

Optical Express Limited

Optical Express - Southampton (The Avenue) Clinic

Inspection report

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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

- 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 controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and gave patients 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. Support and advice for patients was available seven 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.
- 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 their planned procedures.
- 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 all staff were committed to improving services.

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

Refractive eye surgery

Good



See the summary above for details.

Summary of findings

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Summary of this inspection

Background to Optical Express - Southampton (The Avenue) Clinic

Optical Express - Southampton (The Avenue) Clinic is operated by Optical Express Limited. Optical Express Limited is a nationwide company that offers general optometric services which is outside the CQC scope of registration and refractive eye surgery and laser vision correction procedures for adults aged 18 years and above. We inspected the refractive eye surgery and laser vision correction procedures at this service. The service had equipment and arrangements to carry out these procedures under intravenous sedation, however most of the procedures were carried out under a local anaesthetic. The registered manager has been in post since April 2021.

Optical Express Limited is registered to carry out the following regulated activities from Optical Express- Southampton (The Avenue) Clinic:

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

The service was last inspected in November 2017. At that time CQC did not have a legal duty to rate refractive eye surgery services. There were no requirement notices made at the time of the last inspection.

How we carried out this inspection

During the inspection we spoke with seven members of staff which included managers and surgical staff. We spoke with two patients, reviewed records for ten patients, patient feedback and documents related to the running of the service. We also looked at the environment and equipment in 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>.

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 

Are Refractive eye surgery safe?

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. Records showed 100% completion of all required courses for staff based at the Southampton clinic. Managers followed processes to ensure staff working at the Southampton clinic from other Optical Express Limited clinics were up to date with mandatory training. Staff said it was easy to access mandatory training, which was provided both electronically and by face-to-face training for practical skills.

The mandatory training was comprehensive and met the needs of patients and staff. Records showed mandatory training covered essential subjects such as moving and handling, health and safety, consent and equality and diversity.

Managers monitored mandatory training and alerted staff when they needed to update their training. Completion of mandatory training was monitored electronically by both the surgical services team and the registered manager. Staff were alerted when mandatory training was required to be completed.

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. Records showed staff completed training about safeguarding adults and children. The level of training staff completed met national guidance. There was an arrangement in place for staff at the clinic to make a referral to an external named safeguarding lead (trained to safeguarding level four), if they required additional advice and support. Discussion with staff showed they knew to whom to report concerns about possible abuse or neglect.

Refractive eye surgery

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Discussion with staff demonstrated they had a good understanding about safeguarding adults and children. An example was shared where staff followed their safeguarding processes to safeguard a patient when they were concerned the patient might be subject to abuse.

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.

Clinic areas were clean and had suitable furnishings which were clean and well-maintained. Cleaning records were up-to-date and demonstrated all areas were cleaned regularly. The environment and equipment were visibly clean on the day of the inspection. Most surgical equipment was single use only and was disposed of following use. The service had a contract with an external organisation to decontaminate surgical equipment that was not single use. Staff followed a schedule for cleaning equipment and the general environment. On all clinic days there was a record of daily team briefing meetings; this included audits of the cleanliness of the environment. The records showed the clinic was cleaned to the set standards. All equipment, and seating areas were cleaned after patient use.

Staff followed infection control principles including the use of personal protective equipment (PPE). There was guidance and training for staff about the use of appropriate personal protective equipment. Hand washing facilities and hand gel was available throughout the clinic. The service displayed signs at the entrance to the clinic that requested all people entering the unit to sanitise their hands with gel. We saw staff following infection control guidance.

National guidance was followed, including lateral flow testing for staff, checking patients COVID-19 status prior to their surgery date and provision of PPE to reduce the risk of transmission of COVID-19.

Staff worked effectively to prevent, identify and treat surgical site infections. Staff followed processes to reduce risk of infections post surgery. Between July 2020 and June 2021, the service reported no post surgery infections. The air handling unit in the procedure room, used during intraocular surgery, delivered 25 air changes per minute. Patient records showed the humidity and air temperature of the procedure room was monitored and recorded for each surgical procedure. This met national guidance and reduced risk of surgically acquired infection.

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.

The design of the environment followed national guidance. All rooms where laser equipment was used had illuminated signs indicating when laser equipment was being used and that staff should not enter.

Staff carried out safety checks of specialist equipment. Records showed equipment such as emergency resuscitation equipment and the laser equipment was checked. Daily team brief meetings included use of a checklist which prompted and demonstrated that staff completed all safety checks, this included calibration of laser machines.

