

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

London Vision Clinic Associates LLLP - Harley Street

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2014

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

Respecting and involving people who use services	✓ Met this standard
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
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	London Vision Clinic Associates LLP
Registered Manager	Mr. Craig Engelfried
Overview of the service	The London Vision clinic is a private clinic offering laser eye surgery to adults. The practice consists of seven consulting rooms, two surgeries and two relaxation rooms.
Type of service	Acute services without overnight beds / listed acute services with or without overnight beds
Regulated activity	Surgical procedures

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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 announced 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 17 December 2013, talked with people who use the service and talked with staff.

What people told us and what we found

We spoke with one person who used the service and looked at the results of feedback and testimonials from 2013. People were satisfied with the care and treatment received. They felt that procedures had been explained well. Written consent was obtained for procedures and we saw a copy of the consent form used.

Care was planned in a way to ensure people's safety. People were seen by an optometrist and a consultant at separate appointments and both conducted tests to ensure that surgery would be suitable and safe. People were given verbal and written advice at various appointments before and after treatment. There were procedures in place to deal with medical emergencies.

The clinic was clean and well maintained. There were systems in place to reduce the risk of infection, including a policy on infection control.

There were effective systems in place to monitor the quality of the service. The practice conducted numerous audits and obtained feedback in a variety of different ways. Team meetings took place every month to discuss feedback and further learning.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

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

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who use the service were given appropriate information and support regarding their care and treatment. New patients had an initial meeting with a patient care coordinator who explained the entire process from initial consultations to the surgical procedure and the aftercare. The patient care coordinator guided the patient throughout the process and was available to answer questions at any stage. Patients also saw an optometrist throughout the process and saw their surgeon both before and after their surgery. We were told that all staff involved in the various stages of the process had lengthy discussions with patients and answered all questions. Printed information was provided to people in the form of a patient pack which included a brochure, a DVD which explained the treatment as well as a further guide to laser eye surgery.

We spoke with one person who had received laser eye surgery at the clinic and was in the process of receiving aftercare. They confirmed that they had received written information and staff had answered all questions fully.

We looked at the results of feedback. This was obtained through patient testimonials, individual feedback forms, an independent online forum and through an electronic survey which was conducted on a tablet for patients to use. All feedback was positive about the level of information provided and the quality of the explanations given.

People's diversity, values and human rights were respected. All consultations with the optometrist and consultant took place in private and there were also private rooms available for further discussions with the patient care coordinators. There was step free access to the clinic and staff asked prospective patients whether they needed further adjustments made prior to their first appointment. We saw the provider's disability access policy which confirmed that this was required. Staff confirmed that they could also arrange interpretation services for patients if required.

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

Before patients had laser eye surgery they signed a detailed consent form. The consent form was provided to patients after their initial appointment with the optometrist. Initial tests were conducted by the optometrist after obtaining verbal consent and the written consent form was explained at the end of this appointment. People took the consent form away with them and it was explained in further detail by the patient care coordinator. Patients were required to initial every page of the consent form to demonstrate that they had read every page. We saw a copy of the form and saw that this explained the risks and benefits of surgery in great detail. The patient care coordinator ensured that patients had understood and signed the consent form prior to their appointment with the surgeon. The form was then re-signed in the presence of the surgeon who answered any remaining questions.

Senior staff explained the double checks that they conducted to ensure that valid, written consent had been obtained. After the patient's appointment with their surgeon, administrative staff collected the paperwork and ensured that the consent form had been signed. They updated the patient's file to confirm that the consent form was signed. We were told that on the day of the procedure, the nurse confirmed verbally for a final time that the patient consented to the treatment. We were told by senior staff that patients could withdraw their consent to the procedure at any time and we were given an example of when this had occurred.

Staff conducted audits in 2013 to ensure that consent was obtained at different stages of the process. One audit assessed whether the consent form was signed prior to surgery by the patient and another audit assessed whether the form had been signed by the consultant. Neither audit any identified any concerns. We spoke with one person who used the service. They confirmed that they had repeatedly been asked for their consent prior to their procedure.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. At the beginning of the process patients saw a nurse and an optometrist. The nurse conducted an initial examination and the optometrist took a full medical history, conducted a full ophthalmic examination and a series of further tests to determine whether laser eye surgery would be appropriate and safe. If surgery was appropriate we were told that they were then seen by a consultant who re-checked the person's eye and double checked the results of the optometrist's tests.

