Optimax Laser Eye Clinics - Brighton

Quality Report

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

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

Optimax Laser Eye Clinics Brighton is operated by Optimax Clinics Limited.

Optimax Laser Eye Clinics Brighton provides services for adults only over the age of 18 years old.

Optimax Laser Eye Clinics Brighton opened in 2005 and is located in central Hove in East Sussex.

The clinic is set over two levels, the lower ground floor is only accessible by a flight of stairs. The ground floor consists of, main waiting room, laser room, accessible toilet and a consultation room. The lower ground floor has public and staff toilets, a waiting area, manager's office/counselling room, store room, topography room, kitchen and a further consultation room.

Optimax Laser Eye Clinics Brighton provides laser vision correction treatment only under local anaesthetic.

We inspected this service using our comprehensive inspection methodology. We have reported our inspection findings in the refractive eye surgery core service framework. We carried out the announced inspection on 29 October 2017.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we do not rate

We regulate refractive eye surgery, but we do not currently have a legal duty to rate them when they are provided as a single specialty service. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

We found the following areas of good practice:

- There was effective incident reporting processes. All staff we spoke with knew how to report and escalate incidents.
- There were effective infection, prevention and control measures. All areas were visibly clean.
- The consent process was thorough which ensured patients were able to give informed consent regarding treatment.
- There was effective risk management process with all identified risks having undergonean assessment.
- Laser safety measures were in place and were monitored. Staff received twice year laser safety training.
- Policies, procedures and treatments were based on recognised national standards and guidance.
- The theatre environment met guidance set by the Royal College of Ophthalmologists.
- Pain relief was available to patients to take home following surgery.
- Staff were competent and trained to carry out their roles.
- Patients were involved in discussions about their treatment options.
- Patients were consistently positive about the care and treatment they received and staff provided compassionate care to patients.
- The service was accessible and appointments were easy to book.

Summary of findings

- Complaints were managed in line with the provider's policy by the clinic.
- All staff had completed their mandatory training and undergone an appraisal.

We also found outstanding practice:

- Patients were required to complete an electronic questionnaire to check their knowledge of the consent they had given for their treatment.

However, we also found the following issues that the service provider needs to improve:

- The medical advisory board meetings were poorly attended and meeting minutes were sparse.
- The corporate Optimax Laser Eye Clinics (OCL) complaints policy states if a patient was not happy with the response from OCL to contact the CQC.
- There was no policy or guidelines on how to treat a patient with a latex allergy.
- The door on the room where patients underwent diagnostic tests was left open during use compromising patients' privacy.
- There was inconsistency in the removal of the single use paper sheet on the chin rest of diagnostic equipment.
- There was a lack of evidence of an overarching governance structure which fed into the clinic.
- The compliance, senior management and medical advisory board meetings did not follow a set format and evidence topics outlined within the company clinical governance policy.

Following this inspection, we told the provider that it should make some improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Amanda Stanford

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Refractive eye surgery		We regulate this service but we do not currently have a legal duty to rate it. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

Summary of findings

Contents

Optimax Laser Eye Clinics - Brighton

Services we looked at
Refractive eye surgery services

Summary of this inspection

Background to Optimax Laser Eye Clinics - Brighton

Optimax Laser Eye Clinics Brighton is operated by Optimax Clinics Limited. The clinic opened in 2005. It is a private clinic in Hove, East Sussex. The clinic primarily serves the communities of Brighton and Hove.

Optimax Laser Eye Clinics Brighton provides laser vision correction treatment only under local anaesthetic.

Patients are self-referring and self-funded and have visual problems caused by visual acuity deteriorating over time (failing eyesight). Visual acuity deterioration is not classed as a medical condition so is not treated by the NHS.

The registered manager is the clinic manager who has been in post since 2005.

Our inspection team

The team that inspected the service comprised of a CQC lead inspector and one other CQC inspector. The inspection team was overseen by Nicola Wise Head of Hospital Inspection.

Information about Optimax Laser Eye Clinics - Brighton

The centre is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Surgical procedures
- Treatment of disease, disorder or injury

During the inspection, we visited waiting rooms, consulting rooms, theatre and the diagnostic room. We spoke with six staff including; enhanced role clinic staff, reception staff, an ophthalmologist, a compliance manager and an optometrist. We spoke with five patients, we also received eight 'tell us about your care' comment cards which patients had completed prior to our inspection. During our inspection, we reviewed two sets of patient records.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection.

The hospital/service has been inspected three times, and the most recent inspection took place in December 2013, which found that the service was meeting all standards of quality and safety it was inspected against.

In the 12 months prior to our inspection there were 321 laser refractive eye surgery procedures undertaken, all were self funded.

One ophthalmologist worked at the clinic under practising privileges. Two full time technicians, two full time other clinical staff and one part time other clinical staff worked at the clinic. One optometrist worked at the clinic on a zero hours contract.

During the 12 months prior to our inspection

- There were 16 clinical incidents of these incidents; all were reported as resulting in no harm.
- There were no reported never events or serious injuries.
- There were no episodes incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA) or Meticillin-sensitive staphylococcus aureus (MSSA).
- The service received four complaints. None of these were referred to the Independent Healthcare Sector Complaints Adjudication Service.

Services accredited by a national body:

A national body does not accredit this service.

Summary of this inspection

Services provided at the hospital under service level agreement:

- Clinical and or non-clinical waste removal
- Cytotoxic drugs service
- Interpreting services
- Grounds Maintenance
- Laser protection service
- Laundry
- Maintenance of medical equipment
- Water risk assessment
- Air Handling unit maintenance
- Theatre battery back-ups/controls/trolleys maintenance
- Laser equipment maintenance
- Information technology hardware and backup maintenance
- Air conditioning maintenance
- Building management system maintenance
- Plant room boiler servicing
- Lighting maintenance
- Fire extinguisher maintenance
- Cleaning services

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We do not currently have a legal duty to rate refractive eye surgery where these services are provided as an independent healthcare single speciality service.

We found the following areas of good practice:

- There was a strong culture of reporting incidents.
- The environment was visibly clean and hygienic.
- The theatre environment met guidance set by the Royal College of Ophthalmologists.
- Laser safety was well managed and records were appropriately maintained.
- Staff were aware of their responsibilities with regard to the protection of people in vulnerable circumstances.

However, we also found the following issues that the service provider needs to improve:

- The provider should ensure there as a policy and guidelines for the treatment of patients with latex allergy.
- There was inconsistency in the removal of the single use paper sheet on the chin rest of diagnostic equipment which posed an infection risk.
- The compliance, senior management and medical advisory board meetings did not follow a set format and evidence topics outlined within the company clinical governance policy.

  However:
- We reviewed the minutes of the medical advisory board (MAB) meetings, which showed that incidents were not discussed. This meant the MAB did not have oversight of incidents to ensure any themes were identified and learning from incidents was occurring.

Are services effective?

We do not currently have a legal duty to rate refractive eye surgery where these services are provided as an independent healthcare single speciality service.

