supervisor underwent training by the manufacturer to ensure they were knowledgeable and competent in the use of all laser machines within the clinic. They maintained a close link with the laser manufacturer and were able to contact them if there were any queries.

The laser protection supervisor had attended the core of knowledge training as well as training to be accredited as a laser technical operator. The laser protection supervisor was also approved to carry out preventative maintenance work on the laser machine, following training by the manufacturer.

The clinic conducted yearly appraisals for their nursing, optometrist, technician and administrative staff. The laser surgeons received appraisals from the external company acting as the GMC designated body. Other surgeons acting under practising privileges had their appraisals completed by their own responsible officer.

## Refractive eye surgery

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Each member of staff was allocated a personal training budget to enable them to attend any relevant courses identified during their appraisal. Staff could also take two study leave days per year.

A training log was held by the clinic manager. This showed when a staff member was due to attend refresher or update training.

### Multidisciplinary working

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

We saw an excellent proactive, multidisciplinary approach to co-ordinating patients' care. Administrative staff, clinic and patient care co-ordinators, surgeons, laser technicians, optometrists and nurses worked together to provide safe, patient-centred treatment.

### Consent, Mental Capacity Act

**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.**

The clinic had an informed consent policy which had been reviewed in February 2022. The policy set out staff responsibilities for seeking and obtaining informed consent, in line with the Department of Health guidance: Reference Guide to Consent for Examination or Treatment, published in 2009. The policy included guidance on the Mental Capacity Act and how to apply the act in relation to gaining consent.

The Royal College of Ophthalmologists recommended a seven-day cooling off period before surgery in its guidance, Professional Standards for Refractive Surgery dated December 2021. The informed consent policy included the cooling off period and stated that no patients were treated on the same day as the ophthalmic examination or surgeon consultation. The electronic patient diary rules only allowed the patient coordinator to schedule surgery with a seven-day cooling off period between consultation and the day of surgery. The six patient records we checked all had longer than seven days in between.

The clinic had an in date interpreter policy and an arrangement with a London based translation service which provided in-person, video or telephone translation services to patients who were not able to communicate comfortably in English.

## Are Refractive eye surgery caring?

### Compassionate care

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

# Refractive eye surgery

We observed patients being treated with dignity, kindness, courtesy and respect by all members of staff. Staff took time to interact with people using the service and those close to them and spoke in a considerate and caring manner. Staff introduced themselves and escorted patients to their consultation or treatment room.

People's dignity and privacy was respected and gave patients space and time to prepare for treatment. During consultations, doors were closed throughout discussion.

During treatment procedures, the surgeon kept up a reassuring dialogue with the patient and explained the different sensations a patient may feel during the treatment.

Patient feedback was consistently positive. Patients we spoke with felt they had received professional service and felt reassured throughout their treatment journey.

We observed a clinic coordinator who confirmed with a patient their arrangements to be collected after their surgery.

## Emotional support

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

Staff were able to explain treatment details and potential side effects in a reassuring manner. Patient's questions were answered in a way which the patient was able to understand.

The clinic provided clear information on pricing and finance choices for their treatment. Following treatment, patients were provided with information of how to care for their eyes post procedure. Staff checked patients understood the information they were given.

The clinic aimed for patients to see the same members of staff during each visit. That meant staff were able to build a relationship with each patient as well as ensuring continuity of care. During an observed surgery the surgeon allayed the patient's anxiousness talking to the patient about the patient's pet dog who the patient had mentioned on a previous visit.

## Understanding and involvement of patients and those close to them

**Staff supported patients to understand their condition and make decisions about their care and treatment.**

Staff provided patients with relevant information, both verbal and written so they could make informed decisions regarding their care and treatment.

Patients told us they were aware of the next steps in their treatment. Follow up appointments were made within a reasonable timescale depending on the treatment the patient had received.

Explanations, potential risks and treatment benefits were explained thoroughly, not rushed, and patient understanding was checked regularly.

Patients were given opportunity to ask questions. Patients we spoke with stated they did not feel rushed or persuaded to go through with treatment. Instead, they felt they were given enough information to make an informed choice themselves.



# Refractive eye surgery

Patients were provided with written information about aftercare and ensured patients had the out of hours contact number if they had any questions or concerns following surgery.

## Are Refractive eye surgery responsive?

Good 

### Service delivery to meet the needs of local people

#### **The service planned and provided care in a way that met the needs of their patients**

The clinic was generally open Monday to Friday and refractive surgery was carried out Monday to Thursday. This was to ensure all patients received a follow-up appointment with the surgeon the day after their procedure.

