

Independent Healthcare Inspection Report (Announced)

North Wales Eye Correction Centre,
Bangor

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Copies of all reports, when published, will be available on our [website](#) or by contacting us:

In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk

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

Our purpose

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

Our values

We place people at the heart of what we do.

We are:

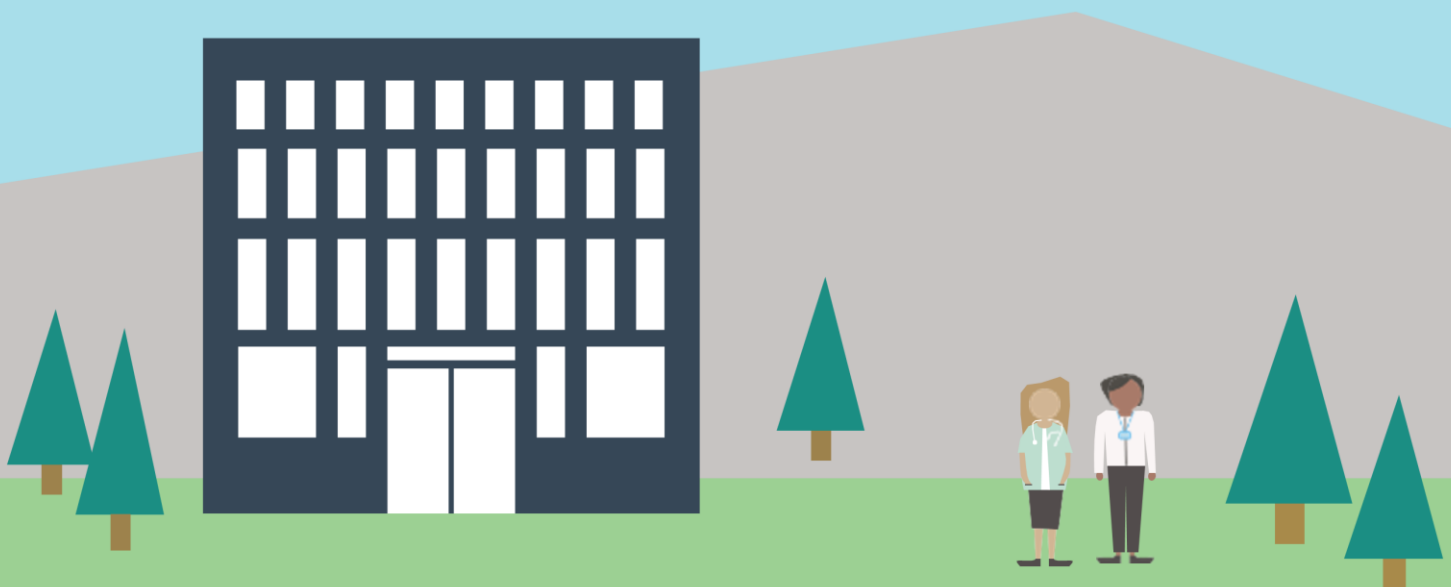
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and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

Our goal

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

Our priorities

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



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1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an announced inspection of North Wales Eye Correction Centre, Bangor on 11 July 2023.

Our team for the inspection comprised of one HIW Healthcare Inspector and one Clinical Peer Reviewer.

During the inspection we invited patients to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of five questionnaires were completed by patients and one staff member completed a questionnaire. 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.

This (full) report is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found that the North Wales Eye Correction Centre 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. Arrangements were also in place for patients to provide their views on the services provided at the clinic.

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 with the majority of medication prescribed through an electronic pharmacy app.

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:

- A medication fridge should be purchased, and the temperature monitored regularly using a minimum/maximum thermometer
- The registered provider should consider sourcing a resuscitation kit containing, as a minimum, oxygen and adrenaline
- The registered provider must ensure that review dates are recorded on policies and procedures.

This is what the service did well:

- Comprehensive policies and procedures
- Record Keeping.