We found the following areas of good practice:

Summary of this inspection

Suitable numbers of competent, trained staff were available.

Consent processes were thorough and met national guidance.

We found care and treatment reflected current national guidance.

All staff had completed their mandatory training and had undergone an appraisal.

Patient feedback was consistently positive about their experience and their outcomes from their surgery.

The surgeon who performed the laser surgery held the Certificate in Laser Refractive Surgery.

However:

We had assurances that the individual key performance indicators and patient outcomes of the ophthalmologist at OCL were monitored and benchmarked against RCoO guidance. However, there was no evidence of the provider benchmarking or where improvements had been made company wide. We were therefore not fully assured that outcomes were benchmarked or that action was taken as a result of benchmarking company wide.

Are services caring?

We do not currently have a legal duty to rate refractive eye surgery where these services are provided as an independent healthcare single speciality service.

We found the following areas of good practice:

Patient feedback was consistently positive about the approachable, supportive and friendly staff.

Staff provided compassionate care to patients.

Staff recognised when patients were anxious and offered reassurance.

Patients told us they felt involved in decisions about their care and were not rushed into a decision regarding treatment.

However, we also found the following issues that the service provider need to improve:

The provider should ensure patient confidentiality is maintained when in the diagnostic room.

Summary of this inspection

Are services responsive?

We do not currently have a legal duty to rate refractive eye surgery where these services are provided as an independent healthcare single speciality service.

We found the following areas of good practice:

Patients had continuity of care throughout their procedure and aftercare.

Waiting times, delays and cancellations were minimal and well managed.

The service was accessible and appointments were easy to book.

Complaints were managed in line with the provider's policy by the clinic.

However, we also found the following issues that the service provider need to improve:

The provider should ensure the corporate complaints policy signposts patients correctly if they receive a response from Optimax Laser Eye Clinics that they are not satisfied with.

Are services well-led?

We do not currently have a legal duty to rate refractive eye surgery where these services are provided as an independent healthcare single speciality service.

We found the following areas of good practice:

Local leadership was good and there was clear lines of responsibility and accountability.

Risk assessments were comprehensive and regularly reviewed.

There was an effective method of sharing learning from incidents.

Staff spoke highly of the manager.

However, we also found the following issues that the service provider need to improve:

The medical advisory board (MAB) meetings were poorly attended and meeting minutes were sparse and did not have an overarching function, which ensures the two way sharing of information. The MAB lacked oversight of local clinic activity and any issues that occur.

Summary of this inspection

The compliance, MAB and senior management meetings did not follow a set format or evidence discussion of topics outlined within the company clinical governance policy.	

Detailed findings from this inspection

Refractive eye surgery

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are refractive eye surgery services safe?

We regulate this service but we do not currently have a legal duty to rate it. We highlight good practice and issues that service providers need to improve and take regulatory action as necessary.

Incidents and safety monitoring

- Optimax Eye Clinics Limited Brighton (OECLB) did not report any Never Events in the 12 months prior to our inspection. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers. In the 12 months prior to our inspection, there had been no serious incidents reported. Serious incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response.
- Incidents were reported electronically, the clinic manager and Optimax Eye Clinics Limited (OECL) compliance manager automatically received notification via email when an incident form was completed.
- There was an OECL Clinical Governance and Risk Management policy which was in date and included guidance on incident and new miss reporting.
- In the 12 months prior to our inspection, OECLB reported 16 incidents all of which resulted in no harm. We reviewed the incidents which were all in a folder which staff could easily access. Many of the incidents reported did not relate directly to patients, they related to environmental or equipment failure. We asked the clinic manager about this and their response was given the nature and number of procedures undertaken incidents involving patients were rare.
- Staff understood their responsibilities to raise concerns, to record safety incidents and near misses, and to report them. Staff were able to give examples of reporting incidents and identified learning from incidents.
- We saw that after every incident a “closing the loop” exercise was undertaken at monthly clinic meetings. The clinic manager investigated incidents and then fed back to staff any identified learning. We saw this was documented on the incident form and staff signed to confirm they had understood any learning. For example, one reported incident related to the cancellation of a patient’s procedure and we saw staff had been reminded of adhering to the cancellation policy.
- An annual audit of all OECL reported incidents was undertaken by an independent safety consultant. We saw a copy of this was within the incident folder which staff could access. In addition, we saw the clinic manager had undertaken a “closing the loop” exercise with staff based on the audit findings. This meant staff had oversight of incidents reported throughout OECL and any learning or changes in practice that affected them. For example, staff described a change in practice after a never event had occurred in another clinic when the wrong eye was operated on. This led to the implementation of the “surgical pause” checking process which ensured checks were undertaken nationwide to prevent a reoccurrence.

- Every six months the clinic manager and OECL compliance manager undertook a review of all incidents reported to ensure any learning had been actioned and embedded. We saw confirmation of this within the incident report folder.
- During our inspection, we found all staff were open, transparent, and fully committed to reporting incidents and near misses.
- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. The clinic manager had received training of the duty of candour regulation and we saw confirmation of this within their training log. The clinic manager had never had an incident which prompted a duty of candour response.
- We reviewed the minutes of the monthly compliance meetings which was chaired by the OECL compliance manager and attended by clinic managers. These showed that incidents were discussed and this ensured learning was shared nationwide across clinics.
- We reviewed the minutes of the medical advisory board (MAB) meetings, which showed that incidents were not discussed. This meant the MAB did not have oversight of incidents to ensure any themes were identified and learning from incidents was occurring.

Mandatory training

- Annual mandatory training courses were delivered as part of refresher training and development and included 'face to face' training and 'e-learning' modules. Topics included but were not limited to data protection, fire safety, equality and diversity, safeguarding, infection control, medicines training, manual handling, first aid, automated external defibrillation and basic life support training.
- Staff we spoke with confirmed they received mandatory training annually, and we saw evidence of this in staff records. All staff had up to date mandatory training.
- The clinic manager maintained a training matrix, which demonstrated staff training was monitored to ensure staff were up to date with their training requirements.
- All staff working within the clinic had basic life support training. This was updated annually.
- For the staff member employed on practising privileges, we saw that they also received yearly mandatory training, which was up to date in their employment file.

Safeguarding

- OECL had a vulnerable adult's protection policy, which had been updated in August 2017. The policy defined what constituted a vulnerable adult, what constituted abuse and detailed the local authority contact should a safeguarding referral need to be made.
- Although the service did not treat patients under the age of 18 years, it had a child protection policy, which was reviewed in August 2017. The policy was to provide guidance for staff around children visiting the premises with an adult.
- The clinic manager was the location lead for safeguarding and had undertaken level three adult and children safeguarding training and level two safeguarding children training. We saw training records which confirmed their training was up-to-date.
- The policy also explained that staff should complete annual awareness training to enable them to understand how to respond to a potential safeguarding risk. Records demonstrated staff were up-to-date with level two adult and children safeguarding training.
- We saw there was a safeguarding folder which was easily accessible to staff. The folder contained Local Authority safeguarding numbers should staff require them. Staff we spoke with were aware of how to make a safeguarding referral and it what circumstances if they were required to do so.

