

Optical Express Limited

Optical Express - London (Harley Street) 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

We had not previously 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 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 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.
- 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.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Refractive eye surgery	Good 	See overall summary above for details.



Summary of findings

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Summary of this inspection

Background to Optical Express - London (Harley Street) Clinic

Optical Express – London (Harley Street) Clinic is operated by Optical Express Limited. Optical Express Limited offers general optometric services (which is outside the CQC scope of registration) and refractive eye surgery in clinics across the United Kingdom, Ireland and Europe.

Optical Express – London (Harley Street) provides laser vision correction procedures for adults aged 18 years and above. The clinic registered with the CQC in October 2013 and has had a registered manager in post since 2013. The service is registered to provide the following regulated activities:

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

The clinic is based on the ground floor of a multi-purpose building. Patients are self-referring and privately funded. The clinic has three consulting rooms, three patient advisor rooms, a laser procedure room, a treatment room, a pre-screening room, pre and post-operative rooms and patient waiting areas.

The service was last inspected in September 2017. At that time the CQC did not have a legal duty to rate refractive eye surgery services.

How we carried out this inspection

We carried out an unannounced comprehensive inspection of the service on 13 September 2022. The inspection team comprised of one CQC inspector and a CQC specialist professional advisor.

We spoke with nine members of staff including the registered manager, senior staff, patient advisors, a surgeon and a nurse. We spoke with two patients who were using the service at the time of our inspection. We reviewed a range of policies, six patient records and observed patient care.

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>.

Outstanding practice

We found the following outstanding practice:

- The provider had invested in innovative systems and an in-house biostatistics team. This enabled the service to analyse relevant information, refine its procedures and improve surgical protocols and patient outcomes.

Areas for improvement

Action the service SHOULD take to improve:

Summary of this inspection

- The provider should ensure that staff label equipment to show when it was last cleaned. (Regulation 12(1)).






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 

We had not previously rated safe for 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. We reviewed the staff training matrix and found that all staff based at the Harley Street clinic had completed their mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training requirements included courses covering consent, duty of care, conflict resolution, equality and diversity, fire safety, health and safety, infection prevention and control, information governance, moving and handling, safeguarding and dementia.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff confirmed they could access their mandatory training records and received alerts when training was due.

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. Safeguarding children and adults formed part of the mandatory training programme for staff. All nursing and allied health professional staff had completed safeguarding adults training up to level three. All medical staff had completed safeguarding adults training up to level two while 50% had completed level three training. The provider informed us they had recently introduced level three safeguarding adult training for all staff.

The service did not see children and young people. However, staff were provided with the right level of training to recognise and report abuse in children. The service offered level one children's safeguarding training and all staff had completed the training.

Refractive eye surgery

Staff knew how to make a safeguarding referral and who to inform if they had concerns. A safeguarding lead who had completed level three safeguarding training was on duty for each shift. The safeguarding lead was identified at the start of the day during the daily briefing meetings attended by all staff. Staff told us they knew where to find details for the local safeguarding authority and the steps to take if they had any concerns.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff gave examples of concerns they would report and knew the contact details for the agencies they would report to. This included the provider's safeguarding team and local authorities.

The service had not made any safeguarding referrals in the last 12 months.

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.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. We observed that all areas of the clinic were visibly clean and free from clutter. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Staff were 'bare below the elbow' and adhered to infection control precautions throughout our inspection, such as hand washing and using hand sanitisers when entering and exiting the unit and wearing personal protective equipment (PPE) when caring for patients. All visitors were prompted to wash their hands, wear a face mask and had their temperature taken on arrival at the clinic. The service had a COVID 19 clinical directive which outlined principal guidelines in surgery including use of PPE, hand hygiene, IPC protocols and screening for COVID-19 symptoms.

There were sufficient numbers of hand washing sinks available, in line with the Health Building Note (HBN) 00-09: Infection control in the built environment. Soap and disposable hand towels were available next to sinks and instructions on how to effectively decontaminate hands were displayed above the sinks.

Staff used single-use disposable equipment for surgical procedures. Staff were responsible for cleaning clinical and medical equipment. We observed staff preparing for surgery in line with good practice and procedures. Staff cleared away dirty items after the procedure and cleaned theatre beds and equipment. However, equipment was not labelled to show when it was last cleaned.

