

Optical Express Limited

Optical Express - Nottingham

Inspection report

Unit 5 The Triangle
Nottingham
NG2 1AE
Tel: 08702202020

Date of inspection visit: 19 April 2023
Date of publication: 16/08/2023

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. 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 to meet demand.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions and treatment options. 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 providers across the sector to plan and manage services based on the latest international research.

However:

- The service maintained an overarching reluctance to relax COVID-19 prevention measures and the service had not kept up with national changes in risk management and understanding.

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

Summary of findings

Contents

Summary of this inspection

Background to Optical Express - Nottingham

Page

5

Information about Optical Express - Nottingham

5

Our findings from this inspection

Overview of ratings

7

Our findings by main service

8

Summary of this inspection

Background to Optical Express - Nottingham

Optical Express – Nottingham is operated by Optical Express Limited. The service provides laser vision correction treatment, including YAG laser, and intra ocular lens (refractive) surgery for the treatment of cataracts and refractive errors under local anaesthetic to adults over the age of 18. YAG laser refers to yttrium aluminium garnet laser and is used to treat cloudiness after cataract surgery.

All patients are treated on a private basis as visual acuity deterioration is not classed as a medical condition and so is not treated by the NHS.

The clinic registered with us in July 2022 and began services in November 2022. Regulated activities take place on 2 – 3 days per month. A registered manager is in post.

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 purpose-designed premises located on the outskirts of Nottingham. It is easily accessible by road and public transport.

We have not previously inspected this service.

How we carried out this inspection

We carried out an unannounced inspection of the service using our comprehensive methodology on 19 April 2023.

Our inspection team consisted of a lead inspector and a specialist advisor with support from an off-site operations 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>.

Outstanding practice

We found the following outstanding practice:

- The service had a proactive, dynamic approach to managing risk and to updating care and treatment in line with new or emerging safety evidence.
- Collaborative working with a laser manufacturer had resulted in the development of new technology that delivered high quality, consistent outcomes.
- Staff delivered care and treatment that exceeded their roles as well as provider and patient expectations. This included acting to protect patients potentially vulnerable to harm by arranging ad-hoc care and treatment.

Summary of this inspection

- Sustainability was embedded in the service and reflected in areas such as stock control, in which the service had worked with manufacturers to develop electronic stock rotation systems that eliminated waste.

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 consider reviewing COVID-19 measures in line with national practice. Regulation 17.

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 inspected 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 mandatory training. At the time of our inspection the team had 97% compliance against required training, which exceeded 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 16 training modules, with supplemental competency-based training based on each individual's role and responsibilities. For example, staff who worked in the laser suite completed the national core of knowledge training and competencies for laser treatment.

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. Whilst 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 other providers who may not be aware of the patient's medical history or current needs beyond their presenting ophthalmic problem.

Managers monitored mandatory training and alerted staff when they needed to update their training, including where staff worked across different clinics in the provider's network.

The provider directly employed surgeons and the team worked nationally across different clinics within the provider's network. The registered manager ensured they had access to local policies and procedures, and the medical director coordinated the system that ensured surgeons maintained expected training in line with national requirements.

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. All staff completed training to level 3 adults safeguarding and level 1 child safeguarding. All staff were up to date with training at the time of our inspection.

Clinical service managers were trained to level 4 and worked nationally to provide staff with support and guidance during incidents. A duty safeguarding lead was always available to support staff whenever the service was open.

Staff knew how to escalate an issue if they needed support, including in an urgent situation. They 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.

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. 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.

Clinical areas were clean and had suitable furnishings that were clean and well-maintained. All areas were free from dust and surgical and staff maintained clinical areas to a high standard.

Staff cleaned equipment after patient contact using appropriate antibacterial and antivirus techniques and maintained a record of when equipment was cleaned. Clinical staff cleaned the surgical suite in preparation for treatments and a full time cleaner maintained all other areas.

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.

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

Staff carried out a rolling programme of weekly, monthly, and quarterly audits on varying aspects of infection control, including hand hygiene and the clinical environment. Results were consistently good and reflected the standards of practice embedded by the team. For example, the hand hygiene audit found 100% compliance in the previous 6 months and the environmental cleanliness audit found 96% compliance in the same period.

The team acted on areas for improvement highlighted by audits. For example, a theatre cleanliness audit identified a need for more attention to detail in the clearing of consumable equipment packaging. Staff reviewed procedures

Refractive eye surgery

accordingly and subsequent audits found 100% compliance. The clinical services manager carried out a quarterly infection control audit that incorporated all standards of practice and environmental cleanliness. The clinic performed consistently well and in the previous 6 months demonstrated 99% compliance. This reflected our inspection findings during which staff worked within expected standards.

