Announced Care Inspection Report
20 February 2018

Cathedral Eye Clinic

Service Type: Independent Hospital (IH) – Laser Eye Surgery
Address: 89 - 91 Academy Street, Belfast BT1 2LS
Tel No: 0289032 2020
Inspector: Winifred Maguire
RQIA's Medical Physics Advisor: Dr Ian Gillan

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for

2.0 Profile of service

This is an independent hospital providing laser eye surgery.

Laser equipment

Ophthalmic Laser

Manufacturer:	Zeiss
Model:	VISUMAX
Serial Number:	1048412
Laser Class:	Class 3b
Output Wavelength:	1043nm
Location:	Second Floor Treatment Room

YAG Photo disrupter

Manufacturer: NIDEX
Model: YC 1600 Nd:Yag
Serial Number: 60952
Laser Class: 3B
Output wavelength: 1064nm
Location: First Floor Treatment Room

Excimer Laser

Manufacturer: Schwind-Amaris
Serial Number: A779
Laser Class: Class 4
Output wavelength: ArF (193nm)
Location: Second Floor Treatment Room

Ophthalmic Laser

Manufacturer: Lumenis
Model: Selecta II SLT
Serial Number: 51883
Laser Class: Class 3b
Output wavelength: 532nm
Location: First Floor Treatment Room

Vitrectomy laser

Model: DORC EVA
Laser Class: Class 4
Output wavelength: 532nm
Location: Second Floor Theatre

Laser Protection Advisor (LPA) Dr Anna Bass (Lasermet)

Laser Protection Supervisor (LPS) Mr Andrew Spence

Authorised Operators - Professor Jonathan Moore – All laser equipment (with the exception of the DORC.EVA laser)

Mr Colin Willoughby - Lumenis Selecta II SLT
Mr. Sri Kamalarajah - Nd:Yag laser
Ms Tanya Moutray - Nd:Yag laser
Mr Richard Best - DORC EVA laser
Mr Wing Chan - DORC EVA laser & Nd:Yag laser

Medical Support Services: Professor Jonathan Moore
Mr Richard Best (vitrectomy procedures only)

Type of Treatments Provided:

Refractive eye laser and other vision correction treatments:

- LASEK
- LASIK
- Cross-Linking
- Presbymax
- VISUMAX SMILE
- SLT Laser treatments
- Transepi PTK
- Glaucoma
- Vitrectomy procedures

3.0 Service details

Organisation/Registered Provider: Cathedral Eye Clinic Ltd **Responsible Individual:** Mr Jonathan Moore	**Registered Manager:** Mr Gary McArdle
Person in charge at the time of inspection: Mr Gary McArdle	**Date manager registered:** 18 July 2017
Categories of care: Independent Hospital (IH) – AH (DS) Acute hospitals (day surgery only) PT(L) Prescribed techniques or prescribed technology: establishments using Class 3B or Class 4 lasers PD Private Doctor	

4.0 Inspection summary

An announced inspection took place on 20 February 2018 from 10.20 to 16.30.

The inspector was accompanied by Dr Ian Gillan, RQIA's Medical Physics Advisor. The findings and report of Dr Gillan are appended to this report.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Independent Health Care Regulations (Northern Ireland) 2005, The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Examples of good practice were evidenced in all four domains. These related to: patient safety in respect of safeguarding; infection prevention and control; the management of medical emergencies; and the environment. Other examples included: the management of the patients' care pathway; communication; records management and engagement to enhance the patients' experience.

Two areas of improvements were identified against the regulations in relation to consultant ophthalmologist's up to date details being sought and retained for inspection and providing evidence that all authorised operators have up to date training in line with RQIA's training guidance for Independent Hospitals –laser eye surgery services.

