

Independent Healthcare Inspection Report (Announced)

Vision Clinic, Porthcawl

Inspection date: 12 March 2024

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.
We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Vision Clinic in Porthcawl on 12 March 2024.

Our team for the inspection comprised of a HIW senior healthcare inspector and a clinical peer reviewer.

During the inspection we invited patients to complete a questionnaire to tell us about their experience of using the service. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

The clinic was committed to providing care to patients in an environment that was conducive to providing a high-quality service. Patients provided positive feedback about their experiences and rated the service as 'very good'. Patients felt they had been treated with dignity and respect and that appropriate measures had been taken to protect their privacy during their time at the clinic. An electronic questionnaire was available to collect patient feedback. We recommended that the service makes paper versions of the questionnaire available for those patients who do not have digital access to complete.

This is what we recommend the service can improve:

- The service must review and update their patients' guide if necessary and make copies available for patients to access.

This is what the service did well:

- The clinic had a diversity and equality policy and we were told all patients would be treated equally
- Patients received relevant health information from the clinic following their diagnosis.

Delivery of Safe and Effective Care

Overall summary:

The clinic had suitable arrangements in place to provide safe and effective care to patients. These arrangements were supplemented by a range of up to date and relevant written policies and procedures. The environment of the clinic was visibly clean, tidy and well maintained. Suitable arrangements and process were in place for infection prevention control and decontamination of equipment used at the clinic. We saw that patient records maintained at the clinic were clear accurate and legible.

This is what we recommend the service can improve:

- The service must ensure that the offer of a chaperone to patients is consistently recorded in the patient records.

This is what the service did well:

- Equipment had been regularly serviced and calibrated to ensure they were safe to use

- The safeguarding policy contained the contact details for the local safeguarding team
- A laminated sheet was available which detailed the treatment regime for patient emergencies such as anaphylaxis.

Quality of Management and Leadership

Overall summary:

Staff were patient focused and had the appropriate skills to deliver safe care to patients. The governance arrangements described and demonstrated were effective. Services provided were in accordance with the statement of purpose. A written complaints procedure was available which described how patients could make a complaint should they wish to do so. Staff had access to training and development opportunities should they wish to develop their roles.

This is what we recommend the service can improve:

- The complaints procedure should be made more easily accessible to patients so they do not have to personally request a copy
- The recruitment and induction policy must be updated to include the pre-employment safety checks that all new staff members must provide to determine their suitability
- All job descriptions must be updated and staff members must sign their contract of employment
- Discussions during annual appraisals must be documented and a copy provided to staff.

3. What we found

Quality of Patient Experience

Patient feedback

Before our inspection we invited the clinic to hand out HIW questionnaires to patients to obtain their views on the service provided at the clinic. In total, we received 19 completed questionnaires. The feedback was positive, and all patients rated the service as 'very good'.

Patient comments included:

"This is an excellent clinic. I cannot speak sufficiently highly of my treatment and care. Staff friendly and professional."

"Being a bit apprehensive before the operation, I found everything, and everyone involved went above and beyond my expectations. I am very happy and more than satisfied."

"Excellent setting. I wish such a service could be provided in the NHS hospitals."

Health protection and improvement

Patients received health information from the clinic following their diagnosis. For example, this included information on cataracts and wet age-related macular degeneration (AMD) and how patients could lower their risk of AMD through healthy lifestyle choices.

Dignity and respect

There were no patients scheduled at the clinic on the day of the inspection. We heard reception staff speaking to patients in a polite and friendly manner when speaking to them on the telephone.

We were told that doors to consulting and treatment rooms are always closed during use. All patients who completed a questionnaire felt they had been treated with dignity and respect and that appropriate measures had been taken to protect their privacy during their time at the clinic. One patient commented:

"[Doctor] and his staff diligently care for my eye problems. [Doctor] is not only professional but always attentive to my needs and concerns. He takes time to explain everything, which gives me full confidence in his abilities."

He is polite and very efficient. He treats me with patience and understanding, nothing is too much trouble for him, and he is willing to answer any concerns I may have. I found the premises to be safe, well equipped and very clean. I highly recommend his clinic.”

Patient information and consent

A patients’ guide had been produced by the service as required by the regulations but was in need of a review. The patients’ guide was also not available within the clinic for patients to access.

The service must review and update their patients’ guide if necessary and make copies available for patients to access.

All patients who completed a questionnaire and underwent a procedure agreed that they were provided with enough information to understand the treatment options and the risks and benefits. This included information about the different treatment options available and any associated risks, and the costs involved.

We reviewed a sample of five patient records and saw evidence that valid consent had been obtained from the patient in each instance. All patients who completed a questionnaire also confirmed that they have signed a consent form before undergoing their procedure.

Communicating effectively

Patients could request an appointment using the clinic’s website or by telephoning the clinic directly. Patients are provided with information by post or via email prior to their appointment. Information was provided mainly in English, and the clinic would benefit from informing patients that information can be made available in other languages on request.

