

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

Optimax Laser Eye Clinics - Birmingham

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Date of Inspection: 08 January 2014

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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
Safety and suitability of premises	✓ 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	Optimax Clinics Limited
Registered Manager	Mrs. Morag Gilbert
Overview of the service	Optimax Laser Eye Clinics – Birmingham provides eye surgery to clients aged 18 years and above. The clinic provides ophthalmic treatment in a day surgery setting.
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 8 January 2014, talked with people who use the service and talked with staff. We reviewed information given to us by the provider.

What people told us and what we found

During our visit we spoke with three people who were patients at the clinic, the manager and three members of staff. People were given all the information they needed to make an informed decision about their treatment, and were asked to sign to indicate their consent to such treatment. People were positive about the treatment they received at the clinic. One person told us, "I've had excellent treatment."

People told us the clinic was clean, comfortable and welcoming. We found the building was appropriately designed and laid out to ensure accessibility, comfort and dignity. All areas were clean, well maintained, bright and welcoming. Records confirmed that regular safety checks, servicing and maintenance were carried out.

Appropriate checks were undertaken before staff commenced work at the clinic. This ensured people were cared for by suitably qualified and experienced staff.

The provider had effective systems in place to monitor the quality of service provision through surveys and audits. The complaints procedure was well publicised, although the information provided to people using the service was incomplete and misleading in respect of the role of CQC. People told us that they felt able to bring a concern or complaint to the direct attention of the clinic, should the situation arise.

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

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

People had an initial consultation at the clinic, which had been carried out by ophthalmic optometrists and counsellors. This was to ensure that the most suitable treatment would be offered to the person requiring the service.

After the initial consultation, the person was given time to consider whether or not to proceed with the treatment. We viewed the information pack given to persons requiring care, and found it to be comprehensive. The pack included a patient information guide and an aftercare advice guide. This ensured that people using the clinic had detailed information to assist them in making decisions about their treatment or care.

We looked at the records of three people who had received treatment at the clinic. These demonstrated that people had information provided to them before they had agreed to proceed with their treatments. People had signed a consent form before any treatment took place. This gave detailed information about the potential risks of the planned treatment. A doctor had also signed each form to confirm they had fully explained the procedure the person was going to have and any associated risks. People received their own copy of the consent form.

We discussed with the manager and one of the doctors what actions would be taken if a person lacked the capacity to give consent. Both demonstrated a thorough understanding of the issues involved. We were told that as the clinic only offered elective procedures then treatment would not be offered where there were concerns that the person lacked understanding or was unable to consent.

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

We observed the staff to be friendly and very helpful. Consultations with ophthalmic staff, the optometrist and counsellors took place in private. We saw staff being respectful towards people and speaking to people in a calm and discreet way.

During our visit we spoke with three people who were patients at the clinic. They all told us they were very satisfied with the treatment they had received. One person told us, "I've had excellent treatment." Another person told us, "The doctor was very informative and nice. He calmed me down."

We found that patient consultations took place in private with enough time allocated for their appointment to ensure they had opportunity to have their treatment needs fully assessed. One person told us, "The appointments have not been rushed and I have had time to ask questions."

We reviewed three people's care records and these contained evidence of assessments, diagnostic screening, treatment and follow-up procedures. People completed a questionnaire in respect of their health and these were reviewed by the surgeon on the day of the person's treatment to ensure that there were no health issues to prevent the person from receiving their treatment.

We reviewed laser treatment records and these indicated that people's identity was checked against information contained in their care records, prior to receiving the correct treatment. Records of people's treatments and medication administered were maintained to support the care and treatment provided.

We observed people were provided with after care advice for example, whom to contact if anyone had any problems when they returned home, signs and symptoms to look out for, expected course of recovery and any follow up care and attendance recommended. One person who was receiving treatment at the clinic told us, "The follow up care has been brilliant. They give you a telephone number to ring if there are any problems."

When we spoke with staff they were able to demonstrate that appropriate arrangements were in place to deal with foreseeable emergencies. Emergency procedures were seen to

be in place. We saw that emergency equipment such as emergency drugs and resuscitation equipment were in date and being regularly checked by staff. We asked about staff training and the manager told us that all staff members attended First Aid and Basic Life Support training on induction and this was maintained on an annual basis. Records showed that staff also participated in regular emergency drills.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The areas of the clinic we visited were clean, hygienic and tidy. We spoke with three people who had consultations or treatment at the clinic. All of the people we spoke with said they thought the clinic was kept clean and that waiting areas were comfortable.

