

Independent Healthcare Inspection

(Unannounced)

Optical Express, Queen
Street, Cardiff

4 August 2015

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Contents

1.	Introduction	2
2.	Methodology.....	4
3.	Context.....	5
4.	Summary.....	6
5.	Findings	7
	Quality of the patient experience	7
	Delivery of safe and effective care	9
	Quality of management and leadership	10
6.	Next Steps.....	11
	Appendix A.....	12

1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW inspections of independent healthcare services seek to ensure services comply with the Care Standards Act 2000 and requirements of the Independent Health Care (Wales) Regulations 2011 and establish how services meet the National Minimum Standards (NMS) for Independent Health Care Services in Wales¹.

This report details our findings following the inspection of an independent health care service. HIW is responsible for the registration and inspection of independent healthcare services in Wales. This includes independent hospitals, independent clinics and independent medical agencies.

We publish our findings within our inspection reports under three themes:

- Quality of the patient experience

¹ The National Minimum Standards (NMS) for Independent Health Care Services in Wales were published in April 2011. The intention of the NMS is to ensure patients and people who choose private healthcare are assured of safe, quality services. <http://www.hiw.org.uk/regulate-healthcare-1>

- Delivery of safe and effective care
- Quality of management and leadership.

2. Methodology

During the inspection we gather information from a number of sources including:

- Information held by HIW
- Interviews with staff (where appropriate) and registered manager of the service
- Conversations with patients and relatives (where appropriate)
- Examination of a sample of patient records
- Examination of policies and procedures
- Examination of equipment and the environment
- Information within the service's statement of purpose, patient's guide and website (where applicable)

At the end of each inspection, we provide an overview of our main findings to representatives of the service to ensure that they receive appropriate feedback. Any urgent concerns that may arise from an inspection will be notified to the registered provider of the service via a non-compliance notice². Any such findings will be detailed, along with any other improvements needed, within Appendix A of the inspection report.

Inspections capture a snapshot on the day of the inspection of the extent to which services are meeting essential safety and quality standards and regulations.

² As part of HIW's non-compliance and enforcement process for independent healthcare, a non compliance notice will be issued where regulatory non-compliance is more serious and relates to poor outcomes and systemic failing. This is where there are poor outcomes for people (adults or children) using the service, and where failures lead to people's rights being compromised. A copy of HIW's non compliance process is available upon request.

3. Context

Optical Express is registered as an independent hospital to provide specific eye laser surgery. It is situated at 46-48, Queen Street, Cardiff, CF10 2GP. The service was first registered on 27 December 2007.

The service employs a staff team which includes a registered manager, ophthalmic surgeons, registered nurses, technicians and reception personnel.

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection to the service on the 4 August 2015. There was no clinic on the day of inspection.

4. Summary

Overall, patients were very positive about the quality of the service provision and the treatment and care provided. We found that the service recognised and addressed the individual needs of patients and that patients' rights to dignity and respect were protected. We identified the statement of purpose and patient's guide required updating.

The service had policies and procedures in place with the intention of providing a safe service. Contracts were in place with regard to clinical waste and facility maintenance. Comprehensive daily check records had been maintained in respect of the laser equipment used at the service.

The service monitored its performance against its other services clinics to identify where they could make improvements to patient treatment and care. We found regular audits had been carried out, and reports resulting from a provider's visit and/or an annual report were available.

We identified the following areas for improvement during this inspection regarding – regulatory breaches in the statement of purpose and patient's guide Whilst this has not resulted in the issue of a non compliance notice, there is an expectation that the registered provider takes meaningful action to address these matters, as a failure to do so could result in HIW taking action in accordance with our non-compliance and enforcement process.

5. Findings

Quality of the patient experience

Overall, patients were very positive about the quality of the service provision and the treatment and care provided. We found that the service recognised and addressed the individual needs of patients and that patients' rights to dignity and respect were protected. We identified the statement of purpose and patient's guide required updating.

Care Planning and Provision (Standard 8)

We looked at six patients records in detail and found comprehensive and appropriate information. The patient informed consent document was detailed and the required information had been presented in a user friendly format, i.e. small amounts of information in each section under a new heading, which required the patient to initial each section. This was noted as good practice.

We found there was access to 24 hour care advice and expertise with appropriate on call arrangements with consultants in place.

Patient Information and Consent (Standard 9)

Patient's queries, concerns and questions were taken into account throughout the consultation and treatment planning process. Patients could also express their views and any concerns throughout the consultation, treatment and aftercare service which was provided by staff and also through the service's formal patient questionnaire and the services electronic patient contact.

