

Accuvision Eye Care Clinic - London

Quality Report

42-48 New Kings Road

Fulham

London

SW6 4LS

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Website: www.accuvision.co.uk

Date of inspection visit: 14 December 2015

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Summary of findings

Letter from the Chief Inspector of Hospitals

The inspection took place on 14 December 2015. This was an unannounced responsive inspection. We had received allegations to the effect that staff were undertaking procedures for which they were not qualified.

We found no evidence that the allegations could be substantiated. We found that all the staff employed by the service were qualified, competent and skilled.

We inspected the following domains; safe, effective and well-led. These domains were identified as the most appropriate to help us to determine if the allegations were true and if any members of the public had been put at risk and continued to be so.

We have not rated this service because we do not have a legal duty to rate this type of service until April 2016.

The provider has two other locations from which it conducts regulated activity, in Solihull and Wetherby. We attempted to inspect all locations on the same day. The Solihull location was inspected but the Wetherby location was closed and was not inspected.

The London location has a head office function, as well as undertaking the regulated activity.

Our key findings were as follows:

- Staff used equipment safely. Laser room protocols were in place and 'Local Rules' were complied with.
- Records were accurately maintained and stored securely.
- Patients were assessed for any clinical risks or deterioration. There was an on call system for out-of-hours urgent contact.
- There were sufficient numbers of ophthalmologists, optometrists, technicians and nurses available to treat and support patients through consultations and procedures during their appointments.
- The results of local clinical audit demonstrated positive outcomes for patients.
- Staff sought patients consent to care and treatment in line with legislation and guidance.
- Surgeons undertaking laser eye surgery at the clinic were registered with the GMC and had a broadly based knowledge of ophthalmology.
- Laser technicians were competent.
- There was a clear leadership structure and scheme of delegation in place.
- Patient feedback was collected, analysed and acted upon.

However, there were also areas of poor practice where the provider must make improvements:

- The service recorded adverse clinical events for individual patients, but there was no further incident reporting or formal learning system in place.
- There was no system, such as a risk register, in place to identify and mitigate clinical, operational or organisational risks to the service.

In addition, the provider should:

- Ensure that surgeons carrying out laser surgery at the clinic should hold the Certificate in Laser Refractive Surgery as recommended by The Royal College of Ophthalmologists.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Overall summary

Summary of findings

We found:

- Staff used equipment safely. Laser room protocols were in place and 'Local Rules' were complied with.
- Records were accurately maintained and stored securely.
- Patients were assessed for any clinical risks or deterioration. There was an on call system for out-of-hours urgent contact.
- There were sufficient numbers of ophthalmologists, optometrists, technicians and nurses available to treat and support patients through consultations and procedures during their appointments.
- The results of local clinical audit demonstrated positive outcomes for patients.
- Staff sought patients consent to care and treatment in line with legislation and guidance.
- Surgeons undertaking laser eye surgery at the clinic were registered with the GMC and had a broadly based knowledge of ophthalmology.

- Laser technicians were competent.
- There was a clear leadership structure and scheme of delegation in place.
- Patient feedback was collected, analysed and acted upon.

However, we also found:

- The service recorded adverse clinical events for individual patients, but there was no further incident reporting or formal learning system in place.
- There was no system, such as a risk register, in place to identify and mitigate clinical, operational or organisational risks to the service.
- None of the surgeons providing treatment at the clinic held the Certificate in Laser Refractive Surgery as recommended by The Royal College of Ophthalmologists.

Summary of findings

Our judgements about each of the main services

Service

Refractive eye surgery

Rating Summary of each main service

We have not rated this service because we do not have a legal duty to rate this type of service until April 2016. We found:

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- Staff sought patients consent to care and treatment in line with legislation and guidance.
- Surgeons undertaking laser eye surgery at the clinic were registered with the GMC and had a broadly based knowledge of ophthalmology.
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Summary of findings

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Accuvision Eye Care Clinic - London

Services we looked at:

Refractive eye surgery

Summary of this inspection

Background to Accuvision Eye Care Clinic - London

Accuvision Eye Care Clinic – London is located on New Kings Road adjacent to Parsons Green. The service is available for consultation from Monday to Saturday, between 9am and 5pm. It offers laser vision correction surgery and treatments for short-sightedness; long-sightedness; astigmatism; keratoconus treatment; age related long-sightedness and access to non-laser cataract surgery through another provider.

