

Harley Surgical Centre LTD

# Harley Surgical Centre

## 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 responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

## Overall summary

Harley Surgical Centre LTD also known as London Cataract Centre specialises in surgical eye treatments for vision correction, this includes cataract surgery to treat refractive errors of the eye (the need for glasses or contact lenses), including short-sight, long-sight, astigmatism and presbyopia (the need for reading glasses). Harley Surgical Centre LTD did not undertake laser eye treatment at the time of our inspection.

Harley Surgical Centre provides consultations, examinations and treatments for patients aged 18 years and above.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 04 July 2022 and requested additional documentation in the days following. This was our first inspection of this service.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate. Due to low patient activity on the day of inspection, the caring key question could not be inspected, nor rated.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

We rated the service as good.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Refractive eye surgery

### Rating

Good



### Summary of each main service

We rated the service 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 collected safety information and used it to improve the service.
- 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, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- 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

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# Summary of this inspection

## Background to Harley Surgical Centre

Harley Surgical Centre LTD opened in 2019. It is a private clinic located in Wimpole Street, London. The clinic primarily serves the communities of London and South East England area. It also accepts adult patient referrals from outside this area. The clinic has had the same registered manager in post since initial registration with CQC in 2019.

## How we carried out this inspection

The team that inspected the service comprised of one CQC inspection and one Assistant Inspector. 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	Not inspected	Good	Good	Good
Overall	Good	Good	Not inspected	Good	Good	Good

# Refractive eye surgery

Safe	Good 
Effective	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.**

At the time of inspection, all staff were 100% compliant with mandatory training. Mandatory training included manual handling, first aid training, safeguarding level 2 (level 3 for senior staff) data protection, health and safety, equality and diversity amongst other relevant subjects.

All staff had received training in basic life support to aid them in providing cardiopulmonary resuscitation (CPR) in an emergency.

The clinic manager was responsible for ensuring staff completed their mandatory training. We saw evidence of the e-learning system used to track staffs compliant with training.

Staff told us they found the training useful, well presented and relevant to their role.

### 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.**

The clinic had safeguarding systems and processes in place to ensure people using the service were kept safe. Staff were required to complete safeguarding training for both vulnerable adults and children.

The clinic manager was the safeguarding lead who was trained to adult safeguarding level three. All other staff were trained to level two. All staff had attended safeguarding children training.

Staff had access to a policies and procedures folder that contained updated information for safeguarding referrals and contact details for safeguarding authorities. There had been no reported safeguarding incidents in the twelve months prior to our inspection.

Staff we spoke with had a good understanding of what constituted a safeguarding concern and were able to provide examples of abuse.

# Refractive eye surgery

## Cleanliness, infection control and hygiene

**The service-controlled infection risk well. Equipment and the premises were visibly clean.**

Staff followed infection control principles related to COVID-19, including the use of personal protective equipment (PPE). During our visit, all staff were wearing protective face coverings. There was hand sanitiser in the reception area and each room for staff and patients to use.

The clinic had an up-to-date infection prevention and control (IPC) policy, which ensured standards of cleanliness and hygiene were maintained by staff. This was easily accessible to staff and kept updated by the clinical manager.

Staff we spoke with told us they had completed online training in IPC and were able to detail the importance of IPC in reducing infection diseases to patients.

We observed waste being appropriately segregated, bagged up and disposed of in accordance with IPC policy.

We observed all sharps bin containers which were correctly labelled, sealed and not filled above the maximum fill line. There was information in the treatment room which detailed what to do in the event of a sharps injury.

The sinks in the treatment room were visibly clean with no signs of corrosion or lime scale. We noted hand soap was attached to the wall and easily dispensed.

There was a treatment room checklist completed every time treatment was provided. This included, checking all patient areas for cleanliness, ensuring cleaning lists were complete and adequate IPC equipment (gloves, aprons etc.) were stocked correctly.

Hand hygiene audits were carried out monthly and showed 100% compliance at the time of inspection.

The clinic appeared visibly clean, free from debris and clutter. Cleaning schedules were observed in different rooms and evidence of recent cleaning having taken place. We saw a daily cleaning log was completed and signed and dated.

## 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 humidity and temperature in the treatment room was recorded daily to maintain patient safety. Staff explained the importance of this in ensuring optimum function of the equipment in the room. Out of normal temperature ranges were recorded and an on-call maintenance specialist contacted immediately before treatment commenced.