Patients confirmed whether they had any allergies and we were told that this was recorded on their records. Patients were given medication prior to their surgery and the nurse explained how they were to be taken and when. Written instructions were also provided which detailed how the medication was to be taken. Laser eye surgery was conducted in the morning and staff contacted patients later on the same day to ensure that they were well and to answer any immediate questions. Senior staff explained that they ensured that patients were given a consistent message regarding their aftercare and how their medication was to be taken. We saw that they had completed an audit to determine whether patients were given consistent and accurate information regarding how to take their medication and their aftercare in 2013. This audit did not identify any concerns.

Thereafter, patients were seen on the day after their surgery by the surgeon who examined their eyes to ensure that they were healing well. Aftercare was provided to the patient for the next year and regular tests were advised thereafter. Staff explained that they tried to keep the same optometrist with the patient for consistency where possible. We saw that the practice had conducted an audit to determine how often this was happening. The results showed that in most cases the optometrist was the same.

We spoke with one person who used the service and read the results of feedback. The person we spoke with said "I can get an appointment any time I want. The aftercare is brilliant". Feedback was also positive about the aftercare provided.

The surgeons gave patients their mobile telephone number in case of emergencies. The clinic also ran a 24 hour telephone line for patients who could be transferred to the on call

surgeon in case of an emergency.

There were procedures in place to deal with foreseeable emergencies. All staff had received basic life support training and we saw records of this. Emergency drugs and oxygen were available at the clinic and this was checked every day. We saw the equipment and records of checks undertaken and saw that these were up to date and in order.

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 protected from the risk of infection because appropriate guidance had been followed. 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. On the day of the inspection, the clinic was clean and well maintained. There was an infection control policy in place and the nurses took responsibility for ensuring that all protocols were adhered to.

A cleaner attended the service every day and the nurses maintained the cleanliness of the surgery. We spoke with one nurse who explained the cleaning tasks that they completed every day. The surgery was cleaned both before and after a procedure was undertaken. We also saw a list of daily tasks which included cleaning tasks. The nurse we spoke with confirmed that these were completed.

Instruments were single use only. Sharps bins were in use and had been correctly assembled and there were appropriate procedures for the handling and disposal of clinical waste. We saw that this was locked securely and we were told that this was collected every week.

We saw that there were adequate hand washing facilities in the consultation rooms and the surgery. Hand hygiene gels were available and personal protective equipment, including gloves were accessible to staff.

People who use the service had no concerns about the cleanliness of the clinic and one person described the facilities as "very clean and tidy". In electronic feedback patients were asked whether the premises were kept clean. Approximately 99% of 177 respondents in the month of August 2013 responded positively to this question.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

There were effective recruitment and selection processes in place. Candidates were interviewed twice for a position and were required to provide two references before an offer of employment was made.

Staff were required to undergo a Disclosure and Barring check (formerly a Criminal Records Bureau check) before working at the clinic. Clinical staff were also required to provide evidence of their professional qualifications and registration. We saw records of pre-employment checks that were undertaken and saw that all appropriate checks were undertaken.

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 use the service were asked for their views about their care and treatment and they were acted on. Feedback was obtained through a variety of forums and these were all reviewed by senior staff. The clinic obtained feedback through patient surveys and through obtaining testimonials. These were assessed individually and the results were collated to identify any areas for improvement.

The practice also obtained feedback through an electronic tablet which was available for patients at the clinic. The results of the feedback provided through this were also collated and assessed. We saw that feedback obtained through this method was consistently positive in all areas assessed. Staff explained that they changed the questions asked on the electronic tablet every month in order to test different areas of their practice. We were also told that there was an independent electronic forum for patients to leave feedback called Trustpilot. We saw that the results of feedback on this forum was also consistently positive.

Staff meetings took place every month to discuss the results of feedback and other matters. Separate meetings were held between administrative and clinical staff as well as a monthly meeting for management staff where managers fed back the results of their individual team meetings to other managers.

All decisions about care and treatment were made by the optometrist and the surgeon. People who use the service had a comprehensive consultation and examination by both the consultant and their optometrist and this continued after the procedure was performed. A procedure was in place for logging and investigating incidents, accidents and complaints. At the time of our visit the practice had never received a formal complaint, but senior staff logged all comments and suggestions that patients made. They explained the changes that had been made as a result of suggestions made.

The practice undertook numerous audits. These included a waiting times audit, audits on consent and completion of the surgery checklist among others. The audits undertaken had been completed in 2013 did not identify any concerns.

About CQC inspections

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

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

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

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

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

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

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

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

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

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

How we define our judgements

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

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

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

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

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

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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

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

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

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

Glossary of terms we use in this report

Essential standard

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

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

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

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

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

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

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

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

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

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

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

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

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

Glossary of terms we use in this report (continued)

(Registered) Provider

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

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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