Services are provided to adults and children aged 13-18 years.

The clinic had a waiting room, three consultation/examination rooms, one diagnostic scanning room and one laser treatment room.

Our inspection team

Our inspection team was led by:

Inspection Manager : Michelle McCarthy, Hospitals Directorate, London

Our colleagues in Solihull were inspecting the provider's other premises at the same time. We had access to a specialist ophthalmic surgeon for specialist advice during the inspection.

Why we carried out this inspection

This was an unannounced inspection as a result of an allegation about a patient safety concern. The concern related to claims that staff were undertaking procedures for which they were not qualified.

How we carried out this inspection

We visited the clinic on Monday 14 December 2015. The publication of this report was in part delayed by CQC's quality assurance process.

We interviewed staff members including a company director (who is also a laser technician and the nominated individual registered with CQC as responsible for providing the regulated activities), the registered

manager, an optometrist and three administrative staff. We reviewed documents required and used for the running of the service and reviewed 20 patient records. We looked at the environment and equipment used in the clinic. We observed patients preoperative assessments and spoke with two of them about their experience of the service

Information about Accuvision Eye Care Clinic - London

The service was registered with the CQC on 7 December 2010.

The last CQC inspection of the service was 13 June 2013 when we found the service was meeting the five standards we inspected.

The regulated activities are diagnostic and screening procedures, surgical procedures and treatment of disease disorder or injury.

The registered manager is Mr. Vikash Patel

Refractive eye surgery

Safe

Effective

Well-led

Information about the service

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However, we also found:

- The service recorded adverse clinical events for individual patients, but there was no further incident reporting or formal learning system in place.
- None of the surgeons providing treatment at the clinic held the Certificate in Laser Refractive Surgery as recommended by The Royal College of Ophthalmologists.

Refractive eye surgery

- There was no system, such as a risk register, in place to identify and mitigate clinical, operational or organisational risks to the service.

Are refractive eye surgery safe?

We found:

- Staff used equipment safely. Laser room protocols were in place and 'Local Rules' were complied with.
- Records were accurately maintained and stored securely.
- Patients were assessed for any clinical risks or deterioration. There was an on call system for out-of-hours urgent contact.
- There were sufficient numbers of ophthalmologists, optometrists, technicians and nurses available to treat and support patients through consultations and procedures during their appointments.

However, we also found:

- The service recorded adverse clinical events for individual patients, but there was no further incident reporting or formal learning system in place.

Incidents

- The clinic had a system in place for recording adverse events relating to the care and treatment of patients. These events were recorded in the treatment records of the individual patients involved. The provider maintained a central electronic record of these adverse events. Information from the provider showed eight adverse patient events were recorded between June 2015 and 14 December 2015.
- There was no system for recording and investigating any other types of incidents or adverse events. We saw no evidence of formal trend analysis of incidents. The registered manager and nominated individual told us learning from incidents was shared informally by discussion during staff meetings. Clinical and administrative staff confirmed this when we spoke with them.
- The Care Quality Commission (Registration) Regulations 2009 make requirements that the details of certain incidents, events and changes that affect a service or the people using it are notified to CQC. The provider has submitted zero statutory notifications in the last 12 months. The provider told us there had been no notifiable incidents.

Refractive eye surgery

- We looked at minutes of the most recent clinical governance meeting which showed the duty of candour regulation was discussed and a new policy had been put in place for the clinic.

