Optimax Laser Eye Clinics - Southampton

Quality Report

Optimax Laser eye Clinics - Southampton
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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

Ratings

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

Optimax Laser Eye Clinics Southampton is operated by Optimax. Facilities include one treatment room, one topography room, two consultation rooms, a counselling room, a preparation room, a recovery room, a reception area and a male, female and disabled access toilet. The clinic is set over two floors, with disabled access. Patient facilities are all on the ground floor.

The hospital provided laser eye surgery, refractive lens exchange and intraocular surgery for cataracts, all with topical anaesthetic. The clinic did not offer treatments to patients under 18, those with certain medical conditions, or women who were pregnant.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 5 and 6 December 2017 along with an unannounced visit to the location on 15 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:

- All staff complied with the use of personal protective equipment.
- There was learning following incidents
- Equipment was effectively maintained, and safely used. All staff were trained to give basic life support. Medicines were managed safely and staff were competent to administer and supply medicines
- Patients told us that that all risks and benefits were discussed with them prior to surgery
- The service used the World Health Organisation's 'Five Steps to Safer Surgery' checklist well for intraocular surgery. The service also had a policy and procedure in for verifying patient identification for laser treatment that was being used effectively.
- Policies, procedures and treatments were based on recognised national standards and guidance. Staff were competent to carry out the duties allocated to them. Laser staff had additional training to carry out their duties safely.
- Procedures for obtaining consent were robust and in line with national standards and guidance.
- Care was delivered in a compassionate manner and privacy and dignity was maintained at all times. Patients were involved in discussions about their treatment options. Staff recognised when patients were anxious and offered reassurance
- Patients had continuity of care throughout their procedure and aftercare. Appointments were available on weekends, if necessary.
- The facilities and premises were appropriate for the services that were being delivered.
- Complaints were managed in line with the service's policy.
- There was a clear leadership structure from service level to senior management level.
- All staff we spoke with reported they had a good relationship within the regional surgical teams.

Summary of findings

- Patient feedback was encouraged and was used to improve the service.

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

- The service did not contribute to the National Ophthalmic Database Audit (NODA).
- Patient outcomes were not benchmarked with other services.
- Interpretation services, whilst available, had to be paid for by the patient
- All information leaflets were only available in English.
- At the time of the inspection the senior management team agenda and medical advisory board agenda was not complete or consistent to support sharing and learning.
- The risk register had not been reviewed regularly.
- Following this inspection, we told the provider that it should make other 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

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Refractive eye surgery		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.

Summary of findings

Contents

Summary of this inspection

Background to Optimax Laser Eye Clinics - Southampton

Optimax Laser Eye Clinics Southampton is operated by Optimax. It is a private hospital in Southampton, Hampshire. The hospital primarily serves the communities of Hampshire, Dorset and Salisbury. It also accepts patient referrals from outside this area.

The hospital/service opened in 2003.The clinic was commissioned and built for the assessment and treatment of laser refractive surgery. Following refurbishment in 2014, the service started to provide refractive lens exchange and intraocular surgery for cataracts. All procedures were performed using topical anaesthetic.

The current registered manager has been in post since 2009.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, and a specialist advisor with expertise in ophthalmology. Nick Mulholland, Head of Hospital Inspection, oversaw the inspection team.

Information about Optimax Laser Eye Clinics - Southampton

The hospital is registered to provide the following regulated activities:

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

Patients are self-referring and self-funded; they attend an initial consultation with an optometrist followed by an assessment and consent appointment with the ophthalmic surgeon.

Treatment takes place on a day case basis. The team involved in the delivery of care includes ophthalmologists, a nurse, an optometrist, patient advisors and laser assistants.

On the two days of our announced inspection, patients were attending for assessments for treatments follow up appointments and a laser vision correction clinic was taking place. On the day of our unannounced inspection, patients were attending for refractive lens exchange and follow up appointments.

During the inspection, we spoke with 12 staff including; registered nurses, patient assistants, laser assistants, medical staff, the registered manager and compliance manager. We spoke with six patients and one relative. We also received 15 'tell us about your care' comment cards which patients had completed prior to our inspection. During our inspection, we reviewed nine patient records.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. The service was last inspected in November 2013, which found that the service was meeting all standards of quality and safety it was inspected against at that time.

Activity (1 October 2016 to 30 September 2017)

- There were 498 laser eye procedures
- There were 198 refractive lens exchange procedures
- There were four implantable contact lens procedures
- There were 12 cataract procedures
- There were 332 outpatient attendances in the reporting period

All patients were privately funded.

Summary of this inspection

Two ophthalmic surgeons and one optometrist worked at the hospital under practising privileges. Optimax Southampton employed one registered nurse and four patient assistants/ laser assistants.

Track record on safety

- No Never events had been reported
- Six reported clinical incidents had been reported
- No serious incident had been reported, however a complaint submitted to the care quality commission would qualify as a serious incident.
- No incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA),
- No incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)
- No incidences of hospital acquired Clostridium difficile (c.diff)
- No incidences of hospital acquired E-Coli

Nine complaints had been received by the service.

Services provided at the hospital under service level agreement:

- Clinical and or non-clinical waste removal
- Cytotoxic drugs service
- Interpreting services
- Laser protection service
- 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?

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:

- All staff complied with the use of personal protective equipment.
- There was learning following incidents
- All staff were BLS trained
- Equipment was effectively maintained, and safely used.
- Patients told us that that all risks and benefits were discussed with them prior to surgery.
- Staff managed medicines were managed safely and staff were competent to administer and dispense medicines.
- The service used the World Health Organisation's 'Five Steps to Safer Surgery' checklist well for intraocular surgery.
- The service had a policy and procedure in for verifying patient identification for laser treatment that was being used effectively.

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

- Staff needed to undertake level 2 safeguarding training.
- The provider had not been auditing the world health organisation's (WHO) 'Five Steps to Safer Surgery' checklist' used when intraocular surgery performed. The provider had recently devised a template for this audit to be undertaken.

Are services effective?