The service employed their own cleaning staff. Clinical staff were responsible for cleaning the laser theatre due to the nature of equipment.

The service had a contract with a third party company for disposal of clinical waste.

The service carried out infection prevention control and hand hygiene audits. Latest results from August 2022 and September 2022 showed a compliance rate of 99% and 93% respectively.

Staff worked effectively to prevent, identify and treat surgical site infections. The clinic reported no incidents of surgical site infections in the last 12 months.

Refractive eye surgery

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. The laser room had an illuminated warning sign on the entrance to the room with keypad access. This ensured visitors to the unit avoided accidental exposure to the laser.

The service had suitable facilities to meet the needs of patients' families. The clinic had adequate consultation and treatment rooms. The reception was spacious and had adequate seating arrangements.

Relevant staff had keypad access to clinical areas including the theatre, treatment room, post-operative room and compressed gas storage room.

The service had enough suitable equipment to help them to safely care for patients. All equipment conformed to the relevant safety standards and had been serviced annually. Fire extinguishers were serviced yearly and in date for servicing. Compressed gas was stored securely. Staff had received training to use equipment.

Staff carried out daily safety checks of specialist equipment. Safety checks were undertaken and recorded for operating equipment on the days there was surgical activity at the clinic. Resuscitation equipment was checked daily.

There were local rules in place which set out instructions to ensure staff followed national guidance for the safe use of laser equipment. The service had a laser protection adviser who reviewed risk assessments for each laser machine every three years. The service acted on the recommendations of the risk assessments. The service also had a laser protection supervisor to ensure staff followed local rules and national guidance.

Staff disposed of clinical waste safely. Waste was segregated with separate bins for general waste and clinical waste. The clinic had a contract with an external company for the disposal 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 patients. The clinic's policy was to provide life support and call the emergency services if the patient's condition deteriorated. All clinical staff had completed basic life support training while some staff had completed intermediate life support training to care for patients in an emergency.

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly. Staff assessed the level of risk to ensure patients were suitable for the procedure. This included an assessment of the patient's medical history for risk factors such as diabetes or high blood pressure. Patients were also asked to identify if they had any eye condition such as cataracts or glaucoma. Patients who were pregnant, had a baby in the last three months or were breastfeeding were excluded from the procedure.

All patients attended an initial consultation with an optometrist where a scan of the eye was conducted, and options discussed. All patients were assessed against the provider's suitability criteria and staff informed us that they did not carry out laser surgery if the risk outweighed the benefit. For example, if the patient had a low eye prescription.

Refractive eye surgery

Staff conducted a COVID screening call between 72 to 24 hours prior to the patient's appointment. Our review of patient records and observation of procedure showed staff completed an adopted "five steps to safer surgery" World Health Organisation checklist before, during and after each surgery. The service reviewed WHO checklists when conducting patient records audits. The latest patient record audit in August 2022 showed eight out of 10 WHO checklists had been completed accurately. An audit action plan was developed which recommended discussion with staff about recording all relevant information on WHO checklists.

Staff completed, or arranged, psychosocial assessments and prompted patients to indicate if they have been feeling down, depressed or hopeless.

Staff shared key information to keep patients safe when handing over their care to others. Patient records were accessible to all relevant staff so that patients could access support when necessary. Staff followed a standard process to share clinical information with GPs when necessary.

Staff monitored patients following their procedure and ensured they were fit for discharge. The service had a clinical directive with regard to patients leaving on the day of surgery. Following surgery, staff were required to accompany patients and hand them over to their nominated chaperone.

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.

The service had enough staff to keep patients safe. This included the surgery manager, one nurse, two surgery associates and four surgeons who worked across the region. The service had access to two additional nurses who worked in a nearby location when required. Staffing arrangements were dependent on when the clinic opened. There were no set days that the clinic opened, this was dependent on patient demand.

Staff had the right qualifications, skills, training and experience to keep patients safe. Clinical staff had completed relevant professional training for their role and were up to date with their mandatory training.

The provider's central scheduling team managed staff rosters, which meant the clinic had sufficient suitably qualified staff to cover clinic days. The surgery manager reviewed rosters to ensure suitable qualified staff with the appropriate skills mix covered all clinic days.