Cleanliness, infection control and hygiene

- The environment was visibly clean and well maintained.
- There were appropriate hand washing facilities at the clinic. We saw that adequate supplies of hand sanitizer were available throughout the clinic, including patient areas such as reception. We saw staff decontaminating their hands appropriately during pre and post operative assessments. There was no surgery being undertaken on the day of our visit so we could not observe infection control and hygiene practices for surgery.
- The provider sent us a copy of the clinic's infection control policy at our request. The policy had been reviewed in December 2015 and referred to NICE Infection Prevention and Control Quality Standard QS61 (April 2014) and The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance (updated July 2015)
- The clinic's registered nurse attended an annual IPC seminar.
- We saw records that showed clinical staff had completed IPC training.
- There were systems for the management of clinical waste which met the 'DoH Guidance Management of Waste' (2011). We saw a risk assessment for Clinical Waste Management. Clinical waste was segregated from domestic waste in colour coded bags. We saw that clinical waste was stored securely whilst awaiting removal from the site. Clinical waste was removed by an accredited commercial contractor and we saw the transfer notes for waste collected.
- There were no healthcare acquired infections reported in the last 12 months.
- An IPC audit was included in the health and safety audit. We saw evidence of 6 monthly 'spot checks' of the clinic.

Environment and equipment

- We saw a copy of 'The Local Rules' which covered the safe use of the Allegretto Wave Class IV Excimer Laser installed at the clinic. The Local rules define at a minimum, the possible hazards from the equipment, how these are controlled, including the specification for Personal Protective Equipment (PPE), where the Laser can be used, the laser controlled area, the personnel

allowed to use the equipment and action to be taken in the event of an accident or incident. Two lasers were listed under 'Classification of the laser' in the Local Rules; Wavelight Allegretto EX500 Excimer Laser and Wavelight Allegretto FS200 Femtosecond Laser.

- There was a named Laser Protection Advisor (LPA) appointed from an external agency and we looked at the annual contracts and saw documented evidence of their visits to the clinic.
- The clinic had a large waiting room, consulting rooms and laser room.
- The clinic's director was the nominated Laser Protection Supervisor.
- The clinic director told us he was also a trainer for the laser manufacturer and delivered training to staff (surgeons and laser technicians) using the machine. We saw certification for the director's user training and 'train the trainer' which confirmed this.
- The laser was located in a controlled area with appropriate signage indicating their position and associated risks. There was a safety light that illuminated when the laser was being fired, warning people not to enter the controlled area. We noted the controlled area was free from hazardous reflective surfaces. Daily temperature and humidity checks were carried out in the controlled areas as these were critical in the safe performance of the procedures undertaken.
- The lasers were key controlled, and we saw the key was removed when not in use and stored securely by the clinic director as in the Local Rules.
- Protective eyewear was available.
- A preventative maintenance plan in place for the laser machine. We also found that the clinic identified laser faults and ensured they were rectified promptly.
- We saw records that showed a comprehensive check was carried out on the laser machines by staff each day the clinic was open.

Records

- The clinic had systems in place for record keeping including a standard patient file set up.
- We looked at 20 sets of patients' care and treatment records which were kept in paper format and stored on open shelves at the rear of the clinic's administration office which was locked when staff were not present in the office.

Refractive eye surgery

- Patient records we looked at were complete and included risk assessments, pre-operative assessments and treatment records.
- We looked at the operating register and saw it was mostly complete with some signatures occasionally omitted. For example, six cases on a list on 8 December 2015 did not have the signature of the instrument nurse. One case on 4 December 2015 was not signed by the surgeon or nurse. When we asked the clinic director for an explanation we were told the surgeon had to leave in a hurry to see another patient.
- We compared staff signatures across the staff signature list, operating register and patient treatment records and found they matched.
- We looked at three staff files and found they were complete with the staff information required by the Health and Social Care Act 2008 (Regulated Activities) 2014 Schedule 3 was present.
- There was mandatory Information Governance training annually and all clinic staff were up to date with this.

Mandatory training

- The clinic had a mandatory training programme which included fire safety, basic life support, information governance, infection control, equality and diversity, conflict management and safeguarding training. We looked at the training matrix and sampled two staff files which confirmed staff were up to date with the training required for their role.
- All authorised users of the laser equipment had certified training to ensure they were competent to use the equipment.

