

Accuvision Limited

Accuvision Eye Care Clinic - Solihull

Inspection report

3 The Courtyard
707 Warwick Road
Solihull
B91 3DA
Tel: 03301232020
www.accuvision.co.uk

Date of inspection visit: 24 January 2024
Date of publication: 27/02/2024

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

This was the first time we rated this service, we rated it as good because:


- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service generally controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They generally managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Services were available 7 days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- We found sharps bins and pharmacy disposable bins on the floor, these were not labelled or closed. They were not stored safely and securely.
- We found eye drops in an unlocked drawer in the laser room, although the laser room was locked. Staff had access to the eye drops when in the room.
- We saw cleaning substances on shelves in the cleaners cupboard that was not locked. This did not comply with Control of Substances Hazardous to Health (COSHH) Regulations 2002.
- Governance meeting minutes were not always detailed or shared with staff.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Refractive eye surgery	Good 	We rated it as good see the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Accuvision Eye Care Clinic - Solihull

Page

5

Information about Accuvision Eye Care Clinic - Solihull

6

Our findings from this inspection

Overview of ratings

7

Our findings by main service

8

Summary of this inspection

Background to Accuvision Eye Care Clinic - Solihull

AccuVision Limited was established in London, UK in December 2001. The provider opened the Solihull clinic in May 2005.

The service provides refractive (laser) eye surgery for patients over the age of 18. It primarily offers corneal laser vision correction surgery and treatments for short-sightedness (myopia), long-sightedness (hyperopia), astigmatism (a refractive error), keratoconus treatment (a progressive eye disease), age related long-sightedness (presbyopia) and access to non-laser cataract surgery through another provider or consultant ophthalmologist.

There are 6 eye surgeons, a clinical director, a registered manager, optometrists and nursing and administrative staff.

The service offers private patients self-paying access to services. The service is registered to provide the following regulated activities:

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

Most patients are self-referring, some patients are referred via their Optometrist or other practitioners. All patients pay for their refractive (laser) eye surgery themselves. Surgery days are variable and are booked according to demand. Clinic hours are 9am to 5pm Monday to Sunday, by appointment. Additional emergency late evening and weekend appointments are available on request.

The ophthalmic team consists of:

- Ophthalmology consultants
- Optometrists
- Registered nurses
- Administration staff.

Support services were provided from the London offices, this included, contract management, finance support, governance and IT systems.

The location had a registered manager who had been in post since being registered with the CQC in 2018.

From January to December 2023, the service undertook 980 procedures. The majority of these patients had laser eye surgery.

The main service provided at this location was corrective laser eye surgery with the majority of outpatient appointments being provided as part of the refractive eye surgical pathway. We did not inspect the outpatient services separately as part of this inspection as the main service was refractive eye surgery.

The service was previously inspected in October 2017. In 2017, the service was not rated as we did not have a legal duty to rate refractive eye surgery services when they were provided as a single speciality service.

Summary of this inspection

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on 24 January 2024. The team that inspected the service comprised of 1 CQC inspector and a specialist advisor with surgical and ophthalmology experience. During the inspection visit, the inspection team:

- Spoke with the registered manager, clinical director and 7 members of staff, including consultants, optometrists and administrative staff.
- Spoke with 4 patients.
- Looked at 6 patient medical records.
- Observed care and treatment provided in the centre.
- Looked at a range of policies, procedures, audit reports, notes and other documents relating to the running of the service.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

Action the service **SHOULD** take to improve:

- The service should ensure that all medications are stored safely and securely. (Regulation 12. Safe care and treatment).
- The service should ensure that sharps bins and pharmacy disposable bins are stored safely and securely. (Regulation 15. Premises and equipment).
- The service should ensure that all substances hazardous to health are stored in line with Control of Substances Hazardous to Health (COSHH) Regulations 2002. (Regulation 15. Premises and equipment).
- The service should consider reviewing governance meetings to include details of discussions held, actions taken and share minutes with all staff.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Refractive eye surgery	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Refractive eye surgery

Safe	Good 
Effective	Good 
Caring	Good 
Responsive	Good 
Well-led	Good 

Is the service safe?

Good 

This was the first time we rated this service. We rated it as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up to date with their mandatory training. The service provided mandatory training for staff and monitored completion rates. Staff told us they received reminders to complete mandatory training.

