

Optical Express
46-48 Queen Street
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Inspection 2009/2010

Healthcare Inspectorate Wales

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Inspection Date:	Inspection Manager:
17 March 2010	Mr John Powell

Introduction

Independent healthcare providers in Wales must be registered with the Healthcare Inspectorate Wales (HIW). HIW acts as the regulator of healthcare services in Wales on behalf of the Welsh Ministers who, by virtue of the Government of Wales Act 2006, are designated as the registration authority.

To register, they need to demonstrate compliance with the Care Standards Act 2000 and associated regulations. The HIW tests providers' compliance by assessing each registered establishment and agency against a set of *National Minimum Standards*, which were published by the Welsh Assembly Government and set out the minimum standards for different types of independent health services. Further information about the standards and regulations can be found on our website at:

www.hiw.org.uk.

Readers must be aware that this report is intended to reflect the findings of the inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times.

Background and Main Findings

An announced inspection was undertaken to Optical Express – Cardiff on the 17 March 2010 by an Inspection Manager. The Clinic was first registered on the 27 December 2007 and is registered to provide corneal flap creation and laser vision correction using class 3b and class 4 laser technology.

Prior to the inspection visit the registered provider submitted a completed pre-inspection questionnaire. The inspection visit focused upon the analysis of a range of documentation, discussion with the responsible individual and the newly appointed manager, examination of patient records and a tour of the premises.

In respect of the main inspection findings, the registered person had in place:

- A statement of purpose and patient guide and the Inspection Manager was informed that all patients were routinely given a copy of the patient guide
- Comprehensive patient records that included a medical questionnaire and a consent to treatment form. In addition patient records contained a print out from the laser machines and prescription sheets.
- A significant number of patient questionnaires had been completed during 2009 and any themes and trends were analysed. The results were very positive and there was an internal mechanism for comparing the results of the various establishments.

- A random sample of staff files was sighted and these included: confirmation of a Criminal Record Bureau check and registration with the General Medical and the Nursing and Midwifery Council.
- A range of policies and procedures with the date of formulation and anticipated review.
- In terms of quality monitoring a monthly audit that was very care focused was undertaken.
- Satisfactory documentation was available to confirm that the Laser machines had been serviced and repaired.
- Staff had been trained in basic life support and laser technology.

In respect of the other inspection findings the fire risk assessment had been reviewed in January 2010, however, the last fire drill was undertaken on the 9 March 2009. In addition suitable training in fire prevention was required. In terms of other maintenance, a range of contracts/certification was in place in relation to Portable Appliance Testing and the emergency lighting and fire alarm servicing.

The Inspection Manager would like to thank the responsible individual and manager for their time and co-operation during the inspection visit.

Achievements and Compliance

Within the previous inspection report 1 regulatory requirement had been identified and this had been addressed. In terms of achievements there was a very comprehensive system for obtaining and analysing the results of the patient questionnaires. The results were very positive and the information was used to inform the clinical audit for the establishment.

Registration Types

This registration is granted according the type of service provided. This report is for the following type of service.

Description
Independent hospital providing a listed service using a prescribed technique or prescribed technology: <ul style="list-style-type: none"> • Laser or Intense Pulsed Light Source

Conditions of Registration

This registration is subject to the following conditions. Each condition is inspected for compliance. The judgement is described as Compliant, Not Compliant or Insufficient Assurance.

Condition number	Condition of Registration	Judgement
1.	The registered person will not provide medical or psychiatric services of any kind nor any "listed services" as defined by section 2(7) of the Care Standards Act 2000 other than those set out in condition 2 below.	Compliant
2.	Treatment using a Class 3b or Class 4 Laser as referred to in regulation 3(1)(a) of the Private and Voluntary Health Care (Wales) Regulations 2002.	Compliant
3.	In relation to the treatment specified in condition 2 above only authorised personnel must use the Class 3b Intralase FS Nd:Glass Laser for the following procedures; <ul style="list-style-type: none"> • Corneal Flap Creation 	Compliant
4.	In relation to the treatment specified in condition 2 above only authorised personnel must use the Class 4 VISX Star IR Laser for the following procedures: <ul style="list-style-type: none"> • Laser Vision Correction 	Compliant
5.	No persons under the age of eighteen (18) years may be provided with treatment.	Compliant
6.	Overnight accommodation must not be provided at the establishment.	Compliant

Assessments

The Healthcare Inspectorate Wales carries out on site inspections to make assessments of standards. If we identify areas where the provider is not meeting the minimum standards or complying with regulations or we do not have sufficient evidence that the required level of performance is being achieved, the registered person is advised of this through this inspection report. There may also be occasions when more serious or urgent failures are identified and the registered person may additionally have been informed by letter of the findings and action to be taken but those issues will also be reflected in this inspection report. The Healthcare Inspectorate Wales makes a judgment about the frequency and need to inspect the establishment based on information received from and about the provider, since the last inspection was carried out. Before undertaking an inspection, the Healthcare Inspectorate Wales will consider the information it has about a registered person. This might include: A self assessment against the standards, the previous inspection report findings and any action plan submitted, provider visits reports, the Statement of Purpose for the establishment or agency and any complaints or concerning information about the registered person and services.

In assessing each standard we use four outcome statements:

Standard met	No shortfalls: achieving the required levels of performance
Standard almost met	Minor shortfalls: no major deficiencies and required levels of performance seem achievable without extensive extra activity
Standard not met	Major shortfalls: significant action is needed to achieve the required levels of performance
Standard not inspected	This is either because the standard was not applicable, or because, following an assessment of the information received from and about the establishment or agency, no risks were identified and therefore it was decided that there was no need for the standard to be further checked at this inspection

Assessments and Requirements

The assessments are grouped under the following headings and each standard shows its reference number.