Assessing and responding to patient risk

- We saw evidence of pre-operative assessments in all of the patient records we looked at.
- We observed an optometrist undertake comprehensive pre-operative assessments on two patients (with their consent). This included collecting a history of the patient's eye and general physical health and a baseline examination to determine prescription. The optometrist discussed patient suitability, risks and benefits. The patient's expectations of surgical outcomes were discussed along with an explanation of what to expect during surgery and how the surgery worked.
- The World Health Organization (WHO) Surgical Safety Checklist was not in use in the clinic. The clinic used its own pre-op checklist, which included: checking the

- patient's identity, completed consent, allergies, identifying the eye for surgery, application of local anaesthesia, preparation of eyes with antiseptic and post operative information and antibiotic eye drops given to patient. We saw completed checklists in all the patient records we looked at.
- There were systems in place for surgeons to check treatment parameters before the operation of the laser in laser surgery.
- Annual training in use of the basic life support (BLS) was mandatory and all staff had completed this in December 2015. The clinic relied on medical staff receiving BLS in their NHS employment.
- The clinic had 'out of hours' arrangements with an emergency on call system staffed by a duty optometrist.

Nursing staffing

- The clinic employed one registered nurse who worked at the clinic when treatment was scheduled. Procedures were booked in advance.

Surgical staffing

- Staffing levels were appropriate to meet the needs of patients. The rotas we reviewed demonstrated adequate staffing for both the days of surgery and pre and post operative appointments.
- The service was staffed by ophthalmologists and optometrists. Five surgeons provided laser treatment at the clinic. Patients' initial assessments and aftercare was provided by a registered optometrist.
- We noted from scrutinising the theatre register, laser log and patient records of surgical procedures for 20 patients an ophthalmologist and laser technician was present during each surgical procedure.
- In order to verify their presence in the theatre we compared the signatures on these documents against a record of sample signatures for these staff.
- The clinic director, who was the provider company's Laser Protection Supervisor, was present during surgical procedures.

Are refractive eye surgery effective? (for example, treatment is effective)

We found:

- The results of local clinical audit demonstrated positive outcomes for patients.

Refractive eye surgery

- Staff sought patients consent to care and treatment in line with legislation and guidance.
- Surgeons undertaking laser eye surgery at the clinic were registered with the GMC and had a broadly based knowledge of ophthalmology.
- Laser technicians were competent.

However, we also found:

- None of the surgeons providing treatment at the clinic held the Certificate in Laser Refractive Surgery as recommended by The Royal College of Ophthalmologists.

Patient outcomes

- There was clear information on the provider's website about intended and realistic outcomes for patients following procedures and treatments. We noted from patient records that patient expectations were discussed during the pre-assessment. Detailed written information was also given to each patient as part of the consent procedure.
- The clinic audited some of its local activity such as the number of patients and types of procedures year on year. The clinic gave us a copy of visual quality and treatment outcomes for the range of patients treated in the 12 months before our inspection, which demonstrated positive outcomes for patients. For example:
 - 99.6% patients achieving best corrected visual acuity (BCVA) 6/6 (1) or better pre-treatment achieved uncorrected visual acuity (UCVA) of 6/6 (1) across all prescriptions.
 - all patients with an amblyopic eye where full correction was intended have achieved the same uncorrected visual acuity (UCVA) post op as the best corrected visual acuity (BCVA) they presented with pre-operatively.
 - the enhancement rate across all patients and all prescriptions was 1.07%
 - zero patients with unresolved post-operative complications

Competent staff

- We saw evidence that all of the surgeons undertaking laser eye surgery at the clinic were registered with the GMC and had a broadly based knowledge of ophthalmology. Four out of the five doctors providing laser eye surgery were registered on the GMC specialist register for ophthalmology.

- The Royal College of Ophthalmologists recommend that laser refractive surgeons should hold the Certificate in Laser Refractive Surgery. None of the surgeons providing treatment at the clinic held the certificate.
- All staff had an annual performance appraisal, which was undertaken by the registered nurse employed in the clinic.
- Revalidation is the process by which licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise. The clinic depended on the NHS to revalidate surgeons' practise.
- We saw evidence of a clinical outcome audit for surgeons working at the clinic, which found no statistically relevant difference between surgeons.
- The clinic director/nominated individual was also the clinic's laser protection supervisor. We saw certification of his competency to use the laser and to train others to use it.
- The clinic director/nominated individual/laser protection supervisor confirmed he attended each surgical procedure. This was corroborated by the patient records, duty rotas and theatre records we looked at.