There was a maintenance folder which contained evidence of service checks made on all equipment. We observed evidence of checks on electrical safety testing and equipment servicing. These were logged with dates and signatures showing an audit trail of who had conducted each test.

Fire testing was conducted once a week by the maintenance team responsible for the overall building. The fire testing included ensuring all alarms were working, fire exits were not blocked, and smoke detectors were working correctly. Staff also carried out annual fire drills when patients were in attendance to test the accessibility of the fire assembly point.



# Refractive eye surgery

After each treatment, patient's details, the equipment operator (the surgeon) and the procedure were logged in a register. This was securely stored in the treatment room. Records we reviewed were completed fully and were clear to read.

There was resuscitation equipment kept within the treatment room. The equipment was kept in a resuscitation kit bag and contained adult airway devices, breathing aides and equipment designed to assist with severe allergic reactions (anaphylaxis). All equipment we checked was in date. A clear log was kept that showed the equipment had been checked on a weekly basis.

The treatment room was accessed by keypad only and only staff knew the code. Relatives and family members were kindly asked to wait in the waiting area, which was located away from the treatment room.

There was a recovery room for patients and their relatives to use after treatment. The treatment room consisted of low-level lighting and an emergency call bell. Staff would stay with the patient if they had visited alone or leave them in the care of their relatives, having explained how to use the emergency call bell. Staff also kept a close check on patients and their relatives once they were in the recovery room.

## Assessing and responding to patient risk

### **Staff completed and updated risk assessments for each patient. The service was using a consistent approach to assessing patient risk.**

Patients were assessed for their suitability prior to treatment. Health questionnaires, eye examinations and patient record checks were completed and reviewed by the operating surgeon before the start of treatment.

Treatment risks were explained to patients and we observed consultation notes where patients had an opportunity to ask questions about their treatment and recovery. Lifestyle questions were asked to help the operating surgeon make an informed decision regarding the most suitable treatment option.

Staff used a modified surgical safety checklist adapted from the World Health Organisation (WHO) five steps to safer surgery checklist prior to treatment. We reviewed completed checklists.

In the event of a patient collapse staff told us they would call 999 as per their own policy. Staff told us they would maintain basic life support until emergency services arrived. All staff we spoke with were aware of the location of emergency equipment and were familiar with the contents of the resuscitation kit.

In addition to this, the service had an agreement with a local, private, eye hospital to admit patients if the service was unable to deal with an unexpected event. The clinic manager provided the service level agreement for this arrangement.

The clinic had a dedicated telephone line which was used in the event a patient had a clinical query. Non-clinical staff would answer the telephone call, take the patient's query and ensure an optometrist called them back as soon as possible. We reviewed several patient notes where records of these conversations were documented.

If a patient had a clinical query out-of-hours, this was handled by an on-call optometrist who was able to call the operating surgeon for advice if required. The same telephone number was used during in- hours and out-of-hours.

# Refractive eye surgery

## Staffing

**The provider ensured clinical support staff had the right qualifications, skills, training and experience to keep patients safe from avoidable harm.**

At the time of inspection there was two ophthalmologists working under practising privileges and one directly employed by the clinic. The directly employed ophthalmologist was also the medical director.

The service also employed a clinic manager, one theatre manager, one technician and one optometrist. There was also a pool of bank staff who worked regularly at this service as well as another registered provider, a sister company in the field of refractive eye surgery.

All staff we spoke with told us staffing was not an issue as cover could be sought quickly as many staff lived close to the clinic.

All surgeons who performed refractive eye surgery at the clinic held the Royal College of Ophthalmology Certificate in Laser Refractive Surgery.

Staff rosters and clinical cover was arranged by the clinics own administration staff depending on patient demand. The clinic was typically operating on patients two days per week. Staffing rosters we viewed showed there were enough staff on shift to ensure patients were cared for safely and appropriately

All staff received an induction into the service at the start of employment. This included being shown the building and opportunities to shadow colleagues.

Staff had their training credentials and practice licences checked prior to employment.

The service was able to demonstrate a system for annual appraisals and staff reviews. We saw evidence of appraisals for all staff; these were consistent in their format and it was evident when staff were next due for an appraisal.

## 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.**

There was an up to date records management policy. This set out clear responsibilities for the correct completion, storage, management and disposal of all patient records.

All patient records were in paper format. Any patient correspondence (such as letters) were held securely on a password protected computer. We observed staff locking their computers when moving away from their desks.

Staff told us once a patient had completed their surgery at the clinic as well as any follow up appointments, the paper notes were scanned onto a secure records management system in case of any need to look back at them. The paper notes were then destroyed. This was carried out by a third-party company under General Data Protection Rules (GDPR).