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:

- Policies, procedures and treatments were based on recognised national standards and guidance.

Summary of this inspection

- Patients receiving care at the service were screened for suitability to ensure correct laser surgery was provided.
- The patient pathway was undertaken in line with national standards and guidance.
- The provider undertook advertising and marketing was appropriate and responsible.
- Staff were competent to carry out the duties allocated to them.
- Laser staff had additional training to carry out their duties safely.
- Procedures for obtaining consent were robust and in line with national standards and guidance.

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

- The service did not contribute to the national ophthalmic database audit (NODA).
- Patient outcomes were not benchmarked with other services.

Are services caring?

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 manner.
- Patients were involved in discussions about their treatment options.
- Staff recognised when patients were anxious and offered reassurance.
- Privacy and dignity was maintained at all times.

Are services responsive?

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:

- Patients had continuity of care throughout their procedure and aftercare.

Summary of this inspection

- The facilities and premises were appropriate for the services that were being delivered.
- Appointments were available on weekends, if necessary.
- Complaints were managed in line with the service's policy.

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

- All information leaflets were only available in English.

Interpretation services, whilst available, had to be paid for by the patient

Are services well-led?

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 a clear leadership structure from service level to senior management level.
- All staff we spoke with reported they had a good relationship within the regional surgical teams.
- Staff were aware of the vision and strategy for the service.
- Patient feedback was encouraged and was used to improve the service.
- The provider when informed of concerns throughout our inspection took timely action to mitigate risks.

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

- At the time of the inspection the senior management team agenda and medical advisory board agenda was not comprehensive or consistent to support sharing and learning.
- The provider should consider how best to review the risk register regularly.

Refractive eye surgery

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are refractive eye surgery services 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 reported no 'never events' for the preceding 12 months. Never events are serious, largely preventable patient safety incidents, which should not occur if the available preventative measures have been put into place by healthcare providers.
- The clinic manager reviewed all reported incidents and undertook and documented any actions taken. The clinic manager undertook six monthly audits of incidents, to identify if there were or had been any common themes.
- From July 2016 to June 2017, six clinical incidents had been reported. There were no particular themes, but learning from the incidents had taken place. For example, staff noticed that the mark identifying the eye for surgery had smudged for particular procedures. Staff were now following a new process when they marked the skin adjacent to the eye being treated.
- A patient reported made a complaint to us about the outcome of their treatment at the service. Following our contact with the service about the complaint from the patient, the incident recognised as a serious complication and a root cause analysis was undertaken. Due to the delay with investigating and identifying any learning, this meant that further harm could have happened if a similar incident had occurred.The provider identified learning, and undertook the actions required. This was a serious incident for the patient, as the impact on the patient was for multiple interventions and unplanned return to theatre.
- The provider produced a quarterly health and safety newsletter. Staff were able to read about items in the Autumn/Winter 2017 newsletter that included what are regulated activities, what is risk assessment and how emergency lighting worked. Staff told us they had seen and read the newsletter that the clinic manager had pinned to a staff notice board in the kitchen.
- In October 2017 the provider produced an adverse event and near miss reporting, investigating, analysing and learning policy. This included serious incidents and reporting of injuries, disease and dangerous occurrences (RIDDOR).
- 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 above incident triggered the duty of candour as there was moderate harm for the patient. The service had discussed with the patient about the complication and treatment options, but we were not assured this had been followed up with the provider offering to share the investigation report and any learning with the patient.
- The provider published their first duty of candour policy and 'being open' policy in October 2017. The publication of this policy by the provider has been followed up with the provision of duty of candour training, which staff had all undertaken. When we spoke with staff, they were aware of their full range of responsibilities in relation to the duty of candour.

Mandatory training

- Staff received mandatory training in the safety systems, processes and practices. The clinic manager, nurse, and the two permanent patient advisors/ theatre assistants, had completed their mandatory training. Two new part time patient advisors/ theatre assistants had recently started work so were working through their mandatory training as part of their six month probation. Modules of mandatory training that staff completed included data protection, equality and diversity, health and safety, manual handling and basic life support. Depending on the type of mandatory training, refresher training was either yearly or two yearly.
- For staff employed on practising privileges, such as the two surgeons and optometrist, we saw that they also received yearly mandatory training, which was up to date in their employment files.
- All staff working within the clinic had basic life support training. This was refreshed annually. The nurse also undertook intermediate life support training annually.

Safeguarding

- The service had a vulnerable adult's protection policy, which had been updated in August 2017. The policy defined what constituted a vulnerable adult, what constituted abuse and detailed the local authority contact should a safeguarding referral need to be made. The vulnerable adults protection policy also explained that staff should complete annual awareness training to enable them to understand how to respond to a potential safeguarding risk.
- Local Authority safeguarding numbers were available in the staff kitchen, all staff we spoke with were able to recognise abuse, and aware of how to make a safeguarding referral if they were required to do so.
- Although the service did not treat patients under the age of 18 years, it had a child protection policy, which the provider reviewed in August 2017. The policy was in place to provide guidance for staff around children visiting the premises with an adult. Staff had received level I child safeguarding training. The clinic lead had undertaken a biennial module called 'leading on child safeguarding in January 2016'.
- The service had not had cause to report any safeguarding concerns since opening in 2003.
- Clinic staff were at level 2 for child and adult safeguarding. Staff had completed an introductory level of safeguarding, level 2 training. The clinic manager was the lead for safeguarding and had completed a module entitled 'leading on adult safeguarding' training in 2017 which was at level 3.