This approach enhances and underpins patients' rights to dignity, privacy and respect.

Dignity and Respect (Standard 10)

We spoke with one patient informally during our inspection. The patient was pleased with all aspects of the service provision.

There were up to date privacy and dignity and equality and diversity policies available. There were consulting rooms with appropriate signage used when the room was occupied. The environment provided both open and private areas for patients and family members and/or accompanying supporters.

Communicating Effectively (Standard 18)

We did not observe any patient and staff care interaction as there was no clinic on the day of inspection.

However, it was noted that patients praised the quality of the service in the sample of patient questionnaire responses viewed and rated the service provision very highly. The hospital's scores were overall higher than the company's set marking standard. However, while this was available within the patients guide, we advised that it may also be helpful to have this displayed in the reception area.

A statement of purpose and patient's guide were in place. However, patients need to be made aware that these documents are available for the patients, family members and/or carers to view, if they should wish to do so. It may be helpful to have an additional sign displayed within the reception area informing patients, family and /or carers of the availability of the service's statement of purpose and patient's guide.

We identified aspects of patient information and documentation which required reviewing and improvements.

The statement of purpose and patients guide required updating to include the organisational structure chart and to clarify the management arrangements.

Improvement needed

The service is required to describe the action taken to address the issues identified below:

- 1. The statement of purpose and patients guide should be updated to include the organisational structure chart. It should also clarify what are the current management arrangements with regard to responsibilities and authority. i.e. If it is a non- operating day at the service, who is responsible in the event of a fire and/or other event?***

Delivery of safe and effective care

The service had policies and procedures in place with the intention of providing a safe service. Contracts were in place with regard to clinical waste and facility maintenance. Comprehensive daily check records had been maintained in respect of the laser equipment used at the service.

Safe and Clinically Effective Care (Standard 7)

We found that treatment and care was based on agreed best practice guidelines. The service was consultant led. The presence and use of a Laser Vision Correction (LVA) pathway protocol is noted as good practice.

Safeguarding Children and Safeguarding Vulnerable Adults (Standard 11)

The service had an up to date safeguarding policy and procedure in place. We were informed that there had been no safeguarding concerns or incidents to date and/ or within the last few years. Staff had received training in safeguarding.

Infection Prevention and Control (IPC) and Decontamination (Standard 13)

There were schedules in place for cleaning and there were contracts with regard to clinical waste and facility maintenance.

Medical Devices, Equipment and Diagnostic Systems (Standard 16)

There were maintenance contract in place with regard to the laser equipment. File records available with outcomes and required action if necessary. Comprehensive daily machine diagnostic check records were available. We found a Laser Protection Adviser (LPA) also undertakes audits and reports on outcomes.

Dealing With Concerns and Managing Incidents (Standard 23)

There had been one verbal complaint in 2014. This had been dealt with under the company's complaints procedure. All staff informed of outcomes under "Lessons Learned Process". We were informed that all lessons learned were shared throughout company.

Quality of management and leadership

The service monitored its performance against its other services clinics to identify where they could make improvements to patient treatment and care. We found regular audits had been carried out, and reports resulting from a provider's visit and an annual report have now been forwarded to HIW.

Governance and Accountability Framework (Standard 1)

No management personnel were present on the day of the visit.

We found the service used a benchmarking tool to audit and monitor its performance against its other services clinics to identify where they could make improvements to patient treatment and care. A range of monthly audits had been carried out, including infection control, documentation audit review.

Workforce Recruitment and Employment Practices (Standard 24)

Staff appraisals indicated that the current staffing team had a personal development plan to meet identified needs. Staff training was on-going within the service.

6. Next Steps

This inspection has resulted in the need for the service to complete an improvement plan in respect of quality of patient experience and quality of management and leadership. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state how the improvement identified at Optical Express, Queen Street, Cardiff will be addressed, including timescales.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing inspection process.

Appendix A

Improvement Plan

Service: Optical Express (Cardiff)

Date of Inspection: 4 August 2015

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Quality of Patient Experience					
8	<p>The service is required to describe the action taken to address the issues identified below:</p> <ol style="list-style-type: none">1. The Statement of Purpose and Patients Guide should be updated to include the organisational structure of the service. It should also clarify what are the current management arrangements with regard to responsibilities and authority. i.e. If it is a non-operating day at the service, who is responsible in the event of a fire	Regulation 6 Schedule1 (6)			

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
	and/or other event?				
Delivery of Safe and Effective Care					
	None				
Quality of Management and Leadership					
	None				

Service Representative:

Name (print):

Title:

Date: