Announced Inspection Report: Independent Healthcare

Service: Optimax Clinics Ltd (Glasgow)
Service Provider: Optimax Clinics Ltd

4 December 2019
Healthcare Improvement Scotland is committed to equality. We have assessed the inspection function for likely impact on equality protected characteristics as defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010). You can request a copy of the equality impact assessment report from the Healthcare Improvement Scotland Equality and Diversity Advisor on 0141 225 6999 or email contactpublicinvolvement.his@nhs.net
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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 Optimax Clinics Ltd (Glasgow) on Wednesday 4 December 2019. We spoke with three members of staff during the inspection. We telephoned five patients after the inspection who had received treatment at the clinic. This was our first inspection to this service.

The inspection team was made up of one inspector.

**What we found and inspection grades awarded**

For Optimax Clinics Ltd (Glasgow), the following grades have been applied to three key quality indicators.

<table>
<thead>
<tr>
<th><strong>Key quality indicators inspected</strong></th>
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<tbody>
<tr>
<td><strong>Domain 2 – Impact on people experiencing care, carers and families</strong></td>
</tr>
<tr>
<td><strong>Quality indicator</strong></td>
</tr>
<tr>
<td>2.1 - People’s experience of care and the involvement of carers and families</td>
</tr>
<tr>
<td><strong>Domain 5 – Delivery of safe, effective, compassionate and person-centred care</strong></td>
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<tr>
<td>5.1 - Safe delivery of care</td>
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</table>
Key quality indicators inspected (continued)

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>Quality improvement structures were in place to help continuously improve the quality of the service provided and how it was delivered. However, a local quality improvement plan would help the service to demonstrate continuous improvement and measure the impact of change. Management were approachable and open to new ideas.</td>
<td>✔ ✔ Good</td>
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</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 people experiencing care</td>
<td>Comprehensive patient assessments were carried out. Treatments were fully explained, with any associated risks discussed and treatment plans developed and agreed with patients.</td>
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</table>

Domain 7 – Workforce management and support

<table>
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<th>Quality indicator</th>
<th>Summary findings</th>
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<tr>
<td>7.1 - Staff recruitment, training and development</td>
<td>Clear policies and practices made sure that staff were recruited and inducted appropriately. A comprehensive training plan was in place. Processes were also in place to make sure staff remained safe to work in the service.</td>
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</tbody>
</table>

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 Optimax Clinics Ltd to take after our inspection

This inspection resulted in one recommendation (see Appendix 1).

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

We would like to thank all staff at Optimax Clinics Ltd (Glasgow) 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

Patients were given information about available treatments, and a consultation process gave patients the opportunity to discuss and agree if treatment was appropriate. Patient feedback was monitored regularly and used to make any improvements to how the service was delivered.

Patients could visit the provider’s website to find information about services and treatments offered, including costs. Appointments could be made online, over the telephone or at the clinic. An initial consultation appointment gave patients the opportunity to discuss and agree if treatment was appropriate.

The service encouraged patients to bring someone with them to appointments. This was important as some medications could be given during treatments which affect patients’ eye sight, and there could be a lot of information for patients to remember. The service had access to interpreters and sign language, if needed. The success of each treatment was evaluated at each stage of the process. Patients would be informed if there was a chance of the treatment being unsuccessful. Patients were given verbal advice on aftercare and a written aftercare pack was also provided.

Some comments we received from patients included:

• ‘Explained all the pros and cons (risks associated with the treatment).’
• ‘A really good experience.’

The patient participation policy described how patients’ views would be gathered and how feedback would then be used to make any required improvements to how the service was delivered.
The service regularly used social media and service evaluation sites. We saw evidence that patient feedback was regularly recorded and monitored. The senior management team collected and analysed this information, discussed with staff and actioned, where appropriate.

A touchscreen in the waiting area was provided for patients to enter feedback and staff would offer assistance if this was needed. Any patients who left negative feedback would be contacted directly and asked for more information. We saw a very high and positive response rate.

The service had a very comprehensive duty of candour policy and accompanying guidelines. This is where healthcare organisations have a professional responsibility to be honest with patients when things go wrong. Training had been provided for staff.

We saw the service’s complaints log was regularly reviewed and complaints were managed in line with the provider’s policy. From minutes of the service’s compliance meeting, we saw that the service carried out a thorough audit and took corrective action when needed.

**What needs to improve**

The service’s complaints procedure was displayed in the waiting area. We asked the service to amend it to show that a complaint can be made to Healthcare Improvement Scotland at any stage of the process.

- 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

A range of policies and procedures were in place for ensuring the safe delivery of care. Equipment was managed safely, and risk management and audit programmes helped to identify and manage risks in the service.

The clinic was clean, spacious and well organised. Patients could sit in a private area while waiting for their treatment to take place.

Specific clinical rooms were designated to provide different laser treatments to patients. A standard operating procedure for every treatment included ensuring colour-coded equipment was used to reduce risk. All equipment was serviced and maintained regularly. The service had a laser protection advisor and all treatment rooms fully complied with laser protection guidelines. All staff had received training to operate the equipment.

