The Medical Eye Clinic Limited

The Medical Eye Clinic

Inspection report

Unit 1, Glen House
Sigford Road, Marsh Barton Trading Estate
Exeter
EX2 8NL
Tel: 01392829436
www.medicaleyeclinic.co.uk

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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

Our rating of this location improved. 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 and managed pain well. The senior team 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.
- The service planned care to meet the needs of 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 the senior team were proactive in working to reduce waiting times.
- 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 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
Surgery	Good 	Our rating of this service improved. We rated it as good because it was safe, effective, caring, responsive, and well led. Please see our main summary.
Outpatients	Good 	We have not previously inspected outpatients. We rated it as good because it was safe, effective, caring, responsive, and well led. Please see the main summary. Outpatients is a small proportion of hospital activity. The main service was surgery. Where arrangements were the same, we have reported findings in the surgery section.

Summary of findings

Contents

Summary of this inspection

Background to The Medical Eye Clinic

The Medical Eye Clinic is operated by The Medical Eye Clinic Limited. It is an independent health provider delivering ophthalmic surgery and ophthalmic consultations. YAG (yttrium aluminium garnet) laser treatment is used as part of some cataract surgery as a non-invasive approach to improving vision. Dermatology outpatient services are provided on site by South West Dermatology, another organisation that operates under Medical Eye Clinic's registration. Eye surgery is provided for both NHS and private patients. Dermatology care is provided for private patients.

The centre is registered to provide the following regulated activities:

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

Clinical services are delivered from a purpose-built unit located on a business park and is easily accessible by road. It opened in 2015 and primarily serves communities in Devon and increasingly accepts referrals from out of area to help reduce waiting times for treatment. There is a registered manager in post.

We last inspected this service in October 2017 and rated it requires improvement. This reflected requires improvement in the safe and well-led key questions, and good in effective, caring, and responsive. We issued three requirement notices for breaches of Regulation 12, Regulation 17, and Regulation 19. At this inspection we found significant improvements in standards of care that addressed our previous findings and regulatory breaches.

The service reported an average of 441 monthly patient interactions across all types of clinical care and around 2800 surgical procedures per year.

The provider holds its own registration with CQC and delivers most care in a formal partnership with another registered organisation, Newmedica. Most eye surgery takes place under this agreement. Both organisations are co-located in this unit, with separate branding and teams who work closely together. Most administrative aspects of the patient care pathway were carried out by Newmedica through a formal partnership agreement. We refer to Newmedica in this report to help detail the Medical Eye Clinic's services but only the care and treatment provided directly by Medical Eye Clinic form part of our judgement and rating. Medical Eye Clinic also provides surgical treatment to its own patients independently of the partnership although these are infrequent and equate to fewer than 30 per year.

The main service provided by this hospital was surgery. Where our findings on outpatients – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the surgery service.

How we carried out this inspection

We carried out an inspection of the service using our comprehensive methodology. We announced the inspection because we needed to make sure the service would be in session at the time of our site visit. In our report we cross-refer to a partner organisation, Newmedica, that shares a significant portion of patient care responsibilities with Medical Eye Clinic. That organisation is not part of our ratings or judgement, but care responsibilities are shared to the extent we could not explain or assess care and treatment without considering their role.

Summary of this inspection

Our inspection team consisted of a lead inspector and a specialist advisor.

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
Surgery	Good	Good	Good	Good	Good	Good
Outpatients	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Surgery

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

Are Surgery safe?

Good

Our rating of safe improved. We rated it as good.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. It included up to 54 modules of learning depending on the person's job role, such as infection prevent and control, conflict awareness, and care planning. At the time of our inspection compliance with up to date training was 99%.

Staff who operated laser equipment had specialist competencies and mandatory training in laser safety.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, and dementia.

The senior team monitored mandatory training and alerted staff when they needed to update their training. Staff working under practising privileges maintained the same standard of mandatory training as contracted staff.

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. All staff completed training in safeguarding adults and children to level three, which reflected good practice above that required by the Royal College of Nursing intercollegiate document on safeguarding.

The service did not treat children and young people. However, the opticians service in the same building routinely saw children and staff maintained safeguarding training in recognition of this.

Good

Surgery

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. They undertook training in equality and diversity and the lead nurse supported the team to develop their skills.

Staff knew how to identify patients at risk of, or suffering, harm and worked with other agencies to protect them. If a referrer noted safeguarding concerns or needs on a patient's record, staff worked with them in advance to make arrangements for their care.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service made no safeguarding referrals in the previous 12 months.

The lead nurse was the safeguarding lead and took responsibility for referrals and investigations. They maintained up to date contact details for regional safeguarding teams, including in referring NHS trusts and local authorities. Protocols were in place for the urgent escalation of safeguarding concerns.

HCAs and nurses were trained as chaperones and all patients were offered this service during consultations. Posters were displayed in the clinic reminding patients of the chaperone service.

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. Staff used cleaning checklists to document cleaning and decontamination in line with the provider's policy.

The service performed well for cleanliness. Staff cleaned clinical areas between patients and external cleaners worked outside of public hours to maintain cleanliness. They carried out a monthly deep clean of the theatre.