Cleanliness, infection control and hygiene

Refractive eye surgery

- OECL had an infection prevention and control (IPC) policy, which provided staff with guidance on appropriate IPC practice, such as hand washing, use of personal protective equipment (PPE), and management of waste and dealing with spillages.
- The clinic had a cleaning policy, which set out procedures to ensure clinic staff followed the same cleaning regimes throughout the clinic. We saw records which confirmed daily, weekly and monthly cleaning had been undertaken in line with the policy.
- The clinic used single use (disposable) surgical instruments only. There was a policy which provided guidance for staff on the safe use and disposal of the instruments. We observed that single use surgical instruments were used and disposed of appropriately.
- Personal protective equipment (PPE) such as gloves and aprons were readily available for staff to use. We observed staff using and disposing of them appropriately.
- There was adequate access to hand gels and handwashing sinks on entry to clinical areas and also at the point of care.
- There were systems for the segregation and correct disposal of waste materials such as sharp items. This was in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. We saw two sharps containers were assembled correctly and labelled which ensured traceability.
- The clinic had a service level agreement with an external waste management company who collected clinical waste once a fortnight.
- We observed inconsistency regarding the removal of the disposable paper sheets which covered the chin rest on the diagnostic equipment. The purpose of these sheets was to ensure a new one was used for each patient to reduce the risk of infection. We did not observe these being removed after every patient use, this meant there could be an increased risk of cross infection.
- Diffuse lamellar keratitis (DLK) is a sterile inflammation of the cornea which may occur after refractive eye surgery. We saw there was guidance available for staff to grade the severity and management of DLK should patients develop it. If a patient developed DLK staff completed a specific form which automatically generated an email to the OECL compliance manager and clinic manager. This meant there was oversight of the incidence of DLK.
- OECL had a variety of specific policies and guidelines on the assessment and treatment of post-operative infections. They contained easy to follow flow charts to help staff ensure the correct treatment was given. The policies were available in paper or electronic format for staff to access.
- Throughout our inspection, staff were observed to be compliant with best practice regarding hand hygiene and were all bare below the elbow.
- There had been no reported healthcare associated infections for this service in the 12 months prior to our inspection.
- OECLB carried out regular audits to ensure the recommended standards of cleanliness in the laser/ clinical treatments rooms and theatre environment were maintained in line with the Royal College of Ophthalmologist (RCOphth) professional standards and guidance.An IPC audit undertaken in January 2017 showed all precautions and procedures were adequate and no action was necessary. Another IPC audit undertaken in January 2017 showed 99% compliance. The audits showed there was reliable systems to prevent and protect patients from a healthcare-associated infection.
- During our inspection, we reviewed hand hygiene audits, which were undertaken every three months. The most recent audit in October 2017 showed 100% compliance. Hand hygiene audits with any actions were located within a folder that staff could access. This meant staff were informed of hand hygiene audit results and any areas which required improvement.
- We saw extended role clinic staff undertook a competency assessment in asepsis (the exclusion of bacteria and other microorganisms) technique and handwashing techniques, which ensured they had the skills and knowledge necessary to do their jobs safely.
- All staff working within the theatre area wore dedicated specialist clothing such as scrub suits, clogs and hats to minimise risk of infection.

- There was an OECL water testing policy. The policy set out water maintenance management for example stated that all taps, shower heads and outlets should be flushed on a weekly basis. This was to reduce contamination of the water supply with waterborne bacteria, such as Legionella. Staff also monitored the temperature of the hot and cold water supply. Tap flushing was recorded on a water check form, which we reviewed on inspection and saw that it was fully completed.
- An external company undertook annual water testing and produced a report with any required actions. For example, we saw in the last report there was a faulty thermostatic valve, we saw records, which confirmed this had been replaced.

Environment and equipment

- The flooring of the clinic was carpet floor tiles. This meant if a spillage occurred the carpet tile could be replaced, the clinic had a supply of these to use when required.
- The clinic had a theatre protocol, which was used on the day of each theatre list this ensured it was safe to use. The protocol included undertaking equipment checks as well as preparing any necessary equipment and undertaking cleanliness checks.
- We saw the temperature and humidity was checked and recorded at the start of every operating list to ensure it was within the safe range. We saw completed records, which confirmed these checks were undertaken.
- Staff knew who and how to contact someone to report a fault with equipment. Maintenance support was provided by OECL staff had to contact the help desk to report any issues
- We saw all areas were well maintained, free from clutter and provided a suitable environment for treating patients.
- The theatre had an integrated management system, which ensured airflow was maintained at 20 changes of air per hour, which was in line with the Royal College of Ophthalmologists (RCoO) ophthalmic services guidance. The integrated system displayed and alarmed if the ventilation system was not working correctly. The airflow system was tested and serviced annually and we saw service records of its compliance with required standards.
- Each time the laser was used the temperature and calibration was recorded, we saw completed records, which confirmed this. This was in line with RCoO guidelines. We saw the humidity and temperature was also documented on the patient's surgical care pathway.
- OECLB staff followed the optical radiation safety policy, which complied with Medicines, and Healthcare Products Regulatory Agency (MHRA).The Laser Protection Advisor (LPA) was external to the service and based in London.
- Local rules were stored in a folder in the registered manager's office. There was a list of authorised users and staff had signed to state they had read and understood them. Staff knew the location of the folder to contact if required.
- The folder also included contact details of the LPA and was updated annually by the LPA or more frequently, if there were changes to staffing or types of laser used .For example during our inspection we saw that it had been updated to reflect new guidelines in the use of laser safety goggles.
- The laser protection supervisor was the clinic manager we saw a certificate of training which confirmed they had received the necessary skills and knowledge to perform this role.
- The other two extended role clinic staff undertook the role of deputy LPS when they were assisting the surgeon in the laser treatment room or if the clinic manager was not on site. This meant there was always a designated LPS present when treatments were taking place. Staff knew who was the designated LPS for the treatment session. The other two extended role clinic staff had attended core knowledge training.
- We saw laser warning signs were used to clearly identify controlled areas where lasers were in use.
- The extended role clinic staff were responsible for the laser keys, which were kept in a locked key cupboard.

- OECLB had a service level agreement with an external company for the servicing and electrical safety testing of electrical equipment. We saw OCL had an equipment database, which detailed when servicing and electrical safety testing was undertaken. This meant there was a system, which ensured equipment was safe to use. During our inspection, we checked five pieces of electrical equipment all of which had undergone safety checks within the last 12 months.
- Control of substances hazardous to health (COSHH) regulation 2002 risk assessments were in a folder along with the safety data sheets of each product. For example toilet cleaner. Staff knew where to access these which ensured they could consult them in case of a COSHH incident.
- The clinic had access to basic resuscitation equipment and medicines. This included oxygen and two doses of adrenaline, which would be used in case patients had an anaphylaxis (severe allergy) reaction. Staff also had access to a defibrillator, in case a patient had a cardiac arrest.

