



Healthcare
Improvement
Scotland

Inspections
and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Ayrshire Eye Clinic, Ayr

Service Provider: Ayrshire Eye Clinic Limited

16 March 2022

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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 28 January 2020

Requirement

The provider must ensure that each staff member has a regular appraisal and that a copy is kept in the staff file.

Action taken

Personal development reviews of clinical staff were carried out every year through their roles at their local NHS hospital. We saw that the provider received a copy of the completed NHS appraisal and kept this in each staff file. This was then reviewed with the staff member. **This requirement is met.**

Requirement

The provider must implement a suitable system of regularly reviewing the quality of the service.

Action taken

A system of regularly reviewing the quality of the service to help improve how the service was delivered had now been introduced. This included audits, reviewing and acting on patient survey comments and documenting and sharing any lessons learned from complaints and incidents. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 28 January 2020

Recommendation

The service should develop and implement a participation policy to direct the way it engages with its patients and uses their feedback to drive improvement.

Action taken

We saw evidence that the service had now implemented a participation policy detailing how it engages with its patients. Feedback obtained through an online patient survey was collated, reviewed and used to drive improvement. For example, the service had increased the length of consultation time to help improve the patient experience as a result of feedback from patients.

Recommendation

The service should develop a risk register.

Action taken

The service had not developed a risk register. This is reported in Quality indicator 5.1. A new recommendation is made (see recommendation a).

Recommendation

The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented and improvement action plans implemented.

Action taken

An audit programme had now been introduced. We saw evidence of regular audits carried out with corresponding action plans on the management of medicines, patient feedback and patient care records.

Recommendation

The service should further develop the arrangements in place to deal with medical emergencies.

Action taken

The service had now developed a protocol for dealing with emergencies. We saw evidence that staff had received training to deliver basic adult life support in the event of a medical emergency.

Recommendation

The service should make sure that patient consent forms are fully completed and risks and benefits are recorded.

Action taken

The service had now introduced an improved consent document that documented the risks and benefits for each surgical procedure. As well as signing the consent form, patients also had to initial each section of the form to confirm the risks and benefits had been explained to them before they agreed to go ahead with the surgery. Consent forms we reviewed were fully completed and signed by both the patient and the practitioner.

Recommendation

The service should make sure all entries in paper and electronic records are clearly written, dated and timed to comply with professional standards about keeping clear and accurate records.

Action taken

We saw that all entries in the paper and electronic patient care records we reviewed were clearly written, dated and timed to comply with professional standards about keeping clear and accurate records.

Recommendation

The service should develop the patient care record to include a medication chart to enable medications to be recorded.

Action taken

A medication chart was now included in the patient care record. This recorded medication that patients received before, during and after their surgery.

Recommendation

The service should ensure a formal system of checking staff registration, mandatory training and electronic learning including attendance at internal training sessions.

Action taken

A formal system of checking and documenting staff registration every year had now been introduced. Staff files contained up-to-date information on mandatory training and electronic learning. Recent examples included attendance at internal training sessions such as management of anaphylaxis, basic life support and fire safety.

Recommendation

The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.

Action taken

The service had now introduced a quality improvement plan. This helped the service to identify specific improvements and actions to be taken to help develop and improve the service. It also helped the service to clearly demonstrate a culture of continuous quality improvement.

Recommendation

The service should formally record the minutes of management meetings. These should include any actions taken and those responsible for the actions.

Action taken

We saw minutes of management meetings were now formally recorded. Minutes detailed any actions taken, those responsible for the actions and timescales for completion.

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 Ayrshire Eye Clinic on Wednesday 16 March 2022. We spoke with service manager during the inspection. We also received feedback from nine patients through an online survey we had asked the service to issue us before the inspection.

The inspection team was made up of two inspectors.

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. Although requested, the service did not submit a self-evaluation before the inspection.

What we found and inspection grades awarded

For Ayrshire Eye Clinic, the following grades have been applied to the key quality indicators inspected.

