

Review of compliance

Horizon Medical Limited Focus Laser Vision	
Region:	London
Location address:	22 Wimpole Street Westminster London W1G 8GQ
Type of service:	Acute services without overnight beds / listed acute services with or without overnight beds
Date of Publication:	September 2012
Overview of the service:	<p>Focus Laser Vision is the one registered location of Horizon Medical Limited. The clinic provides laser eye surgery for adults.</p> <p>The location is in the lower ground floor of premises in central London.</p>

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Focus Laser Vision was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 3 August 2012, talked to staff and talked to people who use services.

What people told us

People we spoke with were very satisfied with their care and treatment at Focus Laser Vision. We were able to speak with people at different stages of their treatment – from initial tests, the day of surgery and people coming in for a follow up appointment after surgery. They had been given sufficient information about the service and about proposed surgery and aftercare. They reported that they had been treated considerably by staff and could raise a concern if they had one.

What we found about the standards we reviewed and how well Focus Laser Vision was meeting them

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard.

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

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Outcome 17: People should have their complaints listened to and acted on properly

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that 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.

A moderate impact means that 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.

A major impact means that 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.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 02: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- * Where they are able, give valid consent to the examination, care, treatment and support they receive.
- * Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- * Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

People we spoke with could explain the treatment they were receiving, the associated risks and the alternatives that were available. People were happy to give consent to treatment because they fully understood the process. People asked questions about what they were consenting to and staff were able to provide additional information if necessary.

Other evidence

We spoke with staff who told us that consent was a continual process at all stages of the treatment. We saw the information packs that were given to people prior to their first appointment and then before surgery.

People we spoke with confirmed that they were given verbal and written information at the initial consultation. People took the information about the procedure away to consider. This included a copy of the unsigned consent form. When people returned for their surgery, consent was included in the consultation. No surgery took place on the same day as the first consultation.

People were asked to sign formal consent forms when they were satisfied with the treatment they were paying for and had spoken with the surgeon. The consent form contained sufficient information that helped people understand all aspects of the

treatment, including possible complications. When needed, interpreters were used to assist with the consent process.

The service operated on the principle of respecting people's choices to undertake treatment and they were free to cancel any further treatment if they wished. The decision for people to refuse treatment was respected by staff and the service.

The provider ensured that people who used the service understood, consented and knew how to change their decisions before providing care and treatment.

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Outcome 04:

Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People we spoke with told us that they felt involved in their care and treatment at Focus Laser Vision. They understood the tests required prior to surgery. They had discussed the risks of laser surgery.

People we spoke with following surgery were very happy that the treatment they had received was effective. They felt that the service offered them safe surgery that met their needs. They told us they had had a personalised service from all the staff they had seen.

Other evidence

People's needs were assessed and care and treatment was planned and delivered in line with their individual treatment plan. We saw that the general environment and laser surgery area and procedures had been risk assessed and were suitable for the service. Individual patient risk assessments were undertaken by the specialists prior to surgery. These included a medical history and ophthalmic history and assessment.

People who had had surgery were followed up with appointments at one day, one week, one, three and six months and then at one year. This enabled people to be assured of their eye health. Staff assessed the progress of the person following surgery.

People's care and treatment reflected relevant research and guidance. The clinic manager received and acted upon clinical information and updates.

There were arrangements in place to deal with a foreseeable emergency. Staff had received training in life support and emergency equipment and drugs were in place.

Our judgement

The provider was meeting this standard.

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

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

People we spoke with during our visit were satisfied with the cleanliness of the clinic.

Other evidence

People were protected from the risk of infection because appropriate guidance had been followed. We saw that an independent infection control specialist was contracted by the provider. This company was available for advice and support when needed. They provided infection control training for surgical staff and staff confirmed this. A new member of the surgical team told us her practice was reviewed when she started in her role.

People were cared for in a clean, hygienic environment. We saw that an infection control audit was completed by the external company in July 2012 and any improvement actions were undertaken. The surgical areas were cleaned appropriately before and after surgery and there was a deep clean of the service each month. Staff confirmed this and we saw that the clinic was clean and well maintained. We saw the documentation of the monthly audits of infection prevention and control. A Legionella risk assessment was in place and water sampling had been undertaken and was clear in July 2012.

There were effective systems in place to reduce the risk and spread of infection. We saw that there were infection control and decontamination policies in place. All instruments used were disposable and no single use items were reused. We saw that infection control was discussed at monthly team meetings. The clinic manager confirmed that individual patients have their eyes checked for signs of infection at every visit where testing was performed. There had been no incidents of eye infection

detected in the last two years.

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

People we spoke with were very positive about their experiences of staff at all levels at Focus Laser Vision.

Other evidence

Appropriate checks were undertaken before staff began work. We saw that most staff had criminal record bureau (CRB) checks prior to commencing employment. For two members of staff CRB checks were still in progress. The provider had undertaken a risk assessment of the risks for people using the service. These staff were never with patients unsupervised.

There were effective recruitment and selection processes in place. We saw this from personnel files. Consultant ophthalmologists were granted practicing privileges at the clinic. This included the provision of references, qualifications, appraisal information and CRB checks.

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Outcome 17: Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- * Are sure that their comments and complaints are listened to and acted on effectively.
- * Know that they will not be discriminated against for making a complaint.

What we found

Our judgement

The provider is compliant with Outcome 17: Complaints

Our findings

What people who use the service experienced and told us

People told us that they would be able to raise a concern or make a complaint if they had one. They were satisfied with the service they had received.

Other evidence

People were made aware of the complaints system. We saw that information about how to complain was available as a poster in the clinic's reception area, in the patient guide and in the consent form. There was also a complaints policy.

People's complaints were fully investigated and resolved, where possible, to their satisfaction. We saw the complaints log. We saw that any complaints had been investigated and the complainant responded to.

People were encouraged to give their feedback about the service and were given a feedback form to complete at a week or a month following their surgery.

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
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