Staff followed infection control principles including the use of personal protective equipment (PPE). We saw consistently good standards of hand hygiene. Staff carried out monthly hand hygiene audits to check compliance with World Health Organisation standards. In the previous 12 months audits found 99% compliance. This was better than the provider's target of 90%.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

Staff worked effectively to prevent, identify and treat surgical site infections. In the previous 12 months the service reported no instances of patient infection, including of endophthalmitis, an inflammation of the eye caused by infection.

Staff used a surveillance system to monitor theatre infections over a six-week period after each surgery. The infection rate over the previous six months was significantly better than the national average, with one infection per 5700 operations compared with the national average of one infection per 3000 operations.

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.

Good

Surgery

The design of clinical environments followed national guidance, including the Department of Health and Social Care (DHSC) Health Building Note (HBN) 00/09 and 00/10 in relation to clinical environment design and infection control in the clinical environment.

Staff used a one-way system for the theatre suite that meant there was no crossover between patients who were being prepared for surgery and those being discharged. This process helped reduce the risk of infection.

Staff carried out daily safety checks of specialist equipment. The senior team used a planned and preventative maintenance programme to ensure equipment was safe. They checked water supplies for Legionella regularly.

Staff disposed of single-use surgical instruments in line with manufacturer guidance and recorded serial numbers in patient records. The service managed decontamination and reprocessing of reusable surgical instruments line with Health Technical Memorandum (HTM) 01/01 through a service level agreement with a nearby hospital sterile services unit. The service maintained a stock of extra surgical equipment in the event items were damaged or contaminated. This reflected good practice and meant there was no risk of procedure cancellation due to a lack of equipment.

The service was compliant with the DHSC and the Health and Safety Executive Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 in relation to sharps waste. Staff disposed of clinical waste safely and in line with HTM 07/01 (2013) in relation to the safe management and disposal of healthcare waste.

Staff maintained good standards of laser equipment safety. They used illuminated warning signage when the laser was in use and wore eye protection goggles in line with manufacturer standards. The service followed manufacturer guidance to monitor laser output parameters and had a support package in place in the event equipment needed urgent maintenance. A laser protection supervisor carried out reviews of practices in line with national standards.

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. Patients had to be medically fit for surgery before the service could deliver treatment and so deterioration was rare. However, appropriate equipment, training, and protocols were in place.

Shift briefings and handovers included all necessary key information to keep patients safe. Staff carried out twice daily briefings before lists started and supplemented this with weekly team briefs to plan ahead for the level of expected activity and any patients expected with additional needs.

At our previous inspection in October 2017 we found risk assessments for patient and clinical safety needed improvement. At this inspection we found the provider had significantly improved this area. Staff completed risk assessments for each patient before surgery and reviewed this regularly, including after any incident.

Staff used the World Health Organisation (WHO) surgical safety checklist adapted for cataract surgery. We observed this during our inspection. Staff were through in their assessment and included checks of lens prescriptions and the expiry dates of implants. The service audited correct use of the checklist every month. In the previous 12 months the audit found over 99% compliance.

Good

Surgery

The lead nurse carried out quarterly emergency simulation training with staff. This tested staff response to a range of medical emergencies. The service recorded an assessment of staff response and checked this against best practice guidance.

Staff worked with patients to help them understand risks during post-operative recovery periods. For example, clinical staff cancelled a patient's surgery when they insisted on driving themselves home after eye treatment. This presented serious risk of harm and staff worked to help the patient understand why this was not appropriate.

All staff were trained in basic life support. Surgeons and the anaesthetist were trained in advanced life support.

During pre-assessment procedures we observed, staff carried out comprehensive reviews of patients' medical history and current medicines. Where patients took alpha blockers (for high blood pressure) or warfarin, staff liaised with the operating surgeon to ensure planned procedures were safe.

Surgeons reviewed patients post-operatively in the recovery area to check for immediate complications. Healthcare assistantss led the discharge process after surgical review.

The service had appropriate emergency medical equipment on site. This included an automatic external defibrillator, oxygen, airway equipment, and diabetic rescue and anaphylaxis medicines. We saw staff documented appropriate safety and stock checks.

Staff managed good fire safety processes. The team had completed simulated evacuations and training, which included use of evacuation equipment.

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 bank and locum staff a full induction.

The service had enough nursing and support staff to keep patients safe. Four registered nurses and five HCAs worked across a variety of contract types and working time arrangements, including bank contracts. Bank nurses worked only in theatre. The service did not use agency staff. Nurses led pre-operative care and a scrub nurse and circulating nurse were always present for surgical procedures.

Optometrists, surgeons, and an anaesthetist worked under practising privileges and held substantive posts in acute and community NHS settings. The medical director was a consultant surgeon and provided a range of services.

The clinic coordinator accurately calculated and reviewed the number and grade of staff required for specific consultation lists and surgical procedures. They adjusted staffing levels according to the needs of patients and planned procedures. The number of nurses and healthcare assistants matched the planned numbers.

The service had variable rates of staff turnover. This included eight staff leavers in the previous twelve months, which placed the service under pressure. The registered manager worked with leaving staff to identify opportunities for change to improve retention.