There were no vacancies at the time of our inspection and the clinic did not use agency staff.

Managers made sure all new staff had a full induction and understood the service. Staff were positive about their induction and felt it equipped them to excel in their role.

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 relevant staff across the provider's locations could access them easily. The clinic had an electronic medical system and a hard copy of surgical records. Paper records were stored securely, and electronic records were accessible through a password to authorised staff.

Refractive eye surgery

We reviewed six patient records and saw that they were detailed, legible and up to date. Each patient record included pre-operative information, treatment information and treatment results. Records also included details of diagnostic scans, ophthalmic assessments, dilation, prescription history, recommendation and consent forms.

Consent forms were comprehensive and included information regarding the risks associated with the procedure. Discussions between staff and patients were in-depth with discussed outcomes, expectations, risks and recovery.

Risk assessments were comprehensive and ensured patients were assessed for their suitability for treatment.

The service carried out an audit of patient records to assess staff compliance against specific measures such as completion of consent forms, terms and conditions, medication sheet, WHO checklist, surgical notes, operative notes amongst others. Staff achieved a compliance rate of 95% in the latest audit carried out in August 2022.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. The clinic had a medicines management policy, which described the handling, storage, prescribing, recording, and safe administration, and disposal of medicines. Staff did not store or administer controlled drugs at the location.

Staff completed medicines records accurately and kept them up to date. We reviewed six prescription charts and saw they were completed, signed and dated. Staff recorded information about patient allergies on the patient's individual electronic records.

We found medicines were stored securely and appropriately. Medicines requiring cold storage were stored in locked fridges and the temperature was monitored daily. We observed that fridge temperature checks were completed on all clinic days.

The clinic held some emergency medicines, such as adrenaline for anaphylaxis, which were checked regularly and in date. These medicines were stored securely in a container, which was readily available with resuscitation equipment.

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.

Staff knew what incidents to report and how to report them. Staff reported incidents in line with the provider's policy. Staff had reported 10 incidents between January 2022 and September 2022. All incidents involved minor or no patient harm.

Managers investigated incidents and shared learning about incidents with their staff. Records showed that actions had been taken, learning had been identified, and the outcomes had been shared with staff.

Staff received feedback from the investigation of incidents, both internal and external to the service. They met to discuss the feedback and look at improvements to patient care. For example, staff discussed the importance of auditing the contents of resuscitation trolleys following an incident at another location.

Refractive eye surgery

Staff understood the duty of candour. They told us it involved being open and transparent and giving patients and their families a full explanation if and when things went wrong.

There was no incident requiring a duty of candour notification in the last 12 months.

Are Refractive eye surgery effective?

Good 

We had not previously rated effective for 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 deliver high quality care according to best practice and national guidance. Staff could access policies on the provider's intranet system. Policies were in date and developed in line with the Royal College of Ophthalmology and National Institute for Health and Care Excellence guidelines.

The provider had an international medical advisory board (IMAB) made up of international refractive surgery experts. The board met annually to consider new research evidence, technologies and guidelines for best practice such as the Royal College of Ophthalmology Standards for refractive surgery. The IMAB used this evidence together with the Optical Express outcomes data to review the clinical protocols of the company. For example, the suitability guidance and treatment criteria clinicians used to make decisions to treat patients.

The service carried out a programme of audits to monitor staff compliance with guidelines. Audits carried out included hand hygiene, infection prevention and control, WHO checklist, patient records and team brief. Senior staff also completed quarterly compliance assessment of audits undertaken to review any action plans required. For example, the latest compliance assessment dated 2 September 2022 stated that general record keeping was good and reflected company policy.

Pain relief

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

Staff managed and assessed patient pain. Staff gave patients pain relieving eye drops to ensure patients did not experience pain or discomfort during the surgery. Patients were asked if they were comfortable and not in pain throughout the surgery. Patients were prescribed anaesthetic eye drops post treatment. 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 carried out relevant audits to monitor the efficacy and safety of treatment. Outcomes for patients were positive, consistent and met expectations, such as national standards.

