

Accuvision Eye Care Clinic - Wetherby

Quality Report

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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

Summary of findings

Letter from the Chief Inspector of Hospitals

Accuvision Eye Care Clinic Wetherby is operated by Accuvision Limited. It is a private clinic in Wetherby, North Yorkshire. The service opened in 2009 and primarily provides refractive (laser) eye surgery, together with specialist diagnosis and treatment of eye conditions such as keratoconus, including corneal cross-linking. The service is provided to adults and does not treat children.

We inspected this service using our comprehensive inspection methodology. We carried out an announced inspection on 12 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.

The main service provided by this hospital was refractive (laser) eye surgery.

Services we do not rate

We regulate refractive eye surgery services 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 was an excellent track record of safety over the previous 12 months.
- Staff were competent to carry out their duties. All staff were up to date with their mandatory training and safeguarding training and all clinical and support staff were trained in basic life support. Additional training was provided to staff who used laser eye equipment, which ensured patient procedures were carried out safely.
- Medicines were managed and administered safely.
- There were good infection prevention and control procedures in place, all areas were visibly clean and well equipped. There were no incidents of a healthcare acquired infection in the previous 12 months.
- Clinical outcomes for patients consistently exceeded benchmarked standards. Reported outcomes were good for patients with a range of prescriptions.
- Staff used an adapted surgical 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.
- We saw a proactive, multidisciplinary approach to coordinating patients' care, where patients were kept informed throughout their care and felt involved in decision-making. Care was delivered in a compassionate way and patients were treated with dignity and respect.
- There was a system in place for obtaining patient feedback. Patient feedback was valued and results were consistently positive. Patients we spoke with and comment cards reflected this.
- There was evidence of leadership and strategy for the service. Managers were visible and respected by staff.
- Staff we spoke with were extremely proud to work for the clinic and spoke highly of the leadership and the culture. Every member of staff felt like a valued contributor within the team.

Summary of findings

- Policies, procedures and treatments were based on nationally recognised best practice guidance. Regular audits were carried out on a range of topics.

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

- The practice of using goggles in laser theatre was not always followed as per the policy requirements.
- 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 not in line with Royal College recommendations for refractive surgery.
- There were no formal interpreting services available and patients were asked to bring a family member, carer, or friend to their consultation to translate; this is not in line with best practice guidelines.
- The complaints policy did not include arrangements for progressing a complaint with an independent adjudicator, such as the Independent Complaints Adjudication Service (ISCAS).

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

Ellen Armistead

Deputy Chief Inspector of Hospitals

Summary of findings

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Accuvision Eye Care Clinic - Wetherby

Services we looked at: Refractive eye surgery

Summary of this inspection

Background to Accuvision Eye Care Clinic - Wetherby

Accuvision Eye Care Clinic Wetherby is operated by Accuvision Limited. It is a private clinic in Wetherby, North Yorkshire.

The service opened in 2009 and primarily provides refractive (laser) eye surgery, together with specialist diagnosis and treatment of eye conditions such as keratoconus, including corneal cross-linking, treatment for monovision and presbyopia and specialist contact lens fitting.

The service does not offer treatment to children or anyone under 18 years old. If a patient was under 18 years old, they would be referred to another Accuvision location.

Patients are self funding and present mainly from across Yorkshire with some patients from further away. The service has a registered manager who has been in post since October 2010.

The service was last inspected in December 2014 which found that the service was meeting all standards of quality and safety it was inspected against at that time.

Our inspection team

The team that inspected the service comprised a CQC lead inspector; a specialist advisor with expertise in ophthalmic nursing, and CQC inspection manager. The inspection team was overseen by Lorraine Bolam, Head of Hospital Inspection.

Information about Accuvision Eye Care Clinic - Wetherby

Accuvision Eye Care Clinic Wetherby offers refractive (laser) eye surgery, for adults. The service also offers specialist diagnosis and management of eye conditions such as keratoconus, including corneal cross-linking, treatment for monovision and presbyopia and specialist contact lens fitting.

The service does not offer treatment to children or anyone under 18 years old. If a patient was under 18 years old, they would be referred to another Accuvision location.

Accuvision Eye Care Clinic Wetherby operates Monday to Saturday, 09:00 to 17:00, by appointment only. Opening hours can be extended at patient request. The service also provides a 24 hour telephone helpline for patients. Surgery is undertaken approximately twice per month. Other days are used for assessments and aftercare.

Facilities include an operating theatre, assessment and consultation rooms and a patient waiting area. The clinic can be accessed using public transport and car parking is available on site.

All patients are treated as 'day cases' and discharged the same day, with no inpatient stays. All patients are privately funded, referring and paying for their refractive (laser) eye surgery themselves. No intra-ocular surgery (e.g. refractive lens exchange) was carried out at this location.

The service is part of Accuvision Limited which has three locations. Eight ophthalmic consultants work across all three locations, including Wetherby, under practising privileges. Accuvision Eye Care Clinic Wetherby employs one registered nurse, seven optometrists and five support staff. The clinical team worked flexibly across all three Accuvision locations, as required. Initial assessments can also be carried out by an Optometrist with practising privileges, based in Bristol.

Summary of this inspection

Before inspection, we reviewed a range of information provided by the service. During our inspection, we visited the clinic and we spoke with two patients who were attending for pre and post-operative assessments. We also contacted a further two patients after inspection, who had recently undergone surgery at the clinic. We spoke with six members of staff including; director, registered manager, optometrists and support staff. We received four 'tell us about your care' comment cards which patients had completed prior to and during our inspection. During our inspection, we reviewed four sets of patient records.

