

Inspection Report 2008/2009

Ultralase, Reading

**Havell House
62-66 Queens Road
Reading
Berkshire
RG1 4AP**

Introduction

Certain independent healthcare providers in England must be registered with the Healthcare Commission. Those that need to be registered are defined in the Care Standards Act (2000) and include Acute and Mental Health Hospitals, some private doctors and some smaller medical services that provide specialist medical services such as endoscopy. To register, they need to demonstrate compliance with the Act and associated regulations. The Healthcare Commission tests providers' compliance by assessing each registered establishment against a set of National Minimum Standards, which were published by the Government and set out the minimum standards for different types of independent health services.

In addition to this report, the establishment has been given further details about how we have arrived at their assessment. If you wish to see or discuss this additional information, you may ask the provider for this, at their discretion. The establishment's action plan, which sets out the steps it is taking in response to this assessment, may also be requested from the provider. You should contact the Registered Person at the establishment address at the top of this page regarding both the additional information and the action plan.

Background

Ultralase, Reading, is part of Ultralase Limited and is located in the basement premises of a relatively modern serviced building on the Reading Relief Road. There is a public car park a few minutes walk from the premises and the practice provides full access to disabled persons. Access to the building is through an intercom system, via a communal entrance lobby and the lift and stairs are easily located.

Ultralase, Reading is a laser eye-treatment practice registered to operate Class 3B/4 lasers and treat persons only over the age of eighteen years. It has been registered with the Healthcare Commission since November 2005 and was previously inspected in February 2007.

This inspection took place following submission of the provider's annual self assessment and was triggered from the appointment of the registered manager within the last 12 months. The aim of this inspection was to focus on specific standards including the risk management processes, clinical treatment and care arrangements and staff appraisal and training practices.

This inspection took place on 12th February 2009, and was announced.

Main findings

Ultralase, Reading, had completed the actions identified at the previous inspection and is meeting its conditions of registration.

Ultralase, Reading, is generally meeting the most of the national minimum standards and the needs of its client group, however, there were some shortcomings identified in relation to risk management policies, monitoring quality, providing staff appraisals, completion of health records, laser operation procedures, patient records and patient views and health and safety of treatment and care.

Registration Categories

This registration is granted within the following categories only

Description	Service Category
Independent Hospital	IH
Prescribed techniques or prescribed technology using Class 3B/4 Laser	PT (L)

Conditions of registration

This registration is subject to the following conditions. Each condition is inspected for compliance. The judgement is described as Met, Almost Met, Not Met or Not Inspected

Condition	Assessment
No treatment to any person under the age of eighteen years to be carried out	Met

Assessments

Prior to assessment, each establishment or agency is required to complete an assessment of their own performance against the National Minimum Standards. This is used along with other performance information held by the Commission to make a decision on the need for further assessment. Where overall assessment shows compliance with the standards, organisations may not be inspected each year.

The Healthcare Commission only carries out on site inspections to make assessments of standards where we do not have sufficient evidence that the required level of performance is being achieved. In some instances, we do not assess a standard. This is either because the standard was not applicable or because, following an assessment of the risks, no risks were identified and therefore it was decided that there was no need for the standard to be further checked through an inspection.

Our inspections are targeted to areas of potential risk. They focus on areas where previous inspections, the establishment's own data and inspectors' observations suggest potential risks. Further areas are also added as spot checks. In general, a smaller number of standards assessed at inspection reflects a strong ability in the establishment to demonstrate satisfactory performance. The Healthcare Commission is required to inspect establishments at least once every five years and this report reflects the assessment of the establishment or agency at a given point in time.

For each standard that we assess, we use a four point scale.

Standard met	Achieving the required levels of performance in all aspects of the standard
Standard almost met	Not achieving the required levels of performance in some aspects of the standard
Standard not met	Significant action is needed to achieve the required levels of

	performance
Not inspected	This is either because the standard was not applicable or because, following an assessment of the risks, no risks were identified and therefore it was decided that there was no need for the standard to be further checked through an inspection.