Medicines

- The clinic followed the OECL medicines policy, which described the processes for prescribing, ordering, receiving, storing, administering, dispensing and disposal of medicines. The policy also covered medication errors, stocktaking and medication key safety. There was a separate policy and procedure for the safe use of cytotoxic medication.
- OECLB occasionally used cytotoxic medicine (Mitomycin C) which was ordered in advance already reconstituted from an external company. This sort of medicine can be applied to the eye to prevent scarring. The use of such medicines during eye surgery are 'off label.' Off label medicines are used for a different purpose to that stated on the licence.
- There was a specific OECL policy for Mitomycin C this explained the whole process for the management of the medicine from ordering to disposal. It included the roles and responsibilities, preparation, administration, disposal, and a list of the equipment required. We saw a Control of Substances Hazardous to Health (COSHH) risk assessment had been completed. This outlined the risk involved and measures to mitigate the risks and actions to take in the event of an accidental spillage. The clinic had a spill kit available, which was in date. In addition, the clinic had a specific cytotoxic waste bin for the disposal of Mitomycin C and anything that had come in to contact with it. Mitomycin C was kept securely in a locked cupboard preventing unauthorised access. The company who provided the Mitomycin C provided a certificate which confirmed the expiry date, serial number, dilution and re-constipation details this was scanned into the patient's record. This meant there was a traceability record of the drug if required at a later date.
- The clinic manager was responsible for ordering medicines on a monthly basis, all orders had to be signed by a doctor. We saw examples of completed orders signed by a doctor during our inspection.
- Medicine orders were done electronically and the medicines were supplied via a service level agreement with a pharmacy.
- We saw all medicines were appropriately prescribed by a doctor before administration and this included eye drops.
- We checked the medicines fridge temperature log and saw that it was up to date and temperatures were within the recommended range. Staff were able to describe to use the safe temperature ranges and what action they would take if outside this range. We also saw that ambient room temperatures were being monitored. We checked seven different medicines and found these to be in date.
- All medicines were stored in lockable cupboards, within the laser room. The most senior member of staff was responsible for the medicine keys and were required to sign them out at the beginning of the day and sign them back in at the end of the day.
- The optometrist had undertaken training in the installation of eye drops, which ensured they were competent and safe to do so. We saw training records, which confirmed this training had been undertaken and was updated annually.
- During our inspection, we saw extended role clinic staff were affixing labels to take home medicines. Staff told us the doctor was responsible for the final checking process and handing the medicines to the patient. This was in line with OECL medicines policy.

We reviewed the extended role training programme and annual medicine mandatary training records, which confirmed staff, had received training to undertake this task.

Records

- Patient records were held electronically with very little in paper format, for example the consent form was paper. The electronic system contained all the patients' details including assessments, surgery and medicines given. We looked at this system for a patient. Details included pre-operative, intra-operative and post-operative information, which detailed information such as full details of the patient's medical history, previous medications, consultation notes, treatment plans and follow-up notes in order to keep the patient safe and determine the suitability of surgery.
- Any paper records were scanned into the patient's electronic records after discharge. Paper records were kept at the clinic for three to four months and were then sent to a specialist record management company.
- We observed staff locked their computer when they left it, this ensured confidential information was secure.
- OECLB undertook quarterly records audits to ensure complete records were kept. Data provided to us showed in October 2017 there was 100% compliance.
- We saw that appropriate records were maintained each time a laser was operated and laser usage was recorded within the patient's record.
- Following surgery, patients were given a letter detailing the procedure they had undergone and their postoperative medications for them to give to their GP.

Assessing and responding to patient risk

- All necessary diagnostic tests were completed on the first appointment with the optometrist and a medical questionnaire was completed. The optometrist reviewed the results of the medical questionnaire and the diagnostic tests to ascertain suitability for laser refractive eye surgery at OECLB. If deemed suitable a consultation appointment was made for the patient with the ophthalmologist. At this consultation the ophthalmologist further assessed the needs of the patient could be met at OECLB and went through treatment options with the patient.
- The surgeon performing the procedure always performed the consultation with the patient and a minimum of one week was given for the patient to change their mind – the cooling off period.
- OECLB had a contraindications list, which excluded patients who were not safe for treatment at the clinic. This included certain eye conditions, contraindicated medicines, and high risk clinical conditions.
- The patient's blood pressure was measured as part of the diagnostic tests undertaken. Patients with high blood pressure were referred to their GP for further treatment before surgery was agreed.
- OECL did not use the World Health Organisation 'five steps to safer surgery' but used a checking process called "surgical pause" instead. Prior to the start of the procedure certain checks were undertaken to confirm; patient identity, the eye to be operated on, drug allergies, consent and specific refractive target. These checks were in line with guidance in The Royal College of Ophthalmologist Professional Standards for Refractive Surgery 2017. The process for checking was outlined in the OECL "surgical pause" policy. We observed three procedures and the checks were consistently undertaken in all three procedures. This meant there was a checking process, which ensured patients were treated safely.
- The clinic manager undertook quarterly observational audits to ensure compliance with the "surgical pause". We reviewed an audit undertaken on 20 November 2017, which showed full compliance with the policy. This meant the service had assurance that the safety checks were undertaken correctly.
- Staff demonstrated that it was possible to add an alert to a patient's electronic record, for example to highlight an allergy to staff.
- After their procedure, patients were given detailed written instructions on aftercare and the time and date of their next appointment and we observed this during our inspection.

Refractive eye surgery

- Patients were given the contact number of the ophthalmologist who they could contact 24 hours a day, seven days a week. We observed staff showing patients this number in their discharge information.
- If a patient was assessed as being unsuitable for laser surgery at Optimax Eye Clinic Limited Brighton (OECLB) an explanation in writing was provided to them. This was in line with best practice guidelines to maintain patient safety.
- OECLB did not have a policy or guidelines for the treatment of patients with latex allergy. Latex allergy can be severe or minor depending on individual patients. The clinic manager confirmed they used items during surgery, which contained latex. The clinic manager was able to explain to us what special measures should be taken for a patient with latex allergy. For example, they should be scheduled at the beginning of the operating list. However, there was no policy or guidelines for staff to follow if they were unfamiliar with the specific management of latex allergy patients.