Refractive eye surgery

Local rules set out guidance and instruction to ensure staff followed national guidance for the safe use of the laser machines. A named laser protection adviser reviewed the local rules and carried out risk assessments for each laser machine every three years. The service acted on the recommendations of these risk assessments. A laser protection supervisor was at the clinic for each laser procedure to ensure staff followed the local rules and national guidance.

The service had a programme of maintenance. Records showed equipment, including laser machines and portable electrical appliances were serviced in line with manufacturers and best practice guidelines.

The service had suitable facilities to meet the needs of patients. The clinic was positioned on the ground and first floor of a multiuse building. There were waiting areas on both floors which looked comfortable.

The service had enough suitable equipment to help them to safely care for patients. Equipment, including laser and resuscitation equipment was available. Equipment was the same across all Optical Express Limited clinics, which meant staff who worked across several clinics were always familiar with the equipment. There was suitable equipment to ensure the safety of patients receiving intravenous sedation for their eye surgery procedure. This included monitoring equipment, resuscitation equipment and recovery facilities.

Processes were in place and followed by staff to ensure equipment was safe to use. Staff disposed of clinical waste safely, in line with national guidance. The clinic had a contract with a special external company to dispose of clinical waste.

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. Staff carried out patient observations to monitor the patients undergoing intraocular surgery. The clinic's policy was to call for emergency assistance through the NHS 999 service if a patient's condition deteriorated.

Staff completed assessments for each patient. The service had a screening protocol and admission criteria. The patient pathway for both refractive and intraocular surgery, included a series of assessments carried out by optometrists and the operating ophthalmic surgeon to determine the patient's suitability for the surgery. Records showed staff used an adopted "five steps to safer surgery" World Health Organisations checklist before, during and after each surgery.

Staff shared key information to keep patients safe when handing over their care to others. Patient records were accessible to all Optical Express Limited staff so patients could access support from any clinic. Staff followed process to share essential clinical information with patients GP's if needed. Patients had access to support 24 hours a day if they had any concerns following treatment.

Staffing

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

Refractive eye surgery

The service had enough staff to keep patients safe. Staffing for each clinic was allocated centrally by the surgical services team to meet the service demand and the needs of each clinic. For example, patients who required sedation were grouped to be treated on the same day and additional staff, including anaesthetists, were allocated to the clinic. A core team of staff worked across the Southampton clinic and other Optical Express Limited clinics in the southern region. Managers made sure all bank staff understood the service.

Managers followed recruitment processes to ensure permanent staff and bank staff had the right skills and qualifications. Records showed ophthalmic surgeons had qualifications that met national standards. The ophthalmic surgeon was available, remotely by telephone, to respond to patients' needs in the 24 hours following the surgery.

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. Patient records were predominantly electronic. Patient pathway records were in a paper format and were scanned onto the electronic patient record system after completion of the patient pathway.

When patients transferred to a new team, there were no delays in staff accessing their records. Patients could have their pre-treatment and post-treatment care at other Optical Express Limited clinics. Patient records were accessible through the electronic system at all Optical Express Limited clinics.

Records were stored securely. Patients paper records were stored securely at the clinic site in line with the clinic's policies and procedures. Electronic records were only accessible to staff who were authorised to access them.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes to safely prescribe, administer, record and store medicines. Medicine records were complete and contained details about any patient allergies, dose of medicines and when patients received them. Staff followed clear guidance for the use of medicines not licensed to treat eye conditions but that are commonly used to treat eye conditions. This included obtaining informed consent from the patient for the use of these medicines. Only staff who had completed competencies in the management of medicines dispensed and administered medicines to patients.

Staff reviewed patients' medicines and provided specific advice to patients and carers about their medicines. They checked what routine medicines patients were taking as part of the patient's initial assessment. Patients understood what their eye drops were for, how frequently to administer them and how administer them because staff explained it to them during the discharge process.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. Staff followed a process that ensured enough stock of medicines. All medicines were stored safely in locked cupboards or a locked fridge.

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The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. Processes, including daily briefings and newsletters ensured staff knew about safety alerts and incidents about medicines.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the 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. This included reporting serious incidents, concerns and near misses. The incident reporting policy gave staff guidance about reporting incidents and near misses.

Staff received feedback from investigation of incidents, both internal and external to the service. Daily briefings gave staff timely information about incidents that occurred both at the service and across the Optical Express Limited organisation. This gave opportunity for staff to discuss the feedback and look at improvements to patient care.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. The organisation had a clear process for investigating incidents. Investigations were coordinated by the Clinical Services team at Optical Express Limited head office. Records of incident investigations demonstrated patient wishes and questions were included in the process.

