

Accuvision Eye Care Clinic - London

Quality Report

42-48 New Kings Road
Fulham, London, SW6 4LS
Tel: 003301232020
Website: www.accuvision.co.uk

Date of inspection visit: 4 December 2017
Date of publication: 02/03/2018

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

Summary of findings

Letter from the Chief Inspector of Hospitals

Accuvision Eye Care Clinic London is operated by Accuvision Limited. Facilities include one laser treatment room, outpatient and diagnostic facilities.

The service provides laser vision correction procedures and outpatient diagnostics for adults. Patients are self-referring and self-funded with visual acuity problems (failing eyesight).

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 4 December 2017.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

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

Services we do not rate

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

We found the following areas of good practice:

- Systems and processes were in place to keep staff and patients safe. The service had systems in place for the reporting, monitoring and learning from incidents. Staff knew how to report incidents.
- There were good infection prevention and control procedures in place, all areas were visibly clean and well equipped.
- Staff used an adapted 'five steps to safer surgery' World Health Organisation (WHO) checklist to minimise errors in treatment, by carrying out a number of safety checks before, during, and after each procedure. Patients received a thorough assessment prior to treatment and were given an emergency contact number following their discharge.
- Staff were competent to carry out their duties. Additional training was provided to staff who used laser eye equipment, which ensured patient procedures were carried out safely.
- Policies, procedures and treatments were based on nationally recognised best practice guidance. Regular audits were carried out on a range of topics. Patient outcomes were measured and benchmarked and showed excellent results.
- Care was delivered in a compassionate way and patients were treated with dignity and respect. Patients were kept informed throughout their care and encouraged to ask questions. Staff recognised when patients may need additional support.
- There was a system in place for obtaining patient feedback. Patient feedback results were positive and patients we spoke with and comment cards reflected this.
- Clinic appointments were available at the patients' convenience.
- Managers were visible and respected by staff. Staff felt valued. There was a culture of honesty and openness.

Summary of findings

- Policies were in place for key governance topics such as information governance, incident management, risk assessment or management of complaints. Royal College of Ophthalmology standards were incorporated throughout policies and procedures.

However, we also found the following issues that the service provider needs to improve:

- The service did not perform adapted WHO safer surgery checklist audits
- Although patients were given sufficient time to reflect on their decision to go ahead with the procedure, written consent was obtained on the day of surgery, which was against recommendations of the Royal College of Ophthalmologists.
- Translation or interpreter services were not available through the service.
- The service did not perform formal staff surveys.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Amanda Stanford

Deputy Chief Inspector of Hospitals (London)

Summary of findings

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Accuvision Eye Care Clinic London

Services we looked at

Refractive eye surgery

Summary of this inspection

Background to Accuvision Eye Care Clinic - London

Accuvision Eye Care Clinic London is operated by Accuvision Limited. The service opened in 2001 in Fulham, London. The service primarily provides customised corneal laser vision correction treatment. The service also provides monovision and presbyopia treatment, diagnosis and management of keratoconus,

cornea collagen cross-linking (CXL), visual rehabilitation following CXL, specialist contact lens fitting, treatment for lazy eye (amblyopia) and other minor outpatient ophthalmic procedures under local anaesthesia.

The service has had a registered manager in post since 2010.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and one other CQC inspector. The inspection team was overseen by Nicola Wise, Head of Hospital Inspection.

Information about Accuvision Eye Care Clinic - London

The service is registered to provide the following regulated activities:

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

Patients are self-referring and self-funded; they attend an initial consultation with an optometrist followed by a consent appointment with the ophthalmic surgeon. Treatment takes place on a day case basis.

The team involved in the delivery of care includes ophthalmologist, nurse, optometrist and laser technician.

During the inspection, we visited the clinic areas and spoke with 10 staff including; registered manager and director of the service, reception staff, medical staff, optometrists, and senior managers. We spoke with three patients. We also received four 'tell us about your care' comment cards which patients had completed prior to our inspection. During our inspection, we reviewed seven sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service was last inspected in December 2015. which found that the service was meeting all standards of quality and safety it was inspected against at that time.

Activity (August 2016 to September 2017)

- There were 1,011 refractive eye procedures carried out at the clinic.

Track record on safety

- No never events
- No clinical incidents
- No incidences of healthcare acquired Methicillin-resistant Staphylococcus aureus (MRSA), or healthcare acquired Methicillin-sensitive staphylococcus aureus (MSSA)
- No complaints.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found the following areas of good practice:

- Policies and procedures were in place to manage incidents.
- Laser safety measures were in place and monitored.
- The clinic was visibly clean and staff followed policies and procedures in place for infection prevention and control.
- The environment was well maintained and well equipped.
- Patient records were completed fully and stored securely.
- Systems were in place to assess and respond to patient risk.

