

David Gartry Eye Surgery Ltd

Inspection report

46 Wimpole Street
Marylebone
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Date of inspection visit: 14 September 2023
Date of publication: 10/11/2023

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	

Overall summary

The clinic is rated as Good overall. This was the first CQC inspection of David Gartry Eye Surgery Ltd.

The key questions are rated as:

Are clinics safe? – Good

Are clinics effective? – Good

Are clinics caring? – Good

Are clinics responsive? – Good

Are clinics well-led? – Good

We carried out an announced comprehensive inspection at David Gartry Eye Surgery Ltd as part of our inspection programme. This inspection was planned to check whether the clinic was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

David Gartry Eye Surgery Ltd provides a wide range of in-person privately funded pre-operative and post-operative care, for adult patients, over 18 years of age, undergoing ophthalmic surgery. The provider had an optometry clinic which was out of the scope of CQC registration and was not part of this inspection.

The clinical lead is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the clinic. Like registered providers, they are registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the clinic is run.

Our key findings were:

- The clinic had a safeguarding adults and children process in place to protect patients.
- All medicines that were dispensed to patients, to take home, were prescribed and dispensed by the personal authority of the treating medical practitioner.
- The provider ensured that equipment was safe and maintained according to manufacturers' instructions.
- There was an effective system to manage infection prevention and control.
- Patients' immediate and ongoing needs were assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of clinics. They understood the challenges and were addressing them.

The areas where the provider **should** make improvements are:

- Consider if optometrists require a higher level of safeguarding adults training and regular clinical review of their consultations when carrying out work for the registered service.
- Consider if patient-facing administration staff require basic life support training.
- Take action to record all staff meetings.

Overall summary

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC GP specialist advisor and a second inspector.

Background to David Gartry Eye Surgery Ltd

The provider is David Gartry Eye Surgery LTD.

The location is David Gartry Eye Surgery LTD. which is based at: -

46 Wimpole Street

Marylebone

London

W1G 8SD

David Gartry Eye Surgery Ltd (also known as “The Wimpole Eye Clinic - David Gartry”) registered with the Care Quality Commission (CQC) as an organisation in October 2015, for the regulated activities of treatment of disease, disorder or Injury, and diagnostic and screening and surgical procedures. The surgical procedures themselves are not carried out on site but are undertaken within a CQC registered secondary care (hospital) setting.

David Gartry Eye Surgery Ltd provides a wide range of in-person privately funded pre-operative and post-operative care, for adult patient’s over 18 years of age undergoing ophthalmic surgery. The clinic has been operating since 2015 and treats between 51 and 100 patients per month.

The provider is open and provides appointments from 8.30am to 5pm on Thursdays and Fridays only. Patients have access to Professor Gartry’s personal mobile number, the Wimpole Eye Clinic telephone number (to leave a message if non-urgent); and a secondary care (Hospital) private ward and Accident & Emergency department numbers, in the unlikely event of urgent or emergency need.

The provider has a sole and lead male doctor, Professor David Gartry, who is registered on the General Medical Council (GMC) Specialist Register for Ophthalmology. The lead doctor is working within the NHS and may work at any grade in the NHS, including at consultant level in accordance with his registration.

The lead doctor is the CQC registered manager for the provider. Like registered providers, they are ‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the clinic is run.

The staff are one part-time lead doctor, and 2 full-time and 2 part-time practice managers that are able to cover each other and duties such as clinic manager, medical reports, enquiries line supervision, bookings management (laser, cataract, refractive and corneal surgery) with responsibility for lens implant stock, accounts, business development and clinic oversight manager. Three optometrists carrying out support roles, this includes refraction, patient assessment, scans and investigations.

How we inspected this clinic

The inspection was completed by a CQC Lead Inspector, a GP specialist advisor who carried out a site visit, spoke to staff and reviewed evidence onsite and submitted by the provider.

To get to the heart of patients’ experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people’s needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

We identified a safety concern that was rectified soon after our inspection. The likelihood of this happening again in the future is low and therefore our concerns for patients using the clinic, in terms of the quality and safety of clinical care are minor.