Cleanliness, infection control and hygiene

- Ophthalmic surgeons within a standard ophthalmic operating theatre environment undertook all surgical procedures.
- There were reliable systems to prevent and protect patients from a healthcare-associated infection.
- The service maintained a log of temperature and humidity conditions within the operating theatre. These were consistently maintained and demonstrated where the conditions were not in range an alert was sent to the service desk to initiate corrective action.
- The service had an infection prevention and control (IPC) policy in place, which provided staff with guidance on appropriate IPC practice, such as hand washing, the use of personal protective equipment (PPE), specimen handling, storage and transportation, management of waste and dealing with spillages.
- The service had a cleaning policy, which set out procedures to ensure clinic staff followed the same cleaning regimes within their treatment rooms.
- All areas we inspected were visibly clean.
- The service used single use (disposable) surgical instruments and a policy was available to provide guidance for staff on the safe use and disposal of these instruments. This included the use of disposable covers for handles of equipment in use. We saw that single use surgical instruments were appropriately disposed of following their use.
- Personal protective equipment such as gloves and aprons were readily available for staff to use and we observed staff using them appropriately.
- The clinic manager had undertaken a hand hygiene audit in August 2017 and this demonstrated that all staff followed the correct technique for washing their hands. In addition, that staff did not wear long sleeves when undertaking sterile procedures.
- Throughout our inspection, staff were observed to be compliant with best practice regarding being bare below the elbows and staff providing treatments in the surgical theatre were observed to be wearing appropriate theatre clothing such as scrubs and hats.
- Staff followed best practice during surgery that included drapes around the surgical site and the use of sterile

gowns and gloves. There was a designated staff member to ensure all swabs, needles, blades used, were accounted for during and after the surgery, and records were maintained. This further reduced the risk of surgical site infections and the risk of retained instruments and equipment post-surgery.

- Throughout the service, we saw that sharps bins complied with the UN 3291 clinical waste standards. These bins were used for the safe disposal of items such as needles. The service had a contract with an external company for the removal, disposal and replacement of sharps boxes.
- The service had a service level agreement with an external waste management company who collected clinical waste once a week.
- We saw completed and up to date cleaning schedules for all areas.
- There had been no incidences of healthcare acquired meticillin-resistant staphylococcus aureus (MRSA) or healthcare acquired meticillin-sensitive staphylococcus aureus (MSSA).
- There had been no incidences of healthcare acquired clostridium difficile (c.difficile) or healthcare acquired escherichia coli (e-coli).
- Staff received face to face training on infection prevention and control at induction and a refresher every year. This included staff being able to test themselves regarding the effectiveness of their hand washing, by placing their hands in a light box after applying a cream, and then washing their hands. The light box would clearly show any areas of the hands staff had not cleaned during hand washing.

Environment and equipment

- The premises were well maintained. The flooring was non-slip and in a good condition.
- There was one operating room where refractive lens exchange, cataract surgery and laser refractive eye surgery was performed. The room was spacious, fit for purpose and clutter free.
- The clinic manager ensured that equipment was maintained. We saw evidence that the lasers were regularly serviced, in line with the manufacturer's requirements. We were told that an engineer usually arrived within two hours of a call out, in case of the lasers developing a fault.
- The clinic had access to basic resuscitation equipment. Staff had access to an automated external defibrillator, oxygen and masks in case a patient had a cardiac arrest.
- The service had an optical radiation safety policy, which complied with Medicines and Healthcare Products Regulatory Agency (MHRA) guidance. This was version controlled and in date. It stated that regular risk assessments should be undertaken and that all records should be kept. The provider's policy also stated that all laser users needed to be trained to an appropriate level, before being allowed to work unsupervised.
- We saw the latest risk assessment undertaken by the laser protection advisor (LPA), dated November 2017. The risk assessment was thorough and included risks regarding the laser treatment room, such as warning signs and reflective surfaces, as well as risks specific to the laser used. Risks included the type of toxic gas used by the laser and the delivery of the laser beam.
- The clinic manager who was the laser protection supervisor (LPS) had recently received a new 3B type laser, for the clinic to be able to offer patients an additional treatment from January 2018. The medicines and healthcare products regulatory agency (MHRA) categorise lasers according to their power level. This type of laser if there is exposure to the direct beam can cause serious injuries. An action from the risk assessment had been to purchase goggles for the new laser, which at our planned inspection we saw had already been purchased. The LPS had also completed other actions identified following the risk assessment, at the time of our planned inspection in December 2017.
- The laser room was a controlled area, with the entry doors having keypad locks. All staff members knew the code to gain access to the room. We saw that when laser treatment lists were occurring; one patient was in the laser room, having treatment, while another patient was in the preparation room, which was inside the controlled area. The door between the preparation area and the laser room was keypad controlled which meant that patients could not inadvertently enter the laser room while the laser was in operation.
- A warning light outside the laser room was turned on when the laser was in use, to alert staff and patients.
- Local rules were in place for both types of lasers used within the service. Local rules summarise the key working instructions intended to restrict exposure in radiation areas. We saw that all appropriate staff had

read and signed the local rules for 2014. The updated rules came through during our planned inspection, so the staff had not had the opportunity yet to review and sign to indicate they had read and understood them.

- Staff we spoke with were unaware whether their equipment was suitable for bariatric patients. When we checked with the clinic manager, the safe working load was available for both the theatre tables used in the procedure room. One table was 225kg the other 150 kg. Bariatric patients are those with a body mass index of over 40. However, staff did not weigh patients' and so staff did not have a record of patients' BMI and certainty that equipment suitable.
- In line with best practice, the air-handling unit in the operating room delivered 20 air changes per minute and there was a procedure in place informing staff what to do if the unit failed.
- Control of substances hazardous to health (COSHH) regulation 2002 risk assessments were in place for a range of chemicals including Mitomycin C, gases, and cleaning fluids. COSHH regulations state that employers should have risk assessments and control measures in place to reduce exposure to workers. The clinic manager had completed the COSHH risk assessments in 2017.