Three areas of improvement were identified against the standards in relation to ensuring the local rules are amended to reflect the location of each laser within the establishment and the number of protective eyewear required for each laser in accordance to the procedure being provided; devising written procedures detailing the arrangements for testing and servicing the lasers that have been unused for extended periods of time to enable them to return to clinical use and ensuring practising privileges agreements are reviewed at least every two years.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	3

Details of the Quality Improvement Plan (QIP) were discussed with Mr Gary McArdle, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 12 December 2017

No further actions were required to be taken following the most recent inspection on 12 December 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the establishment was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the establishment
- written and verbal communication received since the previous care inspection
- the previous care inspection report
- submitted complaints declaration

Questionnaires were provided to patients prior to the inspection by the establishment on behalf of RQIA. RQIA did not receive any completed patient questionnaires. RQIA requested staff to complete a survey monkey questionnaire. Completed staff questionnaires were received and analysed after the inspection.

A poster informing patients that an inspection was being conducted was displayed.

During the inspection the inspector met with Mr Jonathan Moore, registered person; Mr Gary McArdle, registered manager; a senior nurse; and a senior optometrist who acts as the laser protection supervisor (LPS). A tour of the premises was also undertaken.

A sample of records was examined during the inspection in relation to the following areas:

- staffing
- recruitment and selection
- safeguarding
- laser safety
- management of medical emergencies
- infection prevention and control
- care pathway
- communication
- management and governance arrangements
- practising privileges
- maintenance arrangements

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 12 December 2017

The most recent inspection of the establishment was an announced care inspection to review the introduction of vitrectomy procedures.

6.2 Review of areas for improvement from the last care inspection dated 12 December 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Staffing

Mr Gary McArdle, registered manager, confirmed that there is sufficient staff in the various roles to fulfil the needs of the establishment and patients. This includes a team of consultant ophthalmologists, optometrists, nurses and laser technicians/surgical assistants who have specialist qualifications and skills in laser eye surgery.

Mr McArdle confirmed that laser eye procedures are only carried out by trained medical practitioners acting as clinical authorised operators and laser technicians /surgical assistants acting as non-clinical authorised operators. A register of clinical and non-clinical authorised operators for the laser is maintained and kept up to date. A staff register was in place.

A review of completed induction programmes for two nursing staff evidenced that induction training is provided on commencement of employment.

A review of training records noted that not all authorised operators have evidence of up to date training in core of knowledge, application training for the equipment in use, basic life support, infection prevention and control and fire safety. An area of improvement against the regulations was identified in relation to this matter.

All other staff employed at the establishment, but not directly involved in the use of the laser equipment, have received laser safety awareness training.

Evidence was available that confirmed that staff who have professional registration, undertake continuing professional development (CPD) in accordance with their professional body's recommendations.

Discussion with Mr McArdle and review of documentation confirmed that there are rigorous systems in place for undertaking, recording and monitoring all aspects of staff supervision, appraisal and ongoing professional development.

A review of six consultant ophthalmologist's details confirmed that not all of the following had been sought and retained:

- confirmation of identity
- current General Medical Council (GMC) registration
- professional indemnity insurance
- qualifications in line with service provided
- ongoing professional development and continued medical education that meets the requirements of the Royal Colleges and GMC
- evidence of ongoing annual appraisal by a trained medical appraiser
- an appointed responsible officer
- arrangements for revalidation

Most information reviewed was found not to be current or up to date. The matter was fully discussed with Mr McArdle and an area of improvement was identified against the regulations to ensure all of the above is sought and retained for each consultant ophthalmologist.

Recruitment and selection

A review of the submitted staffing information and discussion with Mr McArdle confirmed that two nursing staff have been recruited since the previous inspection. A review of the personnel files for these staff evidenced that not all recruitment information was available in line with Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005.

Review of the identified staff personnel files demonstrated the following issues:

- a criminal conviction declaration was not available in both files
- two references for one new member staff were not on file
- a health assessment/declaration was not in place in both files
- proof of identity was in place in one file

The matter was fully discussed with Mr McArdle and the inspector provided a recruitment checklist to assist the establishment in ensuring that recruitment practices are in accordance to Regulation 19 (2) Schedule 2 of The Independent Health Care Regulations (Northern Ireland) 2005. Mr McArdle gave assurances that recruitment would be strictly in line with legislation. Following inspection electronic copies of all of the above information was submitted to RQIA and confirmation was provided that the records are held in the relevant staff personnel files.