Staff proactively identified opportunities for improvement in infection control measures. For example, during a cleaning audit staff identified residue from patient information stickers accumulating on surgical equipment. They identified and tested a new system that enabled the continued use of stickers, which were essential to patient safety, whilst reducing infection control risk.

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 clinical waste well.

The building interior and facilities were designed specifically for this clinic and fully met national guidance from the Department of Health and Social Care (DHSC) in relation to clinical facilities.

In addition to surgical and laser treatment facilities, the service had 2 diagnostic rooms, which enabled staff to carry out health assessments in addition to pre- and post-operative checks.

Laser rooms were each equipped with an illuminated laser safety warning sign. While this was no longer required by national standards, the service maintained it as best practice.

Treatment rooms met Royal College of Ophthalmology standards for ventilation and air exchange during surgical procedures. External ventilation specialists carried out periodic airborne microbiology sampling to ensure ventilation in the surgical suite met safety requirements.

The service had suitable facilities to meet the needs of patients. Preparation rooms provided staff with space to administer anaesthesia and other eye drops before a patient underwent treatment and they were directly connected to surgical areas, reducing the risk of contamination or infection.

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

Staff calibrated lasers 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.

Refractive eye surgery

The service had a contract with an external provider for the decontamination of equipment and managed in-house cleaning effectively and in line with DHSC HTM 01/01 in relation to the decontamination of surgical instruments. Staff used an electronic traceability system and a decontamination log for surgical equipment to ensure any post-operative complications or issues could be investigated.

Staff maintained an instrument repair register to make sure the whole team knew which equipment was out of use and awaiting service. This system supplemented the broader programme of planned preventative maintenance, which the senior team used to ensure equipment was safe and available for use.

The clinical services manager maintained a good relationship with equipment manufacturers and suppliers. For example, a microscope manufacturer alerted the service about extended delays for unplanned maintenance or failure. To mitigate the risk of service interruptions, staff implemented more regular checks of back-up equipment.

Staff had developed an effective stock rotation system that involved a monthly stock take to minimise waste and ensure all consumables remained in their safe usable shelf life.

The service was compliant with DHSC HTM 04/01 in relation to safe water in healthcare premises. Staff flushed water outlets daily to protect against a build-up of Legionella bacteria and staff undertook training to ensure safe practices. An external organisation carried out scheduled testing of the whole water system to ensure local practices were effective.

Each shift had a named first aider and fire warden. Emergency policies, including for evacuation and gas leaks, were up to date and readily available. Staff maintained comprehensive and up to date fire safety checks. A member of staff carried out a daily fire inspection checklist, which included the location and availability of fire equipment, and a check that escape routes were clear. The team supplemented this with weekly fire alarm systems checks and ongoing fire risk assessments.

Staff acted quickly to address equipment errors or maintenance needs. For example, during a fire systems safety test, multiple emergency lights failed. Staff escalated the issue immediately and ensured the service could remain operating safely.

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. Administration and support staff were trained in basic life support and nurses and other clinical staff completed immediate life support training. The service followed Resuscitation Council UK guidance and 2 staff were trainers in the organisation's guidance and practice. If patients were treated under sedation, an anaesthetist with advanced life support training was present. Staff participated in resuscitation drills and the senior team reviewed their response to identify good practice and opportunities for learning.

The clinical services manager had introduced ophthalmic emergency drills. Such emergencies were rare, and the manager designed the drills to ensure staff remained skilled and knowledgeable. The most recent drill took place in April 2023 and staff demonstrated fast life-saving action and confidence in their knowledge. The manager commended staff for their high standard of communication and teamwork.

The clinic had a range 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

Refractive eye surgery

medically fit before undergoing treatment. Staff maintained resuscitation equipment with daily checks of availability and a full monthly check of all items. Documentation we checked indicated staff were consistent in this process and there were no instances of missed checks in the previous 6 months. Emergency equipment was signposted, which supported staff who worked between different clinics.

Staff completed risk assessments for each patient at the pre-assessment stage and reviewed this prior to surgery on the day of treatment. The team 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. For example, the facility did not have bariatric equipment in the surgical suite and so the service excluded patients above a safe body mass index level from treatment. In such cases surgeons worked with patients to make onward referrals. 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.

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 World Health Organisation (WHO) surgical safety checklist during procedures to ensure they were well coordinated and proceeded safely. During our inspection staff carried out WHO checklists using effective communication and all members of the team took part, reflecting best practice. Staff used a good system for safe surgery, such as continually rechecking processes during treatment to ensure accuracy. They carried out additional checks during lens implants to remove the risk of wrong site surgery. Audits of the checklist in the previous 6 months found 100% compliance with completion requirements.

