

Announced Inspection Report: Independent Healthcare

Service: Optical Express (Aberdeen), Aberdeen

Service Provider: Optical Express (Gyle) Ltd

16 August 2022

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1 Progress since our last inspection

No requirements or recommendations were made at our last inspection on 19 February 2019.

2 A summary of our inspection

The focus of our inspections is to ensure each service is person-centred, safe and well led. Therefore, we only evaluate the service against key quality indicators which apply across all services. However, depending on the scope and nature of the service, we may look at additional quality indicators.

About our inspection

We carried out an announced inspection to Optical Express (Aberdeen) on Tuesday 16 August 2022. We spoke with the registered manager for the service and the director of performance and service delivery. We received feedback from three patients through an online survey we had asked the service to issue for us before the inspection.

The inspection team was made up of one inspector.

As part of the inspection process, we asked the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

What we found and inspection grades awarded

For Optical Express (Aberdeen), the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 2 – Impact on people experiencing care, carers and families		
Quality indicator	Summary findings	Grade awarded
2.1 - People's experience of care and the involvement of carers and families	The service used innovative methods to assess the patient experience and used this information to continually improve the service. Patients reported high levels of satisfaction. A patient focus group was being set up to strengthen patient engagement. Clear procedures were in place for managing complaints, and ensuring any lessons learned were shared and acted on.	✓✓✓ Exceptional

Key quality indicators inspected (continued)		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	Effective governance systems helped the service to deliver safe care and treatment for patients in line with legislation, best practice and current guidance. The environment was clean, well equipped and fit for purpose. Comprehensive systems were in place for monitoring and managing risk. Patients told us the environment was relaxed and comfortable, and that staff were all extremely professional.	✓✓✓ Exceptional
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service's well-defined leadership structure and governance framework helped deliver safe, evidence-based, person-centred care. A comprehensive quality improvement plan supported and ensured a continuous culture of quality improvement.	✓✓✓ Exceptional

The following additional quality indicators were inspected against during this inspection.

Additional quality indicators inspected (ungraded)	
Domain 5 – Delivery of safe, effective, compassionate and person-centred care	
Quality indicator	Summary findings
5.2 - Assessment and management of people experiencing care	Comprehensive assessments were completed to determine patients' suitability for treatment. Patient care records included a detailed account of treatment pathways, aftercare arrangements and signed consent to treatment forms.

Additional quality indicators inspected (ungraded) (continued)	
Domain 7 – Workforce management and support	
Quality indicator	Summary findings
7.1 - Staff recruitment, training and development	An established long-serving surgery team and group of clinicians worked in the service. Safe and appropriate recruitment and induction processes were in place. The professional education facilitator was responsible for ensuring staff education and development.

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at:
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

Further information about the Quality Framework can also be found on our website at:
https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach/quality_framework.aspx

What action we expect Optical Express (Gyle) Ltd to take after our inspection

This inspection resulted in no requirements or recommendations.

We would like to thank all staff at Optical Express (Aberdeen) for their assistance during the inspection.

3 What we found during our inspection

Outcomes and impact

This section is where we report on how well the service meets people's needs.

Domain 2 – Impact on people experiencing care, carers and families

High performing healthcare organisations deliver services that meet the needs and expectations of the people who use them.

Our findings

Quality indicator 2.1 - People's experience of care and the involvement of carers and families

The service used innovative methods to assess the patient experience and used this information to continually improve the service. Patients reported high levels of satisfaction. A patient focus group was being set up to strengthen patient engagement. Clear procedures were in place for managing complaints, and ensuring any lessons learned were shared and acted on.

The service used a variety of methods to collect patient feedback in line with its patient satisfaction, and quality and governance, policies. This included formal and informal feedback from questionnaires, 'What matters to you' conversations with patients, website testimonials and social media.

The service actively seeks feedback from patients about their overall experience of the service, as well as their reported clinical outcomes from treatment, and uses this information to continually improve the service. Results from the service's patient satisfaction survey last year showed extremely high levels of patient satisfaction. The provider benchmarked patient satisfaction outcomes across all its surgery centres UK-wide. Online reviews and patient testimonials were also very positive.

Patients who responded to our online survey told us they were extremely satisfied with the care and treatment they received from the service. Some comments we received included:

- 'All staff were friendly and helpful.'
- 'Nothing was forced upon me and I was included in all decisions which were only influenced by myself.'
- 'I was consulted with every decision and was put under no pressure to make one.'
- 'Good customer service and friendly staff. I was a bit anxious coming in but the staff made me feel very comfortable during treatment.'

