

Independent Healthcare Inspection Report (Announced)

Vale Eye Surgeons, Cowbridge

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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:

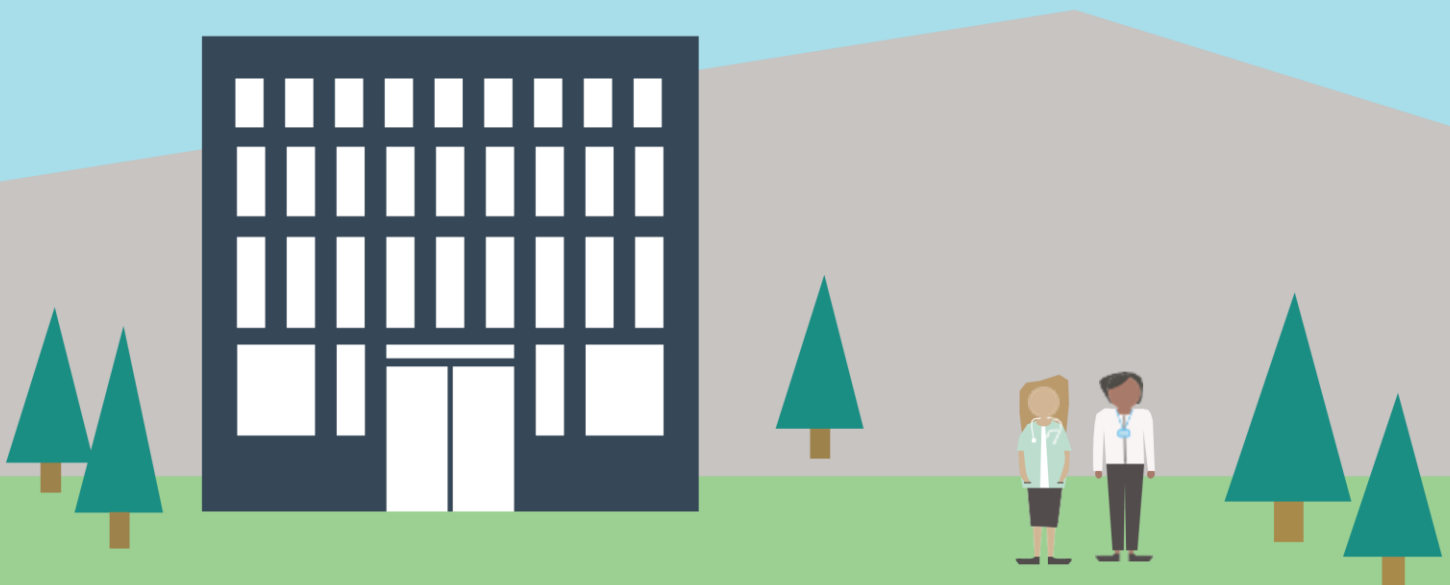
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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 Vale Eye Surgeons on 28 February 2024.

Our team for the inspection comprised of one HIW Healthcare Inspectors and one clinical peer reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 29 were completed. We also spoke to staff working at the service during our inspection. 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.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found that Vale Eye Surgeons 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.

There was a Welsh language policy and leaflets would be made available in Welsh.

However, arrangements for patients to provide their views on the services provided at the clinic needs to be formalised.

This is what we recommend the service can improve

- Formally collect the views of service users.

This is what the service did well:

- Patient provided positive feedback in the HIW questionnaire.

Delivery of Safe and Effective Care

Overall summary:

The clinic was clean and tidy, and arrangements were in place to reduce cross infection. Staff ensured that they provided safe and effective care to patients. There was resuscitation equipment on the site which was shared with the other independent clinic on the site.

Evidence was provided that patients who received treatment from the YAG laser were contacted with no reported side effects. Medicine administration was being recorded consistently and contemporaneously in clinical records.

The information in the clinical records was clear, of a good quality in terms of accuracy, up to date, complete, understandable and contemporaneous.

There were two issues which required immediate assurances these have now been actioned.

Immediate assurances:

- A copy of the local rules provided, was out of date and the contract with a nominated certified laser protection advisor (LPA) expired on 29 May 2023

- One of the surgeons working at the clinic could not provide evidence that they had completed the Core of Knowledge training.

This is what we recommend the service can improve:

- Ensure all equipment at the clinic is appropriately calibrated
- Document the offer and use of chaperones.

This is what the service did well:

- Staff had access to personal protective equipment (PPE)
- Staff were aware of the organisations policies and procedure for safeguarding children and vulnerable adults.

Quality of Management and Leadership

Overall summary:

There was good management and leadership at the clinic with staff commenting positively on the support they received from the surgeons. 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.