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.

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

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.

Refractive eye surgery

The service had enough staff to keep patients safe. The permanent clinic team included the registered manager, who was the surgery manager, a theatre manager, 6 surgeons, 2 registered nurses, who were also operating department practitioners, 1 healthcare assistant and 1 full time cleaner. An additional 11 staff were based substantively in the provider's Birmingham clinic and provided cover during surgical days. Surgery associates, laser technicians, and diagnostic technicians supported surgeons and nurses in multi-skilled roles arranged to match the specific types of treatment planned in each session. Staff worked between this clinic and the provider's Birmingham clinic, which offered similar services.

The provider employed an anaesthetist who worked between clinics. Sedation was used periodically, and the team coordinated these lists in advance to make sure the right skill mix of staff was available.

Staffing was arranged across 2 different teams. The optical practice team, co-located with the surgical service, provided sight tests and post-procedure aftercare appointments, along with a range of unregulated services. The surgical team provided laser and intraocular lens surgery services.

Staff held a whole team briefing prior to beginning a surgical list. This included a review of planned treatments and any known risks or potential clinical complications. The team used this process to allocate and confirm key roles for the day, including the safeguarding lead, the resuscitation team roles, and the duty laser protection supervisor (LPS).

Surgeons were employed by the provider, and some worked under part time contracts whilst being based substantively in an NHS trust. This meant surgeons benefited from the latest treatment standards in both the public and private sectors and remained up to date in national guidance.

The service had no vacancies at the time of our inspection and had low levels of turnover, with 2 staff departures in the previous 6 months.

The service reported an average sickness rate of 3% in the previous 6 months. Where an optometrist or surgeon was unwell, the clinical services manager worked with the operations team to secure cover, reschedule patients, or arrange same-day appointments at another clinic in the provider's network.

The flexible staffing model with other clinics in the provider's network meant the senior team could mitigate the impact of turnover and sickness, including at short notice.

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 senior team audited personnel files every 6 months to ensure they remained current and up to date, such as with disclosure barring checks (DBS). 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.

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.

Refractive eye surgery

Staff used an electronic medical records system unique to the service and developed by the provider for the specific type of service. It streamlined capturing accurate notes by enabling staff to record conversations, videos, and phone calls, to enable any clinician in any of the provider's clinics to understand a treatment plan.

When patients transferred to a different clinic or service, 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 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.

Staff audited patient records quarterly to review compliance with expected standards, including full completion of information and the quality of written notes. The most recent audit took place in April 2023 and found 95% compliance, with areas for improvement shared amongst all staff and checked by the clinical services manager at the next audit.

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 medicines presented a risk to patients and staff used the information to assess potential contraindications. Staff discussed individual patient needs during pre-surgery team briefings. Patients received dry eye, antibiotic, and anti-inflammatory eye drops to take home after treatment.

The service was compliant with Home Office requirements in relation to the storage and management of Controlled Drugs (CDs). Staff supplemented Home Office checks with a quarterly CD audit, which found consistently good standards of practice. The most recent CD audit found a need for a change in how staff managed keys to CD storage. The clinical services manager updated local staff guidance as a result.

Staff followed systems and processes to prescribe and administer medicines safely. They completed medicines records accurately and kept them up to date. 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 clinical services manager audited medicines management quarterly, which included documentation and archiving processes. The most recent audit took place in April 2023 and showed good standards of practice, with 100% compliance.

Refractive eye surgery

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 across the provider's network. 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 6 months staff reported 5 unavoidable incidents. The team identified occasional incidents involving the loss of pressure in a laser and otherwise there were no recurring trends or themes. While all 6 of the reported incidents involved patients to some extent, none resulted in harm. For example, 1 incident occurred when staff cancelled a planned procedure due to the patient's high blood pressure. Documentation demonstrated staff took appropriate action to ensure the patient's safety. Another incident involved an unexpected surgical complication, which staff managed well, and 2 incidents involved postponing treatment due to unavoidable or previously unknown issues such as high anxiety and high blood pressure.

Documentation reflected consistently appropriate responses from staff when something went wrong. For example, a surgeon discussed an incident with a patient during a procedure whilst they were responding to it. They acted to mitigate any harm to the patient and found a good surgical outcome.

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 and learning from the investigation of incidents, both internal and external to the service through the provider's national staff communication network. There was a good system in place to identify opportunities for learning. For example, 1 incident occurred when fluid from a surgical microscope dripped into a patient's eye. This was the first incident of its kind and staff worked with the manufacturer to understand potential contributing factors. While the patient suffered no harm, staff shared learning with colleagues nationally to help avoid future recurrences.