Staff understood the duty of candour. The incident reporting system and investigation process supported staff to assess and identify if the duty of candour process needed to be followed. Incident investigation reports demonstrated staff considered the need to follow the duty of candour process.

Are Refractive eye surgery effective?

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Policies and procedures referenced national guidance and staff had easy access to them. Policies were scrutinised by the International Medical Advisory Board. This was a group of worldwide refractive eye experts financed by Optical Express Limited who, except for the Optical Express Limited's Medical Director and Clinical Services Director, did not work for them. This board met annually to ensure the policies met national best practice and guidance. Staff competencies followed national guidance and managers carried out audits, such as hand hygiene to check staff followed the guidance.

Pain relief

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

Patients received pain relief. Staff gave patients pain relieving eye drops to ensure patients did not experience pain or discomfort during the surgery. Staff checked with patients that they were comfortable and not in pain throughout the surgery. During the discharge process, staff gave patient advice about expected levels of discomfort and how to manage any discomfort.

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 audited itself against national standards and managers used the results to improve patients' outcomes. Outcomes for patients were positive, consistent and met expectations. Audits showed the service met the national guidance for photorefractive (laser) eyes surgery and professional standards for refractive eye surgery. A specialist team collected and analysed individual surgeon's performance and outcomes. The results were reviewed at the international medical advisory board who made recommendations to make improvements to the service and outcomes.

Managers and staff carried out a comprehensive programme of audits to check improvement over time. Managers used information from the audits to improve care and treatment.

Managers shared and made sure staff understood information from the audits. Findings from audits were shared at team meetings and during team brief sessions.

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. Managers followed recruitment processes to ensure staff had the relevant skills and qualifications for their role.

Managers gave all new staff a full induction tailored to their role before they started work. This included shadowing team members, supervised work, completion of mandatory training and completion of competency assessments.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff were supported to develop their skills. All staff received appraisal of their work annually. A specialist team collected and analysed individual surgeons' performance and outcomes. This informed the surgeons' annual appraisals.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Records were made of all clinic meetings and staff had access to them.

Managers made sure staff received any specialist training for their role. Staff said they were trained to use the equipment and records confirmed staff completed training specific to their roles and the equipment they used.

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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 held regular and effective multidisciplinary meetings to discuss patients and improve their care. Team briefs, attended by all disciplines of staff including representation from the dispensing store, were held at the beginning of each clinic day. All staff were aware of all patients attending the clinic for treatment and were aware of any specific needs for each patient.

Seven-day services

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

The service did not provide treatments seven days a week, but patients had access to support and advice from the service 24 hours a day seven days a week following their treatment.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

The service did not routinely deliver any health promotion to patients. However, the Optical Express Limited website provided information about a wide range of eye conditions which included what action the person should take to resolve the eye condition.

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. They used agreed personalised measures that limit patients' liberty.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Records showed all staff had completed training about consent, which included the Mental Capacity Act. It was the responsibility of the consulting surgeon to, where required, assess the patient's capacity to consent. Staff demonstrated they had a good understanding about their responsibility towards the Mental Capacity Act.

Staff gained consent from patients for their care and treatment in line with legislation and national guidance. Consent was now in line with national recommendations with patients having a minimum of seven days between a first consent meeting and a second consent meeting with the surgeon on the day of surgery. This allowed patients a cooling off period for reflection between agreeing to undergo surgery and the surgery being performed.

Staff made sure patients consented to treatment based on all the information available. Patients received comprehensive information about the benefits and risk of their surgery, both verbally and in writing, the information was also available on the Optical Express Limited website. Patients signed to acknowledge they understood potential risks of the treatment. Patients said they were fully informed about the surgery and any risk associated with it.

Refractive eye surgery

Are Refractive eye surgery caring?

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 followed policy to keep patient care and treatment confidential. Staff ensured patients privacy and dignity was maintained. Patients remained fully clothed during the surgery.

Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients commented that staff always spoke to them in a respectful manner.

Patients said staff treated them well and with kindness. Feedback from formal feedback surveys for the months of June, July and August 2021 showed patients felt the way staff treated them made them feel comfortable and at ease. Comments from online feedback included “could not have been more slick, caring and attentive,” and “the customer care is second to none”.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. The equality and diversity policy set out the requirement that staff must respect patients’ personal, culture, social and religious needs.

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. Patients commented staff were reassuring and explained what they were likely to experience during the surgery which reduce their anxieties. Comments from patient feedback included “Great friendly team who really put you at ease”.