Records were kept securely in locked filing cabinets in a room which was also locked. Administrative staff held keys for the cabinets and would keep them on their persons to ensure they were not lost or misplaced.

# Refractive eye surgery

We looked at four patient records and saw these were clearly completed, dated, signed and accurate. Medication charts which clearly showed patient allergies displayed in the front pages.

All patient records we viewed contained documented information regarding the treatment procedure and aftercare advice given to the patient. We also saw signatures from patients to confirm they had received this.

## Medicines

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

Medicines were stored safely in a locked cupboard situated inside of a locked room. For medicines requiring cold storage, a locked fridge was situated inside the treatment room. No controlled drugs were stored or administered at the clinic.

Fridge temperatures were checked daily and a log kept ensuring medicines were stored at the correct temperature. All medicines we checked were in date, labelled and sealed correctly.

Medicines were ordered from an external supplier with pharmacist support available by telephone.

Medical gases were secured within the treatment room. Oxygen cylinders contained safe levels of oxygen and were within date.

Medicines were checked and prescribed by the ophthalmologist before being dispensed to the patient. Only staff with the required competencies could give medicines, and they had attended a medicines management course. Prescription labels were attached to each medicine package clearly stating the patients name, date and instructions for use.

## 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.**

There were processes in place to record and manage incidents. The clinic had an up-to-date incident reporting policy which advised staff how to report near misses and incidents. All incidents were brought to the attention of the clinical manager or the director of operations.

Incidents were investigated and learning shared with staff. Shared learning from an incident would take place during staff meetings and was shared to staff via email. We saw meeting minutes where near misses were discussed.

Staff who had reported an incident were given individual feedback. Staff we spoke with felt included in the investigation of an incident or near miss. In the 12 months prior to our inspection, one incident had been reported which related to faulty equipment. The incident did not produce any negative impact to a patient.

Although not many incidents had been reported, time was set aside to discuss this as a standard agenda item at team meetings.

Serious events are adverse events, where the consequence is so significant or the potential for learning is so great, that a heightened level of response is justified. There had been no reported serious events in the 12 months prior to our inspection.

## Refractive eye surgery

The clinic had not had any never events in the same reporting period. Staff had a good level of understanding of what a never event was and how to report them. Never events are serious incidents that are wholly preventable, where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.

The duty of candour is a regulatory duty which relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person. There were no reported duty of candour notifications in the 12 months prior to our inspection.

Staff we spoke with were aware of the duty of candour and were able to provide examples of when it may be applied.

### Are Refractive eye surgery effective?

Good 

#### Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice.**

Staff delivered treatment in line with evidence-based best practice. Policies had been developed in line with the Royal College of Ophthalmologists Professional Standards for refractive eye surgery. We saw evidence staff were aware and had implemented guidelines from the National Institute for Health and Care Excellence (NICE).

Staff told us they were kept updated with any changes in practice through team discussion and meetings, as well as through the internal email system.

Prior to treatment, patients had their medical history discussed with the operating surgeon and the service followed NICE guidelines (NG45) Routine preoperative tests for elective surgery. Scans and appropriate tests were taken to help determine the level of treatment.

All policies we checked were within date, version controlled and accessible to staff in paper format. Staff we spoke with were able to tell us where to find individual policies.

The clinic manager carried out a monthly audit to ensure health and safety checks had been carried out. Any areas of concern were addressed on an action plan, once the action had been completed; the plan was signed off by a senior member of staff.

#### Nutrition and hydration

During our inspection we noted several tea, coffee and water machines available for patients. These were provided free by the clinic.

#### Pain relief

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

# Refractive eye surgery

Anaesthetic eye drops were used prior to treatment and this was documented within the patients care record. The four patient records we reviewed showed patients were asked if they had any discomfort throughout their procedure.

Patients were provided with information leaflets after treatment which provided pain relief advice.

## 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 used data to monitor the effectiveness and safety of treatment. Data was collated and used to compare patient outcomes against national averages. Re-treatment, patient satisfaction, post treatment complications, loss of best corrected vision and infection rates were collected and compared.

At the end of each treatment, patients were offered an opportunity to fill out a questionnaire on their satisfaction of the service provided.

Clinical outcomes were discussed at staff member's annual appraisal. Outcome data was benchmarked against national averages and used as a basis of discussion during the appraisal process.