Key quality indicators inspected		
Domain 5 – Delivery of safe, effective, compassionate and person-centred care		
Quality indicator	Summary findings	Grade awarded
5.1 - Safe delivery of care	The clinic environment and equipment was clean and well maintained. Medicines were managed safely, and appropriate infection prevention and control measures were in place. However, fire safety needs to be improved, including ensuring fire risk assessments are up to date, and any fire safety actions identified are acted on. All authorised laser operators must complete their laser safety	✓ Satisfactory

	training before treating patients and keep a record of this training. Policies should be regularly reviewed.	
Domain 9 – Quality improvement-focused leadership		
9.4 - Leadership of improvement and change	The service kept up to date with changes in industry, legislation and best practice guidance through membership of a number of professional organisations. Regular reviews of the quality of the service now took place, and the service was responsive to making any required improvements. Staff and management meetings were held, although minutes of staff meetings should be shared with all staff.	✓ Satisfactory

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	Patients felt fully involved and informed about the risks and benefits before they agreed to treatment. A thorough pre-surgery assessment was carried out with patients, including a full medical history. Patient care records were regularly audited and showed significant improvements in record keeping.
Domain 7 – Workforce management and support	
7.1 - Staff recruitment, training and development	Suitable and safe recruitment practices were in place. However, two references should be available for all staff before employment. An induction package should be developed for all new staff. A system should be introduced to obtain Protecting Vulnerable Groups (PVG) updates for staff at regular intervals.

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 Ayrshire Eye Clinic Limited to take after our inspection

This inspection resulted in two requirements and eight recommendations. Requirements are linked to compliance with the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, or a condition of registration. See Appendix 1 for a full list of the requirements and recommendations.

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

Ayrshire Eye Clinic Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Ayrshire Eye Clinic for their assistance during the inspection.

3 What we found during our inspection

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

The clinic environment and equipment was clean and well maintained. Medicines were managed safely, and appropriate infection prevention and control measures were in place. However, fire safety needs to be improved, including ensuring fire risk assessments are up to date, and any fire safety actions identified are acted on. All authorised laser operators must complete their laser safety training before treating patients and keep a record of this training. Policies should be regularly reviewed.

Patients received care and treatment in a clean, well presented and suitably equipped environment. Weekly cleaning schedules were fully completed and followed national infection prevention and control guidance for safe cleaning of the care environment. Maintenance contracts were in place and equipment was regularly serviced. The theatre ventilation system was also maintained and followed national guidelines.

Feedback from our online survey showed that patients were satisfied with the cleanliness of the environment. Comments included:

- ‘Spotlessly clean, lovely décor and very relaxing.’
- ‘Everything was very well laid out and the whole place was very clean.’

We saw good compliance with infection prevention and control measures to reduce infection risks, in line with the service’s infection prevention and control policy. There was a good supply of personal protective equipment such as disposable aprons, gloves and masks. A contract was in place for the safe

disposal of medical sharps, such as needles and syringes, and other clinical waste.

Re-useable surgical instruments were used to carry out procedures. A safe process was in place to sterilise the instruments off-site. We saw that surgical instruments were suitably organised, stored and an effective instrument tracking system was in place. Patient care records we reviewed confirmed the service followed the World Health Organization's (WHO) guidelines to promote safe surgery during surgical procedures. For example, theatre staff carried out a 'surgical pause' before the surgery started to check they were operating on the right patient, on the correct operation site and that the patient had given their consent for surgery.

A system was in place for reporting and investigating accidents and incidents. Public protection (to protect adults at risk of harm) and duty of candour policies (where healthcare organisations have a professional responsibility to be honest with patients when things go wrong) ensured patients were treated in a safe environment, and promoted a culture of openness and transparency in the service.

A medicines management policy helped to ensure the safe procurement, prescribing, storage and administration of medicines. We saw a daily temperature log was maintained for medicines that required to be refrigerated. Other medicines used to treat patients were stored in lockable cupboards. We saw that medicines audits were carried out every 3 months. Audit results were documented and improvements actioned. We saw the service had a system in place for tracing artificial implants used in eye surgery to respond to medical alerts or report adverse events.

What needs to improve

Laser eye surgery was used to treat patients with vision problems. We saw the service had an authorised laser protection advisor and a signed copy of the 'local rules', describing the safe use of the laser equipment. However, the service was not able to fully demonstrate that all its authorised users (individuals deemed competent to use this equipment to treat patients) had completed their 'core of knowledge' safety training before treating patients (requirement 1).

During the inspection, we found the service did not have an adequate supply of hot water at the clinical hand wash basins. A mixture of instant hot and cold water must be available at all times in all areas of the healthcare premises, to allow appropriate hand washing (requirement 2).

The service had not developed a risk register (recommendation a).

Each laser room had an illuminated warning sign above the door when the laser was in use. However, the laser protection advisor's report recommended more visible notices be attached to each laser room door to reduce the risk of unauthorised access and/or accidental exposure to laser beams. A lock on the downstairs laser room had also been recommended in their report (recommendation b).

