Announced Inspection Report: Independent Healthcare

Service: Optical Express (Aberdeen), Aberdeen
Service Provider: Optical Express (Gyle) Limited

19 February 2019
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First published May 2019

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1 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 three 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 19 February 2019. We spoke with a number of staff, managers and patients during the inspection. Three patients completed our online survey to share their experience of using the service.

The inspection team was made up of one inspector. This was our first inspection of the service.

What we found and inspection grades awarded

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

<table>
<thead>
<tr>
<th>Key quality indicators inspected</th>
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<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
</tr>
<tr>
<td>Quality indicator</td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
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</tbody>
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Healthcare Improvement Scotland Announced Inspection Report
Optical Express (Aberdeen), Optical Express (Gyle) Limited: 19 February 2019
### Key quality indicators inspected (continued)

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

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1 - Safe delivery of care</td>
<td>Governance systems helped effectively deliver safe and person-centred patient care in line with best practice, current guidance and legislation. Patient care and treatment was delivered in a clean, well-maintained and suitably equipped environment. Systems and processes for monitoring and managing risk were well developed.</td>
<td>✗ ✗ Good</td>
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</tbody>
</table>

#### Domain 9 – Quality improvement-focused leadership

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
<th>Grade awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.4 - Leadership of improvement and change</td>
<td>A clearly defined leadership structure and a robust governance framework helped deliver safe, evidenced-based and person-centred care. A continuous cycle of improvement was embedded in all aspects of the service. A comprehensive quality improvement plan and quality management policy informed and directed service performance and development.</td>
<td>✗ ✗ ✗ Exceptional</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Quality indicator</th>
<th>Summary findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2 - Assessment and management of</td>
<td>A comprehensive assessment was completed for every patient to determine their suitability for laser eye surgery. Patient care records contained detailed information about</td>
</tr>
<tr>
<td>people experiencing care</td>
<td>patients’ medical history to help plan care and treatment according to individual need.</td>
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### Domain 7 – Workforce management and support

| 7.1 - Staff recruitment, training and development | The service had a stable staff group and a low staff turnover. Safe recruitment practices including pre-employment checks and occupational health screening were maintained for all staff. Staff received good opportunities for training and development. Competency-based assessments were reviewed every 3 years. |

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](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx)

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

This inspection resulted in no requirements and recommendations.

We would like to thank all staff for their assistance during the inspection.
2 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

Innovative methods were used to gather patient feedback and this had informed improvement and service development. Patients rated their experience as excellent and survey results were very positive. Staff were skilled and experienced in complaints handling. The clinic environment maintained patient privacy, dignity and confidentiality.

We spoke with five patients during our inspection who said their experience of the service was excellent. Patients were very complimentary about the care and support from the friendly, professional and respectful staff. Each patient had attended an initial consultation as part of the service’s assessment process to establish their suitability for laser eye surgery. Patients found the assessment process thorough and were given detailed information about the risks and benefits of treatment to help them make an informed decision. Patients also stated they had enough time to consider their treatment options after the consultation.

Optical Express (Aberdeen) used a variety of methods to collect patient feedback in line with its patient satisfaction protocol, and the quality and governance management policy. The service asked patients to complete three questionnaires during the 3 months they received treatment in the service. Results from the annual report of the patient experience survey in 2018 showed that 161 patients rated their experience of the service between 90% and 100%. The three patients who responded to our own survey rated their experience of the service as excellent. Any concerns raised as part of feedback were discussed with patients and staff directly by a manager.
Clear procedures were in place to monitor and respond to patient feedback. For example, patients had requested to receive ‘alcohol free’ products that had not been tested on animals including eye drops. A private interpreting service was commissioned to promote and respect patients’ diverse cultural needs following patient feedback. Service improvements made following feedback were communicated to patients in a face-to-face meeting with the surgery manager or by a dedicated ‘online team’ on the service provider’s website.

Patient experience questionnaires were audited every month by the service manager and every 3 months by a senior manager to identify any trends or potential improvements in service delivery. Changes in practice or improvement plans were regularly discussed at staff and management meetings. The senior surgical services directorate circulated practice improvement directives to all its surgery teams nationally to promote a consistent approach to practice.

The quality improvement plan for the service provided evidence of ongoing service and patient experience development. For example, the service planned to translate some key documents into languages that its patients most commonly asked for.

The service provider had an informative and easy-to-navigate website. Patient reviews about the service were positive. The ‘online team’ monitored social media and responded to any negative comments or feedback about the service before passing them to the service manager to follow up.

A central customer care team dealt with patient enquiries and all telephone calls were monitored. Mystery shoppers were sometimes used to assess the service that patients received before treatment. Outcomes from these initiatives were discussed at meetings to help inform staff development and service improvement plans.