The service provided mandatory training using a combination of 'face to face' training and e-learning. The mandatory training was comprehensive and met the needs of patients and staff. Some training was provided on a non-clinical day to ensure all staff could attend training.

Training included modules in fire safety, equality, diversity, dementia, infection prevention and control, basic life support and moving and handling.

Staff had a list of training they would need to complete dependent on their job role. Compliance with mandatory training was 100%.

Consultants would complete the training in their substantive NHS jobs and provide evidence to the service, but also had access to the training provided by the service.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse.

Refractive eye surgery

Safeguarding training was provided to level 3 in safeguarding adults and children for all clinical staff working within the service. Administrative and support staff received level 2 training in safeguarding adults and children. The registered manager had completed level 4 training in safeguarding adults and children. Staff could access them for support when required. This was in line with national guidance.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The manager was the safeguarding lead at the service whom staff said they could approach for advice and guidance. There was an updated policy with guidance and local authority contact details.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

The service had a chaperoning policy which staff knew how to access. There were notices in patient areas advising patients that they were entitled to have a chaperone present during their consultation, examination, and surgery.

There were no safeguarding incidents reported in the 12 months prior to our inspection.

Cleanliness, infection control and hygiene

The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

The clinic was visibly clean and had suitable furnishings which were clean and well-maintained. Handwashing facilities were in line with good practice recommendations and available in all clinical areas.

The service had an up-to-date infection prevention and control policy which included information on hand hygiene, use of personal protective equipment (PPE) and managing infections.

All areas, including clinic rooms, reception area and the laser room were visibly clean, tidy and had suitable furnishings which were clean and well-maintained. There were adequate storage facilities, no items were stored on the floor. Seamless easy-clean floor coverings were used throughout all clinical areas, waiting rooms and toilets. This made cleaning easier and more effective.

The service had a cleaning contractor who provides environmental cleaning when the clinic was open. Staff cleaned equipment ready for use and after each use. Staff used records to identify how well the service prevented infections. Disinfectant wipes were available throughout the clinic. We saw checklists for daily cleaning of the environment and the equipment were completed and signed.

Staff followed infection control principles including the use of PPE. We saw staff wash their hands regularly. We saw supplies of PPE items, such as disposable aprons and gloves in dispensers on walls and we saw these items being used. Antimicrobial hand-rub dispensers were mounted on the walls at strategic points in each room as well as at the reception area. Infection control audits were carried out quarterly, for September and December 2023 hand hygiene was 100% compliance and cleaning was 100% compliance.

Staff wore disposable scrubs when working in the laser room. Staff would change on arrival to work and before they left work.

The service used single use items for laser eye surgery, and these were disposed of in clinical waste.

Refractive eye surgery

Staff worked effectively to prevent, identify, and treat surgical site infections. In the last 12 months no surgical site infections had been reported.

The provider was not required to complete regular water testing for legionella, as water came from the direct water supply. A risk assessment had been carried out.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well. However, we saw hazardous cleaning products were not stored in line with guidance and sharps bins and pharmacy bins were not labelled or stored safely.

The service had suitable facilities to meet the needs of patients. The service was in a shared building with 3 floors. There was adequate car parking directly outside.

The building was modern. On the clinic ground floor there was a waiting room with refreshments available to patients, the clinic office, toilets, a consulting room, a diagnostic room, a preparation room and the laser treatment room. The first floor had a waiting and recovery area, 3 consulting rooms, a cleaner's room, a storeroom and toilets. The second floor was restricted to staff only and had, a general storage area and a staff kitchen.

The service had suitable facilities to meet the needs of patients' families. There was enough seating in waiting areas for a family member or carer to accompany patients to their appointments. Relatives and carers could help themselves to complementary drinks and there was a television in the reception area.

There were patients call bells in each room and waiting areas that would alert all staff in the building.

There was appropriate ventilation and HEPA filters (high efficiency particulate air filter) in the laser treatment room. We saw that staff monitored the temperature and humidity daily. There was a laser warning sign outside the door to alert staff when the room was in use. The whole clinic maintained a temperature of 20 degrees to ensure the temperature throughout the building was adequate.

Electrical safety testing of equipment took place every 2 years. All equipment had stickers to show that it had been tested and the date of the next test. Equipment was maintained by external companies.

The service had enough suitable equipment to help them to safely care for patients. There was an emergency bag with oxygen and face masks, this was checked weekly.

Staff disposed of clinical waste safely. The domestic and clinical waste bins were clearly identified and emptied regularly. Clinical waste was routinely collected monthly and additional collections were arranged following treatment days.