All patients who completed a questionnaire said that staff explained what they were doing throughout their procedure and said that their questions were answered and that they felt listened to. One patient said:

“The Vision Clinic and [Doctor] came as a recommendation and immediately felt welcomed, valued and made to feel at ease from the minute I entered. All my questions were answered and clear, and even though any surgery would have created apprehension and anxiety, I can honestly say that the environment they created, this wasn’t the case.”

Care planning and provision

We saw evidence within the patient records that patients were having their needs appropriately assessed. The records also contained a summary of significant

medical conditions and long-term medication for each patient. All patients who completed a questionnaire told us that their medical history had been checked before undergoing their procedure.

All patients that underwent a procedure or treatment agreed that they were given adequate aftercare instructions including clear guidance on what to do and who to contact in the event of an infection or emergency.

Equality, diversity and human rights

The clinic had a diversity and equality policy, and we were told all patients would be treated equally. All patients who completed a questionnaire told us that they had not faced discrimination when accessing or using the service at the clinic.

Citizen engagement and feedback

Patients can scan a QR code at the end of their appointment to access a questionnaire to provide feedback on their experiences at the clinic electronically. We noted that no paper versions of the questionnaire were available.

The service must ensure paper versions of the questionnaire are available at the clinic for patients who do not have digital access to complete.

The registered manager told us that they typically receive positive feedback from patients.

Delivery of Safe and Effective Care

Environment

We saw that the building was well maintained, free from obvious hazards and decorated to a high standard. Furthermore, it was also warm and welcoming, with the general ambience in the reception room being of a high standard.

Managing risk and health and safety

There was parking available on the streets surrounding the clinic. All facilities were located on the ground floor which made it accessible for patients with mobility difficulties.

We saw evidence that appropriate risk assessments were being undertaken to help protect the safety and wellbeing of staff and people visiting the clinic. Fire safety equipment was available at various locations around the clinic, and we saw that these had been serviced within the last 12 months.

Infection prevention and control (IPC) and decontamination

All staff we spoke with demonstrated a good understanding of their responsibilities in meeting IPC requirements. There were up-to-date IPC policies and procedures in place, to which staff had access.

We saw a cleaning schedule was in place and being maintained to evidence effective cleaning routines. Staff had access to personal protective equipment (PPE) to help prevent cross infection and hand washing facilities were available.

All the areas we inspected were visibly clean and tidy. The environment was well maintained and furnished to promote effective cleaning. All patients who completed a questionnaire felt the clinic was 'very clean' and that infection and prevention control measures were being followed.

There was a system in place to manage clinical waste appropriately and safely. We saw that all staff had completed IPC training.

Medicines management

An up-to-date medicines management policy was available for staff. The clinic was not storing any prescription medication at the time of the inspection, but medication would be ordered as and when required. A stock of eye drops was available should patients require them following their procedure. We saw that the eye drops were being stored safely and securely.

Safeguarding children and safeguarding vulnerable adults

A policy was in place to promote and protect the welfare and safety of adults who are vulnerable or at risk. The policy contained the contact details for the local safeguarding team which we noted as good practice.

We saw evidence that all staff had completed appropriate safeguarding training and the staff we spoke with during the inspection demonstrated good knowledge of the safeguarding procedures and reporting arrangements.

Medical devices, equipment and diagnostic systems

The clinic had the relevant equipment and medical devices to meet the needs of the patients. The equipment was under warranty and would be repaired in a timely manner. There was evidence of a full service and calibration history for each piece of equipment in accordance with the manufacturer's guidelines.

The equipment had been installed and positioned for the benefit of the patient. Each machine was surrounding a single chair which minimised the requirement for the patients to move chairs.

We saw appropriate procedures and emergency equipment in place in the event of an emergency such as patient collapse. Weekly checks were being undertaken and documented to ensure that the equipment was present, in date and safe to use. A laminated sheet was available which detailed the treatment regime for emergencies such as anaphylaxis which we noted as good practice.

Safe and clinically effective care

From our discussions with staff, and examination of patient records, we found that patients were receiving safe and clinically effective care. We saw staff had access to a range of relevant clinical policies and procedures to support their practice. All staff we spoke with were aware of the policies and procedures in operation at the clinic.

Participating in quality improvement activities

There were suitable systems in place to regularly assess and monitor the quality of service provided. In accordance with the regulations, the registered provider regularly seeks the views of patients as a way of informing care, conducts audits and assesses risks in relation to health and safety.

The registered manager was subject to performance monitoring from the Private Healthcare Information Network. We saw that the latest patient satisfaction score was 96 per cent.

Records management

Patient records were being maintained electronically. The system was password protected to prevent unauthorised access and breaches in confidentiality.

We checked a sample of five patient medical records and found that they were clear, accurate and legible. The records were up-to-date and completed contemporaneously. There were clear notes recorded regarding the condition and diagnosis, and evidence of options provided to patients with regard to different procedures along with the risks and benefits of each option.

We were told that patients are advised to bring someone with them to their procedure as a chaperone. However, we noted that the use and offer of chaperones was not being recorded in the patient records.

The service must ensure that the offer of a chaperone to patients is consistently recorded in the patient records.