Staffing challenges were reflected in the provider's risk register and the senior team described considerable challenges in recruiting permanent and bank staff.

Good

Surgery

Records

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

Patient notes were comprehensive, and all staff could access them easily. Records were stored securely with restricted access. Clinical staff completed paper records of medical and surgical care and shared these with referring professionals. The senior team were planning to introduce a digitised patient records in the near future.

Staff shared medical records based on agreements within care pathways, such as with GPs, NHS services, or independent health services. Medical Eye Clinic surgeons prepared clinical outcome and discharge letters following surgery. These were securely transmitted to Newmedica, who were responsible for sending the information to patients and their GPs.

Staff consistently completed allergy checks, medicine histories, and safety checks during pre-assessment, surgery, and recovery. Records showed staff documented safety checks for patients taking warfarin. In all seven of the records we looked at, staff had clearly followed referral information and prescriptions.

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. Ophthalmologists prescribed routine and emergency medicines. Optometrists recommended medicines, such as prescription eye drops, as part of post-operative care and the duty ophthalmologist reviewed each request and was responsible for approval.

Optometrists and nurses worked within patient group directions (PGDs) approved by the medical director. PGDs enable trained staff to provide specific medicines to patients within defined criteria. The provider's policy required a consultant to sign off PGD medicines. If a consultant was not on site when this was needed, the service had a service level agreement with a local NHS provider for medicines oversight. Staff said the process worked well and meant patients could be seen quickly.

Surgeons performed surgery using local anaesthetic and sedation where needed. The lead anaesthetist monitored the use of both through the medical advisory committee and clinical governance functions. This included checks of the 'time out' and 'correct lens' surgical safety protocols. Most cataract surgery was carried out under local anaesthetic. If a patient needed sedation, the ophthalmologist worked with the referring team in advance and an anaesthetist was booked for the operation.

Staff reviewed each patient's medicines and provided advice to patients and carers. We observed staff explain eye drop procedures clearly to patients. They checked for understanding before the patient left and told them who to contact if they had questions after they got home.

Surgeons prescribed post-operative antibiotics on an individual basis in line with Royal College of Ophthalmology guidance. The senior provider team monitored antibiotic prescribing to ensure national standards were maintained.

Staff completed medicines records accurately and kept them up-to-date. They documented eye drops given at all stages of care.

Good

Surgery

Staff stored and managed all medicines and prescribing documents safely, including Controlled Drugs (CDs). A CD accountable officer maintained oversight of the policy and processes for handling such medicines. Management met national requirements, including the practice of two staff signing out medicines and secure, access-controlled storage.

Staff monitored the temperature of medicine storage areas, including for refrigerated medicine. They knew what action to take if the temperature exceeded the maximum identified by the medicine manufacturers.

We observed good safety standards during theatre procedures. The scrub nurse and circulating nurse checked medicines and recorded these on safety checklists and the surgeon managed anaesthesia.

Incidents

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

Staff knew what incidents and near misses to report and did so in line with the provider's policy. In the previous 12 months, staff reported 16 incidents. None of the incidents resulted in patient harm.

The incident reporting procedure was shared with Newmedica since most patients received care within a partnership. Senior staff from both organisations worked well together to investigate and learn from incidents.

Staff received feedback from investigation of incidents. For example, a recent incident occurred when documentation around lens allocation was not completed before a surgical procedure. Correct use of the World Health Organisation surgical safety checklist prior to the operation identified the issue. The incident investigation identified opportunities for improvement in the pre-assessment phase of care, which the team implemented with oversight from the medical advisory committee.

The senior team reviewed incidents to identify themes and staff met to discuss the feedback and look at improvements to patient care. Thirteen incidents related to administration issues. The remaining three incidents reflected one each in the areas of communication, clinical process, and infection control. Staff demonstrated knowledge of incidents and subsequent learning.

The registered manager monitored national patient safety alerts and implemented new policies where changes affected the service. There was a system in place to ensure all clinical staff reviewed safety updates before delivering care.

The service responded to issues and concerns. For example, they recently changed the manufacturer of lenses used during the pre-assessment process following feedback from staff.

Staff understood the duty of candour. The provider had an up to date policy that defined how and when the senior team should trigger a duty of candour response. There had been no such incidents in the previous 12 months.

Good

Surgery

Are Surgery effective?

Good

Our rating of effective stayed the same. 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. The senior team used guidance from NHS England, the National Institute of Health and Care Excellence (NICE), and the Royal College of Ophthalmologists to inform policies and practices.

Policies and standard operating procedures (SOPs) were stored electronically and staff had easy access to them. All staff were required to sign tracking documentation that provided assurance they had read and understood the policy. The provider had a particular focus on ensuring staff who worked on casual contracts and substantively for another organisation maintained a good level of understanding of local procedures.

The medical advisory committee was responsible for ratifying policies and SOPs and the registered manager monitored updates and changes.

The senior team monitor changes in treatment standards and implemented reviews to ensure the care offered was at the leading edge of practice. For example, the service was redesigning laser treatment pathways to match international standards.