We saw sharps bins were not over filled, however they were not labelled and were stored on the floor in consultation rooms, they were not safe or secure. We also found pharmacy bins not labelled and stored on the floor. Following our inspection, the service told us they had plans to replace the sharps and pharmacy bins with smaller desk top bins.

Hazardous cleaning products were not stored in line with the Control of Substances Hazardous to Health (COSHH) Regulations 2002. They were stored on an open shelf in the cleaners cupboard which was not locked. Following our inspection, the provider moved the substances to a dedicated shelving unit and installed a lock on the door.

Refractive eye surgery

There was clear signage about what to do in the event of fire, fire extinguishers were available and maintained. Fire extinguishers had in date service checks and there were signs pointing out fire exits throughout the service. Staff were required to complete fire training as part of statutory and mandatory training requirements and staff were 100% compliant with this training.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. The service provided ambulatory care where no general anaesthesia or sedation was used. All treatment was carried out as a day surgery admission under local anaesthetic. The service had clear guidelines for assessment of patients for laser eye surgery.

Checks were made to ensure the patient was suitable to undergo laser eye surgery. Patients who did not meet the criteria were given advice on alternative treatments. Patients had to be medically fit for surgery before the service could deliver treatment and so deterioration was rare. However, appropriate equipment, training, and protocols were in place.

All patients attended a pre-operative assessment prior to laser eye surgery to ensure they were suitable and diagnostic assessments were carried out. Patients were given a surgical pack to prepare them for surgery. This provided information on how to administer eye drops and do's and don't's of aftercare. Patients received a call the day before surgery to ensure they were prepared and could ask any questions.

Patients' allergies were noted on the front of patients' notes in red for all staff to see.

Training data showed 100% of staff were trained in basic life support. If a patient deteriorated the service would commence emergency treatment and dial 999 for assistance. The service had an up-to-date policy on the deteriorating patient which included actions to take in the event of a patient deteriorating. There was also guidance on how to manage patients that fainted or had anaphylaxis reactions.

The service used an adapted World Health Organisation (WHO) checklist. This was completed in line with the National Patient Safety Agency and surgical safety including the completion of safety checklists. We reviewed 6 patient records and saw the adapted WHO checklists were completed correctly. The adapted WHO checklists were audited quarterly, for September and December 2023 we saw compliance was 100%.

Patients had a 24-hour post operative follow up and another at 1-2 weeks and 1-3 months either by the operating surgeon or the optometrist. Patients could request to see the surgeon at any time. The service operated a 24-hour telephone service for patients following surgery. Patients were advised to ring the phone line if they required advice or support.

Nurse staffing

The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.

Refractive eye surgery

The service had enough nursing, optometrist and support staff to keep patients safe. Staffing levels reflected demand on the service and known treatment support needs. The organisation had agreed minimum staffing for the service and laser surgery would only proceed when the standard staffing levels and skill-mix was confirmed. The manager could adjust staffing levels daily according to the needs of patients.

Staff also worked at other AccuVision Limited locations. The service reported no staff shortages as the service was able to use staff from other clinic locations belonging to the provider to ensure patients' appointments were not affected and service was delivered. All laser eye lists were pre-planned so the number of staff required for each shift could be pre-determined. Surgery was always consultant led with support from a nurse or optometrist. The registered manager advised us that if there were not enough staff the list would not go ahead. No bank or agency staff were used.

There was a designated laser protection supervisor present on each day surgical procedures were carried out. The laser protection advisor visited the clinic every 2 years to complete a risk assessment. Staff could telephone the laser protection advisor for advice when required.

The service regularly reviewed staff absence and recruitment and retention information. At the time of our inspection there were no vacancies.

Medical staffing

The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service had enough medical staff to keep patients safe. There were 6 consultant ophthalmologists working at this site. We reviewed consultants' records and found all were registered with the General Medical Council and on the specialist register for refractive eye surgery. All consultants had up to date Disclosure and Barring Service checks and indemnity insurance.

All ophthalmic surgeons worked for the service under practising privileges. The granting of practising privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or clinic, in independent private practice, or within the provision of community services. Practising privileges were overseen by the clinical director.

Assessments of applications for medical staff were carried out by the clinical director, registered manager and discussed at the governance meetings. Consultants generally had fixed days when they would work at the service and list were pre planned.

