

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

Optical Express - Norwich Clinic

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Tel: 01603662072

Date of Inspection: 28 November 2012

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	DCM Optical Clinic plc
Registered Manager	Mrs. Linda Brand
Overview of the service	Optical Express provides various eye laser treatments to people who have elected to have treatment.
Type of service	Acute services without overnight beds / listed acute services with or without overnight beds
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 November 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with staff and received feedback from people using comment cards.

What people told us and what we found

We reviewed the care records of six people who had used this service. We found that in each file a detailed consent form was in place. The consent form gave appropriate information about the particular treatment(s) being considered, alternatives that may be available, the potential risks and complications and how their personal information may be used.

We reviewed the feedback which people provided during the October 2012 and found people' experiences to be mainly positive. For example we saw that 45 out of 46 people confirmed that they were either satisfied or very satisfied with care provided to them. 46 out of 46 people were also either satisfied or very satisfied that their treatment was explained clearly and effectively to them.

Our observations of the laser room demonstrated to us that it was clean, free from any unpleasant odours and that infection control practices were in place. For example, we observed staff wearing the correct protective clothing, saw that hand gels were readily available and that cleaning equipment and wipes were in place. This ensured that cleaning in between people having treatments was carried out.

We also found that staff received appropriate training and support and that the service had various methods in place to monitor the quality of service it provided.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

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

Our judgements for each standard inspected

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

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.

Reasons for our judgement

We reviewed the care records of six people who had used this service. We found that in each file a detailed consent form was in place. The consent form gave appropriate information about the particular treatment(s) being considered, alternatives that may be available, the potential risks and complications and how their personal information may be used.

We saw from the records reviewed that each person undergoing treatment was given a consent form at the time of their pre-operative consultation. At this time, people were also given a 'patient information folder'. We reviewed the documentation in this folder and noted it contained detailed information about how the person should prepare for their procedure, what they could expect on the day of the procedure, what to expect after they had had the procedure and the requirements for post operative aftercare appointments. We noted that before any person was asked to sign the consent form, they were asked to take the information home, read it and come back with any questions they may have. This demonstrated that the provider had given people the time to make an informed decision about the treatment they had chosen.

For people who chose to go ahead with treatment we saw from the records that on the day of their surgery they, and the surgeon carrying out the procedure, had appropriately signed and dated the consent form. All of the records reviewed showed us that this process had been followed and demonstrated that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

We spoke with the manager of the service who told us that the service did not often have to consider a person's mental capacity to make a decision about treatment choices. However, they did provide us with two examples of where a person's capacity had been considered and the actions the service had taken to ensure they acted appropriately. Whilst describing these events the manager demonstrated an understanding of their duties under the Mental Capacity Act (MCA) and we are confident that where a person did not have the capacity to consent, the provider would act in accordance with legal requirements.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw in each of the six care records we reviewed that the person undergoing treatment had attended a pre-operative consultation with the Optometrist. We saw evidence that demonstrated the Optometrist had discussed the person's needs and their preferred outcomes and undertook a series of tests to ascertain a person's eligibility to have certain or chosen treatments. These tests included, eye examinations and detailed scans and measurements of the person's eyes. We also saw that a medical questionnaire was completed by the person undergoing treatment so any applicable medical history or current medical needs could be taken into account while assessing the relevant treatment options.

We saw that just prior to or on the day of the planned surgery the surgeon undertaking the elected procedure had reviewed and signed the person's scans and notes to demonstrate that they had reviewed the person's needs prior to treatment. Before any treatment was undertaken a further review and assessment of the person's health status was carried out to ensure that treatment was still safe to go ahead with. Also, to minimise the risks to people during surgery we saw that a 'day of surgery checklist' was completed. This included checking to see that all the relevant information was present to enable the surgeon to undertake the procedure, including informed consent, that the laser and all equipment was in working order and that all discharge and aftercare information had been provided to the person undergoing treatment. This demonstrated to us that care and treatment was planned and delivered in a way that ensured people's safety and welfare.

We reviewed the feedback which people provided during the October 2012 and found people's experiences to be mainly positive. For example we saw that 45 out of 46 people confirmed that they were either satisfied or very satisfied with care provided to them. 46 out of 46 people were also either satisfied or very satisfied that their treatment was explained clearly and effectively to them.