However, we also found the following issues that the service provider needs to improve:

- The service did not undertake adapted WHO safer surgery checklist audits.

Are services effective?

We found the following areas of good practice:

- Policies, procedures and treatments were based on recognised national standards and guidance.
- Patient outcomes were measured and benchmarked. Patient outcome results showed high success rates and low complication rates.
- Audit took place regularly in key areas; improvements were identified and shared with staff.
- Staff were competent to carry out the duties allocated to them.
- Robust consent procedures were in place.

However, we also found the following issues that the service provider needs to improve:

- Although patients were given sufficient time to reflect on their decision to go ahead with the procedure, written consent was obtained on the day of surgery, which was against Royal College recommendations for refractive surgery.

Are services caring?

We found the following areas of good practice:

- Care was delivered in a compassionate way.
- Excellent patient feedback results.
- Patients understood the information given to them and felt involved in their care.

Summary of this inspection

- Staff recognised anxious patients and offered emotional support.

Are services responsive?

We found the following areas of good practice:

- Appointments for consultations were flexible and could be booked and changed easily. Additional consultations could be arranged if the patient needed further information.
- Patients did not feel pressured to undergo treatment and could change their mind at any time before treatment without financial obligation.
- Services were planned to meet the needs of patients, based on preferences and choice.
- Patients were offered follow up care and a time and clinic to support their needs.
- The service had systems in place for the reporting, monitoring and learning from complaints. Complaints about the clinic were dealt with in a timely manner and information relating to complaints was shared with staff.

However, we also found the following issues that the service provider needs to improve:

- There were no formal interpreting services available and patients might bring a family member or friend to their consultation to translate; this was not in line with best practice guidelines.

Are services well-led?

We found the following areas of good practice:

- The management team was visible and approachable and roles and responsibilities were clearly defined.
- Staff demonstrated a culture of honesty and openness.
- Staff told us they were well supported and they were able to give feedback.
- A range of policies covered governance, risk management and quality measurement, staff were aware of their role in these areas.
- A patient feedback system was in place which allowed the clinic to make changes or improvements accordingly.

However, we also found the following issue that the service provider needs to improve:

The service did not monitor staff motivation or job satisfaction in the form of staff surveys.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|------------------------|------|-----------|--------|------------|----------|---------|
| Refractive eye surgery | N/A | N/A | N/A | N/A | N/A | N/A |
| Overall | N/A | N/A | N/A | N/A | N/A | N/A |

Refractive eye surgery

| | |
|------------|--|
| Safe | |
| Effective | |
| Caring | |
| Responsive | |
| Well-led | |

Are refractive eye surgery services safe?

Incidents

- There were no never events and no serious incidents in the reporting period August 2016 to September 2017. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- A reporting of notifiable safety incidents, accidents, never events and near misses policy dated July 2017 as well as guidance on reporting, monitoring and analysis of significant adverse incidents dated August 2017 were in place. The documents clearly described the management of incidents including reporting, investigation and escalation procedures and described the type of incident that should be reported to the Care Quality Commission (CQC).
- Incidents were reported on an incident reporting form. There were no clinical incidents in the reporting period August 2016 to September 2017. Staff we spoke with had good understanding of what type of clinical incidents should be reported and how to report an incident.
- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. The service had a duty of candour policy in place dated July 2017 but had not needed to use the process. Staff were aware of the regulation and policy.

- Staff talked about being open and transparent with the public and we saw this reflected in the policies we reviewed.
- The clinic received safety alerts from the Medicine and Healthcare Regulatory Agency (MHRA). Managers told us they were shared with staff straight away.

Mandatory training

- All staff were up to date with their mandatory training. Mandatory training was provided as e-learning or face-to-face and included the following topics; anaphylaxis awareness, awareness of mental health, dementia and learning disability, basic medical gas training, control of substances hazardous to health, equality and diversity, handling information and information governance, health and safety, infection prevention and control, lone worker, promoting safer and therapeutic services/conflict management, risk assessment and safeguarding.
- All staff had completed basic life support training, which was in date.
- Staff who worked directly with the laser machines attended core knowledge training every three years and we saw evidence of this.
- In the event the laser machine was upgraded or in light of new improved ways of working the machine manufacturer delivered training to staff.
- There was a named Laser Protection Advisor (LPA). The LPA reviewed the local rules every two years or more frequently if required in response to any concerns with the lasers. Local rules contain general guidance and instructions necessary to comply with legislation, standards and guidance for the safe use of lasers and/or other light therapy machine systems. If

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any changes were made to the local rules, the changes were disseminated to and discussed with staff. We saw the document in which staff had signed to say they had read and understood the rules.