The service had a consultant on call during evenings and weekends, 365 days a year.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive, and all staff could access them easily. We reviewed 6 patient records. They contained patient's consent forms, pre-operative assessment, procedure records and discharge information. We found consent was completed, notes were legible, signed and dated by staff.

Refractive eye surgery

Current records were stored securely in receptionist room and older records were stored in a dedicated medical records room.

Any interaction via telephone calls or emails with patients were recorded on an electronic system that all staff could access. Computer systems were password protected.

Clinical documentation audits were carried out quarterly in September and December 2023; these were 100% compliant.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines. However, we found some eye drops in an unlocked drawer in the laser room.

Staff followed systems and processes to prescribe and administer medicines safely. Temperatures were recorded to ensure medicines were stored within the required temperature range. A system was in place so only authorised staff could access these drugs. The medicines management policy was up to date and had guidance on the prescribing, storage and disposal of medicines.

Staff generally stored and managed all medicines and prescribing documents safely. However, we found some eye drops in an unlocked drawer in the laser room. We found a bottle of skin cleaning solution that was open and not dated, this was disposed of. Although the laser room was locked all staff, including cleaning staff had access to the room. Following our inspection, the eye drops were moved and there were plans in place to carry out spot checks.

Medicines management audits were carried out twice a year for July and December 2023 there was 100% compliance. The service did not store emergency medicines, or controlled drugs on site. No prescriptions pads were kept on site.

Fridge temperatures were monitored electronically, and staff checked to ensure these were within the required range. We saw evidence these were monitored and recorded daily when the building was open.

Staff completed medicines records accurately and kept them up to date. We viewed 6 patient records where medicines had been prescribed and saw that all medicines prescribed were signed for by a consultant. Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Patients were provided with eye drops to take home and given both verbal and written advice when discharged.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers would investigate incidents and share lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. The service had a policy for incident reporting which outlined the expectations for staff in the event of an incident.

From January to December 2023, the service had not reported any incidents. No serious incidents or never events had occurred during this time.

Leaders described a good reporting culture amongst staff and staff felt happy to raise concerns.

Refractive eye surgery

Patient safety alerts were shared with staff from the registered manager and cascaded at team meetings.

Staff understood the duty of candour. They were open and transparent and would give patients and families a full explanation if things went wrong. All staff we spoke with were clear in their understanding of the duty of candour and felt the service was open and honest.

Is the service effective?

Good 

This was the first time we rated this service. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and delivered high quality care according to best practice and national guidance. The service followed National Institute for Health and Care Excellence guidelines and the Royal College of Ophthalmologists standards. Compliance with relevant guidelines was monitored through governance processes. The service had systems to ensure policies, standard operating procedures and clinical pathways were up to date and reflected national guidance. Policies were updated and monitored by the clinical director and a nurse specialist with experience in ophthalmology and laser eye services.

The service had a laser protocols folder which contained information on the laser systems, audits, and safety protocol checks.

The service undertook regular audits to measure the outcomes of surgery and used benchmarking data to compare practice. These were discussed at the staff governance meeting and information shared with staff.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs.

The service provided treatment under local anaesthetic so there was no restriction on diet or fluids before laser eye surgery.

The service provided a choice of drinks for patients before and after their surgery. Water coolers and facilities to make hot drinks were available in the reception area.

Pain relief

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

Staff prescribed, administered, and recorded pain relief accurately. Patients undergoing laser eye surgery were given a local anaesthesia via eye drops to stop the nerves in the eye sending pain signals to the brain during the operation and to reduce discomfort. This meant patients were fully conscious and responsive before, during and after the procedure.

Refractive eye surgery

Patients were provided with a leaflet which gave advice on expected symptoms post-surgery and how to treat any pain they might have.

Patients told us they did not experience any pain during or after the laser surgery.

Patient outcomes

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

The service participated in relevant national clinical audits. Managers and staff used the results to improve patients' outcomes. All staff were actively engaged in activities to monitor and improve quality and outcomes.

The service submits private patient episode data to the Private Healthcare Information Network. Patients were required to complete a questionnaire prior to and after their surgery.

There were no national standards for the outcomes of laser refractive surgery, the service measured success through patient expectations and individual surgeon track record.

The clinical director monitored evidence of good patient outcomes on an individual surgeon level. Each consultant was provided with evidence of their own outcomes and feedback from patients.

