Inspection Report

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

Optimax Laser Eye Clinics - Birmingham

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Optimax Eye Clinics
Registered Manager	Mrs. Morag Gilbert
Overview of the service	Optimax Laser Eye Clinics – Birmingham provides eye surgery to clients aged 18 years and above. The clinic provides ophthalmic treatment in a day surgery setting.
Type of service	Acute services without overnight beds / listed acute services with or without overnight beds
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 13 November 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

During our visit we spoke with six people who were patients at the clinic, the manager and five members of staff.

We found that people were treated with dignity and respect and usually received care that met their needs. We found that patient consultations took place in private with enough time allocated for their appointment to ensure they had opportunity to have their treatment needs fully assessed. Five of the six people we spoke with were very satisfied with the service they had received. One person was unhappy that their treatment had not gone ahead as planned but they told us they were happy with the action taken by staff at the clinic to resolve this.

Records confirmed that the majority of staff had attended safeguarding of vulnerable adults training. This enabled staff to understand the aspects of safeguarding which were relevant to them.

We found that staff received an induction, training and appraisals. We also found that the provider took steps to assess the quality of the service being provided.

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.

Reasons for our judgement

We observed the staff to be friendly and very helpful. We observed that staff greeted people politely and amicably. We found that patient consultations took place in private with enough time allocated for their appointment to ensure they had opportunity to have their treatment needs fully assessed. One person receiving treatment at the clinic told us "My treatment was discussed in private and they respected my confidentiality."

We looked at a copy of the information pack provided to patients. The pack contained details regarding the procedure and after care appointments. The provider may find it useful to note that one person told us that they had received a lot of written information about their treatment but that guidance about how long before they could eat after treatment had been contradictory.

People who use the service understood the care and treatment choices available to them. All of the people who we spoke with said that they had the right amount of information to make their decision about the treatment options available to them. People told us the ophthalmic consultant made sure they understood their treatment and choices by giving information in a way they could understand. One person told us "I was given a lot of information, they were very thorough."

We looked at the records of six people who had received treatment at the clinic. These demonstrated that people had information provided to them before they had agreed to proceed with their treatments. People had signed a consent form before any treatment took place, this gave detailed information about the potential risks of the planned treatment. People who used the service told us they signed their consent forms on the day of their surgery after the consultant had discussed the treatment with them.

People's diversity, values and human rights were respected. A copy of the statement of purpose, that set out the aims of the service and copies of treatment information leaflets were available in the patient waiting area. The manager told us that information in alternative languages could be made available on request. We were also told that there were arrangements in place to access interpreters to help communicate information about

the service and treatments, to people who did not have English as their first language. We observed the clinic provided for disabled patients by providing a suitable ramped entrance and adapted toilet facilities. Consultations and treatment took place on the ground floor of the building.

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.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Five of the six people we spoke with were very satisfied with the service they had received. One person was unhappy that their treatment had not gone ahead as planned but they told us they were happy with the action taken by staff at the clinic to resolve this.

Six people's care records were reviewed and these contained evidence of assessments, diagnostic screening, treatment and follow-up procedures. People completed a questionnaire in respect of their health and these were reviewed by the surgeon on the day of the person's treatment to ensure that there were no health issues to prevent the person from receiving their treatment. The provider may find it useful to note that one of the six health questionnaires we looked at had not been signed by the patient.

Laser treatment records were reviewed and these indicated that people's identity was checked against information contained in their care records, prior to receiving the correct treatment. Records of people's treatments and medication administered were maintained to support the care and treatment provided.

We observed people were provided with after care advice for example, whom to contact if anyone had any problems when they returned home, signs and symptoms to look out for, expected course of recovery and any follow up care and attendance recommended. One person who was receiving treatment at the clinic told us, ''I was given an aftercare pack and everything was explained, I even had an emergency number that included the surgeon's telephone number.''

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

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

Copies of the statement of purpose were available in the waiting room for people to readily access. Information about what people could do, if they felt that they were treated in an abusive way, including being bullied or harassed, was available within the statement of purpose. The information pack for patients included information on the complaints policy.

Records confirmed that the majority of staff had attended training on safeguarding of vulnerable adults. This enabled staff to understand the aspects of safeguarding which were relevant to them. A new member of staff told us that they had not yet received this training but had received a handbook that included information about this. The manager told us that usually staff did not complete safeguard training until they had finished their probationary period. They told us they had recently queried with the provider about when new staff needed to do this training so that they attended safeguarding training as soon as possible.

We looked at the service's safeguarding policy which contained appropriate detail and safeguarding contact numbers. Staff had signed the policy to confirm that they had read and understood it. Staff spoken with confirmed that if they had any concerns they would feel confident in raising them with the manager.

We looked at the personnel files of three members of staff. This showed that the necessary checks had been completed before they had started working there. This included satisfactory references and criminal records bureau checks.

Supporting workers ✓ Met this standard

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

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.

Reasons for our judgement

People who we spoke with said that they felt the staff were trained and competent to do their job. One person who had received treatment at the clinic told us, "The staff are brilliant."

We saw from records we reviewed that staff received appropriate training and updates in relation to their roles. Training included infection control, manual handling, safeguarding adults, basic life support, equality and diversity and health and safety. Staff told us they received regular training and that practical sessions were arranged to compliment formal training, for example resuscitation drills were held.

The manager told us all newly appointed staff undertook induction training to familiarise them with the company's policy and an in-depth knowledge of the work carried out by the service. We spoke with a new member of staff. They confirmed they had received an induction that included three days of training away from the clinic.

Records showed that staff had an annual appraisal which reviewed their work performance against previously set objectives. Action plans were in place for the ongoing training and role development of the member of staff for the forthcoming year.

Staff spoken with told us that they enjoyed working at the clinic. They felt they received the training and support that they needed to be competent to do their job. They advised us that there were procedures and policies in place that provided them with guidance to support them in the work that they did. They felt supported and listened to. They also told us that staff meetings took place regularly.

We reviewed the practicing privileges of medical staff and saw evidence of training and appraisals. We reviewed a sample of staff registered with the General Medical Council (GMC) and the General Optical Council (GOC), records indicated that their registrations were current and up to date. Details of their qualifications and experience were available for patients and were also listed on the organisation's website.

We reviewed the qualifications and training of the appointed Laser Protection Adviser (LPA) who was contracted to provide laser protection services. We were able to see that the LPA was appropriately registered with the Health Professionals Council and undertook relevant professional training updates.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Information about how to make a complaint was publicly available in the clinic's waiting rooms. Through speaking with the manager and examination of the record of complaints, we found that people's complaints were responded to and action was taken to address any issues. Staff spoken with told us that they were made aware of complaints received and where actions were needed to improve the service to patients.

A system of internal audits was in place at the clinic. Audits completed included care records, infection control, medication and incidents. We saw that any areas that required improvement were reported back to staff and action plans were developed. Regular checks were taking place of the premises and equipment. Service contracts were in place for regular maintenance of the equipment.

An audit of the clinic had taken place in October 2012 by a senior manager from Optimax. The audit had identified where improvements were needed and an action plan had been completed. We saw that the majority of actions had been completed or were in progress.

Systems were in place to seek the views of people using the clinic. Patients completed a satisfaction survey on a touch screen facility at various stages of their treatment. The outcome of the 2010/2011 surveys were available in the clinic. The results indicated that the clinic had performed well with the majority of patients stating that they were satisfied with their care and treatment.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

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.

Glossary of terms we use in this report (continued)

(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

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