Safeguarding

- The service had systems in place for the identification and management of vulnerable adults and children at risk of abuse.
- The clinic did not treat patients under the age of 18 years.
- All staff were trained to level two safeguarding adults and safeguarding children and all clinical staff and the registered manager were trained to level three. Staff compliance rate for training was 100%.
- The safeguarding policy was in date and clearly described types of abuse and actions staff should take. It also informed staff where to find contact details for local safeguarding authorities. We saw the contact details displayed in the policy folder and staff told us they knew what to do if they became aware of a safeguarding event. The clinic had not reported any safeguarding events in the reporting period August 2016 to September 2017.

Cleanliness, infection control and hygiene

- All areas we inspected appeared visibly clean.
- An infection prevention and control policy dated September 2017 was in place to manage infection prevention and hygiene. were knowledgeable about infection prevention procedures.
- Staff demonstrated good hand hygiene practice. Hand washing facilities and hand sanitisers were easily accessible in all areas. Personal protective equipment was available to staff and we observed staff using the equipment.
- The hand hygiene policy was part of the infection control and prevention policy and described correct hand washing techniques. We reviewed the hand hygiene audit for July 2017 which showed 100% compliance. Hand washing guidance posters were visible in clinical areas and toilets areas.
- We observed the optometrist wiping head and chin rests of the equipment before examining a patient.

- There had been no incidents of healthcare acquired infection in the reporting period. Patients were asked pre operatively if they carried Methicillin resistant staphylococcus aureus (MRSA). MRSA is a type of bacterial infection and is resistant to many antibiotics.
- We saw completed and up to date cleaning schedules for all areas including monthly deep clean schedules.
- The equipment utilised for surgical procedures was single use.
- Clinical waste was kept separate from non-clinical waste and stored appropriately in a dirty utility room. Sharp instruments and needles were disposed of safely and written guidance was displayed in the dirty utility room. Waste was removed by an authorised local company.

Environment and equipment

- All areas we inspected were well maintained and free from clutter.
- The patient waiting area appeared comfortable with the provision of television, magazines and hot and cold beverages.
- We inspected the laser treatment room. It was clearly signed and had an illuminated signal light outside the door. There were no reflective surfaces in the line of the laser machines. The laser room had controlled temperature and air exchange.
- The laser machine had built-in checks and was automatically checked and calibrated before each laser treatment session. Calibration and checks took place according to local rules.
- The extraction of plume was automatic via a small suction machine attached to the laser machine. Plume is the vapour produced during laser treatments which can be irritating to the eyes and smell nauseous.
- The clinic had a laser safety protocol dated July 2017 based on guidance from the MHRA which described staff responsibilities, health and safety and risk assessments. This was in line with the laser protection advisor's report and was reflected in the local rules.
- The Laser Protection Supervisor (LPS) was present during each laser treatment session. The LPS

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performed maintenance checks of the laser machine at least annually and performed the annual risk assessments of the laser treatment rooms, which were last completed in January 2017. We also saw evidence of the latest laser safety audit from March 2017, performed by the laser protection advisor (LPA).

- The local rules also contained contact information for the Laser Protection Advisor. Staff could contact the LPA for queries such as safety precautions for pregnant members of staff.
- We saw the list of authorised laser users and the signature list of staff declaring they had read, understood and would follow the local rules.
- All of the equipment used for laser eye surgery was disposable and was delivered by a local company.
- All electrical cables were safely positioned and did not show any signs of wear.
- Control of substances hazardous to health (COSHH) regulation 2002 risk assessments were in place for a range of chemicals including gases. Oxygen cylinders were provided by an external provider and checked annually. It was stored securely in a labelled cupboard, away from inflammable hazards. Argon fluoride gas was supplied and fitted into the laser machine by laser service technicians. Hazardous cleaning materials were not stored or used in the clinic.

Medicines

- Medicines were managed according to the medicines management policy and staff attended annual medicines management training. The medicines management policy clearly described obtaining, prescribing, recording, handling, storage and security, dispensing, safe administration and disposal of the medicines held at the clinic. The clinic did not utilise or store controlled drugs or cytotoxic drugs.
- The registered nurse was responsible for the management of medicines at the clinic. An independent pharmacist was available by telephone for any queries. Medicines were stored securely in a lockable cupboard with keys secured in the nurse's office. The registered nurse and clinic manager had access to the keys.