Medicines

- The service had a medicines policy, which described the processes for prescribing, ordering, receiving, storing, administering, dispensing and disposal of medicines. The policy also covered medication errors, stock taking and medicine security. There was a separate policy and procedure for the safe use of cytotoxic medicines.
- Mitomycin C was used off licence to reduce post-operative haze. Mitomycin C is a medicine that is usually used in chemotherapy. However, it is also used in refractive eye surgery, to reduce the risk of the cornea clouding after surgery. The fact it was being used off licence was explained to patients during consultations, and was listed on the consent form.
- At our unannounced and announced inspection there were no patients having Mitomycin C treatment. We checked the records for two patients who had received Mitomycin C on a treatment list 25 November 2017. From the batch numbers recorded, we could see the ophthalmic surgeon had used the same Mitomycin C for both patients, but a different single use dropper. The process described was aseptic, but the service should consider using the Mitomycin C as single use along with the dropper to prevent a potential infection control risk. The policy stated that Mitomycin C orders should 'preferably be on a named patient basis'. The nurse explained that the information they had made this difficult, but the nurse was going to check whether it would be possible for the clinic to order Mitomycin C on a named patient basis so that Mitomycin C could be single use.
- A cytotoxic spillage kit was readily available if required, and staff knew how to use this.
- We checked the medicines fridge temperature log and saw that it was up to date and temperatures were within the recommended range. We also saw that staff monitored the ambient room temperatures.
- Medicines were stored safely, within lockable cupboards. There was a medicine key policy and the most senior member of staff working in the treatment room was responsible for the medicine keys, which were signed out and signed back in again. Access was limited to the key holder and there was one set of keys available in order to ensure maximum security and ensure medicines were accessed appropriately. The most senior member of staff was responsible for the medicine keys and was required to sign them out at the beginning of the day and sign them back in at the end of the day.
- Patient records detailed current medications, allergies and a medical history to ensure consultants prescribed medicines appropriately.
- Only staff with the required competencies administered and dispensed medicines. The medicines online training slide on what should be on a label of medicines to take out did not include the need to have precautions. However, these precautions were printed on to the labels. Eye drops were prescribed by the surgeon and checked by an appropriately qualified member of staff.
- At the time of our inspection, the service had just introduced a more detailed policy covering the dispensing of medication for patients to take home following their surgery. Ultimately, the ophthalmic surgeon was responsible for dispensing medication to each patient and we saw this happen throughout our inspection.
- The service did not use sedation for procedures performed at this clinic.

- The nurse told us they regularly checked expiry dates of all medicines. We found medicines we checked to be in date, and saw records of when the medicines due to expire. Restocking of medicines was through the service drugs ordering systems.
- The registered manager undertook a monthly stocktake of all medicines within the service.
- Emergency medicines were available and regularly checked.

Records

- Records were kept electronically and in paper format. Staff stored paper records in locked cupboards in the reception area. The nine patient procedure records we saw were legible, complete and up to date. Electronic records used a secure sign in system. Records were comprehensive and included pre-operative assessments and past medical histories.
- The records management policy stated all records were stored permanently. We were told that once patients had stopped receiving aftercare, staff sent their file for archiving at the head office.
- The clinic manager internally audited patient records every three months. The service randomly selected 10 sets of patient records and used prompts to audit them. The audits showed that for 2017 records were generally completed well with over 90 percent compliance, but ongoing monitoring required and discussion with staff to address some missing information. This included the need to ensure information such as occupation, employer details and home telephone numbers obtained at consultation if not completed by the patient on the health assessment questionnaire.
- The theatre log of lens procedures, and laser procedures was fully completed.

Assessing and responding to patient risk

- Patients self-referred and attended a series of appointments prior to treatment during which they completed a health questionnaire. Patients' completed the health questionnaire electronically with the help of a member of staff if necessary.
- 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 signing to declare they understood the information they had been given.
- Patients were only considered for treatment if they fulfilled the provider's suitability guidelines. We reviewed the criteria that not only assessed optical suitability, such as age related macular degeneration, but also considered other health conditions. For example, patients with epilepsy were considered suitable if they had been seizure free for two years.
- 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. We reviewed nine sets of patient records and found this to be the case in all the records we reviewed.
- The suitability criteria also included psychological disorders and patients who presented with psychological problems such as depression, were required to have their general practitioner (GP) opinion of their suitability for surgery.
- Patients who were taking warfarin were required to have a blood test to check their clotting levels beforehand. Warfarin is a medicine that reduces the risk of blood clots forming.
- Patients with high blood pressure were referred to their GP for further treatment before surgery was agreed.
- On the day of surgery, staff undertook pre-operative assessments such as a general health check, blood pressure and heart rate and a prescription check to ensure patients were still suited to the surgery previously selected.
- The surgical patient pathway included the completion of a surgical safety checklist for cataract surgery that had been adapted from the world health organisation (WHO) surgical safety checklist. This was not used for patients undergoing laser vision correction, but a modified checklist was used for this group of patients. We observed staff used the checklist at our announced inspection, and we saw completed WHO surgical safety checklists for intra ocular surgery in patient records.
- The surgical safety checklist for refractive lens surgery and cataract surgery included a section for signing in, time out and signing out and a safety huddle took place prior to surgery and a debrief took place following surgery. The form included a checking requirement to ensure the planned refractive outcome was checked, as well as the lens model and power to be used and that the correct lens implant was present.
- The provider introduced a surgical pause safety checklist in August 2017. This was a single sheet of

paper, which covered all patients having laser treatment on the day. This prompted staff to check that they had confirmed the patient's postcode, date of birth, any medications, allergies and which eye was being treated before they carried out any laser surgery. The pause safety checklist included a section for both a checker and a witness. However, staff completed all patients on the same sheet, and the completed checklist was not held by staff within the patients' records.