The service asked all patients to complete a series of questionnaires throughout their treatment pathway, from their initial consultation through to post-operative aftercare. Local results from monthly audits of patient satisfaction were reviewed at staff meetings. This meant the service could quickly identify and respond to any changes to improve patients' experience of the service. A dedicated 'online' team also monitored social media and online reviews. Although these were all very positive, the team would pass any negative comments or feedback to the surgery manager to follow up.

Customer care representatives based in the central clinical services team dealt with patient enquiries and monitored all telephone calls to assess the quality of discussions between staff and patients. Occasionally, the service used 'mystery shoppers' to make sure the quality of information and assistance patients received before treatment was in line with local policies and practice standards. Outcomes from these activities were discussed at staff meetings to support learning and inform service improvement plans.

An external interpreting service was used to promote and respect patients' diverse cultural needs. When required, key documents could also be translated into common languages.

Since the previous inspection in 2019, plans were under way to develop a patient focus group. The aim of the group would be to strengthen patient engagement to help further inform and develop the patient experience, such as reviewing the current patient satisfaction questionnaire.

The complaints procedure was prominently displayed in the clinic, was accessible on the service's website and leaflets were available in the clinic. A dedicated complaints team managed written complaints and monitored themes, response times and outcomes. We saw that complaints were well managed. Staff had received training in complaints handling and we saw that complaints and lessons learned were discussed at staff and management meetings. An annual complaints report provided a comprehensive summary of complaints and how they were managed.

- No requirements.
- No recommendations.

Service delivery

This section is where we report on how safe the service is.

Domain 5 – Delivery of safe, effective, compassionate and person-centred care

High performing healthcare organisations are focused on safety and learning to take forward improvements, and put in place appropriate controls to manage risks. They provide care that is respectful and responsive to people's individual needs, preferences and values delivered through appropriate clinical and operational planning, processes and procedures.

Our findings

Quality indicator 5.1 - Safe delivery of care

Effective governance systems helped the service to deliver safe care and treatment for patients in line with legislation, best practice and current guidance. The environment was clean, well equipped and fit for purpose. Comprehensive systems were in place for monitoring and managing risk. Patients told us the environment was relaxed and comfortable, and that staff were all extremely professional.

Patients who responded to our survey told us the environment was comfortable and relaxed. Patients also told us that staff were all extremely professional and created a very warm atmosphere.

The clinic environment and laser suite were clean, and equipment was fit for purpose and regularly maintained. Maintenance contracts for fire safety equipment, the fire detection system, laser equipment and the ventilation system were up to date. Water testing and fire safety checks were monitored regularly and showed good compliance. A recent fire risk assessment report showed the service had fully complied with the recommendations. For example, a list of fire wardens was now displayed in the clinic and refresher training was under way for staff.

Staff followed Health Protection Scotland guidance to reduce infection risks for patients, in line with its infection control policy. Personal protective equipment such as disposable gloves and masks, and medical devices such as needles and syringes, were single use to prevent cross-infection. A contract was in place for the safe disposal of sharps, medicines and other clinical waste. A designated clinical staff member took responsibility for infection prevention and control practices in the service.

Although there had been no duty of candour events in the service, staff fully understood their responsibilities to be honest with patients when things go wrong. Staff were aware of the service's safeguarding policy, had received training and knew the procedure for reporting concerns about patients at risk of harm or abuse. A named safeguarding lead was identified for every laser treatment session.

The service had a safe system for prescribing, storing and administering medicines. No controlled drugs were used in the service (medications that require to be controlled more strictly). All medicines were stored securely and cupboards were well organised and not overstocked. Temperature-sensitive medicines were stored in the pharmacy fridge and we saw that a daily log of temperatures was maintained to make sure these medicines were stored at the correct temperature.

Arrangements were in place to make sure the surgery team could quickly support patients in the event of a medical emergency. This included mandatory staff training and the availability of emergency life-saving equipment, including a defibrillator, emergency medicines, equipment and first aid supplies. We saw the surgery team had a daily team brief before and after every laser treatment session. All tasks assigned to staff members were completed and signed. This included routine safety checks of lasers and emergency equipment, cleaning logs and identifying the named safeguarding lead and laser protection supervisor. The surgery manager audited the team brief every 3 months and results we saw showed very good compliance.