Safety systems and processes

- The clinic had a safeguarding adult and children's policies to follow, which were reviewed in 2023. The policies included the contact number for the local safeguarding agencies; however, patients often attended the clinics that were not from the local area.
- The clinic did not offer treatment to patients under 18 years of age. The clinical lead acted as the safeguarding lead.
- Staff had completed a level of safeguarding training dependent upon their role. Administration staff who had limited patient contact had completed level 1, and the optometrists had completed level 2 of both adult and children's safeguarding.
- The clinic had a policy for the recruitment and selection of staff updated in 2023. The policy included the need for a disclosure and barring check and references.
- The provider had evidence of Disclosure and Barring Clinic (DBS) check completed for staff. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The clinic had a policy for the use of chaperones which was reviewed in 2023. The manager told us they had three staff who acted as chaperones.
- There was an effective system to manage infection prevention and control. The premises appeared clean and tidy. Staff had completed an infection control audit on the 5 September 2023. The clinic had a contract in place for the removal of clinical waste every three months.
- The provider ensured that equipment was safe and maintained according to manufacturers' instructions. The clinic had carried out portable appliance testing in May 2023.
- The clinic had a policy for fire risk management and health and safety measures, which was reviewed in 2023.
- The clinic had oversight of a combination risk assessment for both general and fire risks, which was carried out on 1 August 2022. The practice showed that they were responding to some of the actions. The fire alarm was tested weekly; the fire equipment was tested April 2023 and the emergency lighting was tested in February 2023. The fire evacuation drill was carried out on 3 July 2023.

Risks to patients

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role.
- On the day of the site visit the clinic did not hold emergency medicines. The provider explained this was because they had not had course to use them in the past 8 years. Following the visit, the provider ordered the relevant emergency medicines. These included glyceryl trinitrates (GTN) spray, a salbutamol aerosol inhaler, an adrenaline injection, dispersible aspirin, glucagon injection, oral glucose and midazolam. The clinic had a defibrillator that was checked daily and had recently ordered oxygen.
- When there were changes to clinics or staff the clinic assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment.

Are services safe?

- Care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The clinic had a policy for sharing information which was reviewed in 2023. The policy stated that should there be a more urgent or pressing need for intervention the clinic's practitioner would telephone the patient's NHS general practitioner to pass on the necessary information.
- The clinic had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

- The clinic had a policy for the management of medicines and prescribing which was reviewed in 2023.
- All medicines used on the premises were dispensed to patients, to take home, were prescribed and dispensed by the personal authority of the treating medical practitioner.
- The clinic only prescribed chloramphenicol, dexamethasone, moxifloxacin, softacort and FML eyedrops. The clinic did not prescribe or administer oral medicines.
- The clinician had completed a prescribing audit in June 2023, for a sample of 112 patients, this reviewed the clinicians current prescribing and found the prescribing and record system was in line with regulations and working well.
- The service did not hold any medicines that were stored in a fridge.
- The clinic does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.
- Staff prescribed, administered, or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Track record on safety and incidents

- There were risk assessments in relation to health and safety issues.
- The clinic had a policy for the management of safety alerts and other communications. It was the responsibility of the senior medical practitioner to review ensure all relevant alerts and take action.

Lessons learned and improvements made.

- The clinic had a policy for the serious incidents and near misses events reporting and management, which had been reviewed in 2023. This included information about duty of candour.
- The provider explained the clinic had not experienced any serious incidents.
- The staff we spoke to said they understood their duty to raise concerns and report incidents and near misses and leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The clinic learned and shared lessons identified themes and took action to improve safety in the clinic.

Are services effective?

We rated effective as Good because:

Effective needs assessment, care and treatment.

- We reviewed 5 patients' records and found that clinicians assessed needs and delivered care and treatment in line with current legislation, standards, and guidance (relevant to their clinic).
- Patients' immediate and ongoing needs were assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- A patient would contact the clinic by telephone or via the website. The receptionist would take brief details and ask the patient to complete a health questionnaire. In addition, they arranged an appointment with the doctor and sent written information about the clinic and the procedures.
- At the first consultation, the optometrist would carry out routine eye tests then the consultant would take a medical history and explain the procedure in detail, the possible side effects, the cost, and request their consent. A further consultation was made available if the patient required further information.
- Following the first consultation there was a cooling off period of 7 days for the patient to consider the information provided. A further patient health questionnaire was completed prior to hospital admission.
- Following discharge from hospital, the patient was seen post operatively after 7 days, one month and then 3 months. In addition, they could contact the clinic at any time should they wish further advice or treatment.

Monitoring care and treatment

- The clinic had carried out clinical audits to improve patient care. For example:
- The service had a computer software system that enabled them to monitor all patients' surgical outcomes, for cataract, laser refractive, refractive lens exchange (RLE) and corneal surgery carried out by the lead clinician. This had been in place for 10 years and allowed the provider to analyse the information comprehensively and thoroughly.
- The practice had found that there could be inaccuracies in the patient registration records, particularly in patients that had been seen many years before. They carried out an audit to find out the scale of the issue. 100 patient case notes were randomly chosen, and their registration documents reviewed. In response to the findings the practice manager now reviews the patients' registration documents and ensures they are current and checks whether any omissions were by choice or were a mistake.