The service’s dedicated infection control nurse had a very comprehensive knowledge of infection prevention and control. The service’s infection prevention and control policy referred to relevant national guidance. We saw a good supply of personal protective equipment available, such as disposable gloves and aprons. Cleaning rotas were available and were up to date.

The service had a number of policies to make sure staff were aware how they could ensure the safety of patients including:

- child protection
- protecting vulnerable adults, and
- whistleblowing.
We saw evidence of a comprehensive system for ordering, storing and administering medicines.

We saw a very comprehensive set of risk assessments and audits were carried out to ensure the safe delivery of the service. This included infection prevention and control, patient care records and treatment outcomes. There was a clear path for the reporting and analysis of this information through both the service and provider’s management structures. From minutes of management meetings, we saw that positive outcomes from patient feedback and audits were acknowledged, and any challenges were addressed with clear outcomes and timescales.

- No requirements.
- No recommendations.

### Our findings

**Quality indicator 5.2 - Assessment and management of people experiencing care**

**Comprehensive patient assessments were carried out. Treatments were fully explained, with any associated risks discussed and treatment plans developed and agreed with patients.**

The eleven patient care records we reviewed showed that comprehensive consultations and assessments were carried out before treatment, including taking a full medical history. Risks and benefits of the treatment were explained and a consent form completed. We saw that treatment plans were developed and agreed with individual patients.

Records of each treatment session were kept and, each time a patient visited, their initial assessment was reviewed and updated. Patients also consented for any further treatments.

We saw there was detailed discussions and sharing of information between staff and patients from the beginning to the end of their treatment. This was clearly documented with any risks highlighted, as well as the costs involved. Time was given to ensure that informed consent was obtained.

Patients we spoke with were very positive about the consultation process. They told us staff were welcoming and provided them with information in a measured way which allowed them to make any decisions in a relaxed manner.
Patients we spoke with told us:

- ‘Aftercare advice was very thorough.’
- ‘The first consultation is free. The staff were not pushy. They took their time to allow me to make my mind up.’
- ‘The consultation went very well. It was a very thorough examination and they explained why they could not treat one of my eyes.’

The service used both paper and electronic patient care records. Practitioners had received training and information about the updated general data protection regulations. We saw that paper and electronic information was stored safely. For example, electronic patient care records were password protected.

- 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

Clear policies and practices made sure that staff were recruited and inducted appropriately. A comprehensive training plan was in place. Processes were also in place to make sure staff remained safe to work in the service.

The service had a small team with a very low level of staff turnover. Staff we spoke with had a very clear understanding of their role and responsibilities.

Staff files we reviewed showed that all appropriate and necessary pre-employment checks were completed before staff could work in the service. We saw evidence of application forms and interview notes, professional registration checks and employment references.

The three staff induction files we reviewed were tailored to the needs of the individual’s role and job description. Staff received mentoring support and one-to-one training with a senior member of the clinical team.
Staff completed mandatory training, including information management, health and safety, and basic life support. We saw a comprehensive training plan took account of staff members’ roles in the organisation. Staff had an appraisal every year and were assessed regularly for any developmental and training requirements.

As part of a wider, national service, an overarching training process was in place. Staff we spoke with were very positive about the content of the training and told us it helped them to easily work across other parts of the service.

A system was in place to ensure all relevant staff had ongoing checks on their professional registration status. Up-to-date Protection of Vulnerable Groups (PVG) background checks were carried out for all staff.

- 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

Quality improvement structures were in place to help continuously improve the quality of the service provided and how it was delivered. However, a local quality improvement plan would help the service to demonstrate continuous improvement and measure the impact of change. Management were approachable and open to new ideas.

Staff we spoke with said leadership was supportive, visible, approachable and open to new ideas. Staff were encouraged at staff meetings or one-to-ones to suggest changes to how the service was delivered to improve the patient experience. We saw that quality improvement was a standing item on the staff meeting agenda.

Good assurance systems were in place including staff meetings, patient feedback surveys and complaints. We saw examples of improvements identified through these routes had been actioned. For example, the service now made sure patients saw the same staff member at each appointment. We saw the service used complaints or concerns raised as a learning experience.

The provider’s overarching quality improvement strategy recognised good patient care as central to promoting and building the business. As part of the strategy, patients’ clinical and emotional experiences were regularly audited and reviewed, and actions taken based on their feedback.

The provider’s national compliance manager carried out a clinical audit twice a year in the service. Improvement action plans were developed and action had to be taken in a specified timescale to address any areas of concern raised. We saw the audits were very comprehensive and the outcomes were recorded.
The Glasgow service was benchmarked against the wider provider group of services across the United Kingdom. This allowed good practice to be shared to help improve how services were delivered. A ‘clinic of the month’ rewards system recognised and rewarded successful leadership.

**What needs to improve**

A local continuous quality improvement plan for the Glasgow service should be developed to help structure and record its improvement processes (recommendation a).

■ No requirements.

**Recommendation a**

■ The service should develop and implement a local continuous quality improvement plan.
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.

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<thead>
<tr>
<th>Domain 9 – Quality improvement-focused leadership</th>
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<tbody>
<tr>
<td>Requirements</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>Recommendation</td>
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<tr>
<td>a The service should develop and implement a local continuous quality improvement plan (see page 14). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</td>
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</table>
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: hcis.ihcregulation@nhs.net