If patients experienced any complications after treatment, they would be asked to attend the clinic to be seen by a consultant. Patients were sometimes retreated at the clinic; the clinic told us returns were expected and normal to make minor changes.

## 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 had the appropriate skills, knowledge and experience to deliver effective care and treatment.

An induction programme was in place at the clinic which included familiarisation with policies and procedures. Staff completed several competency assessments, which were signed off by their line manager. Staff we spoke with felt their induction programme prepared them well for their role.

There were appropriate arrangements for staff supervision and appraisal. Records showed that all staff had received an appraisal within the last twelve months. Staff identified learning and development needs and agreed an action plan of how to achieve these. Staff felt supported to attend additional training courses relevant to their job.

We noted that staff working under practising privileges also had an annual appraisal and goals and objectives discussed and documented.

We saw evidence of medicine competencies relevant to a staff member's role. A training log was held by the clinic manager. This showed when a staff member was due to attend refresher or update training.

## Multidisciplinary working

**All staff worked together as a team to benefit patients. They supported each other to provide good care.**

## Refractive eye surgery

We saw evidence that staff worked well together in the best interest of patients. All members of staff we spoke with told us that team working was well established within the service and they had no issues working with their colleagues.

### Seven-day services

The service was open Monday to Saturday at varying times depending on patient activity.

The clinic had a policy in place which highlighted the correct protocol to follow for emergency transfer of patients into an acute hospital in the event of an adverse reaction or complication from treatment.

The clinic also had a telephone line which was manned 24 hours per day and seven days per week for patients to contact for advice.

### 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.**

There was a consent policy which detailed staff responsibilities in gaining valid consent. The consent policy stated a cooling off period of a minimum of one week prior to the procedure. Four patient records we viewed showed this policy was being adhered to.

An initial consultation was held with an optometrist who provided the patient with information containing: a copy of the treatment consent form, associated risks and complications of the proposed treatment and expectations/results after treatment.

After initial consultation with the optometrist, patients were required to attend a consent consultation with a surgeon a minimum of one week later. This consultation was conducted face to face. The final consent appointment took place on the day of surgery by the surgeon carrying out the treatment.

The consent policy included reference to the Mental Capacity Act (2005). Information regarding capacity to consent was covered as part of staff mandatory training. A capacity assessment form would be used by trained staff on any individual suspected of lacking capacity.

Records showed patient consent and at least a fourteen-day 'cooling off' period for patients to think about their treatment before agreeing to go ahead.

## Are Refractive eye surgery responsive?

### 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.**

The clinic planned and delivered services to meet the demands of the local population. The clinic was open to both national and overseas patients.

# Refractive eye surgery

The clinic provided information to prospective patients and clear explanations of what to expect before their treatment.

The clinic generally undertook refractive eye surgery as and when patient demand dictated. Staff were accommodating in fitting patients in for appointments around times which suited them.

Operational meetings were held at the start of each day to discuss planning and delivery of services.

The clinic was designed to provide refractive eye surgery for adults only and did not offer treatment for children.

All patients were self-funded, and the clinic did not undertake any NHS work or receive referrals from the NHS.

There was a system in place which ensured people using the service were provided with information which included amount and method of payment of fees.

## Meeting people's individual needs

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

The individual needs of patients were recorded on the patients' medical record. Consultations ensured the clinic only treated patients if their needs could be met.

The clinic did not treat patients with dementia, bariatric patients or patients with complex needs. The service did have access for patients with physical disabilities and the clinic environment was suited for people requiring the use of a wheelchair. The clinic did not have the necessary environment or facilities to treat bariatric patients.

Equality and diversity training was provided to all members of staff.

There was a range of patient information leaflets available. All leaflets provided easy-to-read information on a range of treatment choices. Leaflets were in a standard font and did not take it account people who may need a larger font to read.

There was an interpretation service the clinic was able to use if a patient did not have English as their first language. If a patient required a physical interpreter (as opposed to telephone interpretation) this could be arranged at short notice. Patients were not charged extra for this service. We did not see evidence of these services being used previously.

There were toilet facilities for patient use.

The waiting room was of adequate size and there was plenty of seating available. Hot and cold drinks, newspapers, magazines and information leaflets were available for patients.

## Access and flow

**People could access the service when they needed it and received the care in a timely way.**

## Refractive eye surgery

Patients were able to access the clinic via self-referral. This often involved a telephone call to the clinic to book an initial consultation. A brief description of the patient's condition was taken over the phone and assessed by an optometrist to see if the clinic was able to assist.