Private consulting rooms in the service helped maintain patient confidentiality. Controlled access to the treatment rooms meant patients’ privacy and dignity was not compromised. We saw patient care records contained consent to sharing information, for example with other healthcare professionals if required.

The complaints procedure was prominently displayed and each patient received a leaflet providing information on how to make a complaint about the service. Patients we spoke with told us they had received information about how to make a complaint. 71% of people who responded to our survey from all four Optical Express services that we inspected were aware they could complain to directly to Healthcare Improvement Scotland. Staff we spoke with had
completed complaints handling training, knew the procedure and described a consistent approach to dealing with complaints.

The service provider had a dedicated complaints team who managed written complaints to monitor trends, response times and outcomes. Although the number of complaints was minimal, the service used this information to support learning and inform quality improvement initiatives. Minutes of meetings and clinic audits we reviewed supported these findings.

■ 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

Governance systems helped effectively deliver safe and person-centred patient care in line with best practice, current guidance and legislation. Patient care and treatment was delivered in a clean, well-maintained and suitably equipped environment. Systems and processes for monitoring and managing risk were well developed.

The service had a reliable system for reviewing its policies and procedures. We saw updated policies for resuscitation and duty of candour (where healthcare organisations have a professional responsibility to be honest with patients when things go wrong). Staff understood their duty of candour responsibilities and followed safe medicines management and infection prevention and control procedures. Patient care records were securely stored in line with information management protocols and legislation. The service provider’s clinical governance committee monitored compliance with safe care delivery, medical alerts and practice directives.

Patient care records we reviewed included a detailed risk assessment, ophthalmic screening and past medical history to help make sure individuals were eligible for laser eye surgery. A signed consent to treatment form was present in all patient care records we reviewed.

Staff were trained in adult support and protection procedures and were aware of the service’s policy and procedure for reporting concerns about patients at risk of harm or abuse.

The service had a named infection control lead and we saw an accountable system for monitoring infection prevention and control practice. Infection control audits were carried out every 3 months and followed Health Protection...
Scotland guidance. Audit results we saw showed very good compliance. For example, results from the most recent hand hygiene audit achieved 98–100%. An up-to-date clinical waste management contract and clear procedures for the safe disposal of sharps, drugs and clinical waste were in place. Instruments used during laser surgery were single use to prevent the risk of cross-infection. Senior managers compared audit results nationally across all of the service provider’s clinics to maintain a standardised approach for the safe delivery of care.

Arrangements were in place to make sure the surgical team could support patients in the event of a medical emergency. This included mandatory staff training and provision of emergency life-saving equipment, medicines and first aid supplies. Automatic defibrillators are available in all of the registered Optical Express services in Scotland. The service had a safe system for prescribing, storing and administering medicines.

The service was clean, equipment was in good working order and regularly maintained. Maintenance contracts for fire safety equipment, detection systems, laser equipment and the ventilation system were up to date. Water testing and fire safety checks were regularly monitored and recorded.

The treatment room was suitably designed and equipped for using laser equipment. A laser protection advisor visited every 3 years to make sure the service followed laser safety guidance. Their most recent report from 2018 found the service was fully compliant. All staff had core of knowledge laser safety training. Local rules’ were displayed, which are the local arrangements to manage laser safety usually developed by the laser protection advisor. The surgery manager was the nominated laser protection supervisor for the service provider’s Scottish services.

Reliable systems were in place to manage risk and the service maintained a register of practice-associated risks and their impact. Risk assessments were used to help develop risk management plans. For example, we saw a well-defined risk management plan for the safe handling and disposal of certain medicines used to minimise the risk of post-operative haze following laser treatment. A separate register of risks was maintained for laser equipment. While no serious incidents had been reported in the service, a clear system was in place to record and manage accident and incident reporting.

- No requirements.
- No recommendations.
Quality indicator 5.2 - Assessment and management of people experiencing care

A comprehensive assessment was completed for every patient to determine their suitability for laser eye surgery. Patient care records contained detailed information about patients’ medical history to help plan care and treatment according to individual need.

Comprehensive assessments were completed for every patient before treatment to make sure they were suitable for laser eye surgery. A separate appointment was arranged with the surgeon to go over consent in person or remotely over telephone. Patients’ needs were assessed and their care planned according to evidence-based guidance, practice standards and treatment protocols.

Patients received a folder with detailed information about the procedure, the consent form and aftercare arrangements following their consultation. A cooling-off period gave patients time to consider their recommended treatment options.

Patient care records we reviewed were legible and all entries were signed and dated. Records were audited every 3 months to make sure information was in line with the service’s information management policy.

- 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

The service had a stable staff group and a low staff turnover. Safe recruitment practices including pre-employment checks and occupational health screening were maintained for all staff. Staff received good opportunities for training and development. Competency-based assessments were reviewed every 3 years.