From July 2016 to September 2017, Accuvision Eye Care Clinic Wetherby performed 334 refractive (laser) eye surgery procedures. During this reporting period;

- There were no Never Events and no serious incidents.

- There were no special reviews or investigations of the service ongoing by the CQC.
- There were no incidences of hospital acquired infection.
- The service had received one complaint.

We inspected this service using our comprehensive inspection methodology.

Services provided at Accuvision Eye Care Clinic Wetherby under service level agreement:

- Clinical waste removal
- Laser protection service
- Building maintenance
- Domestic cleaning
- Maintenance of medical equipment.

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 do not currently have a legal duty to rate refractive eye surgery where these services are provided as an independent healthcare single speciality service.

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.
- We reviewed performance over the previous 12 months which showed an excellent track record of safety.
- Staff were competent to carry out their duties. All staff were up to date with their mandatory training and safeguarding training and all clinical and support staff were trained in basic life support.
- Additional training was provided to staff who used laser eye equipment, which ensured patient procedures were carried out safely.
- Medicines were managed and administered safely.
- There were good infection prevention and control procedures in place, all areas were visibly clean and well equipped. There were no incidents of a healthcare acquired infection in the previous 12 months.

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

- The practice of using goggles in laser theatre was not always followed as per the policy requirements.

Are services effective?

We do not currently have a legal duty to rate refractive eye surgery where these services are provided as an independent healthcare single speciality service.

We found the following areas of good practice:

- Clinical outcomes for patients consistently exceeded benchmarked standards. Reported outcomes were good for patients with a range of prescriptions.
- Staff used an adapted surgical checklist to minimise errors in treatment, by carrying out a number of safety checks before, during, and after each procedure.

Summary of this inspection

- We saw an excellent proactive, multidisciplinary approach to coordinating patients' care.

However, we 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 not in line with Royal College recommendations for refractive surgery.

Are services caring?

We do not currently have a legal duty to rate refractive eye surgery where these services are provided as an independent healthcare single speciality service.

We found the following areas of good practice:

- Care was delivered in a compassionate way and patients were treated with dignity and respect.
- Patients were kept informed throughout their care and felt involved in decision-making.

Are services responsive?

We do not currently have a legal duty to rate refractive eye surgery where these services are provided as an independent healthcare single speciality service.

We found the following areas of good practice:

- Clinic appointments were available at the patients' convenience.
- Staff provided patients with pre-treatment information, which included a clear explanation of what to expect during surgery.
- There was a system in place for obtaining patient feedback. Patient feedback was valued and results were consistently positive.

We found the following issues that the service provider needs to improve:

- There were no formal interpreting services available and patients were asked to bring a family member, carer, or friend to their consultation to translate; this is not in line with best practice guidelines.
- The complaints policy did not include arrangements for progressing a complaint with an independent adjudicator, such as the Independent Complaints Adjudication Service (ISCAS).

Summary of this inspection

Are services well-led?

We do not currently have a legal duty to rate refractive eye surgery where these services are provided as an independent healthcare single speciality service.

We found the following areas of good practice:

- There was evidence of leadership and strategy for the service. Managers were visible and respected by staff.
- Staff we spoke with were extremely proud to work for the clinic and spoke highly of the leadership and the culture. Every member of staff felt like a valued contributor within the team.
- Policies, procedures and treatments were based on nationally recognised best practice guidance. Regular audits were carried out on a range of topics.

Refractive eye surgery

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are refractive eye surgery safe?

We regulate this service but we do not currently have a legal duty to rate it. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

Incidents and safety monitoring

- The service had a system in place for reporting and recording significant events, with a paper-based significant event reporting form which was sent to the director.
- An incident reporting policy, guidance on monitoring and analysis of incidents, and on duty of candour, were available to all staff. These had been updated in July 2017 and included examples of potential incidents. The guidance set out a process for reporting and investigating and analysing incidents, to identify action and learning.
- The service had reported no Never Events or serious incidents during the previous 12 months. 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.
- We saw that learning from a non-patient safety incident at another Accuvision location had prompted a review of policy which resulted in a change for all sites, including Accuvision Eye Care Clinic Wetherby.
- Staff worked together as a small team which meant operational concerns were discussed and actioned during daily communication with the director and registered manager and shared with team members. Managers told us learning from incidents would be discussed and shared in the same way and reported and reviewed at clinical governance meetings.

- The service director received national patient safety alerts and alerts from the Medicines and Healthcare products Regulatory Authority and disseminated these to staff teams as appropriate via team briefings.
- 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 reported no complaints or incidents which triggered the duty of candour (DoC), during the reporting period. A 'Duty of Candour Policy' was available (revised July 2017), which included accountabilities, principles for action and template letters.

Mandatory training

- There was a system in place to identify and monitor staff training and overall compliance was reviewed at the clinical governance meeting. Staff were expected to achieve annual compliance.
- Mandatory training included fire safety, infection control, equality, diversity and human rights, safeguarding, conflict management, information governance and risk assessment.
- All staff were up to date with their mandatory training at the time of inspection.
- All clinical and administrative staff were trained in basic life support and clinical staff also completed anaphylaxis training. A practical life support training exercise was completed annually.

Safeguarding

- The registered manager was the safeguarding lead and had completed level 3 safeguarding training in line with Accuvision policy.

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- There was a safeguarding policy in place which included up to date contact details for local authority adult and child safeguarding teams. It was available for staff to use and reviewed annually.
- Annual training in safeguarding vulnerable adults and children was included in the mandatory training programme. All clinical staff had completed safeguarding adults training and level 3 child safeguarding training.
- Staff had completed child protection training to ensure they were aware to recognise and respond to potential safeguarding issues concerning children associated to their patients at Wetherby, or when treating children as patients at other Accuvision locations.
- The service had not reported any safeguarding concerns since its opening in 2009 and there were no safeguarding issues logged with CQC.