Services provided were in accordance with the statement of purpose and patients' guides, which were up to date and included all the relevant information required by the Independent Health Care (Wales) Regulations 2011.

This is what we recommend the service can improve:

- Ensure that policies and procedures are appropriately version controlled
- Provide mandatory training for administrative staff.

This is what the service did well:

- There were good informal and formal, day to day staff supervision and support processes in place
- Good management and leadership.

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

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 29 completed questionnaires. Overall, the respondents' comments were positive. All patients who answered rated the service as 'very good' or 'good'. We received the following comments about the setting:

"Excellent, highly recommend!"

"Most kind, caring, wonderful clinic I've ever been to. Eye problems are scary, and they go above and beyond to help."

"Very professional."

"Knowledgeable and friendly."

Health protection and improvement

There was information available for patients on how they can take responsibility for their own health and wellbeing. This included information on sepsis, mind, Marie Curie, vaccinations, stop smoking and carers leaflets. There were also leaflets on vision, macular degeneration, blepharitis, flashes and floaters, eat and drink healthy.

Dignity and respect

There were no patients scheduled at the clinic on the day of the inspection. We were told that the door to the consulting room was always closed during use. There was also signage on the door warning patients about the equipment being used in the room. Additionally, no medical discussions would take place in the reception area.

All patients who answered the questionnaire felt that

- They were treated with dignity and respect
- Their questions were answered
- They felt listened too

- Measures were taken to protect their privacy (e.g. private room, curtains drawn, cover-up provided)
- Staff explained what they were doing throughout
- I was as involved as much as I wanted in making decisions about my healthcare.

Communicating effectively

The service ensured that patients without digital access were able to access appointments with a clinician, mainly through telephone appointments. Patients would often be referred by an optician, then the patients would be contacted by telephone or letter.

There was a hearing loop at the clinic. Large print options of letters and leaflets would also be obtained for patients, where required.

We were told that the surgeons at the clinic would help patients to understand their care and treatment. There was also a leaflet available for patients on the use of the laser. Patients would also be told in advance that they could not drive following the laser treatment and would need an escort.

There was a Welsh language policy and leaflets would be made available in Welsh. However, none of the staff at the clinic spoke Welsh. The clinic also had access to a translation service.

In the questionnaire, three patients said their preferred language was Welsh, but that they were not actively offered the opportunity to speak Welsh throughout their patient journey. They all said that healthcare information was available to them in Welsh.

Patient information and consent

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 and how they could be accessed. We saw a patient information leaflet which included the information required by the relevant regulations. This also included information about the various procedures and eye conditions and what it meant to the patient.

We were told that the practice appointment process was practice driven and they booked in enough patients to fill the session, with appointment times varying from

15 to 45 minutes, depending on the consultation or treatment required. Patients would be informed of any delay of more than 15 minutes.

All patients who completed a questionnaire and underwent a procedure agreed that they were provided with enough information to understand the treatment options and the risks and benefits. This included information about the different treatment options available and any associated risks, and the costs involved. In addition, they all agreed that they signed a consent form before receiving new treatment.

Care planning and provision

A treatment register was maintained, with treatment information also recorded within individual patient files. Patients would be assessed by the healthcare professionals to identify patients' individual needs and treatment.

All respondents that underwent a procedure or treatment agreed that they were given adequate aftercare instructions including clear guidance on what to do and who to contact in the event of an infection or emergency. All patients in the questionnaire also said that they had their medical history checked before undertaking treatment. Patients made the following comments on patient care:

“Exceptionally friendly. I was made to feel at ease during a very scary time.”

“The care I received was excellent and I am very pleased with the outcome.”

Equality, diversity and human rights

There was parking available at the clinic and good access to the main entrance. All facilities, including the reception, waiting room, patients' toilet and consulting rooms were located on the ground floor.

The clinic had an equality and diversity policy and we were told all patients would be treated equally. Patients would be addressed by their preferred name and data was not collected on the patients' previous names or sex,

All patients in the questionnaire felt they could access the right healthcare at the right time, regardless of any protected characteristic.

Citizen engagement and feedback

The complaints policy included the relevant details. We were told that the clinic had not received any complaints since the service had started.

We were told that the clinic always encouraged patient's verbal feedback after each appointment and at each follow up visit the clinic asked how processes could be improved. However, they agreed they would start collecting service user's views in a more formal way and display the results at the clinic to inform users of any improvement and development.

The registered provider must ensure that the clinic obtain the views on service user and display the results at the clinic and on the clinic website.