Managers used information from the audits to improve care and treatment. Managers and staff carried out repeated audits to check improvement over time. Managers shared and made sure staff understood information from the audits and any actions.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients. Several checks were carried out by the organisation before staff commenced employment. We saw information which demonstrated when each individual employee had completed a clear Disclosure and Barring Service (DBS) check, references had been taken and checks on qualifications had been made. For consultants this also included General Medical Council membership, indemnity insurance and revalidation and appraisal dates. For nursing staff information collected included DBS issue number, references and Nursing and Midwifery Council PIN numbers.

Managers provided a full induction to all new staff tailored to their role. All staff underwent a 3-month probationary period when they started working within the service. Staff were expected to have an oversight of all areas of the service and spent time in each part of the service and the other clinics as part of their induction.

We saw certificates awarded to staff to demonstrate that the laser training had been completed. The laser protection supervisor was the clinical director, who attended each clinic site when laser treatments were in progress to offer advice and assistance as required.

Staff were given the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Refractive eye surgery

In the last 12 months 100% of staff had an appraisal.

Managers made sure staff attended team meetings. The service generally had joint nonclinical days with the other AccuVision Limited locations as all staff worked across the different sites. The meeting included training and governance updates.

Multidisciplinary working

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

Staff worked across health care disciplines and with other agencies when required to care for patients.

We observed positive communication taking place amongst staff and staff told us they worked well together and felt part of a team. Staff worked between the 3 clinics at AccuVision Limited and told us joint working arrangements worked well.

Clinicians provided a summary of each patient's care and treatment to their GP if they gave consent.

Seven-day services

Key services were available 7 days a week to support timely patient care.

The service was usually open Monday to Saturday for outpatient and surgical treatment. Appointments were pre-booked based on demand. If surgery was in operation on a Saturday, the service opened on Sunday to provide patients with mandatory post-operative checks.

Following their surgery patients had access to an emergency contact number which was accessible 24 hours a day 7 days a week. An optometrist was always on call to provide advice and guidance should a patient have concerns following surgery. They could contact consultants for advice if required.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. The service had an up-to-date consent policy which included information on general consent and the Mental Capacity Act 2005 (MCA). Compliance with MCA training was 100%.

Consultants assessed patients for their suitability for surgery. When patients could not give consent, staff made decisions in their best interest, considering patients' wishes and liaising with their carers and relatives, although staff told us this was very rare. Consultants provided patients with information on their treatment. Leaflets were provided to patients relating to specific eye conditions that would be treated by the service. The providers website also provided patients with information about eye conditions and treatment.

Refractive eye surgery

The service ensured that patients understood the potential impact and risk of their procedure, intended benefits and alternative options before each treatment. Patients were given a cooling off period of at least 1 week in line with guidance and treatments were not offered on the same day.

We saw staff clearly recorded consent in patient records. We reviewed the records of 6 patients who had been for surgery and found consent had been recorded appropriately.

Consent audits were carried out quarterly, in September and December 2023 compliance was 100%.

Is the service caring?

Good 

This was the first time we rated this service. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

Patients said staff treated them well and with kindness. One patient told us the service was amazing and they could not fault them, and the aftercare was good quality.

We observed staff spoke politely and with respect to patients attending the service and on telephone calls. During patient calls individual needs were discussed and patients were given the opportunity to ask questions.

Staff followed policy to keep patient care and treatment confidential. We saw doors were closed when treatment and conversations occurred.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. One patient told us staff gave reassurance throughout the procedure and held their hand during treatment.

Patients told us staff explained clearly what to expect following treatment and they knew who to contact if they had any concerns.

Refractive eye surgery

Staff understood the emotional and social impact that a person's care, treatment, or condition had on their wellbeing and on those close to them.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment. Patients were encouraged to bring someone with them on the day of surgery to help with eye drops and aftercare. One patient told us they did not feel pressured into making a decision and were given time to think about the procedure.

Staff talked with patients, families, and carers in a way they could understand, using communication aids where necessary. Staff had access to interpreting services when needed and information was available in different languages.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Feedback leaflets were available in reception and waiting areas for patients, their relatives, and carers. Every patient was given a feedback leaflet at the end of their treatment pathway asking them to rate their satisfaction with the service, their treatment and the staff.

Patients gave positive feedback about the service which included 'such a professional team, very friendly', 'everyone was very friendly, helpful and supportive, they took time to answer any questions', and 'staff were good at listening and understanding concerns'. We saw 100% of patients would recommend the service to family and friends.