Cleanliness, infection control and hygiene

- All areas were observed to be well maintained and provided a visibly clean environment.
- There were no incidents of a healthcare acquired infection in the previous 12 months.
- There was an infection, prevention and control policy in place and accessible to staff. The policy included directions on maintaining a hygienic environment and infection prevention in the laser room, manual cleaning and hand hygiene, use of personal protective equipment, MRSA policy, water safety, safe handling of sharps and waste disposal, contact details for further advice or to report an infection.
- The registered nurse was the nominated IPC lead and carried out an audit, including hand hygiene, every six months. Hand hygiene spot checks were carried out every three to four months. Results showed 97% and 99% compliance was achieved for the last two audits and 100% for the last four spot checks.
- The theatre environment was on the first floor, with no through traffic or routine access and separated from the main waiting area and consultation rooms located on the ground floor.
- We saw that the temperature was controlled by an air conditioning system and a humidity monitoring device was available in the laser room in line with the Royal College of Ophthalmologists guidance for refractive surgery (April 2017) and for the theatre environment (2013). Theatre temperature and humidity were recorded on theatre days although it was not clear

whether staff monitored this before and during theatre sessions, as records were dated but not timed. Managers told us the laser equipment monitored these factors automatically and would not fire unless the conditions were within safe limits.

- Disposable, single-use instrument packs were used for each patient, to eliminate the need for decontamination, although pack identification numbers were not recorded in patient records for tracking purposes, as per Royal College of Ophthalmologists guidance for theatres (2013). This meant instrument packs were not traceable, in the event of an infection or incident. Managers told us this information could be incorporated into the patient record in future.
- Personal protective equipment (PPE), such as aprons and gloves were available, to assist in the reduction of the spread of infection. Clinical waste bins were available, suitable waste bins were available for sharps and a service level agreement was in place for collection and disposal of clinical waste.
- Clinical staff were responsible for cleaning clinical and medical equipment before the theatre list and between patients. An external cleaning company cleaned all other areas of the clinic. Cleaning schedules were completed, up to date and audited.
- The provider's legionnaire risk assessment showed the risks to water safety were low and being properly managed to comply with the law.

Environment and equipment

- The environment was tidy and free from clutter, enabling patients, visitors and staff to move around freely.
- We looked at clinical areas including examination rooms, consultation rooms and the laser room. The theatre environment was in line with Royal College of Ophthalmologists guidance for refractive surgery (April 2017) and clinical areas were observed to contain equipment that was suitable to the diagnosis, laser surgery and recovery of patients.
- Records available indicated that the service had a schedule for routine and pro-active maintenance and equipment checking, including the lasers used for surgery.
- We saw controlled areas were clearly defined and keys to the laser room were kept by authorised persons.
- The director was the designated laser protection supervisor (LPS), with overall responsibility for lasers on

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site. We saw evidence that all relevant staff had read and signed the 'Local Rules', in line with the Medicines and Healthcare products Regulatory Agency Surgery (MHRA) guidance on lasers, intense light source systems and light-emitting diodes (LEDs) – guidance for safe use in medical, surgical, dental and aesthetic practices (September 2015).

- There were local rules in place for laser safety. The service had access to safety advice from a certified laser protection advisor and there were appropriate risk assessments in place.
- Eye protection was available for staff to use in the laser room, although staff told us they were not always used. The laser protocol stated protective goggles must be worn in the laser area by staff other than the surgeon and the IPC policy stated: 'Laser goggles are used by the team during the laser procedure'.
- A treatment register was maintained, each patient who received laser treatment was logged with their name, date, laser operator and the procedure performed.
- Managers told us that because no sedation or intra-ocular surgery was performed on site, medical or ophthalmic emergencies were uncommon. Managers explained they had determined the level of equipment required using the resuscitation council guidance and equipment list for primary care. There was an anaphylaxis policy in place and an epi pen and oxygen were available on site for emergency use. Staff were trained in basic life support.
- This minimum equipment list included a defibrillator, although we did not see a defibrillator available on site.
- Managers had considered the guidance, risks, level of staff training and incidence of emergencies in their planning.

Medicines

- The registered manager was the location lead for the safe and secure handling of medicines and carried out monthly checks of stock expiry dates, to ensure medicines remained safe to use.
- The registered nurse carried out an audit of medicines management every six months. Results showed full compliance for the last two audits.
- Medicines were stored in a secure manner. Fridge temperatures were checked and recorded to ensure that medicines which required refrigeration remained suitable for use. Staff knew what to do if the fridge temperatures went out of range.

- Managers confirmed no controlled drugs, no intravenous sedation or needle-based blocks were used. No emergency medicines were kept on site although there was a first aid box available.
- The clinic did not use any un-licensed cytotoxic medicines or other treatments to help with post-operative complications. This meant staff did not expose themselves or patients to the potential hazards involved in the preparation and administration of these kinds of medicines. Cytotoxic medicines contain chemicals which are toxic to cells, preventing their replication or growth.
- Medicines management training was included in mandatory training for clinical staff.
- All medicines were prescribed by the consultant and labelled by a registered nurse. Patients were given their take home medicines at the point of discharge, with verbal and written instructions and the 24 hour telephone helpline number.
- Patient records detailed current medicines, any allergies and a medical history to make sure that any medicines prescribed by consultants were safe to be given. Prescriptions were documented appropriately in patient notes, with dose, site and strength of medicine given.
- Medical gases and oxygen were stored and checked appropriately and staff had completed training in medical gas safety.