While the surgical services team’s core base was Optical Express (Glasgow), it also resourced and delivered a laser vision correction service in Optical Express (Aberdeen), Optical Express (Dundee) and Optical Express (Inverness). The majority of staff had worked in the service for a number of years. Bank staff provided cover for sickness and annual leave. The staff scheduling system (rota) showed that appropriate staffing levels and skills mix for delivering treatment were maintained.

Staff files we saw confirmed that all appropriate and necessary pre-employment checks were completed for all surgery staff before they could work in the service. Occupational health screening and hepatitis B checks were also maintained. The senior surgical services manager audited the staff files every 6 months.

All staff received an induction, mentoring support and supervised practice. Competency-based assessments, appraisals and professional development plans were in place to help make sure staff maintained appropriate skills and knowledge. Competency-based assessments were reviewed every 3 years. Staff we spoke with demonstrated a good understanding of their role and told us they received good opportunities for ongoing training and development. Staff files included a record of mandatory and refresher training.

- 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

A clearly defined leadership structure and a robust governance framework helped deliver safe, evidenced-based and person-centred care. A continuous cycle of improvement was embedded in all aspects of the service. A comprehensive quality improvement plan and quality management policy informed and directed service performance and development.

The service had a clear leadership structure with well-defined roles, responsibilities and support arrangements. For example, the surgery manager was responsible for the day-to-day operational management of the service and received support and supervision from the service provider’s senior surgical service manager. The senior manager also provided effective clinical leadership for the surgery team. This meant that any issues or concerns could be escalated to the service provider’s senior leadership team.

Staff we spoke with told us they felt valued, respected and well-supported in the service. We saw a cohesive, compassionate approach to patient care. We were told the service’s senior management team was visible, approachable and encouraged staff to share their ideas to support service improvement. Staff we spoke with had a clear understanding of the company’s vision and values. While they did not attend senior leadership meetings, they told us that a weekly newsletter and monthly magazine kept them up to date with the service provider’s wider business plans.

Minutes of daily team briefs and monthly staff meetings showed that staff could express their views freely and were encouraged to share new methods of working or changes in practice to support service development. Career progression was supported and encouraged by the service provider. We saw that some staff had progressed into leadership roles. The service provider’s chief executive hosted a yearly event for staff and recognised and rewarded...
their achievements. Incentives included long-service awards and bonus schemes, and each week staff or managers nominated a colleague who had shown exceptional commitment in their work. Winners received generous prizes.

The clinic audit tool effectively highlighted where improvements could be made in the service and prompted the development of improvement action plans. For example, the service provider’s information technology department upgraded the computer software so that surgeons could access patients’ electronic records remotely to support patients out of hours. The service provider’s senior management team compared audit results from all of its Scottish clinics nationally to monitor trends and inform improvement.

The service provider’s clinical governance committee held a teleconference every 3 months which included senior managers from the clinical and surgical directorates. The committee monitored compliance with quality standards and practice directives to provide assurance of safe and consistent patient care. Committee action notes also showed location-specific issues for the service provider’s Scottish services had been discussed.

Patient feedback was collected and analysed along with audits of complaints, risks and accidents or incidents. Minutes from staff and senior management meetings provided evidence of discussion and actions from complaints, incidents and lessons learned. The senior surgical services manager had started to implement training for the surgery team to help examine root causes of incidents to better understand how these occurred and to try and stop them happening again.

The service provider’s international medical advisory board of external independent experts in ophthalmic surgery met every year. It reviewed the surgical procedures carried out in the service against the most recent evidence base for treatment and reviewed results from patients’ clinical outcome data. Clinical directives and patient information was also reviewed. The UK-wide medical advisory board considered recommendations from this group to make sure the service maintained a sound evidenced-based approach to clinical effectiveness to continually improve clinical outcomes for patients.

Improvements included:

- appointing a national clinical lead to enhance assurance of safe surgery practices, and
- a biostatistician appointed in Optical Express (Glasgow) to enhance interpretation of the data from patients’ visual outcomes at a more local level.
The senior leadership team attended a number of industry meetings in Europe and the USA and belonged to specialist ophthalmic organisations. The team subscribed to journals, and had many research papers and studies published. The service provider’s terms and conditions for treatment and its operation consent form had been awarded The Plain English Campaign’s ‘Crystal Mark’.

As part of its strategic approach to quality improvement, the service provider planned to develop a similar service to Optical Express (Glasgow) located in the North East of Scotland to offer patients more equitable access to lens replacement surgery.

- 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.

**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.

**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](http://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.

More information about our approach can be found on our website: [www.healthcareimprovementscotland.org/our_work/governance_and_assurance/quality_of_care_approach.aspx](http://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:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: comments.his@nhs.net