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Staff worked with patients to understand their type and level of pain to better assist them. For example, an optometrist skilfully changed their language to help a patient more accurately describe post-operative pain.

Patients received pain relief soon after requesting it. They told us their pain had been managed well during and after procedures.

Staff checked patients' pain levels in post-operative recovery. They prescribed, administered and recorded pain relief accurately.

Patient outcomes

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

The service participated in relevant national clinical audits. The medical director audited refractive eye surgery outcomes against Royal College of Ophthalmologists benchmarks. The service performed consistently well, with 97% of patients achieving vision within planned pre-surgical parameters compared to the college goal of 85%.

Good

Surgery

Outcomes for patients were positive, consistent and met expectations, such as national standards. The service reported no post-operative readmissions in the previous 12 months.

Managers and staff carried out a programme of repeated audits to check improvement over time. The service measured patient outcomes by comparing pre-operative planned vision improvements with post-operative results. In the previous 12 months all surgeries had achieved the planned goal. In the same period the service recorded one post-operative complication. This did not result in patient harm and the overall track record reflected effective care.

The lead nurse audited surgical practices to ensure these met expected standards. This provided assurance of effectiveness and standardised practice in an environment in which staff from varying organisations worked on different contracts. Audits from the previous 12 months indicated consistently good standards of practice and appropriate action when a need for improvement was identified.

The clinic was the first in the UK to be awarded 'centre of excellence' status by the manufacturer of leading edge cataract equipment.

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. The senior team ensured all new staff completed a full induction tailored to their role before they started work.

The senior team supported staff to develop through yearly, constructive appraisals of their work. All staff had completed an appraisal in the previous 12 months.

The lead nurse supported the learning and development needs of staff at all levels. They worked with junior colleagues to develop their competencies, which enabled them to work across roles and functions.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

The senior team encouraged staff to develop their skills and knowledge. This included access to national vocational qualification (NVQ) level four to enable nurses to work theatre scrub duties.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff said the lead nurse regularly provided them with training and developed opportunities.

The service proactively engaged with referring clinical professionals to offer continuing professional development events and opportunities. This was a joint programme with Newmedica and aimed to improve staff competence and knowledge.

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 multidisciplinary meetings to discuss patients with co-morbidities to coordinate their care.

Good

Surgery

Staff worked across health care disciplines and with other agencies when required to care for patients. Care and treatment pathways were multidisciplinary by nature. Optometrists led pre-operative and post-operative assessments and worked with ophthalmologists for prescribing and advanced clinical review. Opticians worked in the clinic and provided advice and options for eye tests.

Staff routinely worked across roles in the clinic. Shift briefings and handovers included the theatre team, administration team, and other healthcare workers present at the time. This contributed to effective and cohesive working practices across a team made up of staff who worked to varying times and days in the clinic.

Seven-day services

The service was open five days a week from Monday to Friday. The senior team planned to expand the service to six day working when capacity could be increased through recruitment for new nurses and healthcare assistants.

Health promotion

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

The service had relevant information promoting healthy lifestyles in printed format for patients.

Staff provided patients with individualised guidance and support to help them make the most of their improved eyesight after surgery. This included guidance on how to maintain healthy eyes and how to avoid damage in sports or other activities.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Consent processes were in place at each stage of care and treatment. Optometrists carried out pre-operative consent and consent for further investigations and surgeons consented patients again on the day of surgery. Staff ensured patients understood the risks and potential benefits of surgery before asking for consent.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff carried out monthly audits of consent documentation. In the previous 12 months, audits found 94% compliance. This was better than the provider's standard of 90% although included one month with 82% compliance. The senior team worked with staff to address issues after this result.

Staff made sure patients consented to treatment based on all the information available. We saw they adapted communications to help people fully understand care options and treatment risks. Posters explaining the consent process and how patients were involved in this were displayed in the clinic.

Staff clearly recorded consent in patients' records. They received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act and the Mental Capacity Act 2005. Where patients living with dementia or reduced mental capacity were

referred for treatment, staff worked with referrers in advance to understand their level of need. Staff involved the patient and their carer in decision-making and ensured care was clinically appropriate. Where patients could not provide consent, such as due to a mental health condition, the service worked with regional providers to identify a service equipped to care for people living with more complex needs.

Newmedica audited consent documentation as part of the shared governance and peer review structure. Both organisations discussed the data during governance meetings to establish benchmarks for good practice.

Are Surgery caring?

Good

Our rating of caring stayed the same. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. During our observations staff were understanding, positive, and reassuring. We saw optometrists explained to patients what they were doing and why, which helped alleviate anxiety.

Patients said staff treated them well and with kindness. One patient told us, "I'm happy with everything. They're [staff] really nice to deal with here."

The service had received hundreds of positive survey comments, cards, and letters in the previous 12 months. Patients consistently referred to the kindness and professionalism of staff and treatment with dignity. Comments included, "My expectations were rewarded," "…my overall experience was first class," and, "…it was calm and welcoming and safe." The provider's survey asked patients if staff had treated them with dignity and respect. Respondents agreed in 100% of surveys in the previous 12 months.