Quality of Management and Leadership

Overall summary:

We found good management and leadership at the clinic with staff commenting positively on the support that they received from the manager.

Staff told us that they were treated fairly at work and that an open and supportive culture existed. Staff also told us that they were aware of the management structure within the organisation and that the communication between management and staff was effective.

Staff had access to the training and guidance that they needed to undertake their duties effectively.

This is what we recommend the service can improve:

- The responsible individual must ensure that they fulfil their responsibilities in line with the regulations by producing a report following visits to the service.

This is what the service did well:

- Management overview
- Staff recruitment process and appraisals.

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

As part of the inspection process, HIW issued a questionnaire to obtain patient views on the care provided at the North Wales Eye Correction Centre.

In total, we received five responses from patients. Patient comments included:

“My problems were taken seriously, nothing was too much trouble. All the staff have a can do attitude, there are no delays they just get on with it, this is very refreshing.”

“Staff made me feel at ease and treatment was very efficient and involved very little waiting.”

“I would just like to say that my experience from start to finish was amazing. I had two cataract operations in 3 days and the service I received from Mr Quay and his team was truly amazing, they put me at total ease and couldn't do enough to make my treatment as relaxed as possible. True professionals.”

“A phone call achieves a local consultation, no problems with access to the consultant. One time I needed a very urgent consultation, I was offered an immediate meeting at another location, this I took and got help, problem solved.”

Health 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.

Communicating effectively

Leaflets were available in the waiting room relating to services offered at the clinic.

Some of this information was available in both Welsh and English. We were told that plans were in place to provide more information through the medium of Welsh. The service also has a comprehensive website detailing the services offered at the clinic and those offered by the organisation at other facilities.

The registered provider should continue with plans to provide more information through the medium of Welsh.

Patient information and consent

As described earlier there was some health promotion material available.

The registered persons had produced a Statement of Purpose and Patients' Guide as required by the regulations. These set out information about the clinic and included information about the services offered, how they could be accessed and the arrangements for consent to treatment. There was also 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.

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.

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.

A treatment register was maintained, and treatment information was also recorded within individual patient files.

Equality, diversity and human rights

The Statement of Purpose, Patients' Guide and information posted on the clinic's website, clearly sets out that services are provided having due regard to patients' rights.

All the patients who complete 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 parking available nearby and good access to 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

Patients had opportunities to comment on their experiences of visiting the clinic with questionnaires available in the waiting area for patients to provide feedback on an ongoing basis. Satisfaction surveys are conducted following treatment to seek patients' views using on-line apps.

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.

We saw that all areas were free of obvious hazards.

Fire exits and escape routes were clearly identified.

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

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.

Safeguarding children and safeguarding vulnerable adults

Written policies and procedures were available to guide staff on the action to take should they suspect abuse of children or adults who become vulnerable or at risk. These included contact details for health board and local authority safeguarding teams. Staff working at the clinic had completed safeguarding training to a level appropriate to their roles.

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.

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.

The laser machine had an annual service and calibration certificate which was in date. There were treatment protocols in place for the use of the laser machine and these had been approved by an expert medical practitioner.

There was a contract in place with a Laser Protection Adviser (LPA) and local rules detailing the safe operation of the machines. The local rules had been regularly reviewed by the LPA and signed by the laser operators.

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. However, review dates were not recorded on all policies and procedures.

The registered provider must ensure that review dates are recorded on policies and procedures.

We reviewed a sample of patient medical records, which were maintained electronically, and found that they were organised. The records viewed contained details of the clinician making the record together with sufficient details of the clinical findings and the care/treatment given to each patient.

There were signs on the outside of the treatment room to indicate when the laser machine was in use. The registered manager also confirmed that the treatment room door is locked when the machine is in use in order to prevent unauthorised access. The machine is kept secure at all times and can only be activated by authorised persons.

Eye protection was available for the laser operators.