Is the service responsive?

Good 

This was the first time we rated this service. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served.

Managers planned and organised services, so they met the needs of the local population. Facilities and premises were appropriate for the services being delivered. The clinic was in central Solihull with easy access and parking directly outside.

Patients could self-refer for private appointments and made enquires via the telephone or online. Some patients would walk into the clinic for information and advice.

Staff worked closely with the other clinics in the provider's network and ensured patients had access to locations of convenience for them. Patients were offered appointments at a time that suited them.

Managers monitored and took action to minimise missed appointments. In the last 12 months 1 patient did not attend for a follow up appointment, the service contacted the patient, and they were offered an alternative appointment.

Refractive eye surgery

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

The service was accessible to patients with limited mobility and wheelchair users. There were disabled parking bays and accessible toilets. The laser treatment room and consultation rooms were on the ground floor.

Managers made sure patients, loved ones and carers could access interpreters or signers when needed. Information on interpreting services was readily accessible and there were information leaflets available in different languages. Staff had access to a telephone interpreting service.

Patients could request a chaperone to accompany them to their appointments.

Patients had access to drinks before and after their treatment.

The provider displayed realistic and expected patient outcomes clearly on the website and discussed them at the pre-assessment.

Patients could attend any of the clinics for pre and post operative follow ups even if they had their treatment at one of the other clinic sites. Appointments were made at times and locations to suit the patients' needs.

The provider had leaflets on common eye conditions, such as glaucoma and cataract, and could provide these in different languages and formats if need be.

Patients received written information on their chosen procedure. This helped to ensure they felt prepared for surgical procedures.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed.

The time between consultation and surgery was usually by the choice of the patient who selected a day suitable to them. Patients were able to book surgery quite soon or some time ahead to suit their personal circumstances. Appointment times were flexible, and patients were given a choice of dates, times and locations.

The service monitored waiting times and ensured no one waited too long for treatment. Some patients were offered appointment times at the other clinics if this suited their needs.

There was a comprehensive pre-operative assessment to reduce risks and complications. This ensured the patients were fit for surgery and reduced delays to their treatment pathway.

Surgery times were staggered so patients did not have to wait too long before they were seen, and the waiting area did not become crowded.

Patients that made enquires online or via telephone were responded to within 24 hours.

Refractive eye surgery

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Patients, relatives and carers knew how to complain or raise concerns. Information on how to make a complaint was available at the service. We saw posters and leaflets in the main reception area clearly advertising how a patient could raise concerns or make a formal complaint.

Any concerns or complaints raised informally were monitored for themes and trends. Staff understood the policy on complaints and knew how to handle them. All staff we spoke with were comfortable in handling complaints and were able to advise what action they would take. All staff were familiar with the duty of candour and stated they were honest and open with patients.

Managers investigated complaints and identified themes. The service had received 1 formal complaint in 2023, which related to personal satisfaction with the outcome following treatment. The patient was offered additional follow up appointments and a second opinion.

All communication with patients was recorded online so all staff could see this when dealing with any enquires.

Managers shared feedback from complaints with staff and learning was used to improve the service. We saw complaints were discussed at the staff governance meetings.

Is the service well-led?

Good 

This was the first time we rated this service. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills.

There was effective leadership at all levels. Leaders demonstrated the required levels of experience, integrity, capacity, and capability needed to manage and lead the service. Leaders understood the challenges to quality and sustainability and took proactive action to address them. Managers demonstrated leadership and professionalism.

The clinical service was led by a registered manager and a clinical director, who was also the CQC nominated individual and laser supervisor. The service was led on a day-to-day basis by the registered manager who worked across 3 clinic locations.

Staff spoke highly of the registered manager and their ability to lead the team. Staff told us managers were accessible, visible, and approachable. There appeared to be a cohesive working relationship between leaders in the service.

Refractive eye surgery

Staff were encouraged to work across all 3 clinics to gain experience in different environments and with different staff.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services. Leaders and staff understood and knew how to apply them and monitor progress.

The service had a clear vision and strategy. The mission statement was 'AccuVision is committed to changing people's visual future through our unique Accuwave treatment'. The aims and objectives included 'to provide high quality, safe, professional treatments'.

There was a realistic statement of purpose for achieving the priorities and delivering good quality sustainable care.