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

The clinical services manager reviewed national safety alerts, to identify if they applied to the services offered at this clinic. They worked with local managers and staff 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. The service monitored use of the 24hour post-operative helpline. In the previous 12 months 4 patients used this, in each case for reassurance.

Is the service effective?

We have not previously rated effective.

Refractive eye surgery

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. All care was underpinned by the provider's professional standards directive, which established the roles and responsibilities of different members of the team and the provider overall. Policies and standard operating procedures were available electronically in the clinic and all staff had access to these, including individuals who usually worked at other locations.

Care and treatment pathways were based on national requirements and best practice issued by organisations such as the Royal College of Ophthalmology (RCO) and the National Institute for Health and Care Excellence (NICE). The service updated care and treatment options in line with national guidance such as RCO guidance to safely enable bilateral cataract surgery during a single session. National standards were deeply embedded in the service and the clinical services manager benchmarked standards of practice against specific elements of RCO and NICE guidance. The most recent benchmark audit took place in March 2023 and found full compliance with the requirements and advisories of both organisations.

Managers maintained clear audit trails that provided assurance of evidence-based care. The provider's compliance team 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 specific to each of the 3 lasers. All staff who worked in the clinic, including those who worked substantively in other clinics and occasionally covered this service, had signed the rules as authorised users. The laser protection adviser had signed and dated visit reports for each laser.

The clinical services 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.

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.

The provider issued surgical service directives to all clinics nationally to ensure staff provided care and treatment in line with practice updates or amendments. The surgery manager discussed directives with staff during pre-treatment briefings.

Staff adapted policies based on learning from feedback, incidents, and near misses. For example, a new clinic policy required staff to accompany patients to their escort after treatment even if they felt well and oriented. This ensured patient safety and mitigated the risk of unexpected loss of balance or temporary blurred vision.

Refractive eye surgery

Staff used daily team briefs to review any changes to standard operating procedures and practices.

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. Pain or discomfort during laser treatment was very rare, which reflected the up-to-date technology in use in the service.

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 individual expectations. 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. Biostatisticians worked internationally for the provider and measured patient outcomes individually by surgeon.

The service monitored patient outcomes based on pre-operative vision and uncorrected vision at 1 week and 1 month after surgery. Outcomes were consistently good and demonstrated significant vision improvements for over 99% of patients after a refractive procedure.

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, 91% of patients reported satisfaction with their vision after surgery. This met the provider's national average.

The service monitored clinical complication rates and shared them with the medical advisory board for tracking. The service measured complication rates for each surgeon as a percentage of the total procedures carried out. This enabled the senior team to identify opportunities for education and learning development. The service reported consistent year-on-year improvements and in the previous 12 months complications were very low. This reflected a complication rate of less than 0.1% and was significantly better than the national RCO maximum tolerance of 2%.

The service provided a 24/7 telephone helpline for patients to access postoperative advice. Patients most often used this for reassurance after a procedure and clinical on call staff were able to triage patients remotely and refer them to nearby services.

Staff used a complex case policy to manage post-operative complications. This established the urgency of seeking external specialist input and guided staff in establishing an appropriate level of aftercare and monitoring.

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.

Refractive eye surgery

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients. The provider supported the learning and development needs of staff by offering a range of training to enable them to adopt dual roles. For example, surgery associates had access to training to become scrub assistants, laser technicians, or diagnostic technicians. The senior team encouraged staff to adopt multi-skilled roles. For example, a laser technician was also the intraocular lens theatre manager. In addition to mandatory training, staff completed a range of competency-based training and assessments specific to their role and responsibilities. At the time of our inspection all staff were fully up to date with their competencies or booked onto an upcoming refresher course. A practice educational facilitator worked with staff to identify and support opportunities for development.

The provider operated an optician service in the same building as the surgical clinic. The clinical services manager supported staff from the opticians who wished to upskill in regulated care by offering them training and support roles on surgical days. This led to new opportunities for staff, such as a dispensing optician who was joining the surgery team to become an optometrist. The service sourced additional safety equipment that enabled optometrists to observe laser procedures as part of their development.

The provider introduced new training for staff to address changes in patients' needs and national developments and trends in care. For example, the service introduced dementia training in 2021 and staff had upcoming autism awareness training planned.

The provider facilitated a collegiate working environment and encouraged clinical staff to carry out peer reviews and discussions. Surgeons carried out peer reviews as a professional group for the annual medical advisory board meeting and managers supported staff to practice this continually.

