

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

## Ultralase (Leeds)

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Date of Inspection: 30 November 2012

Date of Publication: August  
2016

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

|  |                     |
|--|---------------------|
| <b>Consent to care and treatment</b>               | ✓ Met this standard |
| <b>Care and welfare of people who use services</b> | ✓ Met this standard |
| <b>Cleanliness and infection control</b>           | ✓ Met this standard |
| <b>Staffing</b>                                    | ✓ Met this standard |
| <b>Complaints</b>                                  | ✓ Met this standard |

## Details about this location

|                         |   |
|-------------------------|---|
| Registered Provider     | Ultralase Limited   |
| Registered Manager      | Ms Monique Rochford   |
| Overview of the service | Ultralase (Leeds) is registered to provide eye surgery and treatments for people with a range of eye correction requirements to persons aged 18 years and over. The service includes consultation, pre-assessment, treatment and post procedure recovery rooms. |
| Type of service         | Acute services without overnight beds / listed acute services with or without overnight beds  |
| Regulated activities    | Diagnostic and screening procedures<br>Surgical procedures<br>Treatment of disease, disorder or injury  |

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 November 2012, talked with people who use the service and talked with staff.

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### What people told us and what we found

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We spoke with four people who used the service and they said that they were very happy with the care and treatment they received. People said they were always involved in deciding about what was the most appropriate treatment for them. People said the staff explained to them the treatment options, the risks involved with the treatments and the fees, so they could make informed decisions before any surgical procedures took place.

They told us that they were happy to ask staff anything in relation to the treatment and staff were very friendly and helpful.

People we spoke with said the clinic was clean and they had no concerns with the hygiene.

One person said the staff were, "Very caring and professional" and another person said, "The staff were excellent and made me feel at ease." One person said that the staff had told them, "If you ever need anything always ring us up and ask."

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

### Consent to care and treatment

✓ Met this standard

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

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### 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.

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### Reasons for our judgement

We spoke with the registered manager about the consultation process in relation to the treatments provided including risks and informed consent. The registered manager told us that prior to treatment people were asked to complete a health questionnaire. Following this the treatment options and the risks involved were discussed. People were then given a consent form and asked to bring it back with them on the day of the proposed treatment.

Following an examination by an optometrist they were seen by the surgeon. The consent form was discussed, dated and signed. A copy was given to the patient and a copy was kept by Ultralase. Consent was always obtained and documented prior to treatment commencing.

We saw two types of patient's medical records that were used to assess risk and these included questions such as current medication, reason for surgery and any changes in health. All discussions with people who used the service were documented on the computer system including agreement to consent.

We spoke with three members of staff and an optometrist who were able to explain their understanding of when and how to obtain consent. The clinic had up to date policies and procedure for consent and confidentiality in place.

There was access to literature for people who used the service and this included statement of purpose, fees and the range of treatments available.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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We used a number of different methods to help us understand the experiences of people who used the service, including talking to people and looking at records. Patients told us the staff were, "Very caring and professional" and another person said, "The staff were excellent and made me feel at ease." One person said that the staff had told them, "If you ever need anything always ring us up and ask."

Staff told us people received good care and their needs were appropriately met. They said there were good systems in place to make sure people were supported before, during and after procedures and were encouraged to contact the staff if they had any concerns. They said every person had an individual support plan which was person centred and they considered them as individuals. Staff said they found the support plans easy to use and informative.

Staff we spoke with had a clear understanding of their roles and responsibilities within the team, and were knowledgeable about the service. Patients were actively encouraged to ring for advice at any time following surgery and the surgeon was on call 24 hours post surgery for advice and guidance.

People's needs were assessed and care and support was planned and delivered in line with their treatment plan. We looked at six people's treatment plans and risk assessment records. All of the treatment plans we looked at had detailed information about people's needs and how the care and support should be delivered. They were person centred and focussed very much on the individual needs of the people who used the service. Consent to treatment forms were also present in each person's record. Care and treatment was planned in a way that ensured people's safety & welfare.