A laser protection advisor visited the service every 3 years to make sure laser safety rules and guidance were followed in line with local policy. A recent visit from the advisor earlier this year confirmed no new actions were required, as the service was fully compliant. New and existing staff had undertaken laser safety core of knowledge training, which they were required to refresh at regular intervals. The 'local rules' (the local arrangements developed by the laser protection advisor to manage laser safety) were displayed. We saw that staff were skilled and knowledgeable in laser safety procedures.

An effective governance structure and policies, procedures and surgical directives set out the agreed ways of working and supported the service to deliver safe, compassionate, person-centred care. The service updated its policies every 3 years or in response to changes in legislation, national and international guidance, and best practice. To support effective version control and accessibility, policies were now available electronically on the provider's staff intranet. This meant that any staff member could easily access a policy in any Optical Express clinic.

A comprehensive audit programme helped to ensure the service delivered consistent safe care and treatment for patients, and identify any areas that needed to be improved. Action plans were produced to make sure any actions needed were taken forward. The programme included:

- audits of emergency medicines and equipment
- a general audit of the entire laser suite every month (including an audit of stock medicines)
- infection control practice every 3 months
- patient care records every 3 months, and
- staff files every 6 months.

Audit results we saw showed high compliance rates. For example, the most recent infection control audits in May and August 2022 achieved 96% and 93% compliance. We saw that lessons learned from incidents in any of the Optical Express services prompted the development of actions plans and local improvement initiatives. For example, following an equipment failure in the service, clinic managers in each service had now completed laser safety training. This enabled them to support the surgery service by increasing the frequency of laser safety checks in each clinic to reduce the risk of equipment failure occurring on scheduled surgery days.

The service periodically monitored compliance with the World Health Organization's (WHO) guidance for surgical procedures by following the treatment journey for five patients. This included checking that a 'surgical pause' was initiated in theatre to confirm the patient's identity, the operation site and the surgical procedure to be performed. We saw that audits confirmed that staff fully complied with the WHO guidance during laser treatment sessions for all patients.

An effective risk management system supported the proactive management of risk in the service. A clear system was in place to record and manage accident and incident reporting. The service's annual summary of incidents and events reported one incident between January-December 2021, which was a minor complication from treatment. At the time of the inspection, two incidents which were also minor complications from treatment had occurred earlier this year. We saw the service routinely discussed incidents at staff and management meetings to share learning and discuss any actions for improvement.

An external pharmacist had been commissioned to review the service's medicines management process. This was to make sure these remained compliant and in line with current statutory medicines management guidance.

An initial visit by the pharmacist had been arranged for Optical Express (Glasgow) to begin this review process, with a view to extending this to all the registered Optical Express services in Scotland.

We saw evidence that the service had streamlined its risk registers and related risk assessments. This took account of any risks identified and the actions to be taken in the clinic environment, and for laser working practices. We saw that the risk registers clearly showed risk levels before and after actions were taken to minimise any identified risk.

The provider's international medical advisory board of external independent experts in ophthalmic surgery helped the service to decide treatment criteria, surgical techniques and the best diagnostic technology innovations to use. It also advised on treatment pathways, management of complications and side-effects. For example, consent forms were updated to ensure patients were made fully aware of risks associated with their surgery at all stages throughout their treatment journey. The provider's clinical services director and medical director were members of the international medical advisory board. The service's biostatistician analysed and interpreted patients' clinical outcomes data. This helped the service to quickly identify any anomalies and trends to ensure the service continually offered its patients high quality and safe treatments.

- No requirements.
- No recommendations.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Comprehensive assessments were completed to determine patients' suitability for treatment. Patient care records included a detailed account of treatment pathways, aftercare arrangements and signed consent to treatment forms.

Patients told us they felt well informed and received a substantial amount of information about treatment options, and the risks and benefits and aftercare arrangements before going ahead with treatment.

Some comments we received from patients included:

- 'Given sufficient time to consider treatment options.'
- 'Everything explained in full pre and post treatment.'

Patients had an initial consultation and a comprehensive assessment before they received any recommendations about their treatment. This included an ophthalmic assessment to check eye health and vision, past medical history, and a health and lifestyle questionnaire to determine their suitability for treatment, risks and desired outcome. Patients with certain pre-existing medical and/or visual conditions were required to meet with the surgeon for a face-to-face appointment. For all other patients, they could choose whether to meet with the surgeon in person or remotely either by telephone or video call. Patients received a folder with detailed information about their procedure, the consent form and aftercare arrangements following their initial consultation.