Delivery of Safe and Effective Care

Managing risk and health and safety

The clinic was accessible and easy to find with facilities for people with mobility difficulties. The environment was well laid out, clean, in a good state of repair and suitable for the way it was used. Whilst the clinic was compact there was no clutter and the environment protected patient privacy. We also noted that there were appropriate risk assessments at the setting.

All respondents who answered the question found the building accessible. One patient commented:

“Great to have parking outside.”

Infection prevention and control (IPC) and decontamination

There were IPC policies and procedures in place, to which staff had access. The policy included decontamination of medical devices and equipment. The environmental policy included references on water management.

Whilst cleaning records were used by the cleaning staff, those before 22 February 2024 had been destroyed. Additionally, we were not shown a copy of the cleaning schedule.

The registered provider must ensure that a cleaning schedule is available of the cleaning work carried out as well as keeping a copy of the cleaning records for at least 12 months.

Staff had access to personal protective equipment (PPE) to help prevent cross infection and hand washing facilities were available.

All 29 respondents to the patient questionnaire felt the setting was ‘very clean’ and all who answered felt IPC measures were being followed.

Safeguarding children and safeguarding vulnerable adults

There were safeguarding policies and procedures in place to guide staff on the action to take should they suspect abuse of children or adults who become vulnerable or at risk. Staff were aware of the All-Wales Safeguarding Procedures.

Staff we spoke with were also aware of what to do if they had a safeguarding concern and to whom the concern had to be reported. They were also aware of the organisations policies and procedure for safeguarding children and vulnerable

adults. However, the policy did not include who to contact in the event of an issue locally.

The registered provider must ensure that the safeguarding policy includes who to contact in the event of an issue.

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. However, the sphygmomanometer and pulse oximeter had not been calibrated on a regular basis to ensure that they were safe to use and providing accurate readings.

The registered provider is to ensure that the equipment is calibrated on a regular basis.

There was resuscitation equipment on the site which was shared with the other independent clinic on the site. The oxygen cylinder was full and the defibrillator was in working order. The electrical equipment had recently had a portable appliance testing (PAT).

The Zeiss Visulas III Ophthalmic class 4 Nd: YAG laser used at the clinic had been checked as required and there was an annual service plan. The optical coherence tomography (OCT) at the clinic also had an ongoing maintenance contract and we were told that this could be serviced remotely.

A copy of the laser rules provided, was dated May 2022 and the contract with a nominated certified laser protection advisor (LPA) expired on 29 May 2023. Additionally, one of the surgeons working at the clinic could not provide evidence that they had completed the Core of Knowledge training. They stated that they had in date training, but due to an issue with their health board a copy could not be obtained. Our concerns about these issues were dealt with in a non-compliance notice.

This meant that we wrote to the clinic immediately following the inspection requiring that urgent actions were taken. Details of the non-compliance are provided in Appendix B. The clinic provided assurance within three days that they had a valid, in date contract with a nominated certified LPA and in date local rules. Additionally, all operators of the laser device had received up to date Core of Knowledge training.

Safe and clinically effective care

Initiatives were described to assist staff to provide care for patients with additional needs, sensory problems or cognitive difficulties. This included bright lights in the treatment room and the layout was easy to navigate.

There were quality indicators to monitor patient care, in the form of a post laser assessment. Of the 57 laser treatments in the last 12 months, only two needed to come back for reassessment. There was evidence that patients who received treatment from the YAG laser were contacted.

Medicines Management

A written in date policy was available on the management of medicines. Medication was ordered as and when required.

There was evidence that medicine administration was being recorded consistently and contemporaneously in clinical records. The clinic had access to a pharmacist for advice on any aspect of medicines management relevant to the services provided.

The limited medication at the clinic was stored safely, securely and continually at the required temperature.

Participating in quality improvement activities

We were told that the clinic was planning to develop a cataract booklet which would encompass risks, benefits and consent. Patient information leaflets were available on the laser, age-related macular degeneration (AMD), dry eye, posterior vitreous detachment, glaucoma, health and wellbeing relating to eyes.

The clinic had recently purchased a virtual reality headset, with visual fields, contrast sensitivity and colour vision. This aided people with mobility issues.

A back-to-School event was facilitated by the clinic for optometrist at a local hotel relating to lasers in ophthalmology, upper eye-lid - assessment and management, and pigmented lesions in the eye. This event included continuous professional development credit for attendees.

Records management

A sample of five records were checked. The information in the records was clear, of a good quality in terms of accuracy, being up to date, complete, understandable and contemporaneous. However, the records could be improved using a proforma template, additionally there should be a standardised medical template for recording of clinical records. A consistent approach would be valuable with a standardised record template, including name, address and other demographics could be typed out prior to the patient being seen.

