

# Independent Healthcare Inspection Report (Announced)

Jane Smellie Opticians, Independent  
Clinic Hospital

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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 at Jane Smellie Opticians on 19 March 2024.

Our team, for the inspection comprised of a HIW Healthcare Inspector and a clinical peer. The inspection was led by a HIW Senior Healthcare Inspector.

The service is registered to provide ophthalmological care to include pre and post cataract assessments, glaucoma management and treatment to patients aged eighteen years and over. The service is currently provided by one visiting ophthalmologist who attends the clinic on approximately one morning every fortnight.

The inspection focused on the registered aspect of the service only and did not include the opticians' service based in the same premises.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of nine were completed. 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:

We found Jane Smellie Opticians had arrangements in place to promote the safety and wellbeing of patients attending the clinic.

Patients provided positive feedback about their experiences of using services provided at the clinic.

We found that staff at the clinic treated patients with politeness and respect.

Arrangements were in place to promote and protect patients' privacy and dignity.

This is what we recommend the service can improve:

- Provide more information through the medium of Welsh.

This is what the service did well:

- The environment was well maintained, clean and tidy.

### Delivery of Safe and Effective Care

Overall summary:

We found that the staff team were committed to providing patients with safe and effective care and there were arrangements in place to promote the safety and wellbeing of patients, visitors and staff.

The clinic was clean and tidy, and arrangements were in place to reduce cross infection.

Minimal medication was stored on the premises.

There were effective processes for checking the equipment used and robust arrangements in place to ensure that the laser machine was used appropriately and safely.

This is what we recommend the service can improve:

- Mental capacity assessments should be undertaken and recorded within patient notes
- Allergies and sensitivities should be recorded in patient notes
- Handwritten patient notes must be legible

- The contact number for the local safeguarding team should be included within the safeguarding policy
- The registered provider should consider sourcing a resuscitation kit containing, as a minimum, oxygen and adrenaline
- The key to unlock the laser should be kept securely and away from the laser and a lock should be fitted on the laser room door.

This is what the service did well:

- Comprehensive policies and procedures.

## Quality of Management and Leadership

Overall summary:

We found good management and leadership at the clinic.

This is what we recommend the service can improve:

- Staff should be provided with dementia awareness training
- The responsible individual must ensure that they fulfil their responsibilities in line with the regulations by producing a report following visits to the service
- The statement of purpose must be updated to reflect that only one ophthalmologist currently works at the clinic
- A policy on managing incidents should be made available.

This is what the service did well:

- Management overview.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

## 3. What we found

### Quality of Patient Experience

#### Patient Feedback

During the inspection we used paper and online questionnaires to obtain views and feedback from patients and carers. A total of nine were completed. Patient comments included the following:

*“Very polite and efficient staff. All expectations were met.”*

*“Excellent regular care and check-ups with Humphries tests and OCTs and 6 monthly checks with (named Ophthalmologist).”*

#### Health promotion, protection and improvement

There was information available for patients on how they can take responsibility for their own health and wellbeing.

#### Dignity and respect

All patients who completed a questionnaire agreed that staff were always polite and listened to them. Patients also told us that staff were kind and sensitive when carrying out their care and treatment.

We found that arrangements were in place to promote patients' privacy and dignity and we saw staff engaging with patients in a respectful and professional manner both during telephone conversations and face to face.

We were told that doors to consulting and treatment rooms are always closed during use.

We saw reception staff welcoming patients in a friendly manner and being polite and courteous when speaking to them. Patients who provided comments also told us that staff were always polite and were kind when carrying out care and treatment.

#### Patient information and consent

As described earlier there was some health promotion material available.

The registered persons had produced a Statement of Purpose as required by the regulations. This set out information about the clinic and included information about the services offered, how they could be accessed. However, this was in need



of updating to reflect the fact that only one ophthalmologist currently works at the clinic.

**The registered provider must update the Statement of Purpose to reflect the fact that only one ophthalmologist currently works at the clinic.**

There was an up-to-date written policy on obtaining valid patient consent. Examination of a sample of patient notes confirmed that clinicians were recording in medical notes when patients gave verbal consent to examination or treatment. However, mental capacity assessments were not routinely undertaken.

**The registered provider must ensure that mental capacity assessments are undertaken and recorded within patient notes.**

All patients who completed a questionnaire agreed that they were provided with enough information about their treatment, including information about the different treatment options available and any associated risks, and information about the costs involved.

### **Communicating effectively**

Leaflets were available in the waiting room and in the treatment rooms relating to services offered at the clinic. However, the majority of this information was available in English only.

**The registered provider should provide more information through the medium of Welsh.**

### **Care planning and provision**

The arrangements for providing care and treatment were set out within the Statement of Purpose.

Arrangements were described for the assessment of patients by healthcare professionals to identify patients' individual care and treatment needs. We saw evidence that the clinic monitored referrals to ensure that they were appropriate and that patients were not being seen by consultants or being treated unnecessarily. However, we found that patient allergies and sensitivities were not routinely recorded in patient's notes.