Records

- An electronic patient record system was maintained, supported by a paper record. Systems were integrated to allow electronic transfer of diagnostic information to the patient record, which was then used to programme the laser for treatment. This approach reduced the opportunity for human error in making entries into the patient record during initial consultations and in transferring correct patient information to the laser equipment for use in theatre.
- We reviewed records for four patients. Patient records included information on the patient's medical history, previous medications, allergies, consultation notes, treatment plan and consent form, in order to keep the patient safe and to determine suitability for surgery. Important information such as allergies and duplicate names were clearly flagged with labels on paper records. Follow-up notes and aftercare information were also recorded.

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- Appropriate records were maintained each time a laser was operated, the surgeon was required to sign off the laser treatment reports and records showed 100% compliance, when this was audited.
- Managers described a system of counter-checking which was in place to maintain up to date records. Staff were required to initial the paper record to indicate they had checked previous data had been entered into the electronic system, when entering any new patient information or changing an electronic record.
- We saw evidence patient record audits were completed. We reviewed five audits completed during 2017 and 100% compliance was recorded for each audit. This included checking appropriate consent and completion of the pre and intra-operative checklist and was reviewed by the director.
- Approximately twice a month, managers also looked at records for patients with upcoming surgery dates. This was to plan individual patients' treatment and ensure all appropriate records e.g. consent and pre-operative information, were available.
- Electronic and paper records were only accessible to authorised people. Computers and IT systems used by staff were password protected. Paper patient records were stored appropriately, in a locked room. Staff records were stored centrally off site.

Assessing and responding to patient risk

- Prior to starting any treatment, patients were assessed for their suitability for laser surgery. Staff recorded appropriate patient pre-operative assessments which included a full medical history and discussion of the patient's expectations following surgery.
- Staff carried out comprehensive testing procedures to inform them of the patient's suitability for laser corrective surgery and the results which can be achieved in each particular case. This assured consultants their patients were well enough to undergo laser eye surgery.
- A modified version of the WHO Surgical Safety Checklist was in place in the form of a preoperative/intraoperative check list including; patient identity check, consent, allergies, surgery location and procedure, application of anaesthetic drops, preparation of eyes, procedure recorded in register and post-operative information given. Notes were checked to establish the location of surgery and verbally with the patient during consent.

- Patient records we saw, showed the adapted surgical checklist was completed in full by staff. Following our inspection, we reviewed five audits which had been completed by the provider between 19 September 2017 and 7 October 2017 and 100% completion of the checklist was recorded for each audit.
- Staff provided a post-operative medicine kit to patients, which included an instruction sheet with out-of-hours contact information. The registered manager or another optometrist always dealt with out-of-hours patient calls.

Nursing and medical staffing

- Eight surgeons worked across Accuvision Limited locations, including Accuvision Eye Care Clinic Wetherby, under practising privileges. Similarly, Accuvision Limited employed one nurse, five optometrists and five administrative and clinical support staff.
- All surgery days at the location were planned in advance to ensure that relevant staff were on duty and staff travelled between locations, as required.
- There were no staff vacancies at the time of inspection and the service did not utilise bank or agency staff.
- In the last 12 months, the clinic had not used locum agency staff to cover an ophthalmologist.
- The operating theatre team comprised: a surgeon, a nurse or assistant (optometrist), and an experienced laser technician. This skill mix was in line with Royal College of Ophthalmology guidance on staffing in ophthalmic theatres. Patients were recovered in a waiting area, where at least one optometrist was present and usually the registered manager. The surgeon was responsible for discharging the patient.
- 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.
- 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 (who was also a director) 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.

Refractive eye surgery

Major incident awareness and training

- There was a business continuity plan and protocol in place (August 2017) which detailed how staff should respond in the event of an emergency.
- There was a tested back up uninterruptable power supply in place in case of failure of essential services. This ensured treatment was not compromised if power to the laser failed mid-treatment. This was in line with Royal College of Ophthalmologists professional standards (April 2017).
- Fire safety arrangements were in place and staff were aware of the evacuation procedure.

Are refractive eye surgery effective? (for example, treatment is effective)

We regulate this service but we do not currently have a legal duty to rate it. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

Evidence-based care and treatment

- Staff aligned policies, procedures and treatment with recognised national standards and guidance, such as Royal College of Ophthalmology Standards for Laser Refractive Surgery guidance (2017), the National Institute for Health and Care Excellence (NICE) guidance on photorefractive surgery, Royal College of Surgeons' Professional Standards for Cosmetic Surgery and the General Medical Council Guidance on Consent and good medical practice.
- Staff assessed patients' needs and planned their care in line with evidence based guidance, standards and practice such as Royal College of Ophthalmology guidelines. Managers monitored compliance through regular patient records audits.
- All staff we spoke with were aware of all policies and knew where to access them. We observed staff following local policies and procedures. Management completed audits, including patient file and infection prevention control audits and the director oversaw almost all of the surgical procedures to ensure staff were complying with policies and procedures.
- The service had developed a surgical safety checklist for the clinic, adapted from World Health Organisation (WHO) Surgical Safety Checklist (2011).

- The service director received national patient safety alerts and alerts from the Medicines and Healthcare products Regulatory Authority and disseminated these to staff teams as appropriate via team briefings.

Pain relief

- Pain relief was administered in the form of anaesthetic eye drops prior to surgery or procedures.
- Staff told us they could seek advice and input from the attending surgeon if a patient experienced pain during recovery.
- Patients were advised on pain relief during discharge discussions and advised on recovering at home. A 24 hour helpline was available, covered by optometrists.