The registered provider is to inform HIW of the changes made to ensure that demographics are collected consistently and uniformly and that patient medical records are completed in a consistent format.

Paper records were securely stored. The clinic was looking at introducing an electronic patient record system.

The availability of a chaperone was advertised in the clinic but the use and offer of chaperones were not recorded in a consistent way in the records. There was also a need for a chaperone policy.

The registered provider is to ensure that the clinic document a chaperone policy and the recording that a chaperone has been offered is consistently included in the clinical records.

Quality of Management and Leadership

Governance and accountability framework

There was an appropriate level of oversight of the service by the management team. At the time of the inspection, the service was open for two sessions per week. There was a robust management structure in place and clear lines of reporting were described. Both the partners (the surgeons) worked in the clinic and actively monitored the quality of the service provided. The two administrative staff were employed as independent contractors and paid on a sessional basis.

The statement of purpose and patients' guides were up to date and included all the relevant information in accordance with the Independent Health Care (Wales) Regulations 2011. Services provided were in accordance with this statement of purpose.

Staff told us that there were good informal and formal, day to day staff supervision and support processes in place and that they felt supported in their work by their manager and colleagues.

Whilst it was noted that the majority of policies and procedures were in place and in use at the clinic, they would benefit from being version controlled, with a review date and the person responsible for the policy.

The registered provider is to ensure that all the policies are version controlled, with a review date and the person responsible for the policy.

Dealing with concerns and managing incidents

There was a written complaints procedure available with details of how patients could make a complaint, the contact details of HIW were also included. This was also included within the statement of purpose and on the website.

As there had not been any complaints or incidents, we were told, theoretically what the arrangements would be for reviewing significant incidents and sharing learning from these to promote patient safety and wellbeing.

Workforce planning, training and organisational development

The clinic, when open, would have both a surgeon and administrator on site. The number of patients at each clinic would be driven by patient demand, including the patient need and acuity.

Both members of medical staff had received appropriate appraisals. The administrative staff had been in employment at the clinic for less than a year.

Whilst the medical staff had received appropriate training as required by their appraisals, the administrative staff had only received training in fire safety.

The registered provider is to ensure that all staff, including administrative staff, receive appropriate levels of mandatory training. This training should include IPC, safeguarding, manual handling, equality and diversity, and first aid.

Workforce recruitment and employment practices

Workforce recruitment practices and procedures were being followed in line with regulations and standards. Both members of the administrative staff were employed as independent contractors and the relevant checks had been carried out 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 summaries 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.			

Appendix B - Immediate improvement plan

Service: Vale Eye Surgeons

Date of inspection: 28 February 2024

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
<p>The registered provider must ensure that:</p> <ul style="list-style-type: none"> • They provide evidence to HIW of a valid in date contract with a nominated certified LPA • They provide evidence to HIW of valid in date local rules • The local rules are reviewed annually in line with their conditions of registration with HIW. These must be signed by all persons operating the laser at the 	<p>Section 24 of the Care Standards Act 2000</p> <p>Regulation 19 of The Independent Healthcare Regulations 2011</p>	<ul style="list-style-type: none"> • The LPA has been contacted on day of inspection and new report issued on 1/3/2024. • Report attached in uploaded documents. • Valid and in date local rules uploaded as requested. • Local laser rules will be reviewed annually and annual LPA report will be obtained, next one is scheduled for February 2025. 	<p>Magdalena Waters</p>	<p>Provided in uploaded documents</p>

<p>establishment. Failure to have a set of valid local rules in place would be a breach of regulations</p> <ul style="list-style-type: none"> The registered person must immediately cease to use the Zeiss Visulas III Ophthalmic class 4 Nd: YAG laser (serial number 887717), until there are in date local rules and a current LPA contract in place. 				
<p>The registered provider must ensure that:</p> <ul style="list-style-type: none"> All operators of the laser device have up to date Core of Knowledge training They provide evidence to HIW of the completed Core of Knowledge training This must be renewed every three years 	<p>Regulation 45 (3)(a-e) of The Independent Healthcare Regulations 2011</p>	<ul style="list-style-type: none"> I can confirm all operators have valid laser core of knowledge certificates. I have uploaded valid certificates of core laser knowledge for both users - Magdalena Popiela (valid till September 2025) and Thomas Betts (valid till February 2027) 	<p>Magdalena Waters</p>	<p>Provided in uploaded documents</p>

- | | | | | |
|---|--|--|--|--|
| <ul style="list-style-type: none">Any operators without valid training must not be allowed to operate the laser or provide services using the laser device to patients. | | | | |
|---|--|--|--|--|