The senior team supported unregistered staff to undertake training to access qualified positions. For example, a healthcare assistant was shortly leaving the service to join a university nursing programme. Another member of staff would shortly complete certification as an operating department practitioner. Whilst this meant the service lost staff to turnover, the senior team recognised the importance of promoting professional development.

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.

Surgeons underwent an annual appraisal at their substantive place of work if this was outside of the provider, such as an NHS trust. The medical director monitored appraisals annually and ensured individuals working substantively elsewhere maintained appropriate skills and performance for this service. They considered each surgeon's clinical outcomes in appraisals.

Managers supported 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.

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.

Staff progressing to a level 5 theatre associate qualification joined theatre teams as a supernumerary scrub assistant to gain practical experience.

Refractive eye surgery

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 safely. 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 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.

Optometrists provided post-operative clinical care and liaised with surgeons to discuss complications or changes to treatment plans. The provider had established policies for gaining second opinions or securing other specialist input where a patient presented with complex needs.

Surgeons referred patients living with glaucoma directly to the appropriate specialist at the local NHS trust. This process bypassed the need for a GP referral and meant they could be seen more quickly for treatment.

Surgeons worked with optometrists to reduce the number of inappropriate referrals. These usually occurred where patients had high blood pressure, a mental health condition, or other medical history that meant treatment was likely to be ineffective or risky.

Seven-day services

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

Staff planned surgical dates and times in advance based on demand and could take place on any day of the week. When surgical services were not underway, an 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.

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. 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.

Staff provided patients with printed information on post-operative care, including common 'dos and don'ts' for aftercare. They supplemented this with individual advice based on each patient's hobbies and employment to ensure they avoided unnecessary risk whilst recovering.

Refractive eye surgery

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff received and kept up to date with training in the Mental Capacity Act (MCA) 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 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. 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.

The ability to consent to treatment was a requirement of surgical services. Staff declined to begin treatment if a patient could not consent, which was appropriate for elective procedures. If patients presented with a history of depression, anxiety, or other mental health need, the surgeon required them to obtain a letter of approval from an appropriate professional familiar with their condition.

The consent process included use of the electronic patient records system and ensured patients understood how the service stored and used their personal information, including recorded conversations and telephone calls.

Staff offered a remote telemedicine review service for patients who had completed their required pre- and post-treatment scans. Staff used a consent process for this service to ensure patients understood benefits and limitations. Where patients had complex needs or additional risks, staff did not offer remote consultations and instead planned care to always be in person.

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. Staff worked with patients to schedule treatment around their needs, such as to meet their time off from work. Where patients decided to delay treatment, staff started the consent process from scratch if more than 6 months had passed since their initial agreement. The service had a process for consenting patient who wished to waive the 7-day minimum cooling off period in urgent circumstances. Surgeons led this process and ensured short notice treatment was clinically appropriate and that the patient fully understood their options.

Surgeons identified potential issues with mental capacity and the ability to consent at the pre-assessment stage. Surgeons were trained to carry out MCA assessments and did so where they were unable to establish capacity to consent during an initial appointment.

Is the service caring?

We have not previously rated caring.

We rated it as good.

Refractive eye surgery

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. For example, staff kindly supported a patient who needed to wait for their blood pressure to lower before they could begin treatment. Staff were reassuring and supportive.

While surgeons worked across multiple clinical sites, 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 offered patients private space for personal discussions or where they preferred to be alone.

Staff demonstrated high standards of individualised care for patients with vulnerabilities or who needed extra support. For example, when a vulnerable patient presented post-operatively and wanted to see a surgeon without an appointment, staff accompanied them by taxi to another of the provider's locations where a surgeon was on shift. The member of staff accompanied the patient home and ensured they were safe. This reflected an outstanding approach to care beyond the service's remit to ensure a patient was appropriately looked after.

Patients reported consistently high levels of compassionate care in the care and welfare survey. In the previous 12 months 100% of patients noted they were happy with the warmth and friendliness of the team. In the same period 100% said the surgery team made them feel comfortable and at ease. The results were higher than the provider's national average and reflected the commitment of staff in the clinic to patient care. Comments from patients were consistently positive. A recent patient wrote, "The staff are all very lovely here!" Another patient said, "My aftercare so far has been amazing, [member of staff] was so thorough in her job." Another comment read, "You have to think very carefully before letting a surgeon loose on your eye and I had made the right choice."

Emotional support

Staff provided emotional support to patients 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.

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. A recent patient noted in feedback, "Without the reassurance of staff I would have probably reconsidered going ahead [due to] my own anxieties."