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.
- The provider's data measures were consistently above national standards, including patients with a range of prescriptions.
- For 99% of refractive (laser) surgery patients, the visual outcome achieved was within 0.5 units of the predicted outcome. This is significantly better than the expected industry rate of 77%.
- The service reported there had been no unplanned returns to theatre and no unplanned re-treatment or treatment enhancements following refractive eye surgery in the last 12 months.
- For all cases treated at Accuvision Eye Care Clinic Wetherby in the previous 12 months, the re-treatment rate was 0.9%, which is significantly better than the expected industry range of 5 to 7%.
- Patient outcomes were reported at the six-monthly clinical governance meeting and discussed by clinical staff, together with case studies.

Competent staff

- There was a defined induction programme for all new clinical and non-clinical staff which included health and safety, mandatory training and familiarisation with policies and procedures and risk assessments. Staff completed a three to six month probationary period which included mentoring and shadowing support.

Refractive eye surgery

- All consultants who worked under practising privileges at Accuvision had appropriate and up to date professional indemnity insurance in place and there was a system in place to ensure this was kept up to date and practising privileges were reviewed annually.
 - Pre-inspection information showed 100% staff were up to date with their professional revalidation and had their registration checked by the provider within the last 12 months. We reviewed the log and two personnel files during inspection and found recruitment checks had been carried out, including annual appraisal and disclosure and barring service (DBS) checks, references as appropriate.
 - It is a recommendation not a requirement of the Royal College of Ophthalmology that surgeons hold the Certificate in Laser Refractive Surgery. The provider decided that given their excellent outcomes year on year and the fact that the certificate is not a requirement, as a service they did not see the merit in imposing on the surgeons' time and resources. The provider assured itself the surgeons they worked with had the requisite knowledge, skills and experience required. Surgeons had been performing corneal laser refractive surgery for several years, some for more than 10 years. The laser protection supervisor oversaw nearly all of the surgical procedures.
 - Pre-inspection information showed 100% staff had received an appraisal in the last 12 months. Staff told us they attended an annual appraisal meeting and we saw evidence of this in the staff records we reviewed.
 - The clinic register of authorised users identified all consultants who operated laser equipment and clinical team members who assisted with the procedure. All registered users signed to confirm they had read and understood the local rules for each laser room and procedure. This was in line with the Medicines and Healthcare products Regulatory Agency (MHRA) guidance on lasers, intense light source systems and light-emitting diodes (LEDs) – guidance for safe use in medical, surgical, dental and aesthetic practices (September 2015).
 - The laser protection supervisor (LPS) had completed laser safety training by the manufacturer to ensure he was knowledgeable and competent. Training was updated regularly and they held a certificate demonstrating competence. The LPS was supervised through a service level agreement with an external laser protection advisor.
 - 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.
 - The laser protection adviser (LPA) support was provided by an external consultancy, who reviewed LPS competency and local rules, annually.
- ## Multidisciplinary working
- During our inspection, we saw effective teamwork between disciplines. There was a sense of respect and recognition of the value and input of all team members in the service.
 - The clinical team routinely worked together across three different Accuvision locations. Staff explained that this meant they were in constant communication, working as a team to deliver both the refractive (laser) eye service and other types of surgery and outpatient appointments.
- ## Access to information
- Accuvision Eye Care Clinic Wetherby used an electronic clinical record system which was accessible from all Accuvision locations.
 - The system held records of patient administration and clinical information including tests and scans held within the system. This meant medical records generated by medical staff working under practising privileges were available to staff or other providers, if necessary.
 - Patient records were both electronic and paper based. All staff had access to full details of a patient's past medical history, medicines, allergies, referral letters, consent information, clinic notes, pre-assessment notes, and consultants' operation notes.
 - Staff had access to the information required to undertake their role. As a small, dedicated clinical team, there was direct and regular communication and handover between all staff involved in the patient care pathway.
 - The clinic sent discharge summaries to GPs with patients' consent. This meant patients' GPs had all necessary information for managing possible complications and for continuity of care.
 - Staff had access to a range of policies, standard operating procedures through the online system and to patient information materials via the Accuvision website.

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Consent and Mental Capacity Act

- Staff always asked patients to give their consent to their care, treatment and support in accordance with the relevant guidance for example, General Medical Council consent guidance: patients and doctors making decisions together (2008).
- Risks, benefits and complications were discussed with patients at the pre-operative stage at the initial consultation with the optometrist and during consent with the surgeon. Prior to surgery all patients received a surgery pack which included a consent form, surgery day expectations, and post-operative instructions. This meant the patient had sufficient information about the treatment to make an informed consent.
- The surgeon retained the responsibility for obtaining consent from the patient to proceed with treatment. However, surgeons obtained formal written consent on the day of surgery, which was not in line with recommendations by the Royal College of Ophthalmologists.
- Staff told us they did not generally see vulnerable patients, however staff demonstrated a working knowledge of the Mental Capacity Act 2005 (MCA). Policies and procedures were available for staff to refer to if need be.
- If staff felt the patient was unable to give informed consent they would contact the patient's GP before determining whether to proceed with the treatment journey.
- Staff told us they would refuse patients whose expectations of surgery were unrealistic.
- Staff told us that they would expect a patient with English as a second or other language to bring an interpreter, although this had not yet been required at this location. If the consultant felt that appropriate consent could not be obtained, they would refuse treatment.
- The consent policy stated and staff told us they would give patients a cooling off period in between the pre-operative assessment and treatment to reflect the risks and benefits of the procedure before giving informed consent to proceed, in line with the Royal College of Ophthalmologists guidelines. We saw that surgery dates three to four months ahead were given to patients, to allow the patient sufficient time to reflect on their decision to proceed with treatment and raise any further questions regarding their treatment.