Staff followed policy to keep patient care and treatment confidential.

We saw kind, compassionate care throughout our inspection. Receptionists recognised patients and greeted them warmly and by name.

Emotional support

Staff provided emotional support to patients to minimise their distress.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients spoke positively about this. In recent feedback one patient noted, "I was very nervous about my operation but there was no need as everybody was so reassuring and friendly."

Staff supported patients to maintain their privacy and dignity. They adapted their approach to achieving this based on individual needs, such as by providing elderly patients with additional time and patience to prepare for surgery.

Good

Surgery

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. For example, one patient who described themselves as "very anxious" said staff had provided them with patience and emotional support. They said, "I was so nervous about surgery and the whole clinical process. [Staff] involved me in discussions at every stage. I feel looked after and the team has really managed my anxiety."

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Patients spoke positively about the attitude of staff. One patient told us, "Everyone is so caring. The anaesthetist was outstanding." Staff told us patients were often very nervous ahead of cataract surgery and they worked with each person to help them relax.

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. They worked with patients to help them understand the planned benefits of surgery, the likelihood of success, and the risks involved. They made sure patients had a clear understanding of plans before they proceeded to consent and treat.

Staff talked with patients, families and carers in a way they could understand. We observed an optometrist explain a patient's inflammation to them. They adjusted their language and vocabulary to help the patient understand and checked this before the patient left.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Posters in the clinic and details on the service website directed patients to feedback options.

Staff supported patients to make informed decisions about their care. Patients told us staff provided them with good information. One patient said, "I'm very clear about what happens next and [staff have told me] about my options." We saw staff asked each patient if they had any questions or worries at the end of each appointment.

Patients gave positive feedback about the service. A recent patient noted, "Everything was explained at every stage and things moved smoothly." Patients commented in feedback that they appreciated the follow-up calls from staff after surgery to check they were okay.

In 100% of surveys, patients agreed with the benchmark statements that they had been involved in their care as much as they wanted, had been told about potential medicine side effects, and given transparent information about treatment time and expectations.

We observed a very high standard of communication between staff in theatres. Each member of the team introduced themselves to the patient and explained each step of the process, answering questions whenever asked.

Are Surgery responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Good

Surgery

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of people and the communities served. It also worked with others in the wider system and local organisations to plan care.

The senior team planned and organised services, so they met the needs of the local population. They recognised pressures on the regional health economy and the lack of capacity for cataract surgery. They worked with private opticians and NHS services to prioritise care for those with the greatest urgency of need.

Facilities and premises were appropriate for the services being delivered. Clinical services were split between two floors, one of which did not have step-free access. Where patients had mobility needs, staff arranged services so they could access everything they needed at ground level. Refreshments were available in waiting areas.

Patients could access post-operative consultant health support 24 hours a day 7 days a week. Newmedica provided this service through clinical partnership arrangements.

The service provided urgent care at short notice for Medical Eye Clinic patients who received care wholly from this provider.

Administration staff contacted patients in advance of each appointment to ensure they planned to attend and minimise the risk of a missed appointment. Managers ensured that patients who did not attend appointments were contacted.

There was a clear drive amongst staff to provide care that exceeded expectations. This included supporting patients who had travelled considerable distances for surgery and making sure those accompanying them were looked after. This included helping people to find local accommodation, make travel plans, and guiding relatives when they became lost in the area.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Staff supported patients living with dementia and learning disabilities by using adapted documents and patient passports. They worked with referring professionals to understand patients' level of need and made arrangements in advance for safe care.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss.

Seven out of nine nurses and healthcare assistants had completed training in learning disability awareness and dementia awareness. This meant they could accompany patients during care and treatment to provide a familiar face and consistent comfort.

The senior team made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed.

Good

Surgery

Staff provided follow-up care to meet individual needs. For example, all patients received a follow-up phone call and post-operative review. Staff offered additional in-person and remote appointments on demand where patients had questions or needed additional care.

Patients who were frail or who needed additional support were able to bring a carer or other person with them in the clinic. The service had maintained a strict access policy following the removal of COVID-19 restrictions by NHS England, which meant relatives had to wait in the car park until their loved one was ready for surgery. However, we saw staff kept them up to date with information and ensured they had access to toilets and refreshments.

Staff provided patients with printed information about their treatment. This included how to prepare for surgery and how much time they should expect to be in the clinic. Printed information for after surgery was specific to clinical pathways and included follow up contacts, including for urgent support.

Access and flow

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

The senior team monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. Waiting lists had accumulated due to a rapid, substantial increase in referrals from NHS providers and staffing challenges. The senior team worked with Newmedica colleagues to reducing waiting lists as far as possible. They reduced the waiting list for surgery from 886 patients in May 2022 to 640 patients in August 2022. Waiting lists for pre-surgical initial assessments remained static at around 100 per month.

Managers and staff worked to make sure patients did not stay longer than they needed to. We observed post-operative recovery typically lasted no longer than 30 minutes.

The senior team worked to keep the number of cancelled appointments to a minimum. For NHS patients, staff offered a new appointment within 30 days of the cancellation as part of the service level agreement.