Staff understood the vision and quality measures of the service and how it had set out to achieve them. Staff said they were working to make a positive difference in people's lives. The staff worked in a way that demonstrated their commitment to providing high-quality care in line with this vision.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Managers supported an open and honest culture by leading by example and promoting the service's values. All staff we spoke with felt supported, respected, and valued. The culture was patient centred and promoted safety. Staff told us they felt proud to work in the organisation. The culture encouraged openness and honesty at all levels within the organisation. Staff told us they felt able to raise concerns and they were listened to by the leaders of the service. Staff described a 'family culture' which empowered them to raise any concerns.

The service encouraged feedback from patients and their carers and reviewed these. Patients were provided with a feedback form after their treatment. Patient comments were shared with staff via an online chat group and at staff governance meetings.

The service provided opportunities for career development. Staff worked across the other clinic locations to gain experience working at other sites and with other teams.

All managers and staff worked collaboratively to improve care, treatment outcomes, quality and patients experience throughout the entire service.

Governance

Leaders operated a governance processes, throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. However, minutes from governance meetings were not always detailed. Staff told us minutes from meetings were not always shared with them.

There was a clear governance structure. Staff worked in identified roles with clear job descriptions which identified lines of accountability and responsibility. Clinical governance and oversight was provided through daily huddles and updates via an online chat forum and governance meetings where all staff attended.

Refractive eye surgery

Governance meeting minutes did not always detail discussions held, actions taken or outcomes from the meeting. Staff told us minutes from meetings were not always shared with them. We saw minutes of meetings from 2 governance meetings held in 2023. One set of minutes had details of discussions held and actions to be taken but the other set did not. It had bullet points of items discussed such as numbers of activity, cleaning, patient feedback and staff feedback.

Staff were clear about their roles and accountabilities and timely information was provided on key performance indicators.

The registered manager distributed policies and standard operating procedure updates to all clinics simultaneously, these were available as hard copy and online.

The provider had several service level agreements in place to provide advice, monitoring and audits for example for fire, waste management and pharmacy.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

Systems were used well to monitor and manage performance. The service had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service.

Performance and risks were discussed at governance meetings. A systematic programme of clinical and internal audit was undertaken to monitor quality, operational processes, and systems to identify where action should be taken. The clinical director undertook unannounced audits and reviewed a variety of practices including, infection control, medical records, laser room and health and safety. Records showed audits were discussed at staff meetings.

There were arrangements for identifying, recording and managing risks, issues and monitoring mitigating actions. The provider had carried out risk assessments on all areas of the service and had control measures in place with ratings. For example, we saw risk assessments had been carried out on water systems, infection control, medical gases, fire and security.

The service had a management task log which recorded tasks undertaken such as replacement of light fittings, staff huddles, maintenance and patient interactions. This was to identify potential risks and actions taken.

The service had a business continuity plan that could operate in the event of an unexpected disruption to the service.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

There were arrangements to ensure data or notifications were submitted to external bodies as required. The information used in reporting, performance management and delivering quality care was consistently accurate, valid, reliable, timely and relevant.

Refractive eye surgery

All staff had access, with secure logins, to the organisation's intranet to gain information relating to policies, procedures, national guidance and e-learning. All staff were able to demonstrate the use of the system and retrieve information. Staff knew to log out of computers when they were left unattended.

The service had arrangements and policies to ensure the availability, integrity, and confidentiality of identifiable data. Records and data management systems were in line with data security standards. The service provided information governance training for staff.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public to plan and manage services.

The service engaged with patients and staff to ensure people's views and experiences were gathered and acted upon to improve services. Complaints had been reviewed by managers and responses given to patients.

Patient feedback was encouraged, and patients were given a feedback leaflet at the end of their treatment with a stamped envelope to return the forms. We saw feedback was positive, and results and comments were reviewed by managers and shared with staff.

Staff told us they could raise any concerns with leaders, and they would be listened too. There was an online staff chat group to share information and daily updates.

Staff feedback was sought. The provider had recently introduced an anonymous staff feedback form that was available at all clinic sites for staff to complete at their leisure. The information would be looked at monthly to identify trends and any actions. This would be shared at the staff governance meeting.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

Staff throughout the organisation told us they were committed to learning and improving. There was a focus on developing the skills of staff to promote their professional growth within the service.

Staff worked across all the clinic locations and would share good practice throughout.

The service had a chat facility online to enable patients to make enquires and have quick response and assistance.

Managers had plans to extend the business and open new premises.