- However, in cases where the patient had carried out detailed research of the procedure and attended clinic with a strong intention of having surgery on the same day as their consultation, the organisation had an additional consent form that was signed by the patient and they were made aware of the Royal College guidelines. Staff told us this situation had not arisen at this location.
- On the consent form, patients were required to copy a statement in their own handwriting, stating that they understood what they had read in the consent form and the benefits and risks of surgery. This was to ensure patients were giving consent freely and voluntarily to the chosen treatment.
- We reviewed five consent audits, which staff had completed between 19 October 2017 and 7 September 2017 and found full compliance however the audit did not review the application or impact of the cooling off period.

Are refractive eye surgery caring?

We regulate this service but we do not currently have a legal duty to rate it. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

Compassionate care

- Annual patient questionnaire results showed 97% of patients, including Accuvision Eye Clinic Wetherby patients, would recommend Accuvision to friends or family (187 patients, May 2016 to June 2017). One patient we spoke with one month after their procedure, had already recommended a friend.
- Patient questionnaire results showed 76% of patients considered Accuvision to be their regular source of eyecare and 68% of Accuvision Eye Clinic Wetherby patients chose to continue to use the service for routine eye-care, after their post refractive (laser) surgery follow-up appointments had been completed.
- We observed that the privacy and dignity of patients was maintained during appointments, with consulting rooms available for private discussion with staff. Staff were observed to be compassionate and respectful towards patients during inspection and there was an equality, diversity and treating patients and relatives with respect policy in place.

Refractive eye surgery

- We received four comment cards from patients and spoke with two patients during inspection and two patients following inspection, all were positive about the care they had received at Accuvision Eye Care Clinic Wetherby.
- Patient feedback showed patients valued the flexibility and continuity of care provided, as the same clinical team saw the patient from initial consultation through to surgery and post-operative care.
- Patients commented on the friendly, professional approach of staff and the experience feeling well co-ordinated; 'from start to finish Accuvision have been very efficient, organised and professional in terms of arrangements'. 'Staff were very polite and kept me informed'.
- Patients we spoke with felt welcome and looked after on the treatment day, one said staff had asked if they would like some music playing during the procedure, to help them relax.

Understanding and involvement of patients and those close to them

- We observed staff discuss risks and benefits of treatment with patients during initial consultation. Information-giving was tailored to patient needs and expectations were considered. Relatives were invited to join patient in consultations. Focus was maintained on the decision for surgery being the patient's own to make.
- Patient questionnaire results (May 2016 to June 2017) showed 100% patients were 'delighted' or 'very satisfied', with the optometrist for; 'Giving advice and information regarding the recommended treatment, associated benefits and risks as well as alternative treatments where applicable to help you make an informed decision.' Similarly, 100% of patients were 'delighted' or 'very satisfied', with their consultant in relation to; 'Consent process – explained the treatment, the options available and the associated risks and alternative treatments'.
- The questionnaire showed 100% of patients were 'delighted' or 'very satisfied' with both the optometrist and the consultant for; 'Giving you enough time explaining what you want to know about your eyesight / condition' and; 'Listening to you and involving you in the decision-making process'.
- We observed information available was transparent and clear in line with guidance from the Committee of

Advertising and guidance from the Royal College of Ophthalmologists (2017). Patients received a statement that included terms and conditions of the service being provided, the cost and method of payment for the laser eye surgery.

- Patients we spoke with said they felt involved in decisions about their care, received clear information about costs and did not feel any pressure to make decisions or accept treatment.
- Patients were given information and instructions in terms of taking medicines, ahead of the surgery day and also immediately before and after surgery. This was developed in response to a suggestion made in the patient questionnaire and included information on how to apply eye drops and a contact number for the clinic. Information was tailored to the specific type of procedure and was provided in a larger, clear, print size compared to other information.
- Patients were given their take-home medicines ahead of surgery, with verbal and written instructions and the 24 hour telephone helpline number. Staff explained this was timed to help patients and their relatives, to take in the information before they went in to theatre.
- Patients told us they felt well-informed about what was happening during each stage from initial consultation to the surgery day and after-care. For example, one patient who completed a comment card said; 'The staff were very forthcoming with information and offered very realistic outcomes as opposed to being promised the world, which was refreshing'. Other patients commented; 'On the day of surgery staff explained everything to me', 'Staff talked me through what they were doing in theatre, so I was ready for everything that was happening'.
- A variety of patient information, including information about risks and benefits of different treatments, were available on the Accuvision website.

Emotional support

- Patients and staff described how patients' relatives were specifically involved on the treatment day, receiving instructions on post-surgery medicines, how to apply eye drops and how to contact the service for advice in case of any concerns.
- Patients were required to bring a relative or friend with them on the surgery day, for support and staff actively encouraged patients' relatives to help with eye drops.