Quality of Management and Leadership

Governance and accountability framework

There was an appropriate level of oversight by the registered manager and staff. Clear lines of reporting were described. The registered manager was knowledgeable, dedicated, and it was clear that their priority was ensuring that patients received an appropriate level of care at the clinic.

An up-to-date Statement of Purpose was available as required by the regulations. This set out information about the clinic and included information about the services offered and how they could be accessed.

Staff told us that they felt supported in their work by the registered manager.

Dealing with concerns and managing incidents

There was a written complaints procedure available which described how patients could make a complaint should they wish to do so. The procedure included the contact details of HIW. However, the complaints procedure was not on display in the clinic which meant patients would have to request a copy.

The service should ensure the complaints procedure is easily accessible to patients without having to personally request a copy.

As there had not been any complaints or incidents, the registered manager described what the process would be to review complaints or incidents and sharing learning from these to promote patient safety and wellbeing.

Workforce recruitment and employment practices

The registered manager described the safety checks that are undertaken during recruitment to help ensure new staff members are fit to work at the clinic. These include satisfactory references, evidence of professional qualifications and a Disclosure and Barring Service (DBS) check. However, we noted that these safety checks were not documented within the recruitment and induction policy.

The service must update the recruitment and induction policy to include the pre-employment safety checks that all new staff members must provide to determine their suitability.

During our review of staff employment files, we saw that staff members had a job description and contract of employment. However, we were told that the job description was out-of-date, and we noted that the contract had not been signed.

The service must update all job descriptions and ensure all staff members sign their contract of employment.

Workforce planning, training and organisational development

The registered manager, as the only practitioner, felt that the current number of staff at the service was appropriate for the volume of patients.

Staff had access to training and development opportunities should they wish to develop their roles. Staff members received annual appraisals from the registered manager to help with their learning and development. However, we were told that the annual appraisal was not documented.

The service must ensure that discussions during annual appraisals are documented and that staff members are provided with a copy.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's [website](#).

Appendix A - Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection.			

Appendix B - Immediate improvement plan

Service: Vision Clinic, Porthcawl

Date of inspection: 12 March 2024

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. No immediate assurance issues were identified on this inspection.					

Appendix C - Improvement plan

Service: Vision Clinic, Porthcawl

Date of inspection: 12 March 2024

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. A patients' guide had also been produced but was in need of a review. The patients' guide was also not available within the clinic for patients to access.	The service must review and update their patients' guide if necessary and make copies available for patients to access.	Patient information and consent	The patient guide has been reviewed and updated on 15.05.2024. This document has been added to the annual clinic audit for future updates. Electronic and hard copy of the patient guide is now available in clinic for patients to access.	Mr Vinod Kumar (Medical director) & compliance support team.	Completed 15.05.2024
2. The patient experience questionnaire was only	The service must ensure paper versions of the questionnaire are available	Citizen engagement and feedback	Paper copies have been printed and are now available in the	Mr Vinod Kumar (Medical	Completed immediately after the

	available electronically.	at the clinic for patients who do not have digital access to complete.		clinic, along with the electronic version.	director) & compliance support team.	inspection. 13.03.2024
3.	The use and offer of chaperones was not being recorded in the patient records.	The service must ensure that the offer of a chaperone to patients is consistently recorded in the patient records.	Records management	The offer of a chaperone will now be consistently recorded in the patient records. This is also referenced in the patient guide.	Mr Vinod Kumar (Medical director)	Implemented after HIW inspection. 13.03.2024
4.	The complaints procedure was not on display in the clinic which meant patients would have to request a copy.	The service should ensure the complaints procedure is easily accessible to patients without having to personally request a copy.	Dealing with concerns and managing incidents	Paper copies are now available and visible in the clinic, along with the QR code option. This is also referenced in the patient guide.	Mr Vinod Kumar (Medical director) & compliance support team.	Completed 15.05.2024.
5.	Pre-employment safety checks were not documented within the recruitment and induction policy.	The service must update the recruitment and induction policy to include the pre-employment safety checks that all new staff members must provide to determine their suitability.	Workforce recruitment and employment practices	This has been added to the recruitment policy. All staff must present with a DBS prior to employment, this will be updated every 3 years. In addition, following documents will also be kept on record: Photo ID	Mr Vinod Kumar (Medical director) & compliance support team.	15.05.2024

			References x2 Evidence of qualification(s)			
6.	We were told that a job description was out-of-date, and we noted that a contract of employment had not been signed.	The service must update all job descriptions and ensure all staff members sign their contract of employment.	Workforce recruitment and employment practices	Previous job descriptions have been updated to reflect current roles for staff. Signed contract copies are now kept on file and copies provided to staff	Mr Vinod Kumar (Medical director)	Completed 02.04.2024
7.	We were told that the annual appraisal was not documented.	The service must ensure that discussions during annual appraisals are documented and that staff members are provided with a copy.	Workforce planning, training and organisational development	Copies of annual appraisal documents (including personal development plans) will be kept on file in clinic and a copy provided to staff.	Mr Vinod Kumar (Medical director)	Completed 02.04.2024.

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Vinod Kumar / Laura Morgan

Job role: Clinic Director / Compliance Support Assistant

Date: 15 May 2024