The clinic was well maintained and decorated and furnished to a satisfactory standard. There was ample comfortable seating in the waiting area and a drinks machine. Music and up to date magazines were provided, all of which combined to make the environment welcoming and relaxing.

The provider had considered the impact of the building on people with poor mobility. We observed the clinic provided a suitable ramped entrance and adapted toilet facilities. There were call bells in toilets so that people who were not within sight of staff, could call for assistance if they needed it. Consultations and treatment took place on the ground floor of the building.

During our visit we were able to access the laser treatment room. We saw warning signs on the laser room door informing people of the presence of active laser beams. The local rules for the safe operation of the laser equipment were in date. The purpose of the local rules is to ensure safe use of laser equipment in order to minimise the risk to patients, staff and visitors. The laser protection advisor (LPA) had completed a risk assessment for the safe operation of the laser at the clinic. All the registered users of the laser equipment had signed the local rules to demonstrate that the equipment would be operated in accordance with the guidance stipulated by the LPA.

We saw that records relating to the maintenance of the building and equipment were maintained and current. These included an environmental risk assessment, waste management, portable appliance testing, hot water temperature checks and legionella testing. We saw evidence of fire alarm system maintenance checking, fire extinguisher checks and weekly fire checks in the documents we accessed. This meant that the provider had appropriate systems in place to relating to the maintenance of the building and equipment.

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

Each person we spoke with had positive opinions of the staff at the clinic. There were effective recruitment and selection processes in place so that only safe and suitable staff were employed to work at the clinic. We viewed three staff recruitment files. We saw information that confirmed that staff had suitable checks completed that included a disclosure and barring services check, (DBS), references, a completed application form and evidence of their qualifications.

We looked at the recruitment records for two members of staff registered with the General Medical Council (GMC). Records indicated that their registrations were current and up to date. Details of their qualifications and experience were available for people using the clinic and were also listed on the organisation's website.

We found there was an induction programme for new staff. The induction included mandatory training in consent, safeguarding, health and safety, fire safety, infection control and first aid.

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

Information about how to make a complaint was publicly available in the clinic's waiting room. The provider may find it useful to note that the complaints procedure was misleading in respect of the role of CQC. CQC does not provide a complaints adjudication or resolution service, although it may use information contained within complaints to inform its regulatory work. People told us that they felt able to bring a concern or complaint to the direct attention of the clinic, should the situation arise. One person told us, "They are approachable and easy to talk to, if there was something I was not happy with I would tell them."

The provider had a complaints officer who responded to and investigated complaints received by the provider. The manager told us that they were informed by head office about the number of written complaints and any issues that had arisen. We saw records of the actions that had been taken when a complaint had been received. The provider may find it useful to note that two complaints that had been received had not been recorded in the log. The manager told us this was because these complaints were still under investigation and not yet resolved. The log should record all complaints as they are received so that the clinic has a clear audit trail of the actions being taken in response to each complaint received.

A system of internal audits was in place at the clinic. Audits completed included care records, infection control, medication and incidents. We saw that any areas that required improvement were reported back to staff and action plans were developed. Regular checks were taking place of the premises and equipment. Service contracts were in place for regular maintenance of the equipment.

Staff told us that laser machines were checked and calibrated daily before use by the staff member assisting in the laser room. We found that details of checks were recorded on a computerised system.

Systems were in place to seek the views of people using the clinic. People completed a satisfaction survey on a touch screen facility at various stages of their treatment. All three people we spoke with said that they had completed the computerised survey at the clinic.

People also felt that they could comment openly to staff should an issue arise. At the time of our visit the latest survey results had not been completed. These were sent to us soon after our visit. This showed an overall patient satisfaction rate of 95.95%.

We found robust systems in place to identify, analyse and review risks and incidents. As part of our inspection, we looked at the clinic's reportable incident forms. The clinic manager was able to discuss the process of incident reporting, who they would report to and how they would proceed. We were shown evidence that completed incident forms were collated every six months in order to evaluate incidents that had occurred. This showed that there were good systems for monitoring the quality of the service and keeping people safe.

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.

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