

Mrs Helen Woodley  
Ultralase Optimax Group  
171-173 Charles Street  
Leicester  
LE1 1LA

Direct Line: 0300 062 8163  
Fax: 0300 062 8387  
E-mail: [Philomena.price2@wales.gsi.gov.uk](mailto:Philomena.price2@wales.gsi.gov.uk)

17 June 2014

Dear Mrs Woodley,

**Re: Healthcare Inspectorate Wales (HIW) undertook an announced inspection to Ultralase on 21<sup>st</sup> May 2014**

As you are aware Healthcare Inspectorate Wales (HIW) undertook an announced visit to Ultralase, Cardiff on 21 May 2014.

**Background**

Ultralase clinic is registered to provide Lasik, Lasek, and Ultra Wavefront laser eye treatment using Class IV Nidek Quest Argon Fluoride Excimer laser and Intralase FS Femtosecond Laser systems.

**Overall View of the Healthcare Setting**

The clinic is situated in Cardiff central thoroughfare. Parking was not available at the clinic, though NCP facilities were available within a short distance. The clinic had disabled wheelchair access at the rear of the building, with lift access to all floors but there was no allocated parking for disabled customers on site. There was a City Council Voucher Parking facility available outside the clinic.

The clinic was clean and comfortable and provided private consultation facilities. Toilet and hand-washing facilities were available with disabled toilet facilities available on the first floor.

## **Quality of Treatment and Care**

Governance arrangements were in place and policies and procedures were available electronically and in paper copy with relevant staff having access. There was clear evidence of annual audits in infection control and other aspects of clinical care and complaints were logged and action plans developed.

Patient views were regularly captured throughout the year by means of patient satisfaction questionnaires, which were reviewed on an on-going basis by the registered manager, who addressed any issues of concern.

The Statement of Purpose and Patient Guide was available and there were information leaflets for aspects of treatment available throughout the waiting areas.

## **Management and Personnel**

At the time of our visit staff numbers appeared appropriate and staff turnover was stated to be low. Staff personnel files were viewed and it was noted that a staff member's photograph should be renewed as the print quality was very dark.

Comprehensive and detailed staff supervision and follow-up of any potential concerns were undertaken. This was noted as good practice. Training and education records were documented. Performance management processes and records were in place with evidence of appraisals for members of staff. Training in fire procedures, Basic Life Support, Moving and Handling, Health and Safety, manual handling, POVA and other aspects of mandatory training take place annually and there is a plan to adopt an E-learning system for this in future. All staff had received a comprehensive induction and were provided with opportunities for ongoing education.

## **Premises, Environment and Facilities**

There were modern facilities and a good range of equipment. Medical Protocols and Local Rules were available for both of the laser machines. There was no specific reference of the Medical Protocols to these particular premises, as the front cover sheet was missing.

The Local Rules for both laser machines had been produced on 16<sup>th</sup> September 2013 and valid until August 2016. Authorised users had signed up to these rules. The protective eyewear for the Nidek Excimer laser were currently on order and in the interim period it was proposed to have the use of eyewear from another clinic within the group. A new treatment record book was in place for the Nidek laser.

The fire alarm test of the 7<sup>th</sup> March had noted numerous devices to be re-sited, and batteries out of date. Action by the ground Landlord was still awaited. Fire extinguishers had been serviced and valid until July 2014.

There had been faults noted on the emergency lighting installation for some time and related to the ground landlord needing to action. (It was subsequently confirmed that an order had been placed for this work on 23<sup>rd</sup> May)

A Fire Risk Assessment was in place, and would require review by the 4<sup>th</sup> June.

The electrical wiring installation had been re-tested on 10<sup>th</sup> March and a satisfactory certificate was issued for a 5 year period. PAT testing was carried out on 10<sup>th</sup> March, and all appliances passed.

Hot water temperatures were regularly checked weekly, but it appeared that the boiler had been broken since 28<sup>th</sup> April, and no hot water had been available. (It was subsequently confirmed on 23<sup>rd</sup> May, that satisfactory hot water supplies were restored, and set to safe temperature levels)

A current contract for Laser Protection advice was in place from January 2104, and an audit was carried out in August 2013, the points of which had been actioned.

Some storage areas were found to be overfull with items being stored on high shelves which are a health and safety risk. The need to rectify these storage problems was discussed on the day of the visit.

### **Records Management**

All records required by legislation were in place and all documentation was maintained securely in line with the principles of the Data Protection Act. All data protection and Caldicott guidance was followed and the management of information was observed to be satisfactory. It was recommended that training in data management and confidentiality was undertaken. A sample of care documentation were reviewed and found to be well documented. There was clear evidence of patients being engaged in the care planning process.

### **The visit highlighted areas that are noteworthy and include:**

- Care was person centred, based on evidence and of a high standard. There were monitoring and auditing systems in place. Privacy, dignity and individuality were considered and data protection procedures were in operation in accordance with legislation about confidentiality.
- There was a clear organisational and management structure and the manager and staff had appropriate qualifications and experience to ensure satisfactory care.
- There was an extensive patient information and consent procedure which enables patients to be fully informed before deciding to proceed with surgery.

### **Concerns:**

The patient information and Health and safety policies were in need of review. The hot water system had been faulty since January and work had been undertaken to rectify this however, at the time of our visit there had been no hot water for a week. We were informed that staff were washing their hands thoroughly with cold

water and using alcohol gel but nevertheless this presents an infection control risk. The need for a risk assessment to be undertaken and action to resolve the problem were discussed at the time of the visit. Verbal feedback was given throughout and at the completion of the visit.

**New issues arising from these visits:**

Action Required	Timescale for completion	Regulation Number
Policy for Health and safety was in need of review	48 Hours	Regulation 9(1)(e)(k)
Policy for Patient information was in need of review	48 Hours	Regulation 9(1)(f)
Hot water system problem required resolution	Immediate and ongoing	Regulation 9 (1) (n)&15 (1)(b) (2) (7) (b)

**Good practice Recommendations:**

*Two photographs in staff personnel files should be renewed.*

*Training in data management and confidentiality should be undertaken.*

Healthcare Inspectorate Wales (HIW) would like to thank all members of staff for their time and co-operation during the visit.

Please do not hesitate to contact me should you wish to discuss the content of this letter.

A copy of this letter is being sent to Ms Andrea Flowers registered manager at Ultralase.

Yours sincerely



**Phil Price**  
Inspection Manager

cc - Ms Andrea Flowers, Registered Manager, Ultralase Eye Clinic Ltd, 24 Windsor Place, Cardiff CF10 3BY,