A recruitment policy and procedure was in place and on review some minor amendments were suggested. An updated recruitment policy was submitted to RQIA following inspection, which was found to be comprehensive and reflected best practice guidance.

Safeguarding

Staff spoken with were aware of the types and indicators of abuse and the actions to be taken in the event of a safeguarding issue being identified. Staff were aware of who the nominated safeguarding lead was within the establishment.

Review of records demonstrated that all staff in the establishment had received training in safeguarding adults as outlined in the Minimum Care Standards for Independent Healthcare Establishments July 2014. Following inspection it was confirmed that level 2 adult safeguarding training has been arranged in June 2018 for the safeguarding lead and a deputy lead.

Policies and procedures were in place for the safeguarding and protection of adults and children at risk of harm. The policies included the types and indicators of abuse and distinct referral pathways in the event of a safeguarding issue arising with an adult or child. The relevant contact details for onward referral to the local Health and Social Care Trust should a safeguarding issue arise were included.

Laser safety

A laser safety file is in place which contains all of the relevant information in relation to laser equipment.

There was written confirmation of the appointment and duties of a certified LPA which is reviewed on an annual basis. The service level agreement between the establishment and the LPA was reviewed and this expires on August 2018.

Laser eye surgical procedures are carried out by trained medical practitioners in accordance with medical treatment protocols produced and reviewed in August 2017 by the Professor Jonathan Moore for all laser procedures with the exception of vitrectomy procedures. Medical treatment protocols for vitrectomy procedures have been devised by Mr Richard Best in December 2017. Systems are in place to review the medical treatment protocols on an annual basis.

Up to date local rules are in place which have been developed by the LPA. The local rules contained most of the relevant information pertaining to the laser equipment being used. In light of the number of lasers in use, an area of improvement was identified against the standards to include the following in the local rules:

- details of the room where each laser is used
- the number of pairs of protective eyewear for each laser

This information will assist the LPS when auditing safety arrangements.

It was advised to devise a supplement /aid memoir checklist summarising details of specific laser protection arrangements in each room as described by staff during the inspection. Following the inspection a checklist for each room as outlined above was included in the local rules and submitted to RQIA. It was confirmed the establishment's LPA would review the checklist and amend local rules as necessary.

The establishment's LPA completed a risk assessment of the premises in August 2017. All recommendations made by the LPA have been addressed.

A list of clinical and non-clinical authorised operators is maintained and authorised operators have signed to state that they have read and understood the local rules and medical treatment protocols.

When the laser equipment is in use, the safety of all persons in the controlled area is the responsibility of the LPS. Arrangements are in place for another authorised operator to deputise for the LPS in their absence, who is suitably skilled to fulfil the role. Discussion with Mr McArdle confirmed that systems are in place to ensure other authorised operators are aware who is the LPS on duty.

The environment in which the laser equipment is used was found to be safe and controlled to protect other persons while treatment is in progress. The controlled area is clearly defined and not used for other purposes, or as access to areas, when surgery is being carried out.

The doors to the laser rooms are locked when the laser equipment is in use but can be opened from the outside in the event of an emergency.

The laser equipment is operated using keys. Arrangements are in place for the safe custody of the lasers' keys when not in use.

Laser safety warning signs are displayed when the laser equipment is in use and removed when not in use.

Protective eyewear is available as outlined in the local rules for laser technicians/surgical assistants if required.

The establishment has a laser surgical register for each laser which is completed every time the equipment is operated and includes:

- the name of the person treated
- the date
- the operator
- the treatment given
- the precise exposure
- any accident or adverse incident

A review of the laser surgical registers during the inspection found them to be comprehensively completed.

There are arrangements in place to service and maintain the laser equipment in line with the manufacturer's guidance. The most recent service reports were reviewed as part of the inspection process. It was noted one laser has not yet been operational; however it has been in the establishment for a lengthy period of time. An area of improvement was identified against the standards in relation to ensuring there are written procedures in place detailing the arrangements for testing and servicing the lasers that have been unused for extended periods of time to enable them to return to clinical use.