Refractive eye surgery

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, "Although I was very nervous, I was made to feel at ease [by staff]. They were so caring and reassuring from my first consultation."

Staff understood and respected the personal, cultural, social, and religious needs of patients and how they may relate to care needs. Patients commented on the personalised nature of the service in feedback. A recent patient noted, "The day of the surgery was very nerve-wracking for me although the surgical team were also amazing, especially staff who went above and beyond to make sure everything was perfect."

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 consistently noted good levels of interaction and involvement in the treatment process. In the care and welfare survey, 98% of patients in the previous 12 months said they were satisfied with information from surgeons and with the clarity of post-operative aftercare instructions given.

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.

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.

Patients provided consistently positive feedback about the service. Recent comments included, "The surgeon personally introduced himself and asked if I had any further questions," and, "All of the consultations were extremely thorough, everything carefully explained and ensured informed choice all the way. [Staff member] was amazing, explained everything and made sure I understood all the information, answering any questions."

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 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.

Refractive eye surgery

The surgeon explained the treatment process during the pre-assessment appointment and again on the day of surgery before treatment took place. We observed this process during our inspection. The surgeon clearly explained the planned benefits of the treatment and effectively managed patient expectations. They gave patients time to ask questions and paid close attention to patient responses and body language, which helped them to identify when a patient might have more questions they wanted to ask.

During procedures staff spoke with patients at a frequency tailored to each individual. For example, staff spoke continuously to patients who were nervous or anxious about the treatment and explained what they were doing as they were doing it. Staff provided a verbal countdown to the laser starting for one patient who said this would help calm their nerves.

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. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met demand, including flexible opening times and coordination with other clinical sites in the provider's network.

Patients were often referred to the service by optical practices that did not have screening equipment to determine if they were suitable for surgery. In such cases staff carried out additional pre-treatment assessments to ensure surgery was appropriate for their needs.

The service opened in November 2022 and clinical staff worked with architects to ensure the building was designed with good standards of access. This included step-free access to all areas of the building and corridors, toilet facilities, and clinical areas designed for use by people who used wheelchairs.

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.

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

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

Refractive eye surgery

The service offered a comprehensive 24-hour follow-up service. If a patient contacted the service out of hours, the operating surgeon received an alert to review the call notes and contact the patient. The centralised team offered post-operative care in any of the provider's clinics nationally, regardless of where the patient had their treatment.

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. For example, the most common age range for cataract surgery was 50 to 60, which was also the age range early signs of dementia often appeared. Staff completed training in this to identify potential dementia signs and symptoms in patients based on known risk demographics. Staff we spoke with demonstrated good knowledge of adapting care and communication to be able to work effectively with people living with dementia.

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.

After a procedure patients used a recovery room under staff supervision to ensure there were unexpected side effects and they were safe to leave the clinic. The recovery room was comfortably furnished with recliner chairs and refreshments. Staff ensured patients could reach a call bell in the event they needed help.

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 required interpreters to attend appointments with patients, which was a more reliable approach than the use of telephone-based services. Staff arranged printed information in large fonts on request.

The service had installed an extra slit lamp adjacent to the laser theatre to enable assessment without needing to walk to another part of the clinic if the patient was disorientated.

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. A national operations team monitored capacity and arranged appointments based on staff availability and demand.

Patients accessed appointments through a national booking centre, which the provider operated as a centralised service. This meant clinic staff did not have control over diaries and lists and instead patients worked with the booking team to select the most appropriate location, time, and date for their treatment.

A centralised clinical services team coordinated post-operative patient care.

Refractive eye surgery

Staff used contingency plans in the event of a laser equipment failure. They avoided cancelling appointments if they could provide the same treatment for patients at another nearby clinic in the provider's network. In such cases they arranged for transport for the patient.

In the previous 6 months the service reported a 19% did not attend rate (DNA) for consultation appointments. The service planned for DNAs as initial consultations were free of charge. Staff contacted patients the day before their appointment to reduce DNAs.

Patients could choose to have their pre- and post- treatment consultations at a different clinic in the provider's network provided their surgery and first aftercare appointment took place at the same location. Patients received post-operative care for the first 12 months after treatment, which included a standard 5 consultations. Staff arranged to increase frequency in the event of clinical need.

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 waiting areas and was available on the service's website.