**The registered provider must ensure that allergies and sensitivities are clearly recorded in patient's notes.**

Treatment information was recorded within individual patient files. However, we found the handwritten entries in the patient notes to be difficult to read.

**The registered provider must ensure that handwritten patient notes are legible.**

**Equality, diversity and human rights**

The Statement of Purpose clearly sets out that services are provided having due regard to patients' rights.

All the patients who completed the questionnaire told us that they were treated with dignity and respect and that they felt listened to by staff at the clinic.

There was good access to the clinic through the main entrance. All facilities, including the reception desk, waiting room, patients' toilet and consulting rooms were located on the ground floor.

**Citizen engagement and feedback**

We were told that the ophthalmologist had a system in place to seek patients' views on the service received.

# Delivery of Safe and Effective Care

## **Managing risk and health and safety**

The clinic environment appeared well maintained and in a good state of repair.

General and more specific risk assessments were being conducted on a regular basis.

We saw that all areas were free of obvious hazards with fire exits and escape routes clearly identified.

## **Infection prevention and control (IPC) and decontamination**

No concerns were expressed by patients over the cleanliness of the clinic. All the patients who completed a questionnaire agreed that the environment was clean, and that infection and prevention control measures were evident.

Written policies and procedures were available to help guide staff on infection prevention and control and staff had received up to date training on this subject.

We saw that the clinic was clean and tidy. We also saw that staff had access to personal protective equipment (PPE) to help prevent cross infection. Hand washing facilities were available.

## **Medicines management**

A written policy was available on the management of medicines.

We saw that medication was generally stored safely and securely. We were told that no temperature sensitive medication was stored on the premises. However, should such medication be stored on the premises in future, then an approved medication storage fridge must be provided and fridge temperatures must be monitored using a minimum/maximum thermometer.

## **Safeguarding children and safeguarding vulnerable adults**

Staff working at the clinic had completed safeguarding training to a level appropriate to their roles.

There was a written policy and procedure available to guide staff on the action to take should they suspect abuse of children or adults who become vulnerable or at risk. However, these did not include the contact details for health board and local authority safeguarding teams.

**The registered provider must ensure that safeguarding policy and procedure include the contact details for health board and local authority safeguarding teams.**

### **Medical devices, equipment and diagnostic systems**

A range of equipment was available at the clinic to support the provision of care and treatment to patients. We saw evidence that this equipment was being tested/calibrated on a regular basis to ensure that they were safe to use and providing accurate readings.

Signage was in place on the door leading into the room where the laser was located. However, there was no lock on this door to prevent unauthorised access when the laser was in use. In addition, the key to activate the laser was kept with the laser.

**The registered provider must install a lock on the door to the laser room to prevent unauthorised access when the laser is in use and ensure that the key to activate the laser is kept securely and away from the laser.**

No equipment or drugs for use in the event of a patient emergency, for example patient collapse, are stored on the premises.

**The registered provider should consider sourcing a resuscitation kit containing, as a minimum, oxygen and adrenaline.**

### **Safe and clinically effective care**

From our discussions with staff, and examination of patient care documentation, we found that patients were receiving safe and clinically effective care.

A range of written policies and procedures were available to support the operation of the clinic and we were told that these were being reviewed and updated on a regular basis.

### **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 conducts audits and assesses risks in relation to health and safety.

### **Records management**

An information governance framework was in place and staff were aware of their responsibilities in respect of accurate record keeping and maintaining confidentiality.

Through examination of training records, we confirmed that staff had received training on information governance.

We found systems in place to ensure that personal information relating to patients and staff was kept securely.

# Quality of Management and Leadership

## **Governance and accountability framework**

We were satisfied with the level of oversight of the service by the registered manager and responsible individual.

There was a robust management structure in place and clear lines of reporting were described. Both the registered manager and responsible individual work in the clinic and actively monitor the quality of the service provided.

We found that there were systems and processes in place to ensure that the focus was on continuously improving the services. This was, in part, achieved through a programme of audit and management structure. Members of staff met regularly to discuss the delivery of patient care and any emerging issues of concern.

Staff told us that there were good informal, day to day staff supervision and support processes in place and that they felt supported in their work by their manager and colleagues.

The responsible individual works at the clinic on a regular basis. However, they do not produce a written report following visit to the clinic as required by regulations.

**The responsible individual must ensure that they fulfil their regulatory responsibilities by producing a report following visits to the service.**

## **Dealing with concerns and managing incidents**

A written complaints procedure was available and details of how patients could make a complaint were included within the Statement of Purpose and on the website. In accordance with the regulations, the contact details of HIW were also included.

Arrangements were described for reviewing significant incidents and sharing learning from these to promote patient safety and wellbeing. However, there was no written policy in place on the management of incidents.

**The registered provider must produce a policy on the management of incidents.**

## **Workforce planning, training and organisational development**

Medical/consulting services were provided by a visiting ophthalmologist, under formal Practising Privileges arrangements, who were not directly employed by the clinic.

Information contained within the staff files inspected demonstrated that staff had completed mandatory training and other training relevant to their roles. However, we were told that staff had not received dementia awareness training.