Seven-day services

- The clinic was open from Monday to Friday, between the hours of 9am and 5pm and Saturdays by appointment.
- The clinic had 'out of hours' arrangements with an emergency on call system staffed by a duty optometrist.

Access to information

- Staff had access to patient information via their records; we also saw that some of the information was transferred to electronic records which was accessible from all three clinics.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We found staff sought patients consent to care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Patient consent forms were completed fully and signed appropriately in all the records we reviewed.

Refractive eye surgery

Are refractive eye surgery well-led?

We found:

- There was no system, such as a risk register, in place to identify and mitigate clinical, operational or organisational risks to the service.

However, we also found:

- There was a clear leadership structure and scheme of delegation in place.
- Patient feedback was collected, analysed and acted upon.

Vision and strategy for this service

- The service described its Mission on its website as “To transform your life, by safely and significantly reducing your dependency on contact lenses or glasses”.
- Although there was no specific vision and strategy for this service, the clinic’s director/nominated individual/laser protection supervisor hoped to implement service improvement by sustaining his involvement in developing laser technology.

Governance, risk management and quality measurement

- We saw evidence of a risk assessment log which listed environmental risk assessments to health and safety. However, a risk register or other system was not in place to identify and mitigate clinical, operational or organisational risks to the service.
- Six monthly governance meetings were evidenced by minutes of the meetings. The most recent meeting was held on 7 December 2015. Minutes reflected a decision to increase the frequency of governance meetings. The next meeting was scheduled for March 2016.
- The clinic was part of an organisation with two more clinics nationally with policies and procedures in place for activities undertaken. Policies were available to clinic staff.

Leadership of service

- There was a clear leadership structure and scheme of delegation in place. Day to day running of the clinic was the responsibility of the registered manager.
- The director/nominated individual/laser protection supervisor was present in the clinic when surgery was scheduled.

• Culture within the service

- The clinical governance meeting minutes for December 2015 recorded that a new policy had been introduced to comply with the Duty of Candour regulation. Adverse patient incidents were recorded in patients’ individual records and collated electronically.
- Staff felt supported by management. Staff told us management were approachable and always took the time to listen to them. Staff told us regular team meetings were held and we saw minutes of meetings. Staff said there was an open culture within the service and they had the opportunity to raise any issues at team meetings.

Public engagement

- All patients were invited to complete a satisfaction survey. Results were collated and analysed by the clinic. We sampled survey forms returned by patients and found feedback was generally positive about staff and the outcome of the procedures. One person commented “it would have been useful to be shown the treatment room before hand” so clinic staff included this in their pre operative patient preparation.

Staff engagement

- The clinic gathered feedback from staff through staff meetings and discussion. There were no formal arrangements to collate and respond to staff feedback.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must strengthen governance arrangements including internal audit and identification and mitigation of risk.
- The provider must implement a system for recording and investigating all incidents or adverse events.

Action the provider **SHOULD** take to improve

- Surgeons carrying out laser surgery at the clinic should hold the Certificate in Laser Refractive Surgery as recommended by The Royal College of Ophthalmologists.

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.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>You are failing to comply with Regulation 17 (1) (2) (a) (b) which states:</p> <p>(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.</p> <p>(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to</p> <p>(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity</p> <p>(including the quality of the experience of service users in receiving those services);</p> <p>(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at</p> <p>risk which arise from the carrying on of the regulated activity;</p> <p>How the provider was not meeting this requirement:</p> <p>There was no system for recording and investigating incidents or adverse events other than clinical outcomes.</p> <p>There were no arrangements to analyse incidents and identify and monitor trends.</p> <p>There was no system, such as a risk register, in place to identify and mitigate clinical, operational or organisational risks to the service.</p>