A risk management policy was available for us to view on the day of inspection. The environmental risk assessments had recently been reviewed by the LPA.

Participating in quality improvement activities

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

Records management

There was a robust information governance framework 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 robust systems in place to ensure that personal information relating to patients and staff was kept securely.

Medication Management

A written policy was available on the management of medicines.

Minimal medication was stored on the premises, with the majority of medication prescribed electronically through an electronic pharmacy app.

We saw that medication was stored safely and securely. However, temperature sensitive medication was stored in a standard fridge along with milk and other food stuff.

The registered person should purchase an approved medication storage fridge and monitor the temperature on a regular basis using a minimum/maximum thermometer.

Quality of Management and Leadership

Governance and accountability framework

We were satisfied with the level of oversight of the service by the management team.

At the time of the inspection, the service was only open on one or two days a month.

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 well defined systems and processes in place to ensure that the focus is on continuously improving the services. This was, in part, achieved through a rolling programme of audit and its established governance structure which enabled members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

As part of the inspection process, HIW distributed a questionnaire to staff to gain their views on the quality of the service offered at the clinic. We received one completed questionnaire.

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.

Records showed that the responsible individual works at the clinic at least every month.

However, the responsible individual must ensure that they fulfil their responsibilities in line with the regulations 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.

Workforce planning, training and organisational development

Medical/consulting services were provided by visiting healthcare professionals, under formal Practising Privileges arrangements, who were not directly employed by the clinic. Practising Privileges were being formally reviewed every two years as required.

Information contained within the staff files inspected demonstrated that staff had completed mandatory training and other training relevant to their roles.

We saw certificates showing that all authorised users of the laser machine had completed the Core of Knowledge training and training by the manufacturer on how to use the laser machines.

We found that all staff had received an appraisal of their work performance through the Royal Society of Medicine. There were reciprocal arrangements in place between the clinic and health boards to share information relating to the performance, supervision and appraisals of consultants.

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 identified during this inspection.			

Appendix B - Immediate improvement plan

Service: North Wales Eye Correction Centre

Date of inspection: 11 July 2023

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

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: North Wales Eye Correction Centre

Date of inspection: 11 July 2023

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 should continue with plans to provide more information through the medium of Welsh.	Independent Health Care (Wales) Regulations 2011 Regulation 18. (1) (b) National minimum Standards for Independent Health Care Services in Wales	We have been in touch with the macular society and requested for publications and patient information leaflet printed in Welsh to be sent to the practice. We have also requested RNIB to send us Amsler grid with instructions printed in Welsh. At present the some of the RNIB adult service booklet printed in Welsh is out of stock and we have sent in a request to be informed when they are back in stock.	Barry Thompson	Ongoing

	Standard 18. Communicating Effectively			
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.	Since the inspection, we have now ordered an O2 cylinder with face mask and an epipen to be kept at the practice.	Barry Thompson	Completed
The registered provider must ensure that review dates are recorded on policies and procedures.	Independent Health Care (Wales) Regulations 2011 Regulation 9. (5)	The review dates have all been updated on our policies and procedures.	Barry Thompson	Completed
The registered person should purchase an approved medication storage fridge and monitor the temperature on a regular basis using a minimum/maximum thermometer.	Independent Health Care (Wales) Regulations 2011 Regulation 15. (5) (a)	A medical grade fridge has now been purchased for the practice.	Barry Thompson	Completed

	<p>National minimum Standards for Independent Health Care Services in Wales</p> <p>Standard 15. Medication Management</p>			
<p>The responsible individual must ensure that they fulfil their responsibilities in line with the regulations 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>The responsible individual (Barry Thompson) will produce a report following visits to the service.</p>	<p>Barry Thompson</p>	<p>Ongoing</p>

Standard 6. Participating in Quality Improvement Activities			
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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): Say Aun Quah

Job role: Registered Manager and Medical Director for North Wales Eye Correction Centre