Newmedica was responsible for administrating most surgical appointments in a partnership with Medical Eye Clinic. Newmedica staff contacted patients to arrange appointments and called them beforehand to remind them. A chain of opticians was connected with the service and referred patients for investigations. The provider also cared for patients on a full end-to-end process without involvement of other organisations and provided care for NHS patients in the region.

The service worked with NHS commissioners to offer the greatest range of care to NHS patients. For example, until 2022, only private patients had access to YAG laser iridotomy treatment. NHS England had recently approved this for NHS patients and the senior team were working with regional specialists to provide referral pathways. YAG laser iridotomy is a preventative treatment for patients at risk from a certain type of glaucoma.

Patients we spoke with said they were happy with the provider's management of the end to end process of their care. One patient said, "I liked being able to deal with just this service for everything, it was better not having to involve my GP."

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.

Good

Surgery

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas, including on the service website.

Staff understood the policy on complaints and knew how to handle them. They received training on handling complaints and maintained an understanding of the provider's policy.

The senior team investigated complaints and identified themes. In the previous 12 months the service received 13 formal complaints. There was no overarching theme and complaints were spread over subjects such as administration, communication, and clinical practice. The registered manager and their team investigated and resolved each complaint within the provider's timescale.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. 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.

Formal complaints were rare, and the service instead relied on comments in patient feedback forms or messages to help improve the service. In the past 12 months the service received 21 suggestions for improvement. Most comments related to communication, such as suggestions for clearer information in appointment letters, improved information from the surgeon, or more frequent updates from staff if a procedure was delayed.

Other comments related to the lack of lift access to the first floor and some confusion around post-operative care. Staff reviewed each comment to explore improvements, such as ensuring patients with reduced mobility were seen for all of their treatment on the ground floor. Newmedica handled administrative processes and the registered managers of both organisations worked together to implement improvements.

Are Surgery well-led?

Good

Our rating of well-led improved. 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 registered manager was the managing director and a qualified optometrist. They had extensive experience in the NHS and independent healthcare sector and had established a service driven by clinical need and based on high standards of care. They worked closely with the medical director, who was the provider's nominated individual. Both individuals understood and acted to address the pressures in the regional health economy and increased demands for cataract surgery driven by delays to care during the pandemic and an ageing population.

The board of directors was multidisciplinary and reflected medical and leadership expertise. The directors meet weekly. One director was an NHS consultant and the remaining three held active links with NHS clinical services, reflecting an appropriate level of experience and knowledge.

Good

Surgery

Staff spoke positively of leadership visibility and support. They said senior staff were readily available and empowered them to develop professionally and contribute to the development of the service.

Vision and Strategy

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

The senior team was focused on building capacity and ensuring care standards were at the forefront of learning and research. The cataract suite was a designated centre of excellence by an equipment manufacturer and the senior team said this reflected their work to ensure consistently good standards of care.

All staff had a clear understanding of what the service wanted to achieve and there was a send of motivation and enthusiasm amongst the team. The senior team were working with opticians and NHS services increasingly further away to address capacity shortages in Devon and elsewhere. They were recruiting staff to help drive continuous expansion and improvement.

The board had considerable buy-in to the provider's goals and vision and meeting minutes and actions demonstrated their support for this work.

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.

Staff spoke positively of working for the provider. They described feeling looked after, treated with respect, and said there was a positive, empowering working environment. Staff said they felt confident to raise concerns with any member of the senior team as part of a safety culture that empowered them. One member of staff described the overarching safety ethos as "absolutely crucial."

Staff said they enjoyed the variety of working across different parts of the service and the flexibility of shifts and working arrangements. They recognised the developmental opportunities available, such as more advanced vocational qualifications and the use of professional development plans to identify training needs.

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 operated a joint governance framework through a partnership with Newmedica, another registered provider that shared responsibility for some aspects of care. Medical Eye Clinic was responsible for clinical aspects of care and treatment and Newmedica managed most aspects of patient administration. This was an effective approach to maintain good standards of shared learning and an open working culture. Staff from both organisations attended governance meetings.

Good

Surgery

The medical director, anaesthetic lead, managing director, finance director, director and secretary, and the lead nurse formed the medical advisory committee (MAC). The MAC met quarterly and held overarching responsibility for clinical operations and policies, including leadership of the practicing privileges policy. MAC members reviewed incidents and learning and ensured the wider staff group were included in communications and decision-making about the service.

Senior Newmedica staff had input into the MAC's work and actions, which we saw worked well.

While most governance activities were shared with Newmedica, the senior Medical Eye Clinic team maintained independent processes only for their regulated activities and work. This included quarterly managing director clinical and operational governance reviews, lead nurse monitoring, and clinical reviews by the lead anaesthetist.

A medic was part of the group of directors and provided clinical oversight of decisions and strategy. They mapped surgical pathways against regional NHS options to ensure the service could actively reduce waiting lists as well as offer private patients greater choice of treatment.