Nursing and medical staffing

- There were adequate numbers of suitably trained staff on duty on treatment days. Staffing numbers and skill mix complied with the Royal College of Ophthalmology guidance on staffing in ophthalmic theatres.
- Due to the nature of the low risk procedures performed, the clinic did not employ any registered nurses. The clinic manager and two other members of clinic staff had undertaken extended role training specific to ophthalmic care. We saw confirmation of the training programme, which was supervised by a qualified nurse. They worked under the direct supervision of the ophthalmologist.
- In total OECLB employed one ophthalmologist, four full time clinic staff and one part time clinic staff member.
- The ophthalmologist was employed on practising privileges and held the Certificate in Laser Refractive Surgery. We saw evidence of this in their employment file.
- The optometrist was employed on a zero hours contract and worked at a variety of OECL clinics.
- Staffing levels was based upon the numbers of patients requiring refractive surgery, consultations and aftercare on a daily basis. Clinics and surgery was scheduled dependant on the amount of patients, typically surgery was undertaken once a month.
- During periods when the clinic was not busy, staff were requested to work at other clinics around the region. There was an effective system for engaging staff at short notice from other OECL clinics to cover sickness and annual leave. Protocols and computer systems were standardised throughout the organisation. This was confirmed when we spoke to a member of clinic staff who usually covered another clinic. The staff member was familiar with the team and did not identify any concerns.

Major incident awareness and training

- OECL had a major incident policy and procedure, which covered potential events such as dealing with a bomb alert, fires, and gas leaks, floods or adverse weather conditions. Staff we spoke to knew where they could access the policy if required.
- Staff had received fire safety training as part of the mandatory training, the named fire marshal was identified on a poster in the clinic.
- Equipment including the lasers in the treatment room were equipped with an uninterrupted power supply (UPS). This ensured that treatment would not be compromised should there be a power failure.
- Scenario training was undertaken regularly at OECLB, which included cardiac arrest and fire evacuation. We saw records were kept of scenario training. For example we saw in October 2017, a cardiac arrest stimulation was undertaken. During the scenario it was timed how long it took staff to locate the emergency equipment and take it to where the patient was. This was a good opportunity for staff to practice their skills and knowledge they had learnt in mandatory training.

Are refractive eye surgery services effective?

Evidence-based care and treatment

Refractive eye surgery

- Care and treatment was delivered in line with current legislation and nationally recognised evidence-based guidance. Policies and guidelines were developed in line with the Royal College of Ophthalmologists (RCoO) and the National Institute for Health and Care Excellence (NICE) guidelines.
- The Medical Advisory Board (MAB) meeting minutes we reviewed did not contain information regarding how compliance to national standards and guidance was monitored throughout the organisation. However, the pre and post-operative care we observed followed the Royal College of Ophthalmologists Professionals Standards for Refractive Surgery April 2017.
- OECLB undertook 14 different audits, which were all were undertaken at different intervals throughout the year. Audits included medicines, infection control, medical records and environmental.

Pain relief

- Patients undergoing ophthalmic surgery were treated under local anaesthesia. Anaesthetic eye drops were administered prior to treatment to ensure patients did not experience pain or discomfort. This enabled patients to remain fully conscious and responsive. Although there was no formal pain tool used, we observed patients being asked if they were comfortable during treatment.
- We observed staff clearly informed patients about the expected level of pain after discharge. Anaesthetic eye drops were given to patients to take home and use to relieve pain if required.
- Patients told us they did not feel pain during their procedure and they felt informed regarding the best way to manage any post-operative pain. One patient told us that he had not experienced any pain when they underwent surgery on one eye the previous week and had not needed to use the anaesthetic eye drops.

Patient outcomes

- Treatment outcomes were measured in terms of the individual ophthalmologist success rate and the patient satisfaction with their treatment journey. The treatment outcomes for all surgeons working for Optimax Eye Clinic Limited (OECL) were monitored. This data was used to conduct a yearly audit of the individual surgeon's outcomes, which was discussed with the ophthalmologist at their appraisal.
- We saw a copy of the ophthalmologist's yearly audit was kept within the personal file and reviewed at their annual appraisal.
- The service did not contribute to the National Ophthalmic Database Audit (NODA) or the Private Healthcare Information Network (PHIN).
- On completion of all the diagnostic tests, the results were inputted into a computer system. The computer system was able to predict the overall patient satisfaction score in percentage based on patients of a similar age, same treatment and same eyesight prescription. We saw that patients were given a copy of this prediction. In addition, the computer system recommended which type of laser treatment would be optimal. This meant although there was no guarantee the patients vision after the procedure would match the forecasted patients were informed of expected outcomes.
- Out of the 321 procedures the Ophthalmologist at OECLB, performed 11 had visual enhancement, their current retreatment rate was 3.4%.This was in line with The Royal College of Ophthalmologists (RCoO) recommendation of under 15%. Visual enhancement is undertaken when the vision is not acceptable to the patient after surgery. Low enhancement rates indicated consistently good and predictable outcomes.
- In the previous 12 months to our inspection, there had been no unexpected patient returns to theatre.
- There were no incidences of unplanned transfer of a patient to another health care provider in the 12 months preceding our inspection.
- Data provided to us showed between January 2017 and November 2017, 49% of patients described the result of the treatment as excellent and 39% described the result as good.

- In the same time period 97% of patients reported being able to see well long distance without glasses or contact lenses after their procedure. Eighty-five percent of patients said they were able to read without glasses or contact lenses after their procedure.
- We had assurances that the individual key performance indicators and patient outcomes of the ophthalmologist at OCL were monitored and benchmarked against RCoO guidance. However, there was no evidence of the provider benchmarking or where improvements had been made company wide. We were therefore not fully assured that outcomes were benchmarked or that action was taken as a result of benchmarking company wide.

Competent staff

- Staff we spoke with had the correct level of skills and competencies to carry out their role. Only refractive eye surgery was performed at Optimax Eye Clinic Limited Brighton (OECLB) on low risk patients, therefore the service did not employ and registered nurses. Extended role clinic staff had undertaken a specific training programme and completed competencies supervised by a registered nurse before they could work independently. We reviewed the training programme, which included training and competencies, which included use of the different lasers, medicine management, and aseptic (without germs) technique. Extended role clinic staff always worked under the direct supervision of an ophthalmologist or optometrist. At the end of each treatment session the ophthalmologist completed a declaration that they was satisfied the staff had undertaken their role competently. These declarations were emailed to the OECL compliance manager and retained, we saw an example of a declaration during our inspection.
- Extended role clinic staff were trained to be laser assistants by a qualified nurse. For example, we saw from training records they were trained on how to calibrate the laser. They had also attended a core of knowledge laser safety course. Laser safety update training was included in mandatory training programme.
- A qualified nurse worked at OECL every quarter to ensure staff maintained the skill, knowledge and competence to perform their role. Extended role clinic staff were required to have their competencies assessed by a registered nurse yearly as part of their appraisal. We saw confirmation of this within staff records.
- The service did not use agency staff, but utilised staff from other clinics when required. These staff were familiar with OECL policies and procedures.
- The clinic manager was the Laser Protection Supervisor (LPS), with overall responsibility for the safety and security of the lasers. The training for this role was renewed every two years. An external Laser Protection Advisor (LPA) was available for training and advice if required.
- All new staff attended a comprehensive induction programme, which included familiarisation with policies and procedures. Staff working with lasers worked alongside staff that were more senior until they had completed their core knowledge training.
- All staff had received an annual appraisal within the last 12 months and we saw confirmation of this in staff records.
- There were systems for the revalidation of the ophthalmologist and there was an accountable person responsible for ensuring revalidation was valid. We saw that the ophthalmologist had received an appraisal in the last 12 months.
- Staff performance was audited through one to one meetings and the appraisal process and we saw evidence of this in staff files.