The provider's complaints manager investigated complaints centrally with support from the registered manager. In the previous 12 months the service received 29 complaints. The service tracked the length of time between treatment and the date of the complaint as part of a system to identify themes and opportunities for learning. For example, 50% of the complaints received in the previous 12 months related to surgery at least 1 year previously. In each case the appropriate manager undertook a detailed investigation and provided the patient with an explanation and attempt at resolution. In the previous 6 months, 8 complaints were received on the day of surgery and the remaining 21 complaints were received post-operatively. The clinical services manager monitored complaints to identify themes. In the previous 6 months, 6 complaints were about visual outcomes and 9 were about day of surgery experience. The clinic moved address in Nottingham in early 2022, which is why some complaints relate to treatment before this site opened.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their 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.

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. Recent feedback included a concern that anaesthetic drops were not administered correctly and dissatisfaction with waiting times on arrival. Staff investigated all concerns to identify opportunities for learning.

The provider had a resolution process in place in the event the senior team and complainant could not agree on an appropriate outcome. This directed patients to the General Optical Council and contact details and information on the process were included in patient information.

Is the service well-led?

Refractive eye surgery

Good 

We have not previously rated well-led.

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.

Leadership at clinic level included the surgery manager and theatre manager with regular support from the clinical services manager who worked nationally at provider level. The surgery manager was the registered manager. 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. A clinical manager led the optical practice on site and led the team responsible for initial assessments.

At provider level, the chief executive officer, clinical services director, director of performance, medical director and 7 other individuals made up the senior leadership team. The medical director was a surgeon and worked across the clinic network to maintain visibility and relationships with surgeons.

All staff had direct lines of communication to the senior team 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.

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 plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The overarching vision, mission and strategy were established at corporate provider level with the guiding principle to be global leaders in ophthalmic surgery. Underpinned by ongoing investment in technology and staff training, the provider established a set of values focused on care, results, and people.

Staff were committed to the service and understood the provider's vision and values. The provider was expanding its work internationally and the local team were enthusiastic about future plans and opportunities.

Refractive eye surgery

The provider operated a sister company that delivered care to patients through NHS contracts. The team proactively learned from this service and deployed staff to promote services to independent ophthalmic Opticians for direct eye service referral. This reflected regional needs and helped improve access to care for local communities.

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 they appreciated opportunities to work across the provider's network. Results from the 2022 staff survey demonstrated a 96% satisfaction rate, which was reflected in the quality of care we observed.

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. The provider had developed real life examples of how to protect and promote equality and diversity specific to the clinic setting, which helped them to embed such principles in daily work.

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 freedom to speak up guardian was in post and offered confidential discussions and reporting options for staff. Senior staff said the clinic team were open and critical of practice and standards, which meant they were confident to challenge and discuss issues and opportunities for improvement.

The provider facilitated a sense of nervousness about COVID-19 that meant staff used personal protective equipment (PPE) excessively. For example, during a post-operative check-up, an optometrist wore full PPE, including a high FFP3 mask, and was demonstrably nervous about being in close proximity to patients. This impacted their ability to communicate effectively with the patient and we observed a somewhat rushed appointment as a result.

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 clinical governance structure operated at provider level and incorporated each clinic in the network. The clinical services director was supported by a responsible officer, medical director, clinical governance manager and 2 clinical services managers. Clinical service managers adopted specialist areas of focus, 1 for quality and compliance and 1 for clinical education, infection control, and resuscitation. This reflected the nature and key needs of the service.

The clinical services manager worked nationally between all the provider's clinics and led the implementation of policies, risk assessments, and staff communications. They liaised between provider-level clinical directors and surgical teams to ensure governance systems were effective and facilitated consistent care. The provider's medical advisory board (MAB) operated internationally and was led by a panel of experts in the field. They met annually to review a range of care measures including clinical suitability data, surgical techniques, incidents, and treatment outcomes. The medical director and clinical services director led the MAB and invited all practising surgeons to participate.

Refractive eye surgery

The clinical governance committee took a lead role in reviewing policies and standard operating procedures. The clinical service director, senior optometrist, and operations director maintained continuous oversight of changes in practice and guidance and reflected this in updates to all staff.

Clinical governance committee meetings were bi-annual and took place at provider level. Local staff met monthly for whole team meetings and joined quarterly Midlands region meetings. This helped staff maintain appropriate knowledge in their areas of responsibility.

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.

Managers used the clinical governance and risk management policy to guide operation and monitoring of the service.

Proactive management of risk was a provider quality standard and the clinical services manager audited clinic processes and staff practices quarterly. The audit included areas such as application of risk assessments, consistency of surgical documentation, and evidence of acting on external safety alerts. The most recent audit took place in April 2023 and found 100% compliance with expected standards.