The assessments are grouped under the following headings:

- Safety - does the establishment provide treatment and care safely?
- Clinical and cost effectiveness - is the best possible treatment provided?
- Governance - is the establishment well run?
- Patient focus - does the establishment put the patient first?
- Accessible and responsive care - is care organised around patients' needs and wishes?
- Care environment and amenities - is the place where you are treated well designed and maintained?

Types of Standards

Each standard number is prefixed by a letter denoting the type of standard it represents:

C	Core Standards
A	Acute Hospitals
M	Mental Health Establishments
H	Hospices
MC	Maternity Hospitals
TP	Termination of Pregnancy Establishments
P	Prescribed Techniques and Prescribed Technology – includes Lasers, Intense Pulsed Lights, Dialysis, Endoscopy, Hyperbaric Oxygen Treatment and In-Vitro Fertilisation
PD	Private Doctors

Requirements

Following assessment, improvements are required for those standards, which are found to be judged either 'not met' or 'almost met' and do not comply with the Private and Voluntary Healthcare Regulations 2001. Improvement to comply with the requirements is the responsibility of the 'registered person' who may be either the registered manager or the registered provider. The Healthcare Commission will ask the provider for their plan of action to demonstrate how they are going to comply with the requirement(s) made. The Healthcare Commission will then agree and monitor the action plan but if necessary, will take enforcement action to ensure compliance with the regulations.

Assessments and Requirements

Safety

Number	Standard Topic	Assessment
C13	Child Protection Procedures	Standard met
C18	Condition and Maintenance of Equipment and Supplies	Not inspected
C20	Risk Management Policy	Standard not met
C24	Controlled Drugs	Not inspected
C25	Infection Control	Not inspected

Number	Standard Topic	Assessment
C26	Medical Devices and Decontamination	Not inspected

No	Standard	Regulation	Requirement	Time scale
1	C20	9(1)	<p>Findings: The current risk assessment policy, dated July 2006, does not accurately reflect the establishment's current practice. No risk assessments have recently been undertaken for the laser suite and the risk assessment file contains some outdated information. The key risks associated with laser technology have not been reviewed within the past year.</p> <p>Action required: The registered person must ensure that there is a up-to-date comprehensive risk management policy with associated procedures in place that accurately reflects the key risks and current practice of the establishment so that all persons visiting the premises are assured that risks have been assessed and are managed appropriately.</p>	01 June 2009

Clinical and cost effectiveness

Number	Standard	Assessment
C3	Management of Patient Conditions	Not inspected
C4	Monitoring Quality	Standard almost met

No	Standard	Regulation	Requirement	Time scale
2	C4	17(1)	<p>Findings: The establishment's audit process for clinical records did not evidence that a systematic approach is taken to regular audit so that all areas are regularly and fully covered in rotation. Also, where the clinical audit found areas to address, there was no evidence to show this being followed-up and improvements requested and made.</p> <p>Action Required: The registered person must ensure that all aspects of the clinical notes are checked in a more systematic and robust audit. Any deficiencies are then identified, reported and acted upon so that patients are assured that monitoring of the quality of treatment and care takes place.</p>	04 May 2009

Governance

Number	Standard	Assessment
C7	Policies and Procedures	Not inspected
C8	Role and Responsibilities of the Registered Manager	Not inspected
C9	Human Resources Policies and Procedures	Standard not met
C10	Practising Privileges	Standard met
C11	Compliance with Professional Codes of Conduct	Not inspected
C12	Health Care Workers and Blood Borne Viruses	Not inspected
C16	Worker's Concerns	Standard met
C28	Contracts	Not inspected
C29	Records Management	Not inspected
C30	Completion of Health Records	Standard almost met
C31	Information Management	Not inspected
C32	Research	Not inspected
P1	Procedures for use of lasers and intense pulsed lights	Standard not met