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): Magdalena Waters
Job role: Responsible Officer
Date: 1 March 2024

Appendix C - Improvement plan

Service: Vale Eye Surgeons

Date of inspection: 28 February 2024

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 must ensure that the clinic obtain the views on service user and display the results at the clinic and on the clinic website.	Independent Health Care (Wales) Regulations 2011 Regulation 19 (e) and Schedule 1	<p>Patient feedback questionnaires will be designed and all patients will be encouraged to fill those after their appointments.</p> <p>Suggestion box will be in clinic.</p> <p>We will collate the data from the questionnaires on regular basis to aid service development and display results as posters in clinic as well as on the website.</p> <p>We have also commissioned IT professional to look at our</p>	<p>Sara Ball - preparation of questionnaires</p> <p>Magdalena Waters - review of questionnaires</p> <p>Valerie Jasinski - data analysis and dealing with commissioning of data display in clinic</p>	<p>4 weeks to prepare and validate the questionnaires and have suggestion box ready in clinic.</p> <p>12 weeks to complete website redesign.</p> <p>6-12 months for display of data from questionnaires on website and in clinic.</p>

		website to allow patients to leave testimonials.		
The registered provider must ensure that a cleaning schedule is available of the cleaning work carried out as well as keeping a copy of the cleaning records for at least 12 months.	Independent Health Care (Wales) Regulations 2011 Regulation 9 (n) and 15 (3)	Cleaning schedule is kept in the kitchenette area. All staff is aware not to remove it. Once sign in record is complete it will be filled in the filling cabinet so at least 12 months' worth of record is kept safe.	Magdalena Waters	Immediate effect. This has been discussed with all members of staff.
The registered provider must ensure that the safeguarding policy includes who to contact in the event of an issue.	Independent Health Care (Wales) Regulations 2011 Regulation 16	Safeguarding policy has been amended to include numbers for police to be called in emergency as well as links to how to contact social services in different areas of Wales.	Thomas Betts	Policy amended.
The registered provider is to ensure that the equipment is calibrated on a regular basis.	Independent Health Care (Wales) Regulations 2011 Regulation 15	Equipment will be calibrated by recognised company and recalibrated on annual basis. We are awaiting dates for calibration testing the company.	Sara Ball/Valerie Jasinski	4 weeks for completion of the first calibration.

<p>The registered provider is to inform HIW of the changes made to ensure that demographics are collected consistently and uniformly and that patient medical records are completed in a consistent format.</p>	<p>Independent Health Care (Wales) Regulations 2011 Regulation 23</p>	<p>Demographic sheet has been created and will be included as the first page of each patient record.</p> <p>Historical notes will be amended to include demographic page.</p> <p>Vale Eye Surgeons cataract booklet will be created to allow for consistent data collection for cataract patients.</p>	<p>Magdalena Waters</p>	<p>Immediate effect</p> <p>3 months for creation of the cataract booklet</p>
<p>The registered provider is to ensure that the recording that a chaperone has been offered is consistently included in the patient records.</p>	<p>Independent Health Care (Wales) Regulations 2011 Regulation 23</p>	<p>Demographic sheet includes information if patient would like a chaperone during the consultation.</p> <p>In addition, posters will be put up in clinic to inform patients chaperone is available. Chaperone policy written.</p>	<p>Magdalena Waters</p>	<p>Asking for patient preference available immediately</p> <p>6 weeks for posters to be put up in clinic.</p>

<p>The registered provider is to ensure that all the policies are version controlled, with a review date and the person responsible for the policy.</p>	<p>Independent Health Care (Wales) Regulations 2011 Regulation 9. (5)</p>	<p>All policies will be version controlled with responsible officer stated for each policy.</p>	<p>Sara Ball/ Valerie Jasinski</p>	<p>6 weeks to amend all policies</p>
<p>The registered provider is to ensure that all staff, including administrative staff, receive appropriate levels of mandatory training. This training should include IPC, safeguarding, manual handling, equality and diversity, and first aid.</p>	<p>Independent Health Care (Wales) Regulations 2011 Regulation 13 (3) and 20 (2) (a)</p>	<p>Both surgeons do mandatory training via their NHS employment ESR website on regular basis.</p> <p>Mandatory courses for the administrative staff have been commissioned and made available to all staff.</p>	<p>Magdalena Waters and Thomas Betts</p>	<p>Immediate access to mandatory courses</p> <p>12 months to check all courses are completed and to be assessed at appraisals</p>

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): M Walters
Job role: Responsible Officer
Date: 29 April 2024