- Topical anaesthesia eye drops that numb the surface of the eye or local anaesthesia were administered by the surgeon.
- Managers told us the organisation followed the Royal College of Ophthalmologists and European Society of Cataract and Refractive Surgeons guidance on antibiotic prescribing.
- We checked the medicines fridge temperature log and saw that it was up to date and temperatures were within the recommended range. Staff were aware of the action to take if the temperature recorded was not within the appropriate range.
- Oxygen cylinders were stored safely. We checked all the oxygen cylinders; they contained safe levels of oxygen and were all within their expiry date.
- Only staff with the required competencies were prescribing and dispensing drugs. Eye drops were prescribed by the surgeon and checked by the registered nurse.

Records

- The clinic used electronic and paper records for patient information. All records containing patient information were stored securely, electronic records were password protected. Paper records contained clinical information and were stored at the clinic until the patient was discharged and then archived at one of the provider's other locations. The records could be retrieved by request if necessary. Electronic records documented patient contact details and appointments. Staff had access to the provider's policy for records management for guidance.
- At the initial consultation, the patient was required to indicate on their health questionnaire whether they consented to information being shared with, or requested from their GP. If the patient had consented, the service would send a letter with treatment details to the GP after the procedure had been completed.
- We reviewed seven sets of patient records and saw they contained laser treatment details, completed consent for the procedure, consent to contact GPs, allergies were recorded and a 'cooling off' period was given. A 'cooling off' period is recommended best practice and allows patients time to think about whether they wish to proceed with treatment or not.

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Assessing and responding to patient risk

- Patients were self-referring and attended a series of appointments prior to treatment during which they completed a health questionnaire. The health questionnaire was completed with the help of the optometrist if necessary. Patients were asked if they carried Hepatitis B, HIV or MRSA as part of the health questionnaire.
- At each appointment, the risks, benefits and limitations of refractive eye surgery were explained to the patient. We observed this as part of the inspection and witnessed the patient being able to ask questions.
- Staff were encouraged to report any changes or concerns they might have about patients on any level as soon as they became aware of them.
- Patients were only considered for treatment if they fulfilled the provider's suitability criteria, which not only assessed optical suitability, but considered other health conditions.
- The surgeon performing the procedure always performed a pre-operative assessment with the patient and a minimum of one week was given for the patient to change their mind – the cooling off period.
- The provider did not carry out venous thromboembolism assessments as the patients did not have a general anaesthetic and the treatment did not take longer than 30 minutes to complete. This was in line with Royal College of Ophthalmologists guidance.
- A modified version of the five steps to safer surgery World Health Organisation (WHO) surgical safety checklist was used for patients undergoing laser vision correction. We saw completed checklists in all seven patient records we reviewed. Compliance with the WHO checklist was not audited individually but as part of the records audit, where existence of completed checklists were monitored. However, an individual adapted WHO safer surgery checklist would enable the service to possibly identify areas for improvement.
- All patients were given a 24 hour telephone number to use if they had any concerns following treatment. They were also given a post-operative medicine kit with detailed written instructions on aftercare and the time and date of their next appointment. The surgeon was

available in the 24 hour period following the procedure who would see the patient if required. The out-of-hours telephone was answered by one of the team's optometrist or the registered manager. The optometrists had access to an on call ophthalmology surgeon. Managers told us that there were back up surgeons available for a second opinion or in the event that the operating surgeon was not available, for example to cover illness or annual leave.

- The need to transfer a patient to another health care provider had not occurred in the past 12 months. For medical emergencies, such as a collapse, staff dialled the 999 emergency ambulance service. A first aid kit was kept in the clinic and checked monthly.

Nursing and medical staffing

- The clinic employed four ophthalmologists undertaking laser eye procedures, one nurse, seven optometrists and five administrative and clinical support staff. The ophthalmologists were registered with the General Medical Council (GMC). All surgical days at the location were planned in advance to ensure that relevant staff were on duty. There were no vacancies at the time of inspection and the service did not utilise bank or agency staff.
- The clinic had a named Laser Protection Supervisor (LPS) who was present during all laser procedures in line with MHRA guidance on laser safety. The LPS had overall responsibility for the safety and security of the lasers including calibration of the lasers, safety checks, securing the area, making sure the lasers were shut down at the end of the treatment session, reporting incidents, reporting any technical problems with the lasers and ensuring other staff followed local rules on a day to day basis.
- The Laser Protection Advisor (LPA) role was provided by an external company. We saw a copy of the LPA's up to date certification and curriculum vitae.
- Patients were seen by the optometrist post operatively who liaised with the surgeon if required. The surgeon retained overall responsibility for the patient following their treatment.

Major incident awareness and training

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- The laser room was equipped with uninterrupted power supply (UPS) to provide uninterrupted power to complete the laser eye treatment if the power supply was lost. The UPS system was serviced annually and we saw a record of the last service.