No	Standard	Regulation	Requirement	Time scale
3	C9	18(2)(a)(b)	<p>Findings: No members of the permanent staff have had appraisals within the last twelve months.</p> <p>Action required: The registered person must ensure that all employed members of staff receive annual appraisals so that patients receive treatment from appropriately trained, competent and qualified staff.</p>	04 May 2009
4	C30	21(1)	<p>Findings: The medical records are not always fully complete. Not all files contained the patient GP and next of kin details. Not all files included complete details from the pre-treatment consultation such as the patient's reasons and concerns relating to treatment. One surgeon's writing was not legible. Patient signatures were not always recorded where required.</p> <p>Action required: The registered person must ensure that medical records are completed for each patient, and an audit is undertaken and outcomes acted upon, so that patients are assured of appropriately completed health records.</p>	04 May 2009
5	P1	42(1)	<p>Findings: The Local Rules do not reflect the appointment of the lead clinic nurse as the registered manager. The laser file contains out of date documents and does not include relevant key documents, such as medical protocols, LPA reports, maintenance records, risk</p>	04 May 2009

No	Standard	Regulation	Requirement	Time scale
			<p>assessments. The file does not include a recent LPA report or complete medical protocols.</p> <p>Action required: The registered manager must ensure that accurate Local Rules are in place and all the relevant key documents are included and up-to-date, so that patients receive laser treatment in accordance with appropriate procedures.</p>	

Patient focus

Number	Standard	Assessment
C1	Information for Patients	Standard almost met
C2	Patient Centred Care	Standard met
C14	Complaints Process	Not inspected
C15	Information for Patients about Complaints	Not inspected
C27	Resuscitation	Not inspected

No	Standard	Regulation	Requirement	Time scale
6	C1	6(1)(2)	<p>Findings: The statement of purpose does not state that treatment is only available for persons over the age of eighteen years.</p> <p>Action required: The registered person must ensure that the statement of purpose is revised in accordance with regulation 6 and schedule 1 of the Private and Voluntary Healthcare (PVH) regulations and a copy of the revised version sent to the Healthcare Commission. This is to ensure that patients receive clear and accurate information about their treatment.</p>	31 Mar 2009
7	C1	8(a)(b)	<p>Findings: The patient guide does not state that treatment is only available for persons over the age of eighteen years</p> <p>Action required: The registered person must ensure that the patient guide is revised in accordance with regulation 7 of the PVH regulations and a copy of the revised version sent to the Healthcare Commission. This is to ensure that patients receive clear and accurate information about their treatment.</p>	31 Mar 2009

Accessible and responsive care

Number	Standard Topic	Assessment
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Number	Standard Topic	Assessment
C6	Patient's Views	Standard almost met

No	Standard	Regulation	Requirement	Time scale
8	C6	17(1)	<p>Findings: Comments collated from patient feedback forms are not being used to improve the quality of treatment.</p> <p>Action required: The registered person must ensure that the feedback collected from patients is used to inform practice and improve the quality of service.</p>	01 Jun 2009

Care environment and amenities

Number	Standard Topic	Assessment
C17	Health Care Premises	Not inspected
C21	Health and Safety Measures	Standard not met

No	Standard	Regulation	Requirement	Time scale
9	C21	9(1)(e)	<p>Findings: The Fire Risk Action Plan dated August 2008 was not retained on the premises prior to the inspection (it was faxed on the day of the inspection from Head Office) and the action plan has not been completed (mainly actions required of the Landlord).</p> <p>Action required: The registered person must ensure that the action plan is fully completed and signed off so that patients, staff and visitors are assured that appropriate health and safety measures are in place.</p>	31 Mar 2009

The Healthcare Commission exists to promote improvement in health and healthcare. We have a statutory duty to assess the performance of healthcare organisations, award annual performance ratings for the NHS and coordinate reviews of healthcare by others. In doing so, we aim to reduce the regulatory burden on healthcare organisations and align assessments of the healthcare provided by the NHS and the independent (private and voluntary) sector. The Healthcare Commission's full name is the Commission for Healthcare Audit and Inspection.

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