All patients received an in-depth assessment, including the relevant scans, to ensure suitability for surgery and to tailor the treatment to meet the needs of individual patients.

Patients attended a consultation with the surgeon prior to their operation and patients always saw the same surgeon throughout, unless it was an emergency, or the surgeon was away.

Patients attended the clinic from a wide geographical area as well as overseas. The patient care co-ordinators were able to offer advice to patients on booking accommodation for their stay in London.

The clinic's facilities and premises were appropriate for the services being delivered.

### 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.**

Individual need requirements were recorded on the patients' medical record. Assessments and consultations ensured the clinic only treated patients if their needs could be met.

Patients were asked about any mobility impairment prior to attending the clinic for their first appointment. This ensured staff could put in place a portable ramp to allow easy access up the front steps leading to the main door. A lift provided patient access to the different floors of the clinic, as required. There was a disabled toilet as well as a consultation and testing room specifically designed for wheelchair users.

The clinic had a 'no manual handling policy' which meant that if patients required physical assistance, such as to transfer from a wheelchair to the operating table; they would have to bring their own carers to assist them. This was clearly explained in the patient guide which was emailed to all patients.

### Access and flow

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

# Refractive eye surgery

Patients self-referred to the clinic by making an enquiry by phone, email or via the clinic's website. Patient care coordinators then contacted patients and offered all the necessary information about the service provided and the patient pathway at the clinic. Patients then had the choice whether to book an initial consultation with the optometrist. All patients were self-funded.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes.

Theatre lists were finalised in advance and where possible dates and times suitable to the patient. Patients were asked to attend at staggered times on the day of their operation. This ensured patients were not waiting for a long period of time for their surgery.

The patient care co-ordinators sent reminders to patients the day before their appointments and would reschedule appointments, if patients were unable to attend. If a patient failed to attend, the patient care co-ordinators would contact the patient to enquire if they wanted to rebook. Clinic managers told us it was very rare for patients to not attend without informing the clinic.

## 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.**

The clinic received 12 complaints over the previous 12 months, 10 were related to customer service or delayed appointments, one was from a patient asking for a refund from a surgery a number of years before and one was from a patient who was unhappy with the outcome of the surgery. Both the patient and the clinic contacted CQC and the complaint was still under review even though the patient has been offered a full refund.

The clinic's system for categorising complaints showed formal complaints were investigated and patients would receive a management response within 10 days. Informal and negative comments could expect a management response within five-days. All complaints are acknowledged within two days of receipt.

The clinic managers were always available to speak to patients and were keen to attempt to resolve any dissatisfaction informally. If the complaint was in relation to the surgical procedure, the patients were offered an urgent review appointment with the surgeon, in the first instance.

The complaint process was clearly explained in the patient guide, displayed in the reception area and all patients we spoke with were aware of how to make a complaint.

The clinic managers told us complaints, compliments and learning from incidents were shared at team meetings.

# Refractive eye surgery

## Are Refractive eye surgery well-led?

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 senior management team consisted of the medical director, who was also the CQC nominated individual, the director of operations and the clinic manager, who was also the CQC registered manager. The management team had the skills, knowledge, experience and integrity to lead the service.

The medical director, Professor Reinstein, who founded the clinic in 2002, is a world-renowned laser refractive eye surgeon who has been credited with developing innovative techniques which has made laser refractive eye surgery more accurate and safer for the patient.

### Vision and Strategy

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

In early 2022, the clinic was acquired by Euroeyes Group. The clinic's medical director will also serve as a medical director of the international medical advisory board of the Euroeyes group.

The medical director told us, "Our philosophy is to be second to none. If there is something, we could do to make us better, then we would copy the provider doing that." He added they tried to automate processes which were labour intensive and mindless and gave an example of the electronic consent forms which could be initialled and signed electronically.

The core principles guiding the provision of services at the clinic were: to always act in accordance with our patients' best interests; to be open and honest in all our communications with patients; to enable our patients to make confident and informed choices; to explain every stage of treatment and aftercare to each patient; to provide the highest possible standard of clinical care; to provide excellent customer service, and to deal promptly with any complaints and to treat all patients and staff with fairness, dignity, and respect.

### 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 and staff could raise concerns without fear.**

The management team was visible and approachable. Staff we met were welcoming, helpful and friendly. They told us they were happy and proud to work for the service. Staff told us they felt supported in their roles and valued for the work they did. Staff were proud to work for the clinic and described their colleagues "like family". One member of staff who had worked at the clinic for several years told us she thought the whole staff team was the best they had ever had.