Refractive eye surgery

Managers closely monitored the individual performance of surgeons who worked at the Harley Street Clinic. We reviewed two annual audits of the individual surgeon's outcomes. Outcomes included the total number of treatments, mean age and gender, pre-operative measurements of the eye, treatment types, three-month post treatment distance vision for different types of vision correction, three-month post treatment refractive predictability, surgeon safety and efficacy over time and estimated enhancement rate. Audit outcomes were either similar to or better than the provider's average.

Managers shared and made sure staff understood information from the audits. Findings from audits were shared at team meetings and during team brief sessions. Findings from individual surgeon's audits were shared with the staff involved.

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. Staff had completed relevant training required for their role. Managers regularly reviewed the registrations and revalidations of relevant clinical staff to make sure they were up to date.

Managers gave all new staff a full induction tailored to their role before they started work. New members of staff went through a probationary period and completed competency training.

Staff who had recently completed their induction spoke positively about the experience and said managers and clinical staff were supportive. They confirmed that they shadowed experienced staff before working independently.

Managers supported staff to develop through yearly, constructive appraisals of their work. Appraisal completion rates were 100%. Staff told us they had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

The clinical educators supported the learning and development needs of staff. The service had professional education facilitators who mentored new staff and oversaw staff competency-based training programmes. We reviewed the staff competency and appraisal matrix which showed staff had completed competency training.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. We reviewed notes of team meetings which were well attended. Staff had access to the notes.

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. There were daily safety team briefings where staff discussed the patient treatment, safety checks and specific requirements for the day.

Staff worked across health care disciplines when required to care for patients. Surgeons, nurses and surgery associates worked together to deliver patient care. Staff told us they had good working relationships with other members of staff in the clinic.

Refractive eye surgery

Seven-day services

The clinic had no specific opening days. Opening days were dependent on patient demand.

Patients had access to support and advice from the service following their treatment.

Health promotion

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

Patients had access to leaflets about a wide range of eye conditions which included actions that a person could take to resolve certain eye conditions.

Consent and Mental Capacity Act

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. Records showed all staff had completed training about consent, which included information about the Mental Capacity Act 2005. Staff assessed capacity to consent at various stages of the patient pathway. This included the patient assessment in the health questionnaire, during their initial consultation and before proceeding with surgery.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. All patients attended a consent appointment following their initial consultation. Patients were required to sign a declaration confirming that risks had been explained to them and they had received all relevant information. The time frame between the patient's initial consultation and surgery was over the seven-day cooling off period required in line with national guidance. Senior staff informed us they would start a new consultation if the procedure was not carried out within three months from the initial consultation.

We reviewed six consent forms and all patients involved had signed the forms. The consent form was comprehensive and included several sections to ensure patients had attended the initial consultation, staff had explained what the procedure entailed, and patients understood the risks associated with the procedure.

Are Refractive eye surgery caring?

We had not previously rated caring for 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 took time to interact with patients and their relatives in a respectful and considerate way. We observed staff greeting patients on their arrival and introducing themselves. Staff were courteous, friendly and helpful in their approach.

Refractive eye surgery

Staff were discreet and responsive when caring for patients. Discussions took place in dedicated screening or consulting rooms to protect patient privacy and dignity.

Patients told us staff treated them well and with kindness. We reviewed the clinic's patient satisfaction survey response. The clinic scored over 9.5 out of 10 for most questions involving care and welfare.

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. Our observation of patient care showed staff were re-assuring and comforting to patients. Patients confirmed that staff made them feel relaxed.

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. Staff understood the anxiety or distress associated with procedures and engaged patients to ensure they were comfortable.

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 given clear information about treatment options, including the benefits and risks of the procedures. Patients were given the opportunity to ask questions.

Staff supported patients to make informed decisions about their care. Patients were given relevant information both verbally and in writing to take home and read in their own time. They were given a cooling off period to give them time to read and understand the information they were provided with. We reviewed patient notes which showed that all patients had signed terms and conditions which included details about fees, exclusion, cancellation policy and refund policy. Patients were also offered finance options for the procedure through a finance company.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients gave positive feedback about the service. The service scored 9.8 out of a total score of 10 for the question asking patients if they would recommend the clinic.

Are Refractive eye surgery responsive?

We had not previously rated responsive for 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.