**The registered provider should arrange for staff to receive dementia awareness training.**

We saw evidence to show that the ophthalmologist was the only authorised user of the laser machine and that they had completed the Core of Knowledge training and training by the manufacturer on how to use the laser machine.

We found that the ophthalmologist had received a formal, documented appraisal of their work performance.

### **Workforce recruitment and employment practices**

Workforce recruitment practices and procedures were being followed in line with regulations and standards.

We looked at staff records and found that the registered person had followed the appropriate procedures and undertaken relevant recruitment checks prior to staff commencing work at the clinic.

## 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 summarises 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 highlighted during this inspection.			

## Appendix B - Immediate improvement plan

**Service:** Jane Smellie Opticians

**Date of inspection:** 19 March 2024

The table below includes any immediate 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.

Improvement needed	Standard/Regulation	Service action	Responsible officer	Timescale
No immediate assurance issues were identified during this inspection.				

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):**

**Job role:**

**Date:**

# Appendix C - Improvement plan

Service: Jane Smellie Opticians

Date of inspection: 19 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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered provider must update the Statement of Purpose to reflect the fact that only one ophthalmologist currently works at the clinic.	Independent Health Care (Wales) Regulations 2011  Regulation 6.  Standard 1. Governance and Accountability Framework	Statement of purpose updated - copy supplied	Helen Williams	Complete
The registered provider must ensure that mental capacity assessments are undertaken and recorded within patient notes.	Independent Health Care (Wales) Regulations 2011  Regulation 17.	Ophthalmologist to records this in notes, shown to me.	Helen Williams	Complete

	Standard 2. Equality, Diversity and Human Rights			
The registered provider should provide more information through the medium of Welsh.	<p>Independent Health Care (Wales) Regulations 2011</p> <p>Regulation 18. (1) (b)</p> <p>National minimum Standards for Independent Health Care Services in Wales</p> <p>Standard 18. Communicating Effectively</p>	<p>We have sourced patient leaflets in the medium of Welsh in the following areas:</p> <p>Cataracts</p> <p>Glaucoma</p>	Helen Williams	Awaiting delivery
The registered provider must ensure that allergies and sensitivities are clearly recorded in patient's notes.	Independent Health Care (Wales) Regulations 2011	Ophthalmologist to include in notes. Shown to Helen.	Helen Williams	Completed

	Regulation 15. (1) Standard 8. Care Planning and Provision	Noted as NKA (no known allergies)		
The registered provider must ensure that handwritten patient notes are legible.	Independent Health Care (Wales) Regulations 2011 Regulation 23. Standard 20. Records Management	Following a discussion with the ophthalmologist this issue will be addressed, clinic letters are sent out to us and patients following the consultation.	Helen Williams	Ongoing monitoring
The registered provider must ensure that safeguarding policy and procedure include the contact details for health board and local authority safeguarding teams.	Independent Health Care (Wales) Regulations 2011 Regulation 16. (1) Standard 11. Safeguarding Children and Safeguarding	Policy updated with details. Policy uploaded.	Helen Williams	Completed

	Vulnerable Adults			
The registered provider must install a lock on the door to the laser room to prevent unauthorised access when the laser is in use and ensure that the key to activate the laser is kept securely and away from the laser.	Independent Health Care (Wales) Regulations 2011  Regulation 15.  Standard 16. Medical Devices, Equipment and Diagnostic Systems	Locksmith booked to add lock to door to Laser room.  Laser Key kept in practice safe unless in use.	Helen Williams	20 <sup>th</sup> May 2024 (lock)
The registered provider should consider sourcing a resuscitation kit containing, as a minimum, oxygen and adrenaline.	National minimum Standards for Independent Health Care Services in Wales  Standard 22. Managing Risk and Health and Safety	Jane and myself will discuss risk and consider purchasing	Helen Williams	On going.

<p>The responsible individual must ensure that they fulfil their regulatory responsibilities by producing a report following visits to the service.</p>	<p>Independent Health Care (Wales) Regulations 2011</p> <p>Regulation 28. (4) (c)</p> <p>National minimum Standards for Independent Health Care Services in Wales</p> <p>Standard 6. Participating in Quality Improvement Activities</p>	<p>Jane Smellie is in practice on a regular basis carrying out clinics and liaises with Ophthalmologist regularly.</p> <p>Copy of report for April 2024 provided.</p>	<p>Helen Williams</p>	<p>Ongoing</p>
<p>The registered provider must produce a policy on the management of incidents.</p>	<p>Independent Health Care (Wales) Regulations 2011</p> <p>Regulation 19.</p>	<p>Management of incidents is included in our first aid policy/statement, evidence uploaded.</p>	<p>Helen Williams</p>	<p>Completed</p>

	Standard 23. Dealing with Concerns and Managing Incidents			
The registered provider should arrange for staff to receive dementia awareness training.	Independent Health Care (Wales) Regulations 2011  Regulation 20. (2)  Standard 25. Workforce Planning, Training and Organisational Development	Low vision practitioner completed Dementia course.  Certificates available to view.	Helen Williams	Completed

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):** Helen Williams

**Job role:** Manager



**Date:** 13<sup>th</sup> May 2024