Staff understood the emotional and social impact that a person’s care, treatment or condition had on their wellbeing and on those close to them. Patients underwent a full assessment of their work and social interests to recommend the most suitable treatment for them.

Understanding and involvement of patients and those close to them

Staff supported and involved 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. Staff supported patients to make informed decisions about their care. They followed a comprehensive consultation, assessment and consent

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process. Patients said this meant they had a full understanding about surgical options that were suitable for them, the risks and benefits and could make an informed choice. This also included full information about the cost of the procedure and the various ways that the cost could be paid. Staff gave the patient's comprehensive written and verbal information about their on-going care. This included eye care, follow-up appointments, hobbies and information about their medicines.

Staff spoke with patients in a way they could understand, using communication aids where necessary. Patients said that staff explained the assessments and surgical options in a way they could understand.

Patients could give feedback on the service and their treatment and staff supported them to do this. Patients gave positive feedback about the service. Patients were asked to complete a patient satisfaction survey. The results were compared against overall results across the Optical Express Limited clinics. Results for June July and August 2021 showed a high level of satisfaction with the service provided at Southampton and across Optical Express Limited. Patients could also submit reviews of their experience on a social media review site. This was monitored by the service to identify comments relating to Optical Express – Southampton (The Avenue) Clinic.

Are Refractive eye surgery responsive?

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

Managers planned and organised services so they met the needs of the local population. Patients were given flexibility about their choice of clinics. They could attend clinics closer to their home address for consultations and post-surgery follow up and solely attend the Southampton clinic for their surgery. Booking of appointments and surgical lists was managed centrally by the surgical services team, to ensure clinic and surgery dates met patient demand.

Managers took action to minimise missed appointments. Staff contacted patients at set intervals before their surgery appointment. These contacts included opportunity for patients to ask questions and served as a reminder and confirmation of the date of 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. They coordinated care with other services and providers.

The service took account of patients' individual needs. There was limited accessibility for patients with mobility issues, as the surgical clinic was located on the first floor and there was no lift available. However, the service addressed this by offering surgical treatment at other clinics where accessibility was not an issue. Optical Express Limited paid for the patients travel in these circumstances. Pre- and post-surgery care could be provided at Southampton, as that was carried out on the ground floor which was accessible.

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The service had a strict criterion with regards to the patients that could be treated at the clinic. The clinic was designed to provide low risk surgical procedures. Patients who required surgical procedures outside the criterion were signposted to local private hospitals or the NHS services where there was more support in case of any complications arising. The criterion included only treating patients who could give informed consent and who could follow the aftercare instructions. This meant patients with dementia and a learning disability were rarely treated at the clinic.

The service had information leaflets available in languages spoken by the patients and local community. Information leaflets were in English but could now be produced in alternative languages if needed. There was now access to interpretation services, including British Sign Language, to help people understand their choices and the surgical procedure.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service now had interpreting facilities available, which included British Sign Language.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

Patients told us they did not have to wait long for an appointment, and they were given a choice of day and time and which clinic they wished to attend.

Staff worked to make sure patients did not stay longer in the clinic than they needed to. Patients remained in the clinic for up to four hours. Patients commented about how swift the experience was.

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

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Patients, relatives and carers knew how to complain or raise concerns and the service displayed information about how to raise a concern. There was detail on the Optical Express Limited website about how to make a complaint to the service. Patients commented they knew how to contact the service if they had any concerns or feedback about the service.

Managers investigated complaints and identified themes. They used patient feedback to improve daily practice. Investigation of complaints was managed centrally, with relevant members of staff input as required. From September 2020 to September 2021 the clinic had received 10 written complaints, which had been managed according to the complaints policy. Themes from the complaints, which included day of surgery cancellation and day of surgery experiences, were identified and shared with staff. Large font on patients' terms and conditions and consent paperwork had been introduced across Optical Express Limited in response to a patient complaint.

Refractive eye surgery

Are Refractive eye surgery well-led?

Good 

Leadership

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

There was a clear leadership structure. The registered manager had responsibility for the refractive and intraocular service at Optical Express - Southampton (The Avenue) Clinic and one other location. They split their working hours equally between each location. The clinic had a surgery manager, accountable to the registered manager, who was responsible for the day to day running and coordination of the refractive and intraocular surgery lists. The registered manager was accountable to the surgical services team who had overall responsibility for eye surgery across all Optical Express Limited clinics. Surgeons were accountable to the medical director of Optical Express Limited.