- We asked the service to provide evidence of any audits undertaken in relation to the WHO surgical safety checklist for lens surgery. The registered manager confirmed that the WHO surgical checklist was not audited separately. This meant there was no oversight to ensure the WHO surgical safety checklist for lens surgery was being completed for all patients. The clinic manager showed us a template that had been developed to audit the WHO surgical safety checklist for lens surgery.
- The team had a safety huddle at the start of each treatment day. This allowed the sharing of information to enable a safe and smooth running of the surgical list.
- Post-surgery, patients remained in the service until they felt well enough to go home. As the surgery did not involve general anaesthesia or sedation, patients did not require any observations post operatively. Staff told us the most common issue immediately post-surgery was fainting and staff explained the steps they would take to address this. Staff explained that if necessary, they would call an ambulance for the patient.
- Patients were advised for the first 24 hours post-surgery they could call customer services up until 8pm Monday to Friday, after 8pm they could call the surgeon direct on their mobile.
- Staff gave post-surgery patients detailed written instructions on aftercare and the time and date of their next appointment.
- The clinic manager told us the service did not have a service level agreement with a local hospital in the event of complications. However, the contact details of a local hospital was documented in the medical protocols document dated 2017. This stated the service was awaiting confirmation of a service level agreement. There had never been a need to transfer a patient to another healthcare provider, but staff told us for medical emergencies such as collapse, they would telephone the 999 emergency services.

Nursing and medical staffing

- The clinic manager ensured there were adequate numbers of suitably trained staff on duty on treatment days. Staffing numbers and skill mix complied with the Royal College of Ophthalmology guidance on staffing in ophthalmic theatres.
- The surgeon undertaking laser refractive surgery held the Royal College of Ophthalmology certificate in laser refractive surgery. The ophthalmic surgeon undertaking reflective lens exchange and cataract surgery was on the general medical council (GMC) specialist register.
- The service employed two ophthalmologists and one optometrist under practising privileges. It also directly employed one full time registered nurse who had recently been appointed and two full time laser technicians/customer advisors. In addition, there was also a full time clinic manager.
- Surgery observations and discussions with staff reflected that a qualified nurse and a laser assistant supported the surgeon.
- Surgery observations and discussions with staff reflected that during refractive lens exchange a nurse was in preoperative care, a nurse supported the surgeon in the treatment room, there was a circulating nurse and a post-operative competent assistant supported patients following their treatment.
- Monitoring of staffing levels was based upon the numbers of patients requiring refractive surgery and aftercare in the service. Clinics and surgery was scheduled dependant on the amount of patients and staff available, in order that patients' safety was maintained.
- The clinic had a named laser protection supervisor (LPS). 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 follow local rules on a day to day basis.
- The laser assistants undertook the role of deputy LPS when they were assisting the surgeon in the laser treatment room or if the clinic manager was not on site. This meant there was always a designated LPS present

when treatments were taking place and all staff knew who was the designated LPS for the treatment session. The laser assistants had attended core knowledge training and their competence had been assessed.

- There was a minimum of four members of staff scheduled to work on laser treatment day and when patients attended for aftercare, and a minimum of five members of staff working on lens treatment days. There was a minimum of two staff members working on clinic days for patients attending for aftercare and consultations. This was in line with national guidance.
- During periods when the clinic was not busy, staff were requested to work at other clinics around the region. In addition, there was an effective system for engaging staff at short notice from other Optimax clinics to cover sickness and annual leave. Protocols were standardised throughout the organisation and staff felt at ease travelling to other sites to assist with surgery in their role. Staff were familiar with the teams at other sites and identified no concerns with this pattern of work.

Major incident awareness and training

- The service had a major incidents policy and procedure, which covered potential risks such as dealing with a bomb alert, fires, and gas leaks, floods due to unusual weather conditions and internal flooding.
- We saw that all exit fire doors were unobstructed and fire escapes were clear. Fire drills were recorded as being undertaken twice yearly. Staff spoken with confirmed that they found the drills of use, and felt confident that they would be able to evacuate the building safely in the event of a fire. All fire equipment including extinguishers were checked and up to date.
- Back-up power that would last up to two hours was available in the event of a power cut, to ensure patients' treatment was not adversely effected.

Are refractive eye surgery services effective?

Evidence-based care and treatment

- Staff delivered care and treatment in line with current legislation and nationally recognised evidence-based guidance.
- Optimax's medical advisory board (MAB) set the standards for all staff to work to. Standards were set in accordance with National Institute for Health and Care Excellence (NICE) guidelines and recommendations from the Royal College of Ophthalmologists (RCOO).
- All policies were national corporate policies that had been created by Optimax head office. These reflected best practice and national guidance. These were available both on the staff shared computer drive, and hard copies were kept in a folder in reception.
- Patients had their needs assessed in line with best practice, including NICE NG45 - Routine preoperative tests for elective surgery. All patients underwent screening and assessment prior to being deemed admissible to the service for laser eye surgery. Patients' medical histories were discussed and appropriate tests were undertaken to help determine treatment. A contra-indications list was in use, which outlined various conditions that excluded patients from treatment at the clinic.
- We observed an assessment by an optometrist prior to being seen by the ophthalmologist. This followed NICE guidance and the recommendations of the RCOO. Where a patient was deemed unsuitable for laser surgery an explanation in writing was provided to them. This was undertaken in line with best practice guidelines in order to maintain patient safety.

Pain relief

- Patients undergoing ophthalmic surgery were treated under local anaesthesia. Anaesthetic eye drops were administered prior to treatment to ensure patients did not experience pain or discomfort. This enabled patients to remain fully conscious and responsive. Although there was no formal pain screening process, staff were able to monitor their pain throughout the procedure. We observed patients being asked if they were comfortable during treatment. Staff clearly informed patients about the expected level of pain during and after the surgical procedure.
- Ophthalmic surgeons prescribed patients analgesia depending on their procedure, this included medicines taken by mouth and anaesthetic eye drops to take home following their surgery. Discussions about pain relief following surgery occurred at the consultation stage, prior to surgery. This meant patients knew beforehand, what types of pain relief they would likely to require.