Multidisciplinary working

- Staff demonstrated a good understanding of the role of the LPA and how to contact them if required.
- We observed kind interaction between the team. Staff we spoke with reported positive multidisciplinary working relationships with colleagues.

Access to information

- Patients records were electronic, with the exception of the signed paper consent form(s). Authorised staff had access to patients' electronic notes from any clinic if required. Optimax Eye Clinic Limited (OECL) had a bespoke computer system, which allowed full network

access irrespective of where the records were entered or the location the treatment took place. Any additional paperwork was scanned and uploaded onto the patient's file. Following surgery, all patients were given a letter detailing the procedure they had undergone and post-operative medication regime to take to their GP. Permission was obtained from patients at the consultation stage, to enable the service to contact their GP if required.

- OECL had a bespoke computer system that was accessible by all staff. When a staff member read a document, on the system such as a policy, this was recorded and a log was kept for each staff member. This meant there was oversight, which confirmed staff had read important documents.

Seven-day services

- The clinic was open Monday to Friday 8am to 6pm and on one Saturday a month for treatment. On Sundays, following treatment on Saturday the clinic opened for an hour for follow up consultations.
- Patient had access to the Ophthalmologist via telephone 24 hours a day, seven days a week.

Consent and Mental Capacity Act

- OECL had a consent to examination and treatment policy, which was in, date and set out the standards and procedures for obtaining consent from patients for them to be examined or treated.
- Consent was obtained by the surgeon performing the treatment. Written, verbal and electronic information was given to the patient in order to ensure consent was as informed as it could be.
- Consent forms were laser treatment specific and clearly set out all possible complications and other methods of correcting vision, for example wearing contact lens or glasses. Patients were required to sign each page of the consent form to confirm they had read and understood the information it contained. Patients also had to sign to confirm they had been provided with all the relevant information.
- We observed that OECL followed the 'New standards and patient information guidelines' published by the Royal College of Ophthalmologists. For example, there was standardised patient information, which explained the procedure, suitability, benefits, risks and alternatives
- We observed that patients were required to complete a consent questionnaire electronically after confirming consent. This was to check the patient's knowledge of the procedure they had given consent for.
- The clinic had never had cause to seek a deprivation of liberty authorisation.
- Staff explained to us that the capacity of a person to consent to treatment was reviewed by the ophthalmologist during consultation.
- Staff were aware of the minimum cooling off period for refractive eye surgery and we saw that the minimum cooling off period of one week was observed.
- We saw OECLB included a section within the consent form which was complete when patients were going to be given Mitomycin C. This ensured patients were aware that they were receiving an 'off label' medicine and they fully understood the risks and benefits.

Are refractive eye surgery services caring?

Compassionate care

- All patients were requested to complete service and satisfaction surveys after treatment, at each follow-up visit in order to ascertain their response to the care and treatment they received. This formed part of the Optimax Eye Clinic Limited Brighton (OECLB) annual survey.
- We saw the latest annual survey was displayed in the clinic patient's guidebook, for all visitors to see. Satisfaction surveys were produced yearly but clinic managers have access to their current live data. This ensured they could monitor feedback, identify poor feedback early, and take action.
- Data from the survey showed between January 2017 and November 2017, 91% of patients said they would

recommend the company. The same survey also showed 100% of patients said they were treated with dignity and respect and 89% of patients rated the help given to them by support staff as excellent.

- Staff introduced themselves to patients. During our inspection, we saw staff interacting with patients in a polite and courteous manner. The privacy and dignity of patients was maintained at all times. However, we observed the door on the diagnostic room was left open which meant patients waiting in the waiting room could potentially over hear confidential information.
- Patient dignity was maintained during surgical procedures. Patients remained fully clothed during their procedure.
- Patients we spoke with were positive about the care they had received. One patient told us "it was nothing short of a miracle."

Understanding and involvement of patients and those close to them

- Patients were given enough information regarding their treatment options, for example, information on alternative treatments was highlighted on the consent forms.
- All patients we spoke with felt staff had given them sufficient information about their procedure, and were able to discuss it with staff. One patient commented, "Did not feel harassed or badgered into the procedure." We saw staff give the patient comprehensive written and verbal information about their on-going care. This included eye care, follow-up appointments, hobbies and counselling on medicines. This helped patients understand how to care for themselves and recognise any post-operative complications.
- During our inspection, only one patient was accompanied by a friend or relative. We observed the friend was kept informed and invited to sit with their friend as soon as the treatment was finished.
- We observed that staff checked with the patient's friend that they also understood the aftercare instructions.
- We heard staff on the phone giving information to patients, prior to surgery informing the patient that they would need to be accompanied after surgery and unable to drive.
- We saw clinic staff used a "dummy" set of take home eye drop boxes to explain what each eye drops was for and how often and for what duration they were to be used for. Staff went through this with the patient prior to the procedure. We observed during the discharge process that the optometrist checked the patient had their eye drops were clear on the instructions for use.
- At each appointment the risks, benefits and limitations of refractive eye surgery were explained to the patient. We observed this as part of the inspection and witnessed the patient signing to declare they understood the information they had been given.
- We observed the ophthalmologist discussed any potential limitations of the treatment as well as the potential benefits with the patient during the consultation. Patients were given a minimum of one week for them to reflect on their decision to go ahead with the procedure. We saw this evidenced in the electronic patient record we reviewed.

Emotional support

- Staff interactions were positive and there was a familiarity with patients who had attended the service for a significant amount of time. For example, we observed a patient return to the clinic to purchase artificial tears 10 years after their treatment and staff remembered the patient's name.
- Staff took time to interact with patients in a respectful and kind manner. We observed the ophthalmologist maintained a reassuring conversation with a patient during surgery. Talking to the patient and explaining when they were likely to experience sensations such as pressure in the eye, and kept telling the patient how well they were doing. This was in line with the Royal College of Ophthalmology professional standards for refractive surgery.
- Patients were positive about the support and reassurance they received. One patient comment included, "Was made to feel at ease all the way through the treatment."

Refractive eye surgery

- Optimax Eye Clinic Limited (OECL) website included videos of patients who had undergone laser eye surgery, this meant perspective patients could hear the experiences of others who had undergone surgery.

Are refractive eye surgery services responsive to people's needs?

