We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Optegra Manchester Eye Hospital

The Boulevard, Didsbury, M20 2EU

Date of Inspection: 10 October 2013

Date of Publication: February 2014

We inspected the following standards as part of a routine inspection. This is what we found:

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<td>Complaints</td>
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Details about this location

<table>
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<tr>
<th>Registered Provider</th>
<th>Optegra UK Limited</th>
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<tr>
<td>Registered Manager</td>
<td>Ms. Caroline McHugh</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>Optegra Manchester Eye Hospital is situated in the Didsbury area of Manchester. It is one of a privately owned group of hospitals, providing a comprehensive range of ophthalmic services to adults only. The hospital provides refractive, ocular, plastic and retinal diagnostic and surgical services and ophthalmic disease management.</td>
</tr>
<tr>
<td>Type of service</td>
<td>Acute services without overnight beds / listed acute services with or without overnight beds</td>
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| Regulated activities | Diagnostic and screening procedures  
|                     | Surgical procedures  
|                     | Treatment of disease, disorder or injury |
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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 October 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and talked with commissioners of services.

What people told us and what we found

The people who used the service told us they were given information about their treatments during their initial consultation and this was when they had the opportunity to ask questions about their concerns. People told us they felt confident in the consultant and the staff team. Comments included:

"I felt the staff were knowledgable, they answered all my questions."

"All my medical details were taken and written down. The staff made sure I had someone to accompany me. They explained the process and the treatment and after care."

"The information before the operation was really good, and I was so reassured with the information afterwards. The staff gave me an emergency number if I had any problems and an information pack about how to care for my eyes after the operation. Really good."

People we spoke with told us that the treatments provided by the service were 'really good'. They told us they would recommend the service to their friends.

Records showed that staff received training, supervision and support so that they were equipped to provide care and support to people using the service.

People were given a copy of the complaints procedure during their consultation so that they knew what to do and what action to take if they were unhappy with their treatments. People using the service told us they were aware of the complaints procedure.

You can see our judgements on the front page of this report.
More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

Respecting and involving people who use services  ✔ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care and treatment.

Reasons for our judgement

Optegra Manchester Eye Hospital is located on the ground floor of an office building sited in Didsbury, Manchester. There is level access into and throughout the building.

The reception area was well laid out with a reception desk, a large comfortable waiting area and a range of facilities available to patients in the form of tea, coffee and snacks, television and Wi fi. There were small 'pod' type lounge areas offering a greater degree of privacy. The whole area was bright, clean and decoration and furnishings were of a high standard.

The waiting area provided a range of leaflets and brochures on the treatments provided by Optegra which people could take away with them and read at their leisure. All treatments took place in private rooms and a health care assistant was available to chaperone people if this was needed or requested. This meant that people's privacy and dignity were respected.

During the inspection we were able to speak with four people who had used the services at Optegra. Some of the people had already received treatment and others were receiving pre-operative appointments.

All the people we spoke with told us that they had been given sufficient information to help them to decide their treatment options. They told us that the information had been sufficient enough to enable them to make an informed decision about treatment and that as a result they had felt confident in signing a consent form for the treatment to be provided.

Some of the comments received from people using the service included:

“There was a full detailed assessment in which I felt confident in asking questions. I felt that the staff were knowledgeable and they treated me with respect throughout the whole
"The staff went through all my medical history, they were very accommodating to my specific needs and told me that my family could accompany me to support me on the day of the treatment. Now I don't feel any anxiety about the surgery."

"The consultant had been very clear and was able to explain in detail the nature of my condition and the treatment I needed."

"Everything was explained in detail, I was fully aware of what was going to happen and what I should expect."

We were told of examples where a patient had lacked capacity to agree to treatment. In this case all appropriate consultation had taken place and a specially designed consent form was seen on this person's file. This meant the provider had systems in place to address issues around consent for treatment for people using the service who were unable to make decisions about care and treatment for themselves.

The manager explained that people's consent to care and treatment was always obtained and we saw evidence of this on patients medical files. People using this service also confirmed that they were asked to sign consent forms prior to receiving treatment. This meant that the provider respected people's rights and involved them in the decision making process.
Care and welfare of people who use services  Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. People attended the clinic for an initial consultation where suitable treatments and options were discussed with them.