The fire risk assessment for the service had not been updated since 2019 and we saw that some of the recommendations were still outstanding. For example, the service had yet to invest in additional fire exit signs, and old furniture and boxes were still being stored inappropriately. We also saw that fire extinguishers were not stored correctly as these should be permanently mounted on brackets, floor stands or in extinguisher cabinets (recommendation c).

Although a range of policies and procedures were in place to help the service deliver care safely, these were not being regularly reviewed or updated. A programme of regular review would help to make sure policies and procedures are kept up to date and policies are in line with current legislation and best practice guidance (recommendation d).

Requirement 1 – Timescale: 20 May 2022

- The provider must ensure that staff listed as 'authorised users' for the laser equipment have completed their core of knowledge safety training before delivering this treatment to patients. A record of when staff completed or updated this training must be maintained.

Requirement 2 – Timescale: immediate

- The provider must ensure that both hot and cold running water is available at all hand wash basins.

Recommendation a

- The service should develop a risk register. This should record details of all risks in the service, the potential impact, who is responsible for managing each risk and the risk response measures put in place to respond to each risk.

Recommendation b

- The service should address the outstanding actions from the laser protection advisor report to reduce the risk of unauthorised access to the laser rooms when in use.

Recommendation c

- The service should address the outstanding recommendations in its 2019 fire safety report and the fire risk assessment should be reviewed every year. Fire extinguishers should be stored correctly.

Recommendation d

- The service should introduce a system for reviewing its policies and procedures on a regular basis or when changes occur to ensure they are in line with current legislation and reflect the service provided.

Our findings

Quality indicator 5.2 - Assessment and management of people experiencing care

Patients felt fully involved and informed about the risks and benefits before they agreed to treatment. A thorough pre-surgery assessment was carried out with patients, including a full medical history. Patient care records were regularly audited and showed significant improvements in record keeping.

Patients had a comprehensive assessment before their treatment. The patient pathway document provided a detailed account of the patient journey from initial consultation and assessment through to surgery and aftercare support. Patients who completed our online survey confirmed they were fully involved in any decisions reached about future treatment. They also said the practitioner explained the risks, benefits and any potential side effects from the treatment before they agreed to go ahead.

The five patient care records we reviewed included a full medical history and documented if patients had any pre-existing health conditions, prescribed medicines or allergies. We saw that results from diagnostic tests performed in the service helped influence the patient's future treatment. Patient care records also showed that discussions had taken place with patients to obtain their views and opinions about treatment options, their expectations, and the outcomes they could expect from the treatment. Consent to share information with other healthcare professionals was also evident in patient care records.

We saw evidence that patient care records were audited every 3 months to ensure that consent to treatment documents were fully completed and professional record keeping standards were maintained. We reviewed four audits of patient care records carried out in the last year. These showed that professional record keeping standards and full completion of documentation before, during and after the patient's surgery had significantly improved.

- 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

Suitable and safe recruitment practices were in place. However, two references should be available for all staff before employment. An induction package should be developed for all new staff. A system should be introduced to obtain Protecting Vulnerable Groups (PVG) updates for staff at regular intervals.

A recruitment policy and procedures were in place for all staff. We saw evidence in the five staff files we reviewed that pre-employment checks had been completed. This included:

- indemnity insurance
- occupational health status
- qualifications
- professional registration, and
- proof of identity.

The service engaged the services of consultants and nurses from the ophthalmology department of the local NHS hospital through a practicing privileges arrangement (staff not employed by the provider but given permission to work in the service). We saw evidence of a practicing privileges policy and individual practicing privileges arrangements kept in staff files. These were regularly reviewed and updated to ensure each individual healthcare

professional adhered to the organisation's requirements for mandatory training, and complied with the service's policies and procedures.

What needs to improve

From the staff records we reviewed, we saw that not every member of staff had supplied two references (recommendation e).

Protecting Vulnerable Groups (PVG) checks had been carried out for staff that also worked in the NHS. However, this had not been undertaken for some non-NHS nursing staff. As well as the PVG scheme informing an employer whether an individual is barred from working with protected adults and/or children, the certificate provides a point in time check of an individual's criminal convictions history. A system should be introduced to obtain a PVG update for all staff at regular intervals (recommendation f).