Are refractive eye surgery services effective?

Evidence-based care and treatment

- Policies and procedures we reviewed were aligned with recognised national standards and guidance. Pre and post-operative care followed the Royal College of Ophthalmologists Professionals Standards for Refractive Surgery April 2017.
- Pre-operative assessment included screening against a defined set of suitability criteria to ensure patients were suitable for the treatment. Optometrists and surgeons discussed with the patient any potential limitations of the treatment as well as the potential benefits. We observed these discussions taking place on the day of our inspection. We noted from the patient records we reviewed that more than one week was given between treatment recommendation and date of surgery, which gave patients time to reflect on their decision to go ahead with the procedure. However, surgeons obtained written consent on the day of surgery, which was against Royal College recommendations.
- Treatment sessions took place throughout the day, between 15 to 20 patients were treated at each session. This was in line with Royal College and best practice guidance.
- Patients were given written aftercare instruction, early stage and later stage review appointments before discharge home as well as a 24-hour telephone number. This was in line with Royal College recommendations for refractive surgery.
- Regular audits were completed for infection prevention and control, hand hygiene, record keeping and laser associated risks. The clinic director regularly undertook unannounced audit visits and checked compliance with provider policies in all areas of the service. Information was shared with staff verbally within the team or in regular staff meetings.

Pain relief

- Staff told us that pain was only very mild following treatments. Patients were supplied with anaesthetic eye drops on discharge. These were only to be used in the unlikely event pain became unmanageable with over the counter medications. Pain medication used was documented in the patients' records.
- Patients were given a follow up appointment one or two days after their treatment and their pain was monitored.

Patient outcomes

- The service measured patient outcomes and used published studies in scientific journals and data published online by competitors as a gross benchmark for comparison.
- Of all patients treated by the provider with laser eye surgery in 2016 (2032), 99.9% achieved full visual acuity, 0.3% complication rate and 0% loss of best corrected visual acuity.
- With laser eye surgery, the possibility remains of a small under or over correction of prescription. If the residual correction was visually significant, an enhancement procedure would be offered by the surgeon when deemed clinically appropriate. Patients were counselled for this possibility at initial consultation and evaluation as well as at the time of consent with the surgeon. The cases were reviewed within the internal clinical peer group of ophthalmologists and optometrists to ensure no factors had been missed. The Royal College of Ophthalmologists suggests that most clinics have an enhancement rate varying between 5 and 15%. For all cases treated at AccuVision in 2016, 0.3% underwent enhancement.
- In the past 12 months there were no unplanned returns of a patient to theatre following refractive eye surgery and no cases of infection.

Competent staff

- Staff we spoke with had the correct skills and competencies to carry out the duties required of them. All new staff attended a comprehensive induction

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programme including familiarisation of policies and procedures. Newly appointed ophthalmologists worked together with an experienced colleague for six months.

- Staff told us they attended an annual appraisal meeting with the registered nurse and the director and we saw evidence of this in the staff records we reviewed. All staff had attended an appraisal meeting within the last 12 months.
- All four ophthalmologists performing laser eye surgery held General Medical Council registration as recommended by professional standards for refractive surgery by the Royal College of Ophthalmologists and had more than 10 years working experience as ophthalmologists. Revalidation and appraisal for the surgeons was completed by their NHS trust or registered independent body. The clinic management reviewed and verified appraisal documents annually to ensure no issues had arisen affecting their scope of practice.
- Optometrists had received additional training in refractive surgery. One of the optometrists we spoke with showed us training certificates for various courses in relation to refractive surgery.
- All staff working with lasers had attended the manufacturer's training as well as core knowledge training which was refreshed every three years. This meant they had received suitable laser equipment training and appropriate safety instructions. We saw the list of authorised laser users and staff had signed a declaration that they had read, understood and would follow the local rules.
- All staff attending laser vision correction procedures had basic life support skills.
- The laser protection adviser (LPA) support was provided by a recognised company. The LPA was a certificated member of the association of laser safety professionals. We saw a copy of the certificate along with a copy of their curriculum vitae. This showed they were knowledgeable in the evaluation of laser hazards and had the right skills and experience to perform the role.
- The laser protection supervisor (LPS) had undergone training by the laser manufacturer, which was updated

regularly. We saw training certificates demonstrating competence, for example laser safety training certificate. Staff had completed training on the equipment, which was delivered and signed off by the LPS who had "train the trainer" accreditation, validated by the equipment manufacturer.