The management team told us they promoted a culture of openness by speaking with staff and empowering them to suggest ideas for change.

# Refractive eye surgery

## 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 director of operations and the clinic manager were responsible for the day to day operational leadership of the clinic. They held minuted weekly meetings with standing agenda items such as patients, staff, building and professional development.

The Medical Advisory Committee (MAC)/Senior Management Team met every three months. The meetings had standing agenda items and were minuted. We were told the responsible officer from the GMC designated body could be approached to advise on medical issues if needed. Patient outcomes, as well as research and publications were discussed at these meetings.

The clinic held monthly staff meetings which were not minuted. These were used to bring staff up to date with clinic business and to discuss incidents, complaints, positive patient feedback and general learning. Slides were prepared for the meetings and any staff not able to attend were emailed to arrange to view them on their return. That ensured all staff were kept informed.

## 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.**

There was a clear reporting process for staff members to follow. Staff told us they were aware of how to highlight any potential risks and we saw a comprehensive risk register was in place. Risks were identified as a result of incidents reported or audits completed and were reviewed and investigated by the clinic managers. We saw that action was taken as a result of risks being identified through the audit process.

We were shown a copy of the risk register which graded risks on a traffic light system (red/amber/green). The register showed the risk identified, the date, the cause, the responsible person, action due date and conclusion.

The clinic had plans in place to cope with unexpected events such as: any laser malfunction incident, data management incidents and a fire on the premises for which they had an evacuation plan.

Policies supported the governance structure by giving clear guidance processes to follow.

Performance data was collected, and trends and themes identified.

## 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.**

Staff had the information they needed to provide care and treatment to patients. All information was accessible to staff in paper or electronic format. The General Data Protection Regulation 2018 (GDPR) was followed by the clinic to ensure fairness and transparency, data minimisation, integrity and confidentiality.

# Refractive eye surgery

Patient and clinic information was securely stored electronically with suitable firewalls in place with off-site back-up. Staff had received training in cyber security.

## Engagement

**Leaders and staff actively and openly engaged with patients and staff to plan and manage services.**

Patient and staff feedback and surveys were used to plan and manage services, this included learning from reported incidents and complaints.

Patients were asked to complete a satisfaction survey at their follow-up appointment. The clinic used handheld electronic devices to capture the data and the feedback was overwhelmingly positive. In addition, the clinic had a 4.9-star rating on Trustpilot based on 1,826 reviews and a 5-star rating on Google based on 480 reviews. During our own conversations with patients we received feedback such as; “Brilliant service here. Staff have kept me updated all throughout the process”, “staff are kind and considerate”, “there is a warm community feel about having my treatment here. The surgeon is extremely conscientious and explained everything to me.”

The clinic also conducted staff surveys using a national business staff survey tool and starting September 2022, will be moving to another survey tool. Staff we spoke with were very happy working at the clinic and many had been in post for several years.

## 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.**

The staff could request job related external training and the clinic had a study budget to facilitate this. Staff were also given two days study leave per year.

The medical director had developed the first prototype of the high frequency ultrasound scan for the cornea. The surgeon then worked with a manufacturer to develop a high frequency ultrasound scanner. Patients at the clinic were offered this scan of their cornea if indicated during their assessment to better plan their surgery.

The medical director also contributed to the development of the most commonly used laser machine and held seven patents for techniques or technologies relating to refractive eye surgery.

The clinic had a dedicated two-person research team headed by the research manager who had been employed at the clinic for 19 years. They have contributed to ongoing research in the field of refractive surgery. The team at the clinic had published over 187 peer reviewed articles and have also published a textbook designed for trainees and fellows embarking on the refractive surgery speciality.

The research manager had built a bespoke electronic outcomes database into which all the data (anonymised) from the EPR was entered. This was then analysed via the software and patient outcome data for particular treatments or by surgeon amongst other things could be obtained. Much of this was published to increase the learning in the laser refractive eye sector.

The leadership team were keen to drive continuous improvement within their areas of responsibility. Staff were encouraged to share ideas, which improved the patient experience and the patient journey.

## Refractive eye surgery

The clinic ran a selection of yearly courses to inform laser refractive eye surgeons about the latest innovations in the sector.

In April 2022, the clinic achieved certification to ISO 9001/2015. The International Organization for Standardization (ISO) is a set of quality management standards that helps organisations ensure they meet customer and other stakeholders needs within a statutory and regulatory requirement related to a product or service.

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.