MAC members were responsible for the practising privileges policy and processes. Working within General Medical Council (GMC) guidance, the group reviewed the credentials and track record of doctors who wished to join the service. They liaised with the responsible officer for each clinician to ensure annual appraisals reflected good practice and up to date professional development.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The registered manager maintained a risk register for the service. They reviewed risks regularly and the directors maintained oversight of this. At the time of our inspection there were 10 active risks, none of which were rated as extreme. The risk register was shared with Newmedica as seven of the 10 risks were held jointly, such as a series of near misses from administrative errors. The risk assessment system effectively identified the errors and the risk register process enabled both senior teams to work together for a solution.

The senior team acted quickly to protect patients from harm and to protect service sustainability. For example, the risk management system identified concerns about some elements of the referral system, which led the senior team to suspend new contracts with the clinical commissioning group until this was resolved.

The joint governance framework meant the senior team could rapidly resolve operational issues through shared responsibility and decision-making. Both providers extended this to approach to quality assurance. For example, Medical Eye Clinic optometrists led cataract service pre-operative assessments and listing and Newmedica audited these as part of shared assurance.

The registered manager used a live dashboard to monitor the service monthly. This provided oversight of incidents, complaints, risks, and patient outcomes. The dashboard included data from Newmedica, which helped both organisations monitor shared operations and care standards.

Good

Surgery

The provider had established quality assurance frameworks for the delivery of care to ensure a standardised approach that reduced the inconsistencies in care that can occur amongst temporary or occasional staff. For example, optometrists used the national Quality in Optometry Q10 checklist for all patients. The provider audited these to ensure care was consistent regardless of the patient's pathway.

A comprehensive, tested business continuity plan meant surgical services would continue in the event of power loss. The plan included an escalation contact system for staff to reach the senior team in the event of service interruption.

Information Management

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

The service had data sharing and security agreements, including a formal contract, with Newmedica. Patients on this pathway were referred from NHS services and information governance was led by the referring organisation. Medical Eye Clinic staff completed documentation and Newmedica stored this and transmitted it to referring NHS professionals. Appropriate data protection arrangements were in place, including secure data storage with access controls and back-up in the event of systems failure. Medical Eye Clinic retained key surgical data to support future access requests, audits, or complaint investigations.

Newmedica were responsible for reporting data to commissioners and the registered manager reviewed this to ensure it was accurate and met contractual requirements.

All staff undertook training in information governance and application of the General Data Protection Regulations (GDPR). Directors were in discussions with a third party organisation to establish a new electronic patient records management system that included high levels of security and assurance.

Engagement

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

Medical Eye Clinic and Newmedica shared patient feedback where this reflected joint aspects of care. Over 90% of patients received care shared by both organisations. This was consistently positive, and patients frequently noted the seamless nature of care and treatment. One recent patient noted, "A very well organised and flawless experience, all staff plus surgeon put you at ease from start to finish."

The senior team proactively sought new relationships and care pathway development opportunities with other providers in the region. This reflected high levels of demand for cataract surgery and helped reduce pressure on acute services. For example, the senior team had established a service level agreement with an independent hospital to provide visual field checks.

The registered manager was an experienced optometrist and worked shifts in pre- and post-operative care. This helped to maintain engagement with patients and clinical staff alongside their leadership duties.

Good

Surgery

Patients spoke positively about their experiences with staff and the service. We spoke with one patient who opted to self-pay rather than join an extensive local NHS waiting list. They said the booking and pre-operative assessment processes had been “very efficient” and staff provided on-demand after care. For example, when their post-operative recovery had not followed their expectations, they said staff offered them a same-day appointment for a review.

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.

The senior team had a forward-thinking approach to environmental sustainability and had invested in new power and infrastructure in the building, including solar panels for self-sufficient energy production. This met the requirements of the NHS’ national green agenda.

The medical director and managing director were proactive in seeking now opportunities to develop care in line with new technology and treatment standards. For example, they had implemented virtual reality surgery and were leading development of this in the sector.

The senior team were proactive in succession planning and securing the future of the service. They had partnered with a university to offer placements for trainee optometrists and offered support roles to medical students alongside their studies.

Good

Outpatients

Safe	Good
Effective	Inspected but not rated
Caring	Good
Responsive	Good
Well-led	Good

Are Outpatients safe?

Good

We have not previously inspected outpatients. We rated safe as good.

For mandatory training and incidents, please see surgery.

Safeguarding

The consultant 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.

Medical Eye Clinic staff were trained as chaperones and the dermatologist offered this service to all patients. A notice was displayed in the outpatient clinic room reminding patients of the chaperone service. The consultant maintained contact details for local safeguarding teams and had access to the clinic's safeguarding lead if they needed support in making a referral.

Cleanliness, infection control and hygiene

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

Outpatient services operated from a dedicated clinical room. The consultant cleaned the area before and after each clinic and the Medical Eye Clinic's cleaning contractor included the room in out of hours cleaning lists.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe.

The design of the environment followed national guidance and was appropriate for consultations, minor surgery and cryotherapy. The consultant used the clinic's main surgical suite for laser treatments.

The outpatient service shared waste streaming and removal services with the Medical Eye Clinic. This included a contract for safe removal of cryogenic waste.