Multidisciplinary working

- We saw good multidisciplinary working between the different members of staff at the clinic. There was good communication and each staff member knew their role within the service. We observed optometrists and ophthalmology surgeons liaising in the delivery of patient care.
- There were regular team meetings and we saw meeting minutes where there was good attendance from all staff. There was time allocated within the meeting for staff to raise any concerns or areas they wished to raise.
- Staff understood the role of the LPA and knew how to contact the LPA if required.
- Communication with the patient GP was encouraged and GPs were able to access the service through the out of hours telephone number.

Access to information

- Medical records were stored electronically and as paper records. Electronic patient details were password protected. Paper records were stored on site until discharge. After discharge, paper records were moved to an archive at one of Accuvision's other locations from where they could be retrieved if needed. Details from the paper record were entered in to the electronic record following treatment. The electronic record was accessible in every Accuvision location, which meant if a patient presented at a different clinic to where they received initial treatment their record could be accessed.
- At initial consultation, the patient was required to indicate on their health questionnaire whether they consented to communication with their GP.
- Any health issues reported by the patient during their initial consultation were reviewed by the surgeon. If they required any further medical information they would ask the patient for permission to contact their

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GP. If the patient did not give consent for the surgeon to contact their GP the surgeon would not agree to carry out the procedure unless they were fully confident to do so.

- If the patient had consented to information about their treatment being shared with their GP the clinic would send a letter with details of treatment. The GP could access the patient's surgeon if necessary through the service.

Consent and Mental Capacity Act

- The procedure for ensuring patients were able to make informed decisions about treatment and consenting to treatment was described in a consent policy, dated September 2017.
- At the initial consultation with the optometrist, the patient was given an information folder which contained; a copy of the treatment consent form, the terms and conditions document, information on the procedure including the associated risks and benefits and the associated advice sheets. During this appointment, the patient was given opportunities to ask questions. We observed during one of those consultations how the optometrist showed pictures of the eye on a computer and explained the anatomy, pathology and procedure. This meant the patient had sufficient information about the treatment to make an informed consent.
- Patients we spoke with told us they were fully informed of the costs of the treatment, that there were no hidden extras and that they could change their minds at any time if they wished.
- The surgeon retained the responsibility for obtaining consent from the patient to proceed with treatment.
- Between seeing the optometrist and the surgeon for the treatment appointment, patients were given sufficient time to reflect on their decision to proceed with the treatment and were given the option to speak with a surgeon as well. However, surgeons obtained formal written consent on the day of surgery, which was against recommendations by the Royal College of Ophthalmologists.

- Patient's capacity to consent to treatment was taken into account. It was the responsibility of the surgeon to assess whether the patient had capacity to consent. If there were any concerns the surgeon contacted the patient's GP or cancelled the procedure.
- Patients were always asked for consent to communicate with their GP we observed this during a patient consultation and saw evidence of this in the patient records we reviewed.
- Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and how to put these into practice.
- Patients who did not speak English were asked to bring somebody with them who could translate information. This was sometimes a family member or friend. However for consent procedures, it is best practice for an independent interpreter to explain treatment and assist with consent. This is to minimise the risk of coercion and ensure the correct translation of medical information.

Are refractive eye surgery services caring?

Compassionate care

- We observed care being given in a compassionate way. Dignity and privacy were respected, patients were seen in private rooms, patient information was treated with confidentiality.
- We observed consultation and examination by an optometrist. The optometrist was calm and instructive and informed the patient what would happen, how they would feel and checked that the patient was comfortable.
- Patients told us staff helped them to feel relaxed and reassured.
- Patients were given the option of listening to their favourite music during laser treatment, this helped to reduce anxiety and stress.
- We saw an ample amount of thank you cards on display in the waiting area. This meant that patients had taken the time to thank the team in writing.

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- We reviewed four completed comment cards provided by the Care Quality Commission; all were positive. One patient described 'very supportive staff', another wrote about all staff being 'kind, caring and helpful'.
- The service actively sought patient feedback from all patients. Patient questionnaire results from May 2017 to June 2017 showed that 100% of respondents (187) were satisfied with the amount of time explaining what they wanted to know and 100% agreed that the optometrists and consultants were putting them at ease. Patients commented that they did not feel pressured into making a decision and 182 out of 187 respondents (97%) would recommend the service to friends or family, with remaining five patients not answering the question.

Understanding and involvement of patients and those close to them

- The three patients we spoke to agreed they were given enough information at a level they could understand and were encouraged to ask any questions at any time.
- Staff told us that they would make adjustments if a patient needed a longer appointment to enable them to ask more questions relating to their treatment or procedure.
- The patient questionnaire results from May 2016 to June 2017 showed that 100% of respondents (187) agreed that they were listened to and involved in the decision making process.
- A 24-hour emergency telephone number was given to all patients after laser procedure. The calls were always answered by the registered manager or an optometrist.
- Information around the laser procedure, aftercare and costs of treatment was available in patient leaflets and on the Accuvision website.
- With the patient's consent, chaperones, friends and relatives were involved in the discussions about treatment and treatment outcomes. Information about chaperones was displayed in the waiting room.