Refractive eye surgery

- There was a shared waiting area for patients waiting for surgery and patients recovering after surgery. As patients are not sedated and able to talk about their experience immediately, managers explained this gave reassurance for patients ahead of surgery, with an opportunity to talk with others and understand what to expect, from those patients who had already completed their surgery.
- Patient questionnaire results (May 2016 to June 2017) showed 100% patients were 'delighted' or 'very satisfied', with the comfort and support from staff during their treatment and with the registered nurse being attentive, caring and professional. One patient comment on the continuity of care; 'The best thing was having the same person talking to me pre-treatment and talking me through getting my eyes lasered.' Another patient noted; 'At all stages I was comforted and given clear directions about what was happening.'
- Patients were also positive about support from staff. One patient comment card said 'from initial consultation I was very much put at ease and felt very comfortable'. Other comments from the patient questionnaire said; 'My initial consultation was relaxed and enjoyable, unlike one I'd previously had elsewhere', 'Staff were positive, upbeat and informative. Reassuring for patients that are nervous pre-surgery such as myself', and; 'There was a nurse available to hold my hand during the laser procedure. They were patient and calmed me down.'
- Staff told us they received 'too many to count' thank you cards and compliments from patients. We saw numerous thank you cards in the patient waiting area.
- The service was provided to adults and did not offer treatment to children or anyone under 18 years old. It received patients from across Yorkshire and the North of England.
- Staff worked to a standard operating procedure, which set out when patients would and would not be considered for treatment. This stated patients must be 18 years of age and a medical and eye health assessment must be undertaken to assess suitability. For example, a patient with an unstable prescription or uncontrolled glaucoma, would be unsuitable for refractive (laser) surgery.
- Staff planned clinics in advance to ensure that they delivered these to meet the needs of patients; care was designed around the individual and included their involvement at every stage.
- Staff provided patients with pre-treatment information, which included a clear explanation of what to expect during surgery and what patients could do to help the procedure run smoothly.
- Surgeons saw patients prior to the day of surgery and a surgeon was available to see patients at any point in their post-operative journey as required.
- After surgery, patients saw the same optometrist and operating surgeon at follow-up appointments, to provide continuity of care.
- The service was designed to facilitate patient flow respecting patient privacy and dignity. Facilities included an operating theatre, private assessment and consultation rooms and a patient waiting area. The clinic was accessible using public transport and car parking was available on site.

Are refractive eye surgery responsive to people's needs? (for example, to feedback?)

We regulate this service but we do not currently have a legal duty to rate it. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

Service planning and delivery to meet the needs of local people

- The service and facilities were designed to provide refractive (laser) eye surgery and premises were suitable for this purpose.

Access and flow

- Staff followed the provider's policy for pre and post-operative assessment, treatment and discharge to ensure timely access and flow.
- No procedures had been cancelled for a non-clinical reason in the previous 12 months.
- Patients had timely access to initial assessment, diagnosis and treatment. Clinics were arranged based on patient need and demand to ensure patients could access treatment at a time to suit them. Patients were offered a free no obligation consultation to discuss potential treatments and procedures.

Refractive eye surgery

- Evenings or weekends appointments were available and surgery days were often scheduled at the weekend. Patients told us they valued this flexibility, to fit in with work and other commitments.
- Patients could make an enquiry via phone, internet and website or by email. If the individual already provided the full nature of the enquiry or service needed, staff passed this on to the relevant optometrist to respond to the patient.
- Where appropriate, staff contacted the patient by telephone to gain any relevant details to help tailor the appointment being booked. In cases where patients may only be making initial enquiries, staff provided information requested, and staff sent further information to them via email or post.
- Where requested, staff would make a pre-operative assessment appointment at the patient's convenience. Staff followed this up through a confirmation email or letter posted with a patient information request. Patients were asked to return these prior to their appointment so that the clinician could tailor the appointment to their needs.
- Staff noted all conversations and call logs against the patient record and wherever possible patients were able to speak with the same clinician pre and post operatively. The same clinician team staffed the 24 hour helpline, to promote continuity of care.
- During inspection, staff told us patients rarely needed an interpreter and if they did, they were asked to bring their own interpreter, to support them. Managers confirmed this was rare. Accuvision policy for pre, post-operative assessment, treatment and discharge said; 'Patients bring in their own interpreters when English is not their first language. This is arranged prior to the appointment'. The policy for consent said; 'The patient is advised to bring a relative/carer /friend/ translator with them on the day of surgery. The relative/carer/friend/translator can sit in with the patient at the time of consent.'
- The involvement of a patient's family is important, however using relatives or friends as interpreters would not be considered best practice, as there is a risk to communication, especially in the consent process or during a procedure. Similarly, if a patient brings their own interpreter, there is limited assurance about the quality of interpreting provided.
- Following inspection, managers told us that telephone interpreting services were available via a recognised provider. It was not clear whether there was a similar arrangement for accessing a sign language interpreter, should one be required.
- Although there were no specific arrangements in place for providing a service to people with a learning disability, bariatric patients or nervous patients, all clinical staff completed mental health, dementia and learning disability awareness as part of the mandatory training programme.
- Accuvision's policy was that patients could book appointments with a member of staff of the same gender, on request.
- When a patient booked their appointment with the clinic, a patient details form was emailed or posted out, requesting information about any specific accessibility requirements or special needs so the clinic could make arrangements.

Meeting people's individual needs

- Fourteen car parking spaces were available directly outside the building, which allowed step-free access into the building. A lift and an accessible toilet were available.
- We saw the waiting area was comfortable and hot drinks and water were available free of charge. Sufficient space and seating was provided.
- Information about mobility issues or any specific accessibility issues was requested from patients in advance to aid planning and information about additional needs could be recorded on the electronic patient record system.
- Patient information leaflets were available. We saw some patient information sheets were available in larger print. It was not clear whether written patient information could be made available in languages other than English if requested. Staff told us some medical staff could communicate directly with some patients in a shared language.

Learning from complaints and concerns

- There was a complaints policy in place which was in date and accessible to staff and all staff completed online training in complaints and conflict management.
- Complaints forms for patients were displayed in the waiting area, which invited patients to contact the clinic or leave comments if they had any concerns about their care.