Initial face to face consultations were held with patients who were explained a range of options and a discussion regarding finance and cost. During the initial consultation the patient was given pre-operative information and their expectations regarding the results of treatment were discussed. If the patient wished to continue from here, the patient was booked in for treatment.

Any missed appointments were followed up with a phone call or email and rescheduled as soon as possible.

The clinic did not report any delays in treatment. The clinic actively monitored patient waiting times to identify trends or patterns to ensure patient delays were kept to a minimum.

The clinic was situated on the ground floor of a building. There was a main reception area for the patients of the service. There was clear signage on the main outside door to inform people where the clinic was located.

### 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.**

There were clear processes for staff to manage complaints and concerns.

In the 12 months prior to our inspection, the clinic reported one complaint relating to the expected results of surgery.

Staff were aware of how to deal with complaints and concerns and were able to show us a system for reporting these.

Any potential concerns were raised during monthly team meetings to discuss. If a potential concern required a quicker discussion, then the clinic would call a meeting of all staff as soon as possible.

Learning from potential concerns was shared through email and team meetings.

The clinic provided patients with information on how to make a complaint contained within their information packs on discharge.

### Are Refractive eye surgery well-led?

### 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.**



# Refractive eye surgery

We found the clinic to be managed by an experienced and knowledgeable clinic manager. They were enthusiastic about the clinic and strived to continuously improve the services offered to patients.

The clinic manager understood current challenges and was able to identify actions needed to address them.

Staff told us leaders of the service were visible, approachable and proactive in resolving issues and concerns.

## 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.**

The clinic had a clear set of values which outlined quality improvement as a top priority. Staff were aware of the values and told us they had input into their development.

There was a clear strategy in place which focused on delivering exemplary patient care. We saw a structured plan on how individual staff members were able to help achieve the clinics strategy.

Staff we spoke with were clear about the strategy and told us they had opportunity to contribute towards the making of it.

Culture

Staff we spoke with felt respected, supported and valued. Staff told us they focused on the needs of patients receiving care.

Staff working at the service felt the culture of the service was one which encouraged openness, honesty and teamwork. However, staff commented that they would like to see the implementation of staff team meetings to ensure there was consistent messaging across the service.

Staff were visibly happy and content in their roles. Staff we spoke with said they enjoyed their roles and felt well supported by their colleagues.

## Governance

**Leaders operated effective governance processes, throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

Staff were clear on their individual roles and responsibilities. Staff understood what they were accountable for and where to seek support if required.

All surgery carried out at the clinic was monitored and reviewed. The clinic manager kept a log of each treatment, the supporting team and the staff involved.

## 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.**

# Refractive eye surgery

There was a clear reporting process for staff members to follow. Staff told us they were aware of how to highlight any potential risks and we saw a comprehensive risk register was in place.

Risk assessment were carried out on in accordance with the clinic's risk management policy.

The clinic had a risk register, which gave a description of a risk, the initial severity and controls and mitigations. Fire, manual handling injuries, machine malfunction and trip hazards were some of the risks highlighted on the risk register.

Policies supported the governance structure by giving clear guidance processes to follow.

Performance data was collected and trends and themes identified. The clinic manager was responsible for reviewing current processes aided by input from all staff members.

## Managing Information

**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 we spoke with felt they had enough information provided to them about each patient prior to any treatment commencing.

Quality improvement was sufficiently covered in relevant meetings at all levels. Management staff had an interest in ensuring the service provided consistently good treatment, whilst also learning how to improve patient experience.

Information was held securely within the service and any patient identifiable documentation was kept locked securely and only accessed by relevant staff members. Where information was used to help drive quality improvement, patient names were removed, and identifiable information anonymised.

## Engagement

**Leaders and staff actively and openly engaged with patients to plan and manage services.**

The clinic had a public website which included information about eye surgery. This information included details about consultations, treatment options and costs.

The website contained testimonials from patients who had received treatment at the clinic. The website was easy to navigate and contained detailed information for the public.

Patients were encouraged to leave feedback about their experience of their service via a patient satisfaction leaflet left in communal areas and handed to patients after treatment. These were then collated and any areas for improvement, as well as areas of excellence were highlighted to all staff at monthly team meetings.

# Refractive eye surgery

## 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.**

Monthly team meetings identified opportunities for staff members to contribute towards ideas for improvement within the clinic. Clinic objectives, data systems and processes were discussed.

Staff told us they had plenty of opportunity to discuss improvement ideas with senior managers. Staff felt they were listened to and improvements were made from their suggestions.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.