Senior leaders, including the chief executive, were visible and accessible. The chief executive visited the clinic to speak with patients and staff. The surgical team staff spoke positively about the leadership at all levels, describing the leadership as being very supportive, accessible and working well with everyone.

Leaders supported staff to develop. Staff felt the company invested in them and supported them to develop and progress their career with Optical Express Limited.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

There was an overarching corporate strategy focused on delivering exceptional patient care, outstanding clinical outcomes and continued investment in people and technology. The mission statement was displayed on the staff notice board and detailed, "Our mission is to grow and develop our network of clinics globally and provide the highest quality science based technology superior products and services to enhance people's lives." Staff spoke with pride about the outcomes for patients, which were enabled through the high quality equipment provided by the company.

The vision and strategy were planned to support the wider health economy. The organisation had recently entered a service level agreement with another provider to deliver refractive and intraocular eye surgery for the NHS.

The service monitored progress against the vision and strategy through the use of audits and the annual International Medical Advisory Board meeting. This was a group of worldwide refractive eye experts financed by Optical Express Limited, but who did not work for Optical Express Limited. The group met annually to review data and clinical protocols, which supported monitoring against the vision and strategy.

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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, and staff could raise concerns without fear.

Staff were positive, enthusiastic and were proud to work for the service. Staff felt supported, respected and valued. Staff were happy with the working arrangements of rotating to other clinics nearby, with rotas arranged to give enough rest between travelling.

Staff were focused on meeting the needs of patients. Staff spoke with pride about the difference they made to patients' lives. They showed care and compassion towards patients.

Leaders at all levels supported the wellbeing of staff. Staff had access to counselling and gym membership through the company. Staff felt able to raise concerns with the leadership team and were confident that concerns would be dealt with.

The service promoted equality and diversity in daily work. The work force was a supportive and diverse team with no instances of inappropriate behaviours relating to equality and diversity.

The service showed a culture of openness and honesty, staff and patients could raise concerns without fear. Patients had easy access to the complaints process and staff understood duty of candour.

Governance

Leaders operated effective governance processes. 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.

Leaders operated effective governance processes that evidenced the quality of care. There was a clear structure for governance and sharing of information across all leadership levels, staff working at the clinic and for staff working across the organisation. Daily briefing meetings attended by all staff working at the clinic that day allowed sharing of essential safety, performance and activity information. Manager and team meetings were recorded and reviewed performance of the service. Actions were tracked, and records showed they had been completed.

Staff were clear about their roles and accountabilities. The surgery manager managed performance and quality of the service through local auditing, the results of which fed into the team meetings and into the surgical services team governance meetings.

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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

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Leaders used systems to manage performance effectively. The service had a programme of audits to monitor quality and developed action plans when results identified improvement was needed.

The service had arrangements for identifying, recording and managing risks. Leaders used risk registers, a risk matrix and risk assessments to identify and manage risks to the service. Actions were developed and followed through to lessen risks identified.

The service had a business continuity plan. This detailed the actions staff needed to take in the event of unexpected events to ensure patient safety was not affected.

Staff contributed to decision making about the management of risks, issues and performance during team meetings.

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.

The service collected data and analysed it. The organisation collected data which was analysed by a team of data analysts to ensure data was accurate to provide a picture about the patient experience and the current performance of the service. The organisation and the clinic used this data to identify areas for improvements.

Staff could find the information they needed. Policies and procedures and data about performance were stored electronically and in paper format that staff could easily access.

The service had arrangements to ensure data or notifications were sent to external bodies as required. Notifications, such as changes with manager arrangements, were submitted to the Care Quality Commission.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The service gathered people views and experiences of the service to shape and improve the service. The service gathered patient feedback using feedback forms and social media, feedback was analysed to seek improvement.

Leaders actively engaged with staff through annual staff surveys, team meetings, electronic communication, newsletters, staff notice board and informal discussions. Staff felt their view and opinions were listened to.

Leaders collaborated with partner organisations to help improve services for patients. Optical Express Limited had collaborated with another provider of refractive eye surgery to support delivery of NHS work.

Learning, continuous improvement and innovation

Refractive eye surgery

All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

Staff were committed to learning and improving. Staff spoke about how managers supported them to attend courses that supported their development and contributed to improving services.

Innovation was limited to national approaches. At a national level, Optical Express Limited was committed to improving lives of people and the environment. They were working with a UK university carrying out research in dementia and macular degeneration. At a national level they were committed to reducing impacts on the natural environment and had introduced contact lens recycling collection points at all clinics.