Emotional support

- Staff were aware of patients' anxieties and would try to put patients at ease by talking to them through the

procedure and explaining everything that happened during treatment. For example, in one of the feedback forms we received, the patient described that she was "very nervous during treatment and the staff were great, the nurse held my hand the whole way through".

- The patient questionnaire results from May 2016 to June 2017 showed that 185 out of 187 respondents (99%) were satisfied with the comfort and support during treatment, the remaining two patients left the question unanswered.
- Following treatment, patients were instructed in post-operative care and how to instil eye drops. Relatives and carers were involved at this point and the service would insist on bringing someone to support the patient with the aftercare.

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

Service planning and delivery to meet the needs of local people

- Patients told us they were able to book and change appointments easily and had a good choice of treatment dates. Appointment confirmation was sent via email or letter with a patient health questionnaire. These were requested to be returned prior to the patient being seen so that the clinician could tailor the appointment to their needs.
- Pre-operative appointments were flexible, beginning with an initial consultation with an optometrist. If necessary additional pre-operative consultations would be arranged if the patient needed more information prior to the procedure or required another examination. A date for laser surgery would then be booked in agreement with the patient. Consultants would meet the patient on the day of surgery and obtain written consent. Patients were able to change their mind at any time before treatment without financial obligation.
- Post-operative review appointments were delegated to an optometrist trained to manage post-operative complications. The optometrist had access to the surgeon for advice in the event of any concerns with the patient's treatment.

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- Patients we spoke with told us they were given full explanations of the treatment, expectations and post-operative care. This was backed up by patient information leaflets, contact phone numbers and an informative website. We observed patients being encouraged to ask questions.

Access and flow

- The service provided elective and pre-planned procedures. Patients were able to self-refer without a GP or optician's referral.
- Patients were seen at the clinic at their own convenience and appointments could be arranged between Monday to Saturday 9am to 5pm. Depending on individual patient request, an earlier or later appointment could be provided.
- Patients could access the service via phone, website, email or in person. Patient details were then logged into an electronic patient enquiry management system. An optometrist would then contact the patient or information material would be sent out, depending on the enquiry. Patients were reminded 24 hours prior to the appointment for confirmation. The clinic would contact patients if they did not attend the appointment and rebook if appropriate.
- There was a policy for pre, post-operative assessment, treatment and discharge in place, dated August 2017.
- The clinic did not have a waiting list and there were no cancelled procedures for non-clinical reasons in the previous 12 months.
- There were no unexpected returns for treatment in the previous 12 months.

Meeting people's individual needs

- The waiting area was spacious and had access to private consultation and assessments rooms, which enabled staff and patients to have private discussions.
- Throughout policies, reference was made to patients who may require additional support. For example, the management of patients with restricted mobility was included in the consent policy.

- Staff had equality and diversity training to ensure that they understood and respected people's personal, cultural, social and religious needs, and to take these into account. Staff had access to the equality, diversity and treating patients and relatives with respect policy.
- The clinic did not treat patients with complex health or learning disabilities.
- The service had a range of patient information leaflets available, explaining the various conditions and laser surgeries it offered, including pre and post care instructions. However, all patient leaflets and documents, including consent forms, were only available in English.
- The clinic did not offer translation of interpreter services and patients might bring a family member or friend to translate; this was not in line with best practice guidelines. However, managers told us patients attending the clinic rarely needed translation services and international patients confirmed at the time of booking their appointments that they would make arrangements for private translation services. Existing relationships with referrers of international patients, for example embassies, had arrangements in place to provide a formal translation service. Additionally, staff were fluent in a variety of different languages and could support with translations. Adapted consent forms were available for any patients using an interpreter. The provider's website did not hold information in different languages.
- The clinic was not accessible for wheelchair users. However, wheelchair users were offered to have consultation or treatment at one of the other Accuvision locations, which had wheelchair access.

Learning from complaints and concerns

- There was a formal process for receiving and investigating complaints, documented in the complaints policy. Staff told us they knew how to manage a complaint and that information about complaints was shared during team meetings.
- We saw notices in the clinic and information in patient leaflets describing how to make a complaint. Patient

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information on how to make a complaint referred to independent external adjudication or health service ombudsmen if they were not satisfied with the internal complaints process.

- Staff would try to resolve concerns as raised and would escalate to the responsible individual or director of the service when indicated. Patient would be offered the opportunity to meet with the management team or clinical staff involved in their care.
- The service had not received any formal complaints in the previous 12 months.