Service planning and delivery to meet the needs of local people

- Optimax Eye Clinics Limited Brighton (OECLB) planned and delivered services for any person who wanted to attend, with the exception of patients who had medical conditions, which meant they could not receive the treatments offered. In addition, OECL did not treat patients under the age of 18, or those who were pregnant or breast feeding.
- Follow up appointments were offered to all patients, on the day after surgery. These appointments involved aftercare advice, assessment for risk of infection or side effects.
- Surgery was undertaken once a month at OECLB, appointments, including follow up could be undertaken at any of the Optimax Eye Clinics Limited (OECL) locations.
- OECL provided self-funded refractive eye treatment. Patients could either self-pay or use private health insurance. Patients could self-refer or be referred by another healthcare agency for example an optician.
- OECL had a charity scheme where patients who no longer needed their glasses after their procedure donated them to charity. OECL collected all the unwanted glasses and sent them to a charity factory. The glasses parts were used to make glasses for developing nations around the world where glasses provision was not as accessible

Access and flow

- All appointments were managed at a central location where the diary was maintained. This team took calls from prospective patients who wanted an appointment to assess if they were suitable and for all other appointments.
- Patients self-referred to the service through a variety of methods, for example, on-line, through the corporate call centre or by visiting the clinic. Patients could access a wide range of times, days and clinic locations.
- Patients received courtesy reminder calls to remind patients of their appointments.
- All admissions for treatment were elective and planned in advance therefore service planning was straightforward as the workload was mostly predictable.
- As there was only one ophthalmologist and one optometrist who worked at the clinic, this meant that all patients had continuity of care throughout their procedure and aftercare.
- All patients had consultations with the ophthalmologist prior to the day of treatment. Postoperative appointments were held with the optometrist. However, if the optometrist had concerns, they could refer the patient for an ophthalmologist consultation.
- The clinic had not cancelled any procedures due to non-clinical reasons in the 12 months prior to our inspection.
- Patient arrival times were staggered to coincide with their allotted surgery time. This meant there was less time spent waiting in the clinic. The service monitored waiting times to ensure they were aware of the amount of time patients were waiting in the clinic.
- At the time of our inspection, there was no waiting list for refractive eye surgery. This meant patients did not have to wait for their treatment.

Meeting people's individual needs

- Not all patients could have their needs met at OECLB as the lower ground floor of the clinic was only accessible by stairs. This meant wheelchair users or less mobile patients were referred to another clinic for their treatment. OECL reimbursed this group of patients travel costs to another clinic, aftercare appointments could be undertaken at OECLB.
- A particular type of refractive eye treatment was not available at OECLB as they were not equipped with the specific laser. Patients requiring this type of surgery

were offered it at other clinic locations and OECL contributed to travel costs. Aftercare appointments could be undertaken at any OECL clinic for patient convenience.

- High level chairs were available in the waiting area if patients were unable to use the low level chairs. There were posters advising patients and visitors of these.
- The clinic had access to face-to-face and telephone interpreters for a range of different languages. Staff we spoke with knew how to book interpreters. Patient information was unavailable in other languages but interpreters were available.
- Patient information was not available in large font if required for patients who were visually impaired, however patients could access the information electronically in larger font.
- The clinic provided an induction hearing loop in the reception area. A hearing loop is a sound system for use by people with hearing aids.
- The clinic did not treat patients with complex health and social needs or learning disabilities.
- Patients received a phone call the day before their procedure to remind them of their appointment and to give them information relevant to their procedure. We observed one of these phone calls and clinic staff reminded patients to eat and drink normally, bring a pair of sunglasses, wear something warm and ensure they have made arrangements to get home. This meant patients were prepared for the procedure and had everything they needed.
- The optometrist was able to issue a temporary eyeglass prescription if a patient required one. This meant patients were not left without glasses if they were required.
- Patients who had undergone a lens replacement procedure at another OECL clinic could have their aftercare at OECLB if more convenient for them.
- All areas we inspected were well equipped. Patient waiting areas were suitable with the provision of magazines and hot and cold drinks.

Learning from complaints and concerns

- OECL had a complaints policy, which was reviewed in September 2017.The policy however stated that if the patient was still unhappy after the OECL complaints process was exhausted to contact the CQC. The CQC does not have the legal power to investigate individual complaints. We highlighted this to the clinic manager and the compliance manager during our inspection who said they would feed it back to head office.
- The policy detailed that complaints would be dealt with within 20 days of receipt. The policy gave the same level of importance to verbal complaints as it did to written complaints.
- The clinic manager was responsible for updating complaint records, liaising with patients and head office the complaints administrator at head office was responsible for writing written responses. The medical compliance manager was responsible for final decisions and outcomes.
- In the 12 months preceding, our inspection there was three formal complaints. During our inspection, we reviewed the complaints all of which were dealt with within the 20 day timeframe. We did not identify any themes in relation to complaints.
- Staff were able to give examples of learning from complaints. For example, previously patients who had undergone lens replacement surgery at another clinic had to attend that clinic for their aftercare. After a complaint, which highlighted the inconvenience of this for patients, clinic staff undertook additional training which enabled patients to receive aftercare at OECLB.
- Complaints were a standard agenda item of clinic meetings and we saw confirmation of this in meeting minutes. Learning was disseminated in this way. However, we did not see evidence that complaints were discussed at Medical Advisory Board (MAB) meetings within the meeting minutes.
- We saw there were notices for patients to read displayed in the clinic, on how to raise a concern or make a complaint and forms were available. The Patients Guide also detailed the full written complaints procedure.
- Complaints were dealt with at source or escalated to the clinic manager. There were rooms available to

allow privacy to discuss the patient's concerns. All verbal concerns, complaints and comments were listened to and acted upon immediately if possible. If the patient was still unhappy and the complaint was, unresolved patients were advised on how to make a formal complaint to Head Office. All complaints both written and verbal, on an online log.

- Following a complaint or concern, the clinic manager discussed it with the team, and any changes in practice required or training needs highlighted. We saw confirmation of this within the complaints records.

Are refractive eye surgery services well-led?

Leadership and culture of service

- The clinic manager who was also the registered manager and was responsible for a team of Optimax Eye Clinics Limited (OECL) employees led the service. Ophthalmologists and optometrists worked under the direction of the clinic manager whilst working in the clinic however, they were self-employed working under practising privileges. It was company policy for staff from other clinics to fill staffing gaps for annual leave or sickness. The clinic manager was responsible for these staff whilst they were on site at the Optimax Eye Clinics Limited Brighton (OECLB). This meant there were clear lines of accountability which staff understood.
- The clinic manager worked as part of the team on a day to day basis and had the skills, knowledge, experience and integrity to lead the service with support from the central governance team.
- We saw strong leadership, commitment and support from the clinic manager. They were responsive, accessible and available to support staff. Staff said that their work life balance was good and their manager was very flexible and accommodating.
- Staff told us clearly about their lines of reporting. Staff told us the thing they were most proud of was the team and they felt valued, supported and respected in their roles.
- We observed positive working relationships between staff. Due to the small size of OECLB, everyone knew each other and we observed friendly interactions between staff at the centre
- Staff we met were all welcoming, friendly, and helpful, morale was good most of the staff had worked at OECLB for many years. Staff told us they felt able to raise concerns with the clinic manager.
- Marketing and media campaigns were directed by the central corporate team. We observed information available responsible, honest and complied with guidance from the Committee of Advertising Practice. We saw patients received a statement that included, terms and conditions of the service, the cost, and method of payment for their treatment. Interest free payment plans were available for patients.