There were arrangements in place to deal with foreseeable emergencies. In the laser room we saw that the provider had in place an emergency call system, oxygen cylinder, emergency medication and suction unit to address any emergency that arose during a person's treatment. We saw that all the equipment was regularly checked and tested to ensure that should it be needed it would be in working order. The provider also had in place a 'disaster recovery' plan which detailed the action to be taken in the event of

emergencies such as flooding and electrical failure. We also saw up to date fire procedures in place and confirmation that the system was tested on a regular basis.

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

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. We spoke with one member of staff about their knowledge of infection control procedures. They demonstrated an understanding of key infection control principles including the importance of hand washing and wearing personal protective clothing.

We saw that the laser room was clean, free from any unpleasant odours and that infection control practices were in place. For example, we observed staff wearing the correct protective clothing, saw that hand gels were readily available and that cleaning equipment and wipes were in place. This ensured that cleaning in between people having treatments was carried out.

We reviewed the training records of clinical staff and found that they had completed infection control training.

We saw that regular cleaning took place in the laser unit. We were told that cleaning of the laser room and lasers themselves was only carried out by qualified laser technicians to ensure that standards were maintained. We reviewed the last six months records of cleaning logs and found these to be up to date. We saw that infection control checklists were carried out every time the laser unit was used and that deep cleaning took place on a monthly basis.

All of the medical devices used during laser surgery were single use only. We saw that the equipment was appropriately sealed and labelled. We also noted that the appropriate disposal systems were in place which included clinical and domestic waste bins and a sharps box.

We reviewed the infection control procedures in place at the service and dated October 2010. We found that these referenced the applicable guidance and in particular the Department of Health's 'Code of practice for health and adult social care on the prevention and control of infections and related guidance'. This showed us that the provider took account of this statutory code when producing and reviewing this policy.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We saw that staff were able to obtain further relevant qualifications. We found that the provider had a mandatory training programme in place. We reviewed the training records of one member of clinical staff and saw that they had attended relevant course such as safeguarding vulnerable adults, equality and diversity and health and safety on an annual basis. The manager told us that all staff attended these training sessions when held. We spoke with one member of staff who confirmed that they felt well trained to carry out their role,

We also found that training was in place to ensure that staff promoted the safety and welfare of the people they were treating. For example, we saw that staff had been assessed for their competency in medication administration, infection control and discharging people from the service. We found that the only staff authorised to use the equipment were qualified laser technicians meaning that people were protected because only trained staff were authorised to carry out their treatment.

The provider may find it useful to note that when we asked to view evidence that the surgeon had undertaken training relevant to their role, these details could not be located.

Staff received appropriate professional development. We saw that staff took part in regular appraisal meetings and received supervision sessions in order to monitor their progress and discuss any issues that may have arisen in the workplace. However, the provider may find it useful to note that on two occasions we found that the current appraisal paperwork was not present in the staff files we reviewed.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People who used the service were asked for their views about their care and treatment and these were acted on. We saw that following treatment people were asked to provide feedback about their experiences. We reviewed the last two months feedback data and saw that this had been collated. The majority of feedback received was positive. We saw that when negative feedback had been previously received, this was discussed with the relevant staff in their supervision sessions.

There was evidence that learning from incidents had taken place. For example, investigations had occurred and appropriate changes were implemented. We saw clinical incident reports were in place and that these were reviewed and audited monthly to ensure that any action to improve the service took place.

There were also various other checks in place which monitored the quality of the service. For example, we saw monthly audits in place which looked at equipment performance, medication management, individual care files, health and safety and infection control. Actions from these audits were clearly documented so that improvements could be made as necessary.

We saw that all the equipment used in the treatment of people were checked daily and up to date maintenance and safety checks were in place.

The provider took account of complaints and comments to improve the service. We reviewed the complaints file and saw that these were handled in the appropriate manner, by the relevant person and in a timely way. All outcomes were monitored and used by the head office to inform their policy and procedure reviews.

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About CQC inspections

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

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

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

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

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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

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

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

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

You can tell us about your experience of this provider on our website.

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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

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

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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

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

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

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