Refractive eye surgery

Managers planned and organised services so they met patients' needs. Patients were offered flexibility about the choice of clinics, date or time of appointment. The clinic had flexible opening times and the service offered extra clinic days based on patient demand. Patients could book an appointment online or through a phone call.

Facilities and premises were appropriate for the services being delivered. The clinic was easily assessable and close to public transport links. The service had an adequate number of consulting rooms and a spacious reception area with adequate seating arrangements. Patients told us they were happy with the location and facilities.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. They coordinated care with other services and providers.

Information leaflets were available for patients regarding different aspects of their care. Staff could access information leaflets in other languages and print them for patients when required. Interpreters were booked in advance of appointments when required.

There was good access and spacious room for wheelchair users and patients with limited mobility.

There were hot drinks and biscuits available in the reception areas along with a water dispenser.

Staff coordinated care with the other provider's clinics and GPs.

Staff told us they did not usually see patients with complex needs such as dementia and learning disabilities. However, all staff had completed dementia training to care for patients living with dementia if necessary.

All staff had completed equality and diversity training and understood the importance of providing care without prejudice to protected characteristics. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Access and flow

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

Patients booked appointments at a time and date convenient for them. Patients could choose the most convenient time for them from a number of the provider's clinics within the region.

The clinic had flexible opening times and could open at weekends and on public holidays to meet patient demand.

Managers worked to keep the number of cancelled operations and appointments to a minimum. Staff regularly updated patients and sent reminders for appointments. Within the last 12 months, there had been no cancelled refractive eye procedures for non-clinical reason. Cancellations or postponements recorded during the period were due to the presence of risk factors following assessment.

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.

Refractive eye surgery

The service had a complaint's policy, which provided guidance to staff on the processes they should follow in the event of a patient complaint. Staff understood the complaint policy and knew how to escalate complaints.

Patients, relatives and carers knew how to complain or raise concerns. Staff provided patients with documents which included information about the complaint's process and how to make a complaint. The provider's website also contained information about how to make a complaint.

Managers investigated complaints and identified themes. The service had received 50 formal complaints between December 2021 and September 2022. Staff resolved 98% (or 49) of the complaints within 20 working days in line with the provider's policy.

The service included patients in the investigation of their complaint, and we saw examples of letters written to patients explaining the outcome of the service's investigations.

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff could give examples of how they used patient feedback to improve daily practice. For example, the diary appointment scheduled was standardised to reduce waiting times on the day of surgery.

Are Refractive eye surgery well-led?

Good 

We had not previously rated well led for 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 and take on more senior roles.

The service had a corporate management structure which included a chief executive officer (CEO), clinical services director, medical director, responsible officer and other operational directors. In addition, the service had a clinical governance manager and two clinical services managers. The clinic had a surgery manager, who was responsible for the day to day running and coordination of the refractive surgery list.

Managers had the skills, knowledge and experience to run the service. They demonstrated an understanding of the challenges to quality and sustainability for the service.

Staff were positive about the leadership of the service. They informed us managers were accessible, visible and approachable. Staff said they felt supported to develop their skills.

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. Leaders and staff understood and knew how to apply them and monitor progress.

Refractive eye surgery

The service had a vision to lead in global elective and healthcare industry through utilising the most advanced techniques, scientifically analysing clinical outcomes and working with pioneers, innovators and opinion leaders in the healthcare industry.

There was an overarching corporate strategy focused on improving patient outcomes and continued investment in people and technology. The mission statement states, “Our mission is to grow and develop our network of clinics globally and provide the highest quality science based technically superior products and services to enhance people’s lives. We deliver on this by fostering a work environment that values and rewards integrity, respect and performance while contributing positively to the communities that we serve.”

The service highlighted its core values as patient and customer focus, delivering results, excellence, one team and trusted.

The vision and values were displayed on the service’s computers as a screensaver to serve as a reminder for staff. Staff were familiar with the vision and values and expressed a passion for delivering excellent patient care.

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 the provider.

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.

There was a positive culture within the service. Staff were enthusiastic to work for the service and focused on the needs of patients. They felt respected, supported and valued, and had opportunities for training and career development. The clinic had a significant number of staff who had worked for the organisation for a long time and had obtained promotion to more senior positions.