Refractive eye surgery

Patient outcomes

- The service did not contribute to the National Ophthalmic Database Audit (NODA).
- Treatment outcomes were measured in terms of the surgeon's success rate and the patient satisfaction with their treatment journey. The treatment outcomes for all surgeons working for Optimax were monitored. This data was used to conduct a yearly audit of the individual surgeon's outcomes, which was discussed with the ophthalmologist at their appraisal.
- Information sent to us prior to our inspection indicated that in the 12 months prior to our inspection, of the 498 eyes treated there had been 35 incidents of unplanned re-treatment or treatment enhancement following refractive eye surgery. This retreatment rate represents 7%, which is below the Royal College of Ophthalmology guidelines.
- The clinic ensured that eyesight was within expected ranges following surgery. This was completed via a combination of patient feedback and eye tests during aftercare sessions.
- Eight patients experienced complications following their surgery. This included a patient with early signs of infection. Staff effectively managed the patient with the provider's protocol followed, and the patient had a good treatment outcome.
- We asked the service to provide us with further evidence relating to the benchmarking of patient outcomes. For all ophthalmic surgeons undertaking intraocular lens surgery their posterior capsule rupture rate was less than 2%, which is the national benchmark. Also all the ophthalmic surgeons' patients' vision outcomes were greater than 85%, which is the national benchmark.

Competent staff

- Staff we spoke with had the correct level of skills and competencies to carry out their role. All new staff were employed on a six month probationary period. This included a comprehensive induction programme that included familiarisation with policies and procedures. Staff working with lasers worked alongside staff that were more senior until they had completed their core knowledge training.
- A staff member recruited as a patient advisor/ laser assistant approximately a year ago, confirmed they had not been allowed to undertake roles and tasks until they had been signed off as competent to do so. A senior laser assistant with additional training had signed off the staff member as competent.
- Staff's clinical qualifications were recorded in their employment files, where appropriate. All clinical staff could evidence their professional registration, professional indemnity insurance and professional revalidation.
- All staff had evidence that they had undergone disclosure and barring service (DBS) checks. This included the date of the check and whether the check had identified any past criminal history.
- All staff files included had employment histories, at least two references and evidence of yearly appraisals, including those working under practising privileges. Optimax's head office medical advisory board reviewed these yearly.
- The service did not use agency staff, but mobilised staff from other clinics when required. These staff were familiar with Optimax policies and procedures.
- The clinic manager was the services' laser protection supervisor (LPS), with overall responsibility for the safety and security of the lasers. The training for this role was renewed every two years. An external laser protection advisor (LPA) was available for training and advice and supported as needed.
- All staff received an annual appraisal and monthly one to one meetings took place. Staff told us they found the one to one and appraisal process useful and beneficial.
- The surgeon who performed refractive eye surgery at the service held the Royal College of Ophthalmology certificate in laser refractive eye surgery. The surgeon performing refractive lens exchange and cataract surgery was on the specialist register.
- The laser technicians were trained to assist with laser treatment and had undertaken the core of knowledge training.
- There were systems to enable the revalidation of surgeons and there was an accountable person responsible for ensuring revalidation was valid.
- Staff did not receive training relating to sepsis. This meant that staff may not consider sepsis as a complication of treatment or may not recognise sepsis in a patient presenting with symptoms.

Multidisciplinary working

Refractive eye surgery

- All necessary staff were involved in assessing, planning and delivering people's care and treatment. Treatment was surgeon-led and involved discussions with the optometrist and administrative staff where required.
- The team worked well together, providing cohesive care to patients. There were positive working relationships between the administrative team and the clinical team.
- Non-medical staff performed extended roles, such as laser assistants. We saw they completed training in the core of knowledge of lasers to perform such roles.
- The service offered clinic appointments and treatments between the hours of 8am and 6pm, Monday to Saturday and ad hoc clinics were provided when required on Sundays following laser procedures where next day follow up was required.

Access to information

- Patient records were held electronically, with some elements such as consent forms being held in paper format.
- All relevant staff could access patients' electronic notes from any clinic if required.
- Staff gave patients' clear verbal and written instructions regarding necessary precautions before and after surgery. Doctors gave clear predictions of what vision the patient would be likely to achieve following their surgery, and explained how long they would need to wait before this vision was available to them.
- Following surgery, staff gave all patients' a letter detailing the procedure they had undergone and post-operative medication regime to take to their GP. Permission was also obtained from patients at the consultation stage, to enable the service to contact their GP if required.
- GPs could access optometrists and ophthalmic surgeons for advice if this was required.

Consent and Mental Capacity Act

- The service had a policy for consent to examination and treatment, which set out the standards and procedures for obtaining consent from patients for them to be examined or treated.
- The surgeon performing the treatment obtained written consent. Written and verbal information was given to the patient in order to ensure consent was as informed as it could be.
- We saw that consent was ongoing throughout the patient's journey. For example, laser technicians explained the imaging procedure and asked for consent to undertake the procedure.
- Between seeing the surgeon for the consent appointment, the patient was given a minimum of one week to reflect on their decision to proceed with the treatment, the cooling off period. We reviewed nine sets of patient records, all of which demonstrated that patients were given this time frame to reflect on the decision.
- 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. The registered manager gave us training records demonstrating that in November 2017 staff had undertaken mental capacity act training. If there were any concerns, the surgeon would contact the patient's GP.
- We saw that the provider used a patient questionnaire as part of the consent process and was a guidance tool, which assisted staff in identifying the patient's understanding of the information provided to assist in making an informed consent.
- Staff explained with regard to obtaining consent the importance of managing the expectations of patients. We saw documentation that showed where patients' were informed of their likely results and any complications in order that they had sufficient information to make a decision.

Are refractive eye surgery services caring?

Compassionate care

- We observed staff providing compassionate care to patients during our inspection. All staff interactions we observed were positive and feedback from patients told us that they received caring and kind care from staff.
- Staff took time to interact with patients in a respectful and considerate manner. We observed a surgeon maintained a reassuring dialogue with a patient during surgery, talking to the patient and explaining when they were likely to experience differing sensations. This complied with the Royal College of Ophthalmology professional standards for refractive surgery.

- Staff were encouraging and supportive to patients. We observed this during our inspection. Patients' comment cards told us that staff were understanding and sympathetic towards them. This was in line with National Health and Care Excellence (NICE) guideline QS15 Statement 1 which relate to communication with staff, introductions and understanding of the healthcare team and preferences for sharing information.
- Staff maintained patients' privacy and dignity. Consultations occurred in private rooms and staff closed doors to ensure patients' privacy.
- Some patients returned frequently to the service for aftercare appointments and the familiarity of staff with individual patients was warm and welcoming.