The people we spoke with were very positive about the treatment they received and about the competency of the staff team. Comments included:

"The consultant was very clear and able to explain the exact nature of my condition and he explained the treatment plan in detail. I felt that the service was very good at keeping other professions informed such as my G.P."

"The staff have been very good at explaining the whole process. They have been very accommodating about changing my appointment date to fit in with my plans. The staff were able to answer all my questions and this made me feel less anxious."

Individual case notes were kept for each person using the service. We looked at three case files. Records included a full medical history and details of any discussions held and treatment options. There was evidence that the surgeon had discussed and recorded that the risks and benefits of the treatment had been explained.

Arrangements were in place to deal with emergencies. There was emergency medical equipment in the form of a full 'CRASH' trolley (This was a portable trolley containing all equipment and drugs required for cardiopulmonary resuscitation and emergency care). All equipment was regularly checked and maintained, and records were in place to confirm this. We were shown the local rules and protocols and procedures for the security of the laser equipment. Procedures were in place for the safe use of this equipment, and staff were required to sign keys in and out and to indicate which member of staff had prepared the room. This meant that appropriate steps were taken to make sure that people using the service and staff were protected from the potential dangers of laser equipment.

The reception area was open plan and we saw that patients were formally greeted and put at ease by friendly and courteous staff. All consulting rooms were located to one side of
the reception area and theatres and treatment wards were located on the opposite side of
the reception area. We noted that when people went into treatment areas and consulting
rooms the doors were closed to ensure that patient's privacy and dignity were respected.
We were told that a chaperone was available to support people if this was requested or
necessary.

We were told that when an individual had made an appointment to attend the hospital they
were given a welcome call. The administrative staff sent text to people to remind them of
appointment dates. Following procedures a follow up phone call was made to people to
check that post-operative experience was satisfactory and to allay any anxieties a person
may have. The service also provided a 24 hour helpline which meant people could be
confident that there was ongoing care and support available to them if this was needed.

Following treatment people were taken to a post operative ward which was a bright
pleasant area furnished with reclining chairs, access to a nurse call alarm system and
there was provision for family members to join them. People who had used the service told
us that the nurse call system made them feel safe in the knowledge that they could ring for
attention and that being able to have family members with them was reassuring. We were
told that all staff carried the nurse call system around with them and this meant that
arrangements were in place to respond to emergencies or provide support to people.

Staff training records showed that all staff had received training in basic emergency care
and life support. Records showed that some staff had received intermediate and advanced
training.

Following treatment we saw that people were provided with packs which included
information and advice regarding their after care. It also provided numbers that people
could contact at home in the event of needing help or advice following their treatments.
One person told us that the information pack had been very useful. We were told that the
pack contained information on how to administer eye drops, do's and don'ts and
emergency contact numbers. This person said, "Staff were wonderful. I couldn't fault
anything. I got the feeling that staff were competent and well trained."
Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

A written policy and procedure was in place to direct staff in the event of concerns being raised about potential abuse or the exploitation of any vulnerable person.

Staff training records indicated that staff had received safeguarding training. When we spoke with staff they demonstrated a good understanding of safeguarding protocols and they were able to tell us in detail what the procedures were for managing and reporting abuse.

We saw evidence that all staff had been subjected to a Criminal Record Bureau (CRB) disclosure (now known as the Disclosure and Barring Service (DBS)).

The information we saw during this visit demonstrated to us that staff had the necessary training and that this ensured that they were aware of the signs to look out for and knew what to do if they needed to report their concerns.
Safety and suitability of premises  
Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We spoke with people who used the service about the facilities of Optegra Manchester Eye Hospital. All of the people we spoke with were complimentary about the environment, and reported that they were impressed that their family members were provided with excellent facilities and private space to support them throughout their treatment.

The hospital was located on the ground floor which led to a large reception area which linked to waiting areas. We were taken through a tour of the building which showed that there was a well thought out building plan which took people through the waiting room areas, to pre-operative consulting rooms, theatres and post-operative lounges. We found all areas to be clean and tidy and well organised.