Effective staffing

- Relevant professionals were registered with the General Medical Council (GMC) and General Optical Council.
- The clinical lead also worked in secondary care where they had to complete mandatory training.
- The clinic employed 3 optometrists and we found all had completed safeguarding adult training level 2, fire safety, and infection control training and two had completed basic life support training and one was in the process of renewing their training.
- The clinic employed three administration staff and a practice manager. All the administrators had completed safeguarding level 1, fire safety and infection control training but they had not completed basic life support training and were not patient facing.

Coordinating patient care and information sharing

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other clinics when appropriate.

Are services effective?

- Before providing treatment, doctors at the clinic ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- The provider had risk assessed the treatments they offered.
- Patient information was shared appropriately (this included when patients moved to other professional clinics), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- With the patient permission the patient's general practitioner was informed of the patient's consultation and treatment. To allow the GP to give feedback about the patient's health and optometric data.

Supporting patients to live healthier lives.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients need could not be met by the clinic, staff redirected them to the appropriate clinic for their needs.

Consent to care and treatment

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- The clinic had a policy for consent reviewed April 2023 which included an explanation of informed consent.
- Patients were given a questionnaire following their treatment. A collation of 25 questionnaires completed from January to August 2023 demonstrated that all the patients stated the clinicians gave them the opportunity to ask questions and they were involved in decisions about their care and treatment.

Are services caring?

We rated caring as Good because:

Kindness, respect and compassion

- The clinic sought feedback on the quality of clinical care patients received.
- Feedback from patients was positive about the way staff treat people. Patients were given a questionnaire following their treatment. A collation of 25 questionnaires taken from 100 completed from January to August 2023 found that all the patients stated the practitioners respected their views and their privacy and dignity. The services website had over 1200 testimonials dating back to 2007 which were positive.
- The clinic gave patients timely support and information.

Involvement in decisions about care and treatment

- The clinic provided patients with information about the surgical procedures they offered.
- Patients were offered a cooling off period to provide them with time to consider their care and treatment.
- The staff explained they would not carry out surgical procedures without ensuring patients had the ability to give informed consent.

Privacy and Dignity

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

Responding to and meeting people's needs

- The clinic had carried out an independent disability access assessment on 12 October 2022.
- The clinic had a patient guide which included the cost of all of the types of surgery, such as laser eye surgery, cataract removal and refractive lens surgery and corneal surgery.

Timely access to the clinic

- The provider was open and provided appointments from 8.30am to 5pm on Thursdays and Fridays only.
- The clinic offered approximately 100 appointments each month.
- The clinic carried out face to face consultations only.
- Patients had access to Clinical Lead's personal mobile number, the Wimpole Eye Clinic telephone number (to leave a message if non-urgent); and a secondary care (Hospital) private ward and Accident & Emergency department numbers, for the unlikely event or urgent or emergency need.
- The provider explained that they had taken over the ground floor of the building to improve access for patients to the basement. They had improved ramps up to the ground floor to allow wheelchair access and patients were seen in the ground floor consulting suites.

Listening and learning from concerns and complaints

- The practice had a policy for handling an investigation of complaints, reviewed in 2023.
- Information about how to make a complaint or raise concerns was available on the website.
- The clinic had a patient guide which included the details of how to complain.
- The clinic had one complaint in the last 12 months which had been resolved.

Are services well-led?

We rated well-led as Good because:

Leadership capacity and capability.

- The provider was knowledgeable about issues and priorities relating to the quality and future of clinics. They understood the challenges and were addressing them.
- The provider was visible and approachable. They worked closely with staff.

Vision and strategy

- The practice vision was to provide patients with the very highest standards of ophthalmic medical and surgical care in a friendly pleasant modern and up-to-date clinical environment.

Culture

- The clinic focused on the needs of patients.
- The provider was aware of the requirements of the duty of candour.

Governance arrangements

- The clinic had some structures, processes, and systems to support good governance and management which staff followed.
- Staff were clear on their roles and accountabilities.
- The provider had established policies, procedures, and activities to help ensure safety and assure themselves that they were operating as intended.
- The clinic had a small staff team who met regularly but did not formally record the meetings. Following the inspection, the provider submitted evidence to demonstrate that they were to commence recording of the formal minutes of meeting.

Managing risks, issues and performance

- The clinic had a business continuity plan in place last reviewed in February 2023.
- The provider had oversight of safety alerts, incidents, and complaints.

Appropriate and accurate information

- The clinic submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- The practice had a policy on records and information management and access to health records last reviewed 2023.

Engagement with patients, the public, staff and external partners

Are services well-led?

- Patients were given a questionnaire following their treatment. A collation of 25 questionnaires completed from January to August 2023. All 25 stated the practitioner was polite and considerate, they listened to what patients had to say and gave them opportunity to ask questions. They were able to understand what they said and they were involved in decisions about their care and treatment and they had confidence in the practitioner. The clinic was transparent, collaborative, and open with stakeholders about performance.

Continuous improvement and innovation

- The lead clinician had carried out clinical audits to improve patient experience.