Understanding and involvement of patients and those close to them

- All staff at every stage of the treatment journey introduced themselves to the patient. Staff supported patients to understand relevant treatment options including benefits, risks and potential consequences. Patient advisors gave patients information about what to expect from laser surgery. This information was shared during one to one face-to-face consultations when patients were allocated ample time to ask questions. During this initial consultation, staff gave patients transparent and accurate information about all costs of potential treatment.
- Throughout our inspection, we observed staff interacting with patients before, during and following treatment. At each stage staff checked the patients understanding of the information they were given. Patients told us they were given enough information at a level they could understand and were encouraged to ask any questions at any time.
- Patients informed us that they had sufficient time to consider the information provided about their proposed surgery, including any risks and benefits. Patient told us they "felt supported" and "fully informed" about their laser surgery.
- We saw that patients brought those close to them into the clinic and they were involved in discussions where this had been the patients wish.
- We reviewed the providers advertisements on the Optimax Limited website and those displayed in the waiting areas in the clinic. The costs were clearly outlined.

Emotional support

- Throughout our inspection, we observed staff recognising when patients were anxious and reassuring patients, especially where patients were apprehensive about their treatment.
- Following treatment, we observed staff instructing patients about post-operative care, and how to instil eye drops and take their medication.

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

Service planning and delivery to meet the needs of local people

- The service provided laser surgery and refractive lens exchange primarily for the local communities of Hampshire, Dorset and Salisbury. Staff informed us that any patient could attend any of the Optimax Clinics Limited services nationwide as the service could access electronic patient records from every service.
- Service planning and delivery was organised to meet the needs of patients. All patients were pre-planned elective patients. This meant that treatment lists were well planned and sufficient staffing numbers were employed to treat all patients.
- The clinic did not offer treatments to patients under 18, those with certain medical conditions, or women who were pregnant. The provider specified these in the contraindications list. This was due to the potential risks of treating these cohorts of patients. These risk factors were checked during the health questionnaire, which were completed with the clinical staff.
- There was a laser surgeon, refractive eye surgeon and optometrist proving treatments to patients. The ophthalmic surgeon saw and assessed all patients' prior to the day of surgery. The optometrist or treating ophthalmic surgeon carried out postoperative appointments.
- The facilities and step free premises were appropriate for the services that were being delivered.

Access and flow

- Patients self-referred to the service through a variety of methods, for example, on-line, through the corporate call centre or by visiting the clinic.

Refractive eye surgery

- Information sent to us prior to inspection and available on the services website showed that the service opened Monday to Saturday from 8 am to 6 pm. If necessary, staff could book some appointments on a Sunday from 9am to 1pm in order to meet patients' needs.
- In the 12 months prior to our inspection, the service had not cancelled any refractive eye surgery procedures for non-clinical reasons.
- At the time of our inspection, there was no waiting list for refractive eye surgery. This meant patients' did not have to wait for their treatment.
- The clinic manager told us if a patient did not attend the surgeon assessment appointment prior to surgery, the planned treatment did not go ahead. If a patient did not attend a follow up after care appointment, staff at the clinic would telephone patients and re-book them.
- The team took action to minimise the time that patients spent in clinic on their day of treatment. Patient arrival times were staggered to coincide with their allotted surgery time. This meant there was less time spent waiting in the clinic.
- In the 12 months prior to our inspection, there had been four incidences of unplanned returns to theatre. Three patients following refractive lens exchange had needed re-positioning of lens implants. The fourth patient who attended for after care following laser treatment at Brighton needed part of an eye cleansing, after which the patient made a good recovery.
- There were no incidences of unplanned transfer of a patient to another health care provider in the 12 months preceding our inspection. This meant the service was able to recognise and address any potential complications to maintain quality of care to patients.

Meeting people's individual needs

- Each patient received an initial courtesy call to confirm their appointment to establish an initial rapport with them and to ascertain any special requirements whilst attending the service.
- The waiting area was spacious with separate offices that supported staff to have private discussion if needed. The service also had private consultation and assessments rooms, which enabled staff and patients to have private discussions.
- A hearing loop system was in place to support patients who have hearing aids, to be able to communicate effectively with staff.
- The service did not treat patients with complex health and social needs or learning disabilities.
- Interpreting services were available for patients who required this service. The policy did not discuss costs for patients regarding interpreting services. The decision on charges would be by the compliance manager or director of operations, and cases would be reviewed on an individual basis, which was why the policy was not specific about charges.
- 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 and at the time of our inspection could not be obtained in different languages.
- The service screened patients' suitability for treatment at an initial consultation, if a patient had complex health and social care needs, this would be taken into account at this stage.
- We saw information that was given to patients advising them of post-operative care and details of the 24 hour helpline should they have concerns following discharge.
- Tea and coffee making facilities were available in the waiting area.

Learning from complaints and concerns

- The service had a complaints policy, which the provider had reviewed in September 2017. The policy detailed that complaints would be dealt with within 20 days of receipt. The policy gave the same level of importance to verbal complaints as it did to written complaints. The registered manager told us the complaints policy to be amended, as the policy referred to the care quality commission being able to investigate individual complaints made by patients using Optimax services.
- Where possible, complaints and concerns were dealt with at source and could be raised with the clinic manager where necessary. If it was not possible to resolve the complaint, staff advised patients' to make a formal complaint at corporate level.
- Notices were displayed in the clinic, which contained information on the complaints process. Patients' were also given a guide that outlined the complaints procedure.

Refractive eye surgery

- From 1 October 2017 to 30 September 2018, the service had received nine formal complaints. Eight of the complaints related to treatment results, and were a side effect of laser surgery. These are all noted in the consent form and discussed during consultation and doctor assessment. The side effects are also listed in a pre-treatment questionnaire to ensure patients are aware of the positives and negatives of their planned ophthalmic surgery. All nine complaints were managed under the formal complaints procedure and all nine complaints were upheld.
- From January 2017 to November 2017 for the 23 Optimax clinics in England there were 119 complaints. Optimax Southampton complaint rate for this period was 6%. We did not see any evidence that learning from complaints was shared within the wider organisation.