Good

Outpatients

Assessing and responding to patient risk

The consultant completed and updated risk assessments for each patient and removed or minimised risks.

Outpatient care took place in a dedicated room within the Medical Eye Clinic and had access to emergency equipment on site. The consultant escalated care in the event of medically significant findings, either to the referrer or to a specialist or urgent service.

The consultant carried out a medical history and risk assessment of each patient before minor surgery, cryotherapy, or laser treatment. This ensured the treatment was appropriate and safe.

Medical staffing

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

One consultant dermatologist provided outpatient services under a practising privilege arrangement. They were active in the NHS and at other independent sites.

Medical Eye Clinic nurses provided wound care support on request through a service level agreement.

Records

The consultant kept detailed records of patients' care and treatment. Records were stored securely.

The consultant maintained records of each episode of care or treatment. This included details of skin biopsies and the outcomes of cryotherapy and laser treatment.

Records were stored securely at another location. The consultant carried the records needed for the day's appointments and returned them to storage in a nearby independent hospital afterwards.

Medicines

The outpatient service did not store, prescribe, administer, or manage medicines.

Are Outpatients effective?

Inspected but not rated

We do not currently rate effective in outpatients.

For competent staff and seven-day services, please see surgery.

Evidence-based care and treatment

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

Good

Outpatients

The consultant provided care based on guidance and best practice from the National Institute for Health and Care Excellence (NICE), the Royal College of Physicians, the British Association of Dermatologists, and the American Academy of Dermatology. Care reflected the latest understanding of dermatology and the service proactively sought new and emerging treatments for medical conditions. The service had a key focus on identifying sin cancer in recognition of increasing demand.

Pain relief

The dermatology service did not prescribe medicines in the clinic. None of the treatments available were known to cause pain and the consultant recommended patients use their usual pain relief to manage any minor discomfort.

Patient outcomes

South West Dermatology did not monitor clinical outcomes or contribute to audits from this site. Such work took place at provider level under their own CQC registration.

Multidisciplinary working

The service worked with other healthcare professionals to benefit patients.

The consultant worked with other healthcare professionals and services as needed. For example, patients could self-refer to the service, in which case other healthcare professionals may not be involved. Other patients were referred by their GP and the consultant ensured they were included in assessment and follow-up care.

The consultant referred patients to other independent services or to NHS services on request.

Health promotion

The consultant gave patients practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and skin management available on its website. The consultant provided patients with individualised health promotion guidance in relation to their skin type and medical needs. After treatment, the consultant provided patients with printed information on managing their skin condition effectively.

Consent and the 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.

The consultant ensured each patient had a cooling off period in advance of minor surgery in line with national standards. They obtained consent from patients at the start of the cooling off period and again just before the procedure.

The consultant did not see patients who could not provide consent to care or treatment. In such cases, they worked with an independent hospital that had more specialist resource to meet complex needs.

Are Outpatients caring?

Good

Outpatients

Good

We have not previously inspected outpatients

We rated caring as good.

Please see surgery.

Are Outpatients responsive?

Good

We have not previously inspected outpatients. We rated responsive as good.

For meeting people's individual needs please see surgery.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of people and the communities served. It also worked with others in the wider system and local organisations to plan care.

South West Dermatology offered medical dermatology, intense pulsed light laser therapy for medical purposes, photo dynamic therapy, cryotherapy, skin surgery and dermatoscopy. The service offered these services on a pre-planned basis. The consultant expanded services from this location in line with local demand, such as in response to an increase in suspected skin cancer presentations.

The service minimised the number of times patients needed to attend the clinic, by ensuring patients had access to the required care tests on one occasion. The provider offered clinical care across a number of locations in the south west and offered patients flexibility when booking.

The consultant worked with dermatology specialists nationally to identify trends in care and treatment need. They worked with Medical Eye Clinic's senior team to plan and implement services appropriate to demand and that could be offered safely in the clinic.

Access and flow

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

The dermatologist operated their own referral and appointments system. Patients booked directly with them on a self-pay basis or were referred by another doctor.

The service contacted patients ahead of appointments to minimise missed appointments.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received.

Good

Outpatients

South West Dermatology operated a complaint policy and procedure across all sites from which it operated. The service level agreement with Medical Eye Clinic meant senior staff from both organisations would investigate complaints where these related to care delivered at this location.

There had been no complaints in the previous 12 months.

Are Outpatients well-led?

Good

We have not previously inspected outpatients. We rated well led as good.

'For leadership, vision and strategy, culture, information management, engagement, and learning, continuous improvement and innovation, please see surgery.

Governance

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

The medical advisory committee (MAC) held oversight of the dermatology outpatient service. This included reviews of incidents and audits of the world health organisation (WHO) checklist for minor procedures. The MAC chair met with the dermatologist every six months to review activity and service development.

Management of risk, issues and performance

Leaders used systems to identify and manage risks and issues.

The provider used safe processes to plan and establish new clinical services. For example, they carried out risk assessments and established standard operation procedures and protocols to enable the dermatologist to establish a cryogenic service. The senior team worked with the dermatology consultant to establish safe working protocols and systems for the YAG laser, which was shared between surgery and outpatients.