Vision and strategy

- The strategic vision and strategy service was determined at a corporate level of OECL. There was not a clear vision and strategy of OECLB however, there was a corporate business plan for 2017, which set out the company's purpose, values and vision. The OECL vision was to be the UK's first choice for laser and lens surgery procedures and to provide high quality state of the art clinics and working conditions. The vision and values were not displayed within the service.

Governance, risk management and quality measurement

- OECL had a clinical governance and risk management policy. The policy detailed the type and frequency of meetings that should take place company wide and the topics that should be discussed within the meetings. Topics included but were not limited to complaints, incidents and near miss reports, clinic key performance indicators (KPIs), conference call actions, and training and development. We did not see evidence that the policy was adhered to throughout the different types of meetings that were held.
- The monthly compliance teleconference was chaired by the compliance manager, the director of operations, the diary team, the lens surgery lead and registered managers. We reviewed the minutes from

these meetings, which did not follow a set agenda. In addition, these calls did not have a list of attendees, so we were unable to see if the clinic manager had attended these calls.

- Monthly senior management team (SMT) meetings supported clinical governance and risk management. We reviewed the minutes of the March 2017, April 2017, May 2017 SMT meetings and saw that training and development and KPIs were discussed but there was no evidence that, incidents, near miss reports and complaints were discussed. Similarly, we reviewed the most recent minutes of the Medical Advisory Board (MAB) March 2017 and September 2017 and found these topics were not evidenced within the meeting minutes. This meant there could be a risk that the SMT, MAB, director of operations, clinic managers and the compliance team may not be fully aware of themes and trends relating to complaints, incidents and near misses at location level.
- OECLB meetings were undertaken monthly and we saw evidence within the meeting minute that the relevant topics were discussed and acted upon. Staff confirmed they received information during the meetings and gave examples of learning from incident investigations.
- We reviewed the MAB meeting minutes from October 2015 until September 2017 and noted it was attended by the same doctors and was only attended by six doctors. This was not in line with the terms and conditions of employment for activities of surgeons working for OECL. These stated that doctors were required to a minimum of two per year.
- The provider told us that Optimax Eye Clinic Limited (OECL) set standards for all surgeons and optometrist across the organisation which were in line with NICE and RCoO guidelines which were monitored through the MAB. However, we reviewed MAB meeting minutes and found the meetings poorly attended and there was no evidence of monitoring, benchmarking of consultant performance, adherence to guidelines and patient outcomes.
- The patient satisfaction survey results, patient outcome, complications and re-treatment rates were monitored locally at OECLB but there was no evidence they were monitored company wide. This meant these might not be recognised or acted upon nationwide.
- OECLB had a risk register, which included 32 risks, we saw that each risk on the register had a risk assessment undertaken. We reviewed OECLB risk register and risk assessments and noted that all 32 highlighted risks had been reviewed within the last 12 months. We saw that all risks had controls in place to mitigate the risks.
- Registered professionals such as the optometrist and ophthalmologist were employed under practising privileges. Practising privileges are when medical staff are not directly employed by the service but have permission to practise there.
- OECL policy stated all staff working under practising privileges were checked for suitability and were monitored on an annual basis by the MAB to make sure they maintained the correct skills to undertake their role. However, we did not see evidence of this within the MAB meeting minutes we reviewed. This meant there was no oversight, which ensured these staff had the correct skills and were suitable to undertake their role company wide.
- OECLB had many service level agreements (SLA) which provided services. These were monitored, maintained and reviewed centrally by OCL head office.
- All professionally qualified practitioners working under practising privileges had professional indemnity insurance and this was evidenced in their personal file.

Public and staff engagement

- In the past patients had negatively commented about having to travel to treating centres for intraocular lens (IOL) surgery on five separate occasions for surgeon assessment and then treatment for each eye and the aftercare the following day. This was addressed by liaising with the diary department and staff undertaking additional training to enable aftercare appointments to be undertaken at OECLB. Intraocular lens (IOL) is a lens implanted in the eye as part of a

treatment for cataracts or myopia (near-sightedness).This showed OECLB had listened to feedback from patients and changed practices to improve patient convenience and overall experience.

- In addition, feedback from patients was that they wanted to see their surgeon prior to the surgery day. Therefore, the laser treatment schedule was changed to give a variety of appointment times on two different days. This gave patients more choice of times so they could fit surgeon assessments and surgery around their other commitments. This was also in line with Royal College of Ophthalmology guidelines and patients were seen a minimum of one week prior to surgery.
- OECL collected patient feedback via testimonials, patient complaints, patient thank you cards, patient satisfaction surveys and from staff talking with patients. Feedback was discussed at team meetings and processes changed based on feedback, we saw confirmation of this in staff meeting minutes.
- In the preceding 12 months to our inspection, OECLB had received 32 compliments from patients. We saw 17 thank-you cards displayed during our inspection. This meant the staff and clinic manager had assurance that patients were happy with the service they were providing.
- On the patient satisfaction, survey there was a question, which asked if the surgery had been worthwhile. The clinic manager explained that if a patient said the surgery was not worthwhile it automatically generated an email to them. This meant the clinic manager was able to contact the patient immediately to discuss the reasons for this. The clinic manager said there had been three occasions this had happened in the preceding 12 months.
- We saw posters and leaflets with information for patients on how to leave feedback. In addition, the clinic's website had the facility for patients to leave feedback.
- OECL had a website where full information could be obtained about the treatments available for patients. It was very comprehensive and included information about costs and finance.
- Staff received a performance based salary bonus annually based on annual achievements and individual objectives being met. Staff received private health insurance and discounted rates for surgery for friends and family.
- Staff surveys were not conducted at the clinic or at a corporate level. As the team was small, we were told that staff would tell the clinic manager any ideas for improvement that they had and they would escalate this up internally. During the inspection staff demonstrated that they wanted to continually improve, the clinic and the care offered to patients.

Innovation improvement and sustainability

- Patients were required to complete a questionnaire prior to their treatment to check the knowledge of the procedure they had given consent for. This meant it was flagged up to clinic staff if patients had a poor understanding of the procedure they were having and this could be addressed.

Outstanding practice and areas for improvement

Outstanding practice

Patients were required to complete a questionnaire prior to their treatment to check the knowledge of the procedure they had given consent for. This meant it was flagged up to clinic staff if patients had a poor understanding of the procedure they were having and this could be addressed.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should review how they are assured of an effective governance structure corporately which feeds in to individual clinics.
- The provider should review the terms of reference and effectiveness of the Medical Advisory Board
- The provider should review the format and content of compliance meetings and senior management team meetings.
- The provider should review the need to have a latex allergy policy and guidelines.
- The provider should review the practice of the disposable paper chin sheets on diagnostic equipment.
- The provider should review the complaints policy to signpost patients to the appropriate agencies.
- The provider should ensure patient confidentiality is maintained during diagnostic tests.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.