The service used 2 risk register systems to manage risks, at corporate level and at clinic level. The clinic risk register was divided into 3 parts, 1 for the laser service, 1 for general risks, and 1 for theatres. This separation enabled staff to focus on the risks specific to the service being offered on any given day. Staff were aware of current risks, such as issues with a warning light on laser equipment and more generic risks such as medicine errors or contaminated air in theatres. Each risk had a named accountable member of staff and clearly documented updates.

Staff used the risk registers to ensure risk mitigation was in place before any care was delivered. The team used daily briefings and other meetings to manage this, which ensured risk management was effective.

The clinical services manager calculated a safety and efficiency score based on surgical outcomes. This was consistently better than targets. In addition, quality and compliance audits demonstrated good standards of practice, with 97% compliance with expected standards in April 2023.

Staff and the wider service demonstrated an overarching focus on safety and effective risk management in the clinic. Senior staff worked with their teams to trial and implement new systems of work that enhanced safety. For example, staff had developed a new surgical instrument storage bank that ensured they always selected the correct lens for a procedure. The system incorporated electronic management that enabled staff to identify consumables due to expire within 90 days and prioritise their use. Similarly, the service had an agreement with the lens manufacturer to return and replace stock due to expire within 60 days. This removed the risk of inadvertently using expired lenses in surgery.

A laser protection advisor (LPA) worked nationally for the provider and maintained oversight of each clinic. The service carried out annual checks of the LPA's credentials to ensure they remained appropriate for the service.

Surgeons operated on a minimal risk basis and declined to offer surgery to patients who would be at risk from a procedure. Staff said this sometimes led patients to seek a second opinion if they disagreed with the decision not to operate or if they wished to proceed despite the risk. While the service accepted patient's choice to seek other advice, surgeons would not offer treatment unless they could do so with minimal risk.

Refractive eye surgery

The provider considered team meetings an essential element of quality practice and the clinical services manager audited meeting processes and documentation in a quarterly audit. The most recent audit from April 2023 found consistently good practice amongst the team, including good team attendance, reviews of incidents and complaints, and documented evidence of positive patient feedback.

The clinical services manager worked with the provider's operations team to manage capacity and demand as a key element of service performance. The team forecast demand 3 months in advance based on previous conversions of consultations to surgery and instances of patients who did not attend booked appointments.

Managers maintained a master action plan from audits that guided staff in changes or improvements to practice. This had recently resulted in new laser safety check walk arounds and changes in how and when staff used laser safety goggles.

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.

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. Managers across the service used audit, performance, and patient feedback data to maintain continual oversight of how the clinic was operating.

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

The service was accredited by the Information Commissioner's Office, which meant patients were assured staff handled and processed their personal data in line with national standards.

The service had achieved the Crystal Mark as part of the national Plain English Campaign for consent documentation and other written information provided for patients. This reflected a focus on providing accurate and easily understandable information to help patients engage with their care.

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.

There was a good communication structure between permanent staff and those who worked across different clinics. 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 rest of the team to ensure the list ran safely.

Refractive eye surgery

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.

The service asked patients for feedback 3 months after their surgical treatment date, which enabled staff to gauge an understanding of the standard of care pre- and post-treatment. In the previous 12 months, 100% of patients who provided feedback said they would recommend the service to friends and family.

Patient feedback was consistently positive. A recent patient noted, “Amazing results,” and another patient said, “Best decision I have ever made.” Several patients commented on the impact treatment had on their quality of life. A recent patient noted, “Nothing short of miraculous and life changing after 40 years of being entirely dependent on glasses.”

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. Staff participated in international research into the outcomes of intraocular surgery and refractive treatment and shared results across the sector as part of good practice. This included recent work to establish long-term outcomes for patients with a specific type of lens to help implement benchmarking.

Staff were involved in a range of projects to improve or develop the service. For example, they were working on a plan to ‘future proof’ the service, which involved creation of extra theatre space and the development of a large space for intraocular work, which would enable the service to run 2 lists concurrently.

There was a strong focus on education and professional development at all levels of the service. The provider was seeking educational accreditation status through development of a national level 5 qualification tailored to clinical services and the professional needs of staff. Where staff left the service to join full time higher education, the senior team encouraged them to return to the service in their newly qualified role.

The service had a strong working relationship with a laser manufacturer, which had led to significant investment and refinement of laser technology to better predict good care outcomes for patients.

The provider had adopted a sustainability and carbon neutral approach to eyecare, and staff were clearly invested in this. The team proactively took opportunities to reduce the use of consumables and energy.

Staff adopted a continuous improvement approach to learning from events in other services, including those outside of the provider’s network. For example, the team had contacted the local NHS emergency ambulance service to establish usual response times after a hypoglycaemic event in another clinic highlighted potential delays in treating patients with urgent needs.