We saw that treatment plans were reviewed each time they came to the clinic to make sure people's changing needs were identified and met. There was also an information leaflet available in larger font size and information available in 12 different languages upon request.

There were arrangements in place to deal with possible emergencies. All staff were trained in emergency first aid and were up to date with training. We saw that emergency medical

equipment was easily accessible within the clinic and we saw evidence that staff had received the required training to use the equipment and checks carried out daily .

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

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

People were cared for in a clean, hygienic environment.

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**Reasons for our judgement**

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We looked around several areas of the clinic and found it to be clean. There were effective systems in place to reduce the risk and spread of infection. We saw the clinic facilities were modern and well maintained with appropriate floor and surface covering. Staff told us and showed us records that specific cleaning routines were in place to maintain hygiene standards.

We saw protective equipment, such as gloves, aprons, masks and glasses, being used. All surgical instruments were disposed off in appropriate clinical waste using sharps bins and orange bags for other waste. In the case of any toxic waste the contractor was contacted and this waste was removed within 24 hours.

The appropriate hand washing procedures was displayed over the sinks and the correct soaps were available. Staff said they were supplied with plenty of personal protective equipment when carrying out infection control procedures.

There were information and reports on the maintenance checks conducted by the manufactures on equipment used by the clinic and there was evidence of equipment being calibrated on a daily basis.

Staff showed good knowledge and awareness of their responsibilities for infection prevention and control. They said they received training on a yearly basis and that any issues regarding infection prevention and control that came up were always discussed at team meetings. Staff were aware of the policy on infection prevention and control and knew where to find this.

We saw that daily and weekly checks on cleanliness were carried out and the outcomes recorded.

Patients who we spoke with said the clinic was very clean and immaculate.

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

### Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

### Reasons for our judgement

Staff told us that on the whole they had enough qualified, skilled and experienced staff to meet patient's needs properly.

The rotas we looked at showed that the staffing levels agreed within the clinic were being complied with and this included the correct skill mix of staff. The registered manager confirmed there were sufficient staff, of all designations, within the clinic at all times.

The registered manager told us that staffing levels were assessed depending on people's needs and the amount of surgery on a particular day. The staffing levels were then adjusted accordingly. They said where there was a shortfall, for example when staff were off sick or on leave, existing staff were flexible enough to take on a variety of roles in order to make sure there was continuity in service.

People who used the service said there were enough staff to support them. They were also very complimentary about the staff. Their comments included:  
"Always staff available when you need them."  
"The staff were very supportive and made you feel relaxed."

All the staff we spoke with said they tried to make sure everyone who used the service felt at ease and tried to reassure patients and make them feel comfortable.

The registered manager told us that the usual staffing arrangements varied between two and six staff, some working 8am till 5pm and others 9am till 6pm, and that there was always two staff in the clinic. She also told us that on the day of surgery four staff were in the clinic along with between one and three optometrists and a surgeon. The registered manager told us there were three optometrists who worked in the clinic. On a non surgery day there were usually six staff and three optometrists in the clinic.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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People were made aware of the complaint's system. People were given support by the registered manager to make a comment or complaint where they needed assistance. The clinic had a complaints procedure and we saw that this was displayed on the notice board in the waiting area of the clinic.

The clinic regularly audited the views of people who used the service and ensured that individuals were aware of who to make a complaint to and what the procedure was. The registered manager told us that staff were always available to speak to people and listen to their concerns. They said this helped them to resolve any minor issues before they became complaints. People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

We were told by the registered manager that they welcomed feedback on the treatment delivered. We saw evidence that regular 'customer satisfaction surveys' had been conducted. The results of the survey were very positive, 99% of patients described the aftercare as satisfactory.

All patients we spoke with were confident that any concerns they raised would be dealt with appropriately. Staff said they would record all complaints and report them to the manager or senior person on duty.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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