Patient care records were in either electronic or paper form, and were stored securely in locked cupboards or password-protected computers. This protected confidential patient information in line with the service's information management policy.

The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights). A dedicated data protection officer was responsible for information governance to make sure the service complied with data protection regulations.

We reviewed five patient care records and found that all entries were legible, dated and signed. Treatment pathways were well defined and patient notes were comprehensive and well organised. Consent to treatment forms included information about the risk and benefits of treatment, the surgical procedure and the aftercare arrangements. We saw both the patient and surgeon had signed and dated the consent to treatment form in all of the files we reviewed. Audits of patient care records we reviewed showed good compliance.

- No requirements.
- No recommendations.

Domain 7 – Workforce management and support

High performing healthcare organisations have a proactive approach to workforce planning and management, and value their people supporting them to deliver safe and high quality care.

Our findings

Quality indicator 7.1 - Staff recruitment, training and development

An established long-serving surgery team and group of clinicians worked in the service. Safe and appropriate recruitment and induction processes were in place. The professional education facilitator was responsible for ensuring staff education and development.

The service had an established long-serving, skilled and experienced surgical team and group of clinicians. A centralised surgery team based in Optical Express (Glasgow) travelled to the service to prepare for and deliver treatment sessions, as required. Bank-staff provided cover for sickness and annual leave. A central operations team managed the staff scheduling system (rota) to ensure appropriate staffing levels and skills mix are maintained.

A central recruitment team and human resources department were responsible for ensuring all pre-employment checks were completed for all surgery staff before they could work in the service. This team was also responsible for updating Disclosure Scotland Protection of Vulnerable Groups (PVG) staff checks every 3 years.

In the staff files we reviewed, all the appropriate and necessary pre-employment checks were completed, including proof of ID, Disclosure Scotland background checks, references and the professional registration status for all clinical staff. Occupational health screening and hepatitis B checks were also up to date. New staff had a 6-month probationary period, an appraisal after 3 months and then an annual appraisal once the employment contract was approved. The service audited staff files every 6 months and we saw appraisals were up to date in all the staff files we reviewed.

A full-time regional professional education facilitator was based in the Optical Express (Glasgow) service. Their key role was to lead on professional education and development of staff across all the Scottish Optical Express sites to ensure the continued delivery of high quality care. This included supporting new staff to achieve their competencies, training, supervision and appraisals. In line with the provider's training and development policy, staff had to achieve their competencies before they could work independently in the service.

A comprehensive training manual developed by the professional education facilitator was used as a resource to upskill staff and refresh their existing skills and knowledge.

Staff received good opportunities for training and career progression. All team members were completing quality improvement modules on the NHS training and education system.

The provider had developed a bespoke training programme for non-clinical staff to help further enhance their skills by creating a new advanced theatre associate role. We were told that the provider was working to have this programme accredited by a national skills body. One staff member had completed this training, and the other non-clinical staff members had started this programme.

All staff attended regular meetings, and received a newsletter to keep them up to date with new policies, business developments and patient satisfaction outcomes. When a new policy or surgical directive was released, staff received an email alert with an individual link to the online learning system. Staff then had to complete and submit a related training module. A member of the clinical services department monitored completion of the modules.

Patients made some very positive comments in our survey about the staff who cared for them:

- 'The staff have all been extremely professional and there has been great communication.'
- 'The staff deserve some recognition for their brilliant service. Would definitely recommend to anyone considering the laser treatment.'
- 'Everyone was very knowledgeable.'

■ No requirements.

■ No recommendations.

Vision and leadership

This section is where we report on how well the service is led.

Domain 9 – Quality improvement-focused leadership

High performing healthcare organisations are focused on quality improvement. The leaders and managers in the organisation drive the delivery of high quality, safe, person-centred care by supporting and promoting an open and fair culture of continuous learning and improvement.

Our findings

Quality indicator 9.4 - Leadership of improvement and change

The service's well-defined leadership structure and governance framework helped deliver safe, evidence-based, person-centred care. A comprehensive quality improvement plan supported and ensured a continuous culture of quality improvement.