We were told that staff completed a service-wide informal induction when they started in the service. This included an introduction to key members of staff, walkround of the service, and training on the service's policies and procedures. However, a formal role specific documented induction package and was not completed (recommendation g).

- No requirements.

Recommendation e

- The service should obtain two references for new members of staff, in line with safe recruitment practices.

Recommendation f

- The service should obtain a Disclosure Scotland Protecting Vulnerable Groups (PVG) update for all staff at regular intervals. This will ensure that staff remain safe to work in the service.

Recommendation g

- The service should develop a formal role-specific documented induction package for new members of staff to make sure they have the appropriate support to gain the knowledge and skills required for their role.

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 kept up to date with changes in industry, legislation and best practice guidance through membership of a number of professional organisations. Regular reviews of the quality of the service now took place, and the service was responsive to making any required improvements. Staff and management meetings were held, although minutes of staff meetings should be shared with all staff.

Regular meetings were held, including management team meetings every month and staff meetings approximately every 3 months. Through standing agenda items, staff were given the opportunity to share their ideas or suggestions for how to further improve the service, or any training and development needs they had identified.

Since the last inspection in January 2020, a system of regularly reviewing the quality of the service had been introduced. This included audits, reviewing and acting on patient survey comments and documenting and sharing any lessons learned from complaints and incidents. This helped to improve how the service was delivered, in line with its newly developed quality improvement plan. For example, additional written aftercare had been introduced for patients to make sure they understood how to prevent infection and to help with healing after their treatment.

A staff recognition scheme was in place to award achievements. For example, a theatre staff member had received an award for going above and beyond their job role.

The medical director and other staff kept up to date with changes in industry, legislation and best practice guidance through membership of a number of professional organisations. This included the Royal College of Nursing, the Royal

College of Ophthalmologists and the European Society of Cataract and Refractive Surgeons.

The medical director is the current President of the UK and Ireland Society of Cataract and Refractive Surgeons and is the European Associate Editor of the Journal of Cataract and Refractive Surgery. The medical director also provided continued educational training for local optometrists, serves as an Honorary Senior Clinical Lecturer with the University of Glasgow Faculty of Medicine and had many research papers published.

What needs to improve

Minutes from staff meetings should be shared with all staff to make sure those not attending are kept informed (recommendation h).

- No requirements.

Recommendation h

- The service should share minutes of staff meetings with all staff.

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.

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

Requirements

- 1 The provider must ensure that staff listed as ‘authorised users’ for the laser equipment have completed their core of knowledge safety training before delivering this treatment to patients. A record of when staff completed or updated this training must be maintained (see page 13).

Timescale – by 20 May 2022

Regulation 3(d)(v)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

- 2 The provider must ensure that both hot and cold running water is available at all hand wash basins (see page 13).

Timescale – immediate

Regulation 10(2)(b)

The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

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

Recommendations

- a** The service should develop a risk register. This should record details of all risks in the service, the potential impact, who is responsible for managing each risk and the risk response measures put in place to respond to each risk (see page 13).

Health and Social Care standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.17

This was previously identified as a recommendation in the January 2020 inspection report for Ayrshire Eye Clinic.

- b** The service should address the outstanding actions from the laser protection advisor report to reduce the risk of unauthorised access to the laser rooms when in use (see page 14).

Health and Social Care standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.17

- c** The service should address the outstanding recommendations in its 2019 fire safety report and the fire risk assessment should be reviewed every year. Fire extinguishers should be stored correctly (see page 14).

Health and Social Care standards: My support, my life. I experience a high quality environment if the organisation provides the premises. Statement 5.17

- d** The service should introduce a system for reviewing its policies and procedures on a regular basis or when changes occur to ensure they are in line with current legislation and reflect the service provided (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

Domain 7 – Workforce management and support	
Requirements	
None	
Recommendations	
e	<p>The service should obtain two references for new members of staff, in line with safe recruitment practices (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p>
f	<p>The service should obtain a Disclosure Scotland Protecting Vulnerable Groups (PVG) update for all staff at regular intervals. This will ensure that staff remain safe to work in the service (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p>
g	<p>The service should develop a formal role-specific documented induction package for new members of staff to make sure they have the appropriate support to gain the knowledge and skills required for their role (see page 16).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p>

Domain 9 – Quality improvement-focused leadership	
Requirements	
None	
Recommendation	
h	<p>The service should share minutes of staff meetings with all staff (see page 18).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

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.



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:

Healthcare Improvement Scotland

Gyle Square
1 South Gyle Crescent
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