Are refractive eye surgery services well-led?

Leadership and culture of service

- The clinic director and the clinic manager were visible, part of the team and took part in the day to day running of the services as well as managing the staff.
- Most of the staff had worked at the clinic for several or many years, they told us it was a good place to work and they enjoyed their role. Staff told us that the small size of the team made communication easy and facilitated workflows.
- Staff were complimentary about their workplace and colleagues; we did not see and were not told of any conflict within the workplace, however, staff told us they were confident that managers could help to resolve conflict should it occur.
- Staff performance was regularly reviewed and we saw evidence of this in two personnel files we reviewed. If poor performance was identified, managers told us this would be addressed through the appraisal process.
- A whistleblowing policy was in place, staff told us they were familiar with the policy and would be able to raise any concerns freely. During and prior to the inspection we did not receive any whistleblowing enquiries.
- Throughout our inspection by what we observed, documents we reviewed and comments from staff and patients, we determined the provider was responsible

and honest in its approach to the treatment it provided. Patients stated there was no “hard sell” and we did not see any evidence of irresponsible incentives.

Vision and strategy

- The organisation provided their business strategy plan; the service aimed to provide high quality and safe patient centred care and treatment with the help of latest technologies. Plans included to continue investing in new technologies as they became available to provide up to date care and treatment. Managers told us they put high importance on patient feedback and aimed to develop and improve the service accordingly. Staff told us they made sure patients were treated as individuals and were involved in their care.
- The service aimed to establish a positive and long lasting relationship with their patients who would recommend the clinic to friends, family or colleagues. Managers told us the service did not heavily invest into advertising and the majority of new patients were referred by other patients.

Governance, risk management and quality measurement

- Governance is a term used to describe the framework, which supports the delivery of the strategy and safe, good quality care. The service had structures and systems to effectively manage risk and safety.
- We saw that policies were in place for key governance topics such as information governance, incident management, risk assessment or management of complaints. Royal College of Ophthalmology standards were incorporated throughout policies and procedures. A theme throughout the policies was the importance the clinic placed on putting patients first. We saw the signature sheet where staff had signed to say they had read, understood and would follow the policies.
- Decisions on medical governance arrangements, changing practices, surgery techniques and introduction of new technology and surgeon outcomes were made by the panel of ophthalmologists, optometrists and the clinic director. Regular staff meetings and clinical governance

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meetings took place to review clinical practices and discuss current issues. We saw minutes of clinical governance meetings where topics regarding training, infection control or policies, for example, were discussed.

- The risk register contained risks, which were relevant to the services provided at the clinic and were understood by staff working at the clinic. Actions and recommendations to mitigate the risks were documented there.
- A systematic programme of audits was in place, to monitor the quality of services being provided. These included infection prevention and control, hand hygiene, record keeping, laser associated risks and patient satisfaction. The clinic director regularly undertook unannounced audit visits and checked compliance with provider policies in all areas of the service. Information was shared with staff verbally within the team or in regular staff meetings.
- We reviewed the LPA safety audit report March 2017, which had not identified any actions to be taken.
- All employed ophthalmologists performing laser surgery had professional indemnity insurance in place.

Public and staff engagement

- All patients were given a patient satisfaction questionnaire to capture their view about every aspect of the service. Results were analysed and audited for any trend of comments. In the case of more than one patient making the same or similar observation or criticism, where it was not required to be dealt with

under the complaints policy, these comments were investigated and discussed with relevant staff members to see if aspects of the service could be changed or improved. No such instances had arisen in the previous 12 months.

- Patient questionnaire results May 2016 to June 2017 with 187 respondents showed excellent results for all aspects of the service, from booking appointments to interaction with different staff groups, treatment and post-operative care.
- There was an equal opportunities policy within the company. All staff were offered the same opportunities, for example to access further training. Staff were encouraged to provide feedback on their perceptions of the service and their individual roles. These were discussed and addressed in individual appraisals.
- The service did not monitor staff motivation or job satisfaction in the form of formal staff surveys. However, staff were encouraged to give feedback at staff meetings and staff we spoke with told us they felt confident and able to feedback on any aspect of the service. We reviewed the minutes of the most recent team meetings, which included information about infection control, training, medicine management, patient feedback and policy updates.

Innovation improvement and sustainability

- Accuvision audit and outcome data was shared with the laser manufacturer to contribute to the development and improvement of the technology.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should perform safer surgery checklist audits.
- The provider should obtain written consent at least one week prior to the day of surgery.
- The provider should offer formal translation or interpretation services for patients.
- The provider should consider staff engagement surveys.