Consideration had been given to providing friends and relatives of people using the service with relaxing lounge areas equipped with Wi fi, tea/coffee and snack making facilities. The environment was bright and clean and provided a relaxing environment to those people using the service.

The facilities provided by the hospital ensured that the health, well-being and safety of people using the service and the staff were protected and that measures were in place to ensure compliance with legal requirements relating to the premises.

During our tour of the building we saw that the rooms, fittings, furniture, flooring and equipment were clean and in good condition. Protocols were in place to manage the cleaning of the building and contracts were in place to manage clinical waste.

Throughout the building we saw that medical equipment and drugs were stored appropriately and rooms containing medical records or specialist equipment were securely locked.
### Supporting workers

Meta this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

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**Our judgement**

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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**Reasons for our judgement**

People we spoke with during our visit spoke highly of the staff working at Optegra Manchester Eye Hospital. Their comments included:

"The consultant was very clear and able to explain in detail the nature of my condition and the treatment I needed".

"The staff were able to answer all my questions."

"The staff provided me with all the information I needed about treatment and the aftercare was very good."

We spoke with the manager and staff who told us that they felt they were supported to do their job and they said received appropriate training and development opportunities to carry out their roles.

When we spoke with staff they told us that there was a good team spirit, always sufficient staff on duty and plenty of training and development opportunities. One person said, "This is a very supportive company, they are happy to support staff with training."

All the staff we spoke with told us that there was plenty of training including refresher courses in mandatory training such as safeguarding adults and emergency care and life support.

When we spoke with staff they told us that they had received a comprehensive induction which focused on key practice areas such as the rights of people using the service, policies and procedures and how to report adverse events and incidents. Members of staff told us that they received regular supervision and appraisals to discuss their work and training requirements. Training records were looked at during this visit and supported the information we received from staff. This meant that people received care, treatment and support from a well trained staff team who received the appropriate support to help them carry out their roles and responsibilities safely.
Our judgement

The provider was meeting this standard.
There was an effective complaints system available.

Reasons for our judgement

A procedure was in place for dealing with complaints. The manager told us that the organisation took all complaints seriously and was focused on ensuring people’s experience of treatments was positive. People using the service were given a copy of the complaints procedure so they knew what to do if they were unhappy with their treatment.

The manager told us that the recording of complaints had moved from a paper based system to a computer monitoring system which enables an auditing and tracking of any complaints made to the organisation.

The manager told us that the organisation encouraged people to express their views and opinions of the service and that they did this by sending our quarterly surveys seeking the views of people who had used the service. The last staff and patient survey was completed in June 2013. A high percentage of people reported that they had experienced excellent care and treatment. The manager told us they were in the process of developing ideas to gain the views of people using the service and one such idea was to introduce technology so that people could record their experience whilst attending the hospital.

We looked at the complaints record which demonstrated that the organisation took all complaints seriously. Of the complaints we looked at we saw that appropriate investigations had taken place and that the complainant had been fully informed. The recording system showed that the organisation looked at the complaint, outcomes for the complainant and whether lessons could be learned to improve patient experience.

The system in place for the organisation to monitor complaints included processes for trends and patterns of complaints to be identified and addressed.

The complaints procedure was clearly visible in the reception area and in the information provided to people using the service.

People we spoke with told us they were fully aware of the complaints procedure and felt confident they could approach the manager or a member of the staff team with any concerns.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✔️ **Met this standard**  
This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✖️ **Action needed**  
This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✖️ **Enforcement action taken**  
If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

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<td>Records</td>
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### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.
## Contact us

<table>
<thead>
<tr>
<th>Contact Method</th>
<th>Details</th>
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<tbody>
<tr>
<td>Phone</td>
<td>03000 616161</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:enquiries@cqc.org.uk">enquiries@cqc.org.uk</a></td>
</tr>
</tbody>
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**Write to us at:**

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Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA  

<table>
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<tr>
<th>Website</th>
<th>Details</th>
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<td><a href="http://www.cqc.org.uk">www.cqc.org.uk</a></td>
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