The service had an effective leadership structure with well-defined roles, responsibilities and support arrangements. The clinical services director was the chair of the clinical governance committee whose membership included clinical directors and clinical services managers. Each director and service manager reported to the committee on quality standards, patient safety, compliance and clinical education. This helped to provide assurance of safe and consistent patient care and treatment. The committee met every 3 months.

Since the previous inspection in 2019, a new director of performance and service delivery role had been created. This strategic appointment supported the wider provider organisation to deliver its key organisational outcomes, strategic aims and planned objectives to drive change and improvement.

The registered manager for the service was a registered nurse and was also the clinical services manager responsible for quality and compliance in all the registered Optical Express services in Scotland.

The provider's international medical advisory board met every year. It reviewed the surgical procedures carried out in the service against the most recent evidence for treatment and reviewed the results from patients' clinical outcomes data. Surgical directives and patient information were also reviewed. The UK-wide medical advisory board considered the recommendations from the international board to ensure patients' clinical outcomes were based on the most up-to-date research and evidence.

Since the previous inspection in 2019, Optical Express had expanded its services in line with its strategic priorities. For example, one of the regional clinics in Inverness had been refurbished, and a new surgery centre opened in Edinburgh in March 2022. Both services now provided a similar surgical service to Optical Express (Glasgow). These new developments helped to offer patients across Scotland equitable access to cataract and lens replacement surgery closer to home.

The provider's comprehensive quality improvement plan outlined key priorities, plans and end-of-year objectives for all the registered Optical Express services in Scotland over the next 2 years. This included moving away from a culture of quality assurance to a quality improvement model that encouraged a 'whole team' approach. This would give the surgery team the independence, skills, time and resources to determine quality improvement initiatives to take forward.

The provider was on target to meet the end-of-year objectives detailed in its quality improvement plan for this year. For example:

- In January 2022, a new professional education department was created to support the education and development of the workforce, including the appointment of a new professional education facilitator. The professional education facilitator was enrolled on an external clinical educator course.
- The risk registers for all five Scottish Optical Express services were reviewed, updated and were now accessible to all staff electronically.
- An audit dashboard was under development to enable all team members to easily access outcomes from audits electronically and compare local results across other similar Optical Express services to support quality improvement.
- Optometrists providing patient services were working towards independent ophthalmic prescribing status.

Staff we spoke with were clear that the professional education facilitator had made a positive impact by supporting them to share and act on their ideas to facilitate local improvement initiatives. We saw some good local improvement initiatives driven by staff.

- A recent study involving 30 patients in Optical Express (Glasgow) had shown positive benefits of playing music in the recovery room to help patients relax after surgery and reduce anxiety. We were told that gentle music was played in the recovery room as standard in Optical Express (Aberdeen) unless a patient requested otherwise.
- Following a clinic walkround with one of the senior leaders and a staff member to audit stock management in Optical Express (Glasgow), a new audit tool was developed for all five Scottish Optical Express services to improve accountability and compliance with local procedures.
- Staff were supported by the professional education facilitator to contribute to the completion of the service's self-evaluation document before this inspection.

Staff we spoke with said they felt valued, respected and well supported. Results from the staff survey in October 2021 showed a high level of satisfaction in the role. Staff told us the leadership team were visible and carried out regular, informal walkround visits in each service which any staff member could join. This meant staff had direct access to senior leaders and could raise any issues or concerns and receive a fast response. Minutes of the monthly staff meetings and daily team briefs showed that staff could express their views freely.

The provider recognised and rewarded staff for their achievements. Incentives included long-service awards and an employee discount scheme. Staff or managers also nominated a colleague every week who had shown exceptional commitment in their work, with winners winning prizes.

The senior leadership team compared audit results from all of its Scottish services nationally and UK-wide to monitor trends and inform continuous improvement. They belonged to specialist ophthalmic organisations, subscribed to journals and had many research papers and studies published. Their most recent research paper was reported to have been well received at the American Society of Cataract and Refractive Surgery international conference.

- No requirements.
- No recommendations.

Appendix 1 – Requirements and recommendations

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations, or conditions, a requirement must be made. Requirements are enforceable at the discretion of Healthcare Improvement Scotland.
- **Recommendation:** A recommendation is a statement that sets out actions the service should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

This inspection resulted in no requirements and no recommendations.

Appendix 2 – About our inspections

Our quality of care approach and the quality framework allows us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this approach to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

More information about our approach can be found on our website:

www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

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