Refractive eye surgery

- There was also a complaints procedure document for patients, which explained the process and included contact details for the registered manager and the director at Accuvision Eye Care Clinic Wetherby and information on how to contact the Care Quality Commission.
- The complaints policy did not make reference to an independent adjudicator, such as the Independent Complaints Adjudication Service (ISCAS) but referred to the Care Quality Commission in relation to patients that were not satisfied with the way their complaint was managed.
- The service had reported one formal complaint during the previous 12 months (September 2016 to December 2017). Accuvision Eye Care Clinic Wetherby had received feedback from a patient who was disappointed with their initial outcome. The patient was invited to discuss their concerns and the case was reviewed by the director. The complaint was responded to appropriately and in a timely way. Further information was given, action was agreed with the patient and staff were aware of the outcome.
- Minutes showed that the patient satisfaction questionnaire and formal complaints, if any, were discussed at the clinical governance meeting.
- The director and registered 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. The director oversaw all surgical procedures. This meant they supervised and evaluated all procedures.
- Staff we spoke with were extremely proud to work for the clinic, passionate about the quality of care and treatment they provided to patients. 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.
- Policies and procedures were available to staff to refer to if needed.
- We saw information provided to patients was clear, patients received a statement that included terms and conditions of service being provided, and the amount and method of payment of fees. Information provided on the website was extensive.
- Each patient was given a satisfaction questionnaire to capture their view of the service. This helped the provider to improve the service through the analysis of the results.

Vision and strategy

- The Accuvision Limited mission statement was; 'To transform your life, by safely and significantly reducing your dependency on contact lenses or glasses'.
- We saw staff at Accuvision Eye Care Clinic Wetherby were clearly engaged with and worked in line with this statement.
- The director's strategic approach was to apply new technologies and pro-actively control risks, in relation to patient care as well as business strategy. Staff told us they were proud of the positive impact they had on people with a wide range of prescriptions.

Governance, risk management and quality measurement

- There were systems in place to maintain clinical governance and risk management. There was ongoing work to update policies and procedures and the appraisal process. Performance data was collected and monitored and work was underway to develop an integrated governance system.
- The director held quarterly governance meetings. All staff working at the location were able to attend and were expected to attend twice a year. The meetings were minuted and standing agenda items included

Are refractive eye surgery well-led?

We regulate this service but we do not currently have a legal duty to rate it. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

Leadership and culture of service

- The service was led by a director who was also the CQC nominated individual and laser protection supervisor. He was supported by an executive director, director of communications, company secretary, a team of ophthalmologists and a registered manager based at Wetherby. The rest of the team comprised optometrists, a registered nurse, and patient co-ordinators.
- There was a clear leadership culture and a patient-focussed approach. Staff told us that the small size of the team made communication easy and facilitated workflows.

Refractive eye surgery

infection prevention control, medicine management, training and audits. The annual patient questionnaire and changes to policies and procedures were also reviewed here.

- A system of spot checks and regular audits was in place which fed into the governance meetings. Audits were conducted and actions taken, as required. The director carried out unannounced audits looking at staffing, patient care treatment and support, governance, laser room, health and safety/fire and clinical environment and patient diagnostic and screening equipment. These were done to continually monitor and improve the service.
- Clinic diaries for the last six months were reviewed at the clinical governance meeting (December 2017) to confirm staffing appropriate to meet patient demands.
- All staff who worked under rules or practising privileges at the location had an appropriate level of professional indemnity insurance in place. The clinic did not allow ophthalmologists who worked under rules or practising privileges at the location to invite external staff to either work with them or on their own. This ensured only their own competent staff provided treatment.
- The provider ensured named staff had responsibility for risk management. They identified risks, undertook risk assessments and audits and took action to mitigate and control risks. Although the service did not use a risk register, there was a risk management system in place and risks were managed using a regular re-assessment process.
- Managers had employed an external consultant to develop a bespoke governance software package, which collated data for robust compliance procedures. The package was broken down into the Care Quality Commission's safe, effective, caring, responsive and well led domains and each domain was further broken down into the commission's key lines of enquiry.
- The system drew together all elements of the service including policies, human resources, training and

audits. The provider held all elements of compliance in this secure central portal and automatically reminded staff when items were due such as audits, contracts, and training.

- The package was still under development; however we were able to review the safety domain. We saw that attached to each piece of evidence, for example a regular audit, was a record of who was responsible for the evidence, where staff could find the evidence, how staff had achieved it, the review date, and whether the director approved it.

Public and staff engagement

- Managers audited patient feedback for any themes. In the case of more than one patient making the same or similar criticism, management investigated and discussed with relevant staff members to see if aspects of the service could be changed or improved at point of care. No such instances had arisen in the last 12 months.
- A patient questionnaire was used at one week and one month after surgery and collated and centrally analysed, annually. The questionnaire specifically asked patients for their suggestions for improvement. A new questionnaire format had recently been developed, to better reflect the key questions used by the Care Quality Commission.
- Staff were encouraged to provide feedback on the service and their individual roles through the appraisal system and in ongoing daily team communication. Minutes from the most recent clinical governance meeting noted an improved appraisal form for staff had been prepared for the next cycle, which was intended to increase 'input from staff to guide service improvements'.

Innovation improvement and sustainability

- The service was involved in developing a clinical study on long-term retrospective results, particularly for specialist cases.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure the use of goggles in laser theatre is in line with their policy requirements.
- The provider should consider providing access to formal interpreting services.
- The provider should consider reviewing arrangements for obtaining consent prior to the day of surgery, in light of best practice guidelines.
- The provider should consider including information about an appropriate independent adjudicator, such as the Independent Complaints Adjudication Service (ISCAS).