The service had an open culture where patients, their families and staff could raise concerns without fear. Staff recognised they needed to be open and transparent with patients when something went wrong in line with the duty of candour requirements. Patients we spoke with were positive about the culture of the service and did not have any concerns to raise. They felt they were able to raise concerns with staff if necessary.

The service had a diverse team of staff, and staff we spoke with felt they worked in a fair and inclusive environment.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. 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.

The service had a clear governance structure with defined roles and responsibilities. The service had a clinical governance team which included the clinical services director, responsible officer, medical director, clinical governance manager and two clinical services managers (for quality and compliance, and for clinical education, IPC and resuscitation).

Refractive eye surgery

The team held clinical quarterly clinical governance committee meetings. We reviewed minutes of the last three meetings which showed staff discussed regulatory updates, staffing, risk management, infection prevention and control and other clinical issues. Staff informed us the service often held additional virtual meetings when necessary.

The provider's international medical advisory board (IMAB) met annually to consider new research evidence and guidelines for the service. There was a medical advisory board (MAB) that met twice a year. The MAB discussed recommendations of IMAB and considered how policies and protocols might be reviewed or amended.

There were weekly calls involving all location managers discussing quality improvement and compliance and other patient safety issues.

Staff held daily team briefings where they discussed patient care, safety checks and specific requirements for the day.

The service worked well with other clinics within the provider's organisation and GP services to meet healthcare priorities.

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.

Managers monitored local performance and had an overview of all relevant information including the number of surgeries completed, patient outcomes, incidents, complaints and compliments.

The service had arrangements for identifying, recording and managing risks. The service used a risk register and risk assessments to identify and manage risks. There were 33 risks on the risk register. All the risks were identified as either low or medium risks. The risk owner was identified as the surgery manager for the location. There were control measures in place to mitigate against each risk. For example, mitigating measures were in place for the risk of language difficulties creating a barrier between patients and staff. Patients must attend a face to face consent appointment, and staff must arrange an independent interpreter for all clinical appointments.

Minutes of governance meetings showed staff regularly reviewed risks and performance and took action to improve patient care.

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. The provider had a medical malpractice insurance that covered all staff.

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.

Staff had access to information about patients' care and treatment. Access to individual patient's records were restricted to authorised staff. Electronic devices were password protected and we observed staff signing out of computer systems when they were not in use.

Refractive eye surgery

All staff had access to the organisation's intranet to gain information relating to policies, procedures, national guidance and e-learning.

Managers posted relevant information on the staff notice board about relevant legislation including data protection, health and safety as well as clinical directives.

The provider had its own in-house biostatisticians who analysed information from its electronic medical records database. This helped the service to refine its procedures and improve surgical protocols and patient outcomes.

Staff shared information through a variety of ways including at daily meetings, multidisciplinary meetings and governance meetings.

Engagement

Leaders and staff actively and openly engaged with patients and staff to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Patients routinely completed feedback questionnaires at various stages of their treatment pathway. Patient feedback seen was positive and showed most patients were satisfied with the care provided.

Staff had access to information about the service through, weekly newsletters, electronic systems and at team meetings. We observed the staff notice board highlighted relevant clinical information and guidelines.

Staff told us they felt engaged in the day to day operations of the department and could influence changes. They had regular staff meetings which they used to share information related to incidents or complaints and examples of good practice.

Staff provided feedback via the provider's regional staff survey. The survey outcome was mostly positive. The majority of staff felt they had a healthy work-life balance and all staff indicated that the organisation's work positively impacted on the lives of patients. However, the survey was not broken down for Optical Express Harley Street.

The service collaborated with partner organisations including other refractive eye services and GP practices to improve services for patients.

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. Leaders encouraged innovation and participation in research.

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

The provider had invested in obtaining new diagnostic equipment and in developing their own software system. This enabled the biostatistics team to process data for review.

Refractive eye surgery

The service had employed a performance director to review the clinic's activities. Senior staff informed us the service is now focussed on quality improvement and not just quality monitoring. The provider had implemented a number of quality improvement initiatives across its locations. This included the implementation of an action plan for every audit that returns a score of less than 100%.

Several staff within the provider organisation had written articles about refractive outcomes and other eye procedures for publication. They had also been involved in presenting data in professional circles and at academy meetings.