Are refractive eye surgery services well-led?

Leadership and culture of service

- At location level, the service was led by the registered manager who was responsible for a team of five Optimax employees (one member of staff was currently on maternity leave). The two ophthalmologists and optometrist worked under the direction of the registered manager whilst working in the clinic but they were self-employed working under practising privileges. It was company policy for staff from other clinic locations to fill staffing gaps during the treatment days. The registered manager was responsible for these staff whilst they were on site at the Southampton clinic.
- The registered manager had the skills, knowledge, experience and integrity to lead the service with support from the central governance team. The registered manager had been in post with Optimax several years, and prior to this role worked for an ophthalmology company. This meant the registered manager, had a good understanding of the service.
- There was a clear leadership structure from service level to senior management level.
- Staff told us that Optimax clinics Ltd were established in 1991. They explained the founder was well respected, accessible and approachable.
- Staff were aware of the corporate management structure and were clear about lines of reporting. Staff told us that senior managers were visible and approachable and the registered manager was readily available and often worked clinically alongside them.
- Staff told us they felt able to raise concerns with the clinic manager. The team was small and there was a good sense of teamwork. Two staff were new to the service and told us they felt well supported in their role.
- Staff performance was audited and we saw evidence of this in personnel files. If poor performance was identified, a line manager would address this through one to one meetings and the appraisal process.
- The central corporate team directed all marketing campaigns. We observed information available was honest, responsible and complied with guidance from the Committee of Advertising Practice. Patients received a statement that included, terms and conditions of the service, the cost, and method of payment for their treatment.

Vision and strategy

- Staff members spoken with informed us of the vision and strategy of Optimax Clinics Limited as this was discussed at team meetings and in training.
- The vision included investment and development of surgery centres, and to be a well reputed employee that recognised their employees as their most valuable assets. All staff we spoke with felt their development whilst working for the company had been good.
- The registered manager was aware of their financial key performance indicators, and staff's conversion rate (the number of enquiries which turned into paying patients) was monitored and discussed during staff monthly 1:1 meetings.

Governance, risk management and quality measurement

- The service had a clinical governance and risk management policy. This policy detailed the types and frequency of meetings that should take place, and the topics that should be discussed within the meetings. The policy indicated that complaints, incidents and near miss reports, clinic key performance indicators (KPIs), conference call actions, emails from head office and training and development should be discussed at these meetings.

- The monthly compliance teleconference was attended by the compliance manager, the director of operations, the diary team, the lens surgery lead and registered managers of clinics across the country.
- Monthly senior management team (SMT) meetings supported clinical governance and risk management. We reviewed the minutes of the March 2017, April 2017, May 2017 SMT meetings and saw that KPIs and training and development were discussed but there was no evidence that complaints, incidents and near miss reports were discussed. This meant there could be a risk that the SMT may not be fully aware of themes and trends relating to complaints, incidents and near misses at location level.
- Similarly with the medical advisory board meeting minutes that we reviewed for May 2016, March 2017 and September 2017 there was inconsistency with the agenda compared to the agenda guide stated in the clinical governance and risk policy. Following our inspection, we received a revised agenda template to start in January 2018 for the monthly senior management team meetings and medical advisory board meetings.
- The service had a risk register that contained nine risks. Risk registers are a management tool used to fulfil any regulatory responsibility and acting as a repository for all risks identified. Risk registers include information about each risk such as; the nature of the risk, who has responsible to monitor the risk, any measures in place to reduce the risks and a monitoring review date.
- Risks included risk of infection and risks relating to the operation of the laser. We identified a risk in the post-operative care area relating to an emergency medicine that was not tamper evident, although patients left briefly in this area with a call bell and usually a relative or friend. Following our unannounced inspection, we received information that the emergency medicine was now being securely stored, with staff able to easily access the emergency medicine if required. This demonstrated a service that acted on mitigating risks once the risk had been identified.
- When we reviewed the risk register in detail, all the risks identified were for an annual review. We looked at the minutes of team meetings and compliance conference calls and found there was no discussion relating to the risk register. This may mean a clinic manager was not prompted on the need to review the risk register regularly.
- Medical professionals such as the optometrist and surgeons were employed under practising privileges. Practising privileges are where medical staff are not directly employed by the service but who have permission to practise there.
- The medical advisory board (MAB) monitored all staff working under practising privileges on an annual basis, to make sure they maintained the correct skills to undertake their role.
- Each medical practitioner working under practising privileges received an annual appraisal.
- All medical practitioners working under practising privileges had professional indemnity insurance and this was evidenced in their personal file.
- The provider had systematic programme of local audits in place. This included an environmental and patient's records audit, following our recent inspections quarterly hand washing it and the world health organisation (WHO) safer surgery checklist audits had now been added to the audit programme.

Public and staff engagement

- Patients were encouraged to complete a survey every time that they attended the clinic and feedback was used to improve the service.
- The service had purchased new equipment to enable them to provide an additional laser treatment from January 2018, in response to patient feedback about distances patients' had been expected to travel for a particular treatment.
- Staff were engaged and said that they felt supported by the company. A member of staff told us about a reward they had received in recognition of the giving ten years' service to the company.
- As part of mandatory training, there were modules on managing personal stress and personal safety.

Innovation improvement and sustainability

- There had been a significant investment in equipment at the clinic to produce the best outcomes for patients.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should consider weighing patients and checking their body mass index, to ensure all patients could safely use the equipment.
- The provider should consider using separate Mitomycin C along with an individual dropper for each patient when used during laser treatment, to prevent a potential infection control risk.
- The provider should ensure the commencement of auditing of the WHO surgical checklist.
- The provider should consider a system to ensure risks on the risk register are reviewed regularly.
- The provider should consider sepsis training for staff.