- Core standards
- Service specific standards

Standards Abbreviations:

C = Core standards

A = Acute standards

MH = Mental health standards

H = Hospice standards

MC = Maternity standards

TP = Termination of pregnancy standards

P = Prescribed techniques and technology standards

PD = Private doctors' standards

If the registered person has not fully met any of the standards below, at the end of the report, we have set out our findings and what action the registered person must undertake to comply with the specific regulation. Failure to comply with a regulation may be an offence. Readers must be aware that the report is intended to reflect the findings of the inspector at the particular inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times; sometimes services improve and conversely sometimes they deteriorate.

Core Standards

Number	Standard Topic	Assessment
C1	Patients receive clear and accurate information about their treatment	Standard met
C2	The treatment and care provided are patient - centred	Standard met
C3	Treatment provided to patients is in line with relevant clinical guidelines	Standard met
C4	Patient are assured that monitoring of the quality of treatment and care takes place	Standard met
C5	The terminal care and death of patients is handled appropriately and sensitively	Standard not applicable
C6	Patients views are obtained by the establishment and used to inform the provision of treatment and care and prospective patients	Standard met
C7	Appropriate policies and procedures are in place to help ensure the quality of treatment and services	Standard met
C8	Patients are assured that the establishment or agency is run by a fit person/organisation and that there is a clear line of accountability for the delivery of services	Standard met
C9	Patients receive care from appropriately recruited, trained and qualified staff	Standard met
C10	Patients receive care from appropriately registered nurses who have the relevant skills knowledge and expertise to deliver patient care safely and effectively	Standard met
C11	Patients receive treatment from appropriately recruited, trained and qualified practitioners	Standard met
C12	Patients are treated by healthcare professionals who comply with their professional codes of practice	Standard met
C13	Patients and personnel are not infected with blood borne viruses	Standard met
C14	Children receiving treatment are protected effectively from abuse	Standard not applicable
C15	Adults receiving care are protected effectively from abuse	Standard met
C16	Patients have access to an effective complaints process	Standard met
C17	Patients receive appropriate information about how to make a complaint	Standard met
C18	Staff and personnel have a duty to express concerns about questionable or poor practice	Standard met
C19	Patients receive treatment in premises that are safe and appropriate for that treatment. Where children are admitted or attend for treatment, it is to a child friendly environment	Standard almost met
C20	Patients receive treatment using equipment and supplies that are safe and in good condition	Standard met
C21	Patients receive appropriate catering services	Standard not applicable

Number	Standard Topic	Assessment
C22	Patients, staff and anyone visiting the registered premises are assured that all risks connected with the establishment, treatment and services are identified, assessed and managed appropriately	Standard met
C23	The appropriate health and safety measures are in place	Standard not inspected
C24	Measures are in place to ensure the safe management and secure handling of medicines	Standard met
C25	Medicines, dressings and medical gases are handled in a safe and secure manner	Standard met
C26	Controlled drugs are stored, administered and destroyed appropriately	Standard not applicable
C27	The risk of patients, staff and visitors acquiring a hospital acquired infection is minimised	Standard met
C28	Patients are not treated with contaminated medical devices	Standard met
C29	Patients are resuscitated appropriately and effectively	Standard met
C30	Contracts ensure that patients receive goods and services of the appropriate quality	Standard met
C31	Records are created, maintained and stored to standards which meet legal and regulatory compliance and professional practice recommendations	Standard met
C32	Patients are assured of appropriately completed health records	Standard met
C33	Patients are assured that all information is managed within the regulated body to ensure patient confidentiality	Standard met
C34	Any research conducted in the establishment/agency is carried out with appropriate consent and authorisation from any patients involved, in line with published guidance on the conduct of research projects	Standard not applicable

Service specific standards - these are specific to the type of establishment inspected

Number	Prescribed Techniques and Technology Standards	Assessment
	Class 3B and 4 Lasers and / or Intense Pulsed Light Sources	
P1	Procedures for use of lasers and intense pulsed lights	Standard met
P2	Training for staff using lasers and intense pulsed lights	Standard met
P3	Safe operation of lasers and intense pulsed lights	Standard met

Schedules of Information

The schedules of information set out the details of what information the registered person must provide, retain or record, in relation to specific records.

Schedule	Detail	Assessment
1	Information to be included in the Statement of Purpose	Met
2	Information required in respect of persons seeking to carry on, manage or work at an establishment	Met
3 (Part I)	Period for which medical records must be retained	Met
3 (Part II)	Record to be maintained for inspection	Met
4 (Part I)	Details to be recorded in respect of patients receiving obstetric services	Not applicable
4 (Part II)	Details to be recorded in respect of a child born at an independent hospital	Not applicable

Requirements

The requirements below address any non-compliance with The Private and Voluntary Health Care (Wales) Regulations 2002 that were found as a result of assessing the standards shown in the left column and other information which we have received from and about the provider. Requirements are the responsibility of the 'registered person' who, as set out in the legislation, may be either the registered provider or registered manager for the establishment or agency. The Healthcare Inspectorate Wales will request the registered person to provide an 'action plan' confirming how they intend to put right the required actions and will, if necessary, take enforcement action to ensure compliance with the regulation shown.

Standard	Regulation	Requirement	Time scale
C19	24 (4) (c) & (d)	<p>Findings Staff had not attended recent training in fire prevention and had not participated in a recent fire drill.</p> <p>Action Required The registered person is required to ensure that all staff attend suitable fire prevention training and participate in a recent fire drill.</p>	Within 28 days of the date of this report

Recommendations

There are no recommendations for this establishment.

The Healthcare Inspectorate Wales exists to promote improvement in health and healthcare. We have a statutory duty to assess the performance of healthcare organisations 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.

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