Management of medical emergencies

A review of medical emergency arrangements evidenced that emergency medicines were provided in keeping with the British National Formulary (BNF), and that emergency equipment as recommended by the Resuscitation Council (UK) guidelines was retained. A robust system was in place to ensure that emergency medicines and equipment do not exceed their expiry date. There was an identified individual with responsibility for checking emergency medicines and equipment.

A review of training records and discussion with staff confirmed that the management of medical emergencies is included in the induction programme. Some staff had evidence of basic life support training, however; as stated previously there was no evidence of updated training for the authorised operators in keeping with best practice guidance and this has been included in an area of improvement outlined in this report under the section 'staffing'.

Discussion with staff demonstrated that they have a good understanding of the actions to be taken in the event of a medical emergency and the location of medical emergency medicines and equipment.

A number of amendments were suggested in relation to the policy for the management of medical emergencies. Following inspection an amended electronic copy of the policy was submitted to RQIA and was found to reflect best practice.

Infection prevention and control and decontamination procedures

There were clear lines of accountability for infection prevention and control (IPC) in place. The establishment has a designated IPC lead nurse.

A range of information was available for patients and staff regarding hand washing techniques.

Arrangements were in place to ensure the decontamination of equipment and reusable medical devices in line with manufacturer's instructions and current best practice. Staff confirmed single use equipment is used where possible. It was confirmed the Ulster Hospital provide sterile services to the establishment.

Staff have been provided with IPC training commensurate with their role with the exception of the authorised operators. As stated previously an area for improvement against the regulations has been made to address this.

Discussion with staff confirmed they had a good knowledge and understanding of IPC measures.

A range of IPC audits have been carried out including:

- environmental
- hand hygiene
- post treatment infection

An external IPC audit had been carried out and action plan had been implemented to address the recommendations made. Mr McArdle confirmed an external IPC audit would be conducted six monthly, with the next one scheduled for March 2018.

It was confirmed a new cleaning company had been contracted by the establishment. Mr McArdle indicated that this had led to greater awareness of the specific requirements for cleaning a clinical environment.

There were a range of IPC policies and procedures in place which are held within an IPC manual.

A review of infection control and prevention arrangements indicated very good infection control practices are embedded in the establishment.

Environment

The premises were maintained to a high standard of maintenance and décor.

Detailed cleaning schedules were in place and completed records of cleaning were displayed in various areas.

Carbon dioxide (CO2) fire extinguishers were available which have been serviced within the last year.

Arrangements are in place for maintaining the environment.

A legionella risk assessment has been undertaken and water temperatures are monitored and recorded as recommended.

A fire risk assessment had been undertaken and staff confirmed fire training and fire drills had been completed. Staff demonstrated that they were aware of the action to take in the event of a fire.

Patient and staff views

No patients submitted questionnaire responses to RQIA.

Seven staff submitted questionnaire responses. All indicated that they felt that patients are safe and protected from harm. Three staff indicated they were very satisfied with this aspect of care and four indicated they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to: staff induction; appraisal; adult safeguarding; infection prevention and control; management of emergencies; risk management and the environment.

Areas for improvement

All authorised operators should have evidence of up to date training in core of knowledge, application training for the equipment in use, basic life support, infection prevention and control, fire safety and safeguarding adults.

The following up to date information must be sought and retained for each consultant ophthalmologist:

- confirmation of identity
- current General Medical Council (GMC) registration
- professional indemnity insurance
- qualifications in line with service provided
- ongoing professional development and continued medical education that meets the requirements of the Royal Colleges and GMC
- there was evidence of ongoing annual appraisal by a trained medical appraiser
- an appointed responsible officer
- arrangements for revalidation

The local rules should include the following:

- details of the room where each laser is used
- the number of pairs of protective eyewear for each laser. This information will assist the LPS when auditing safety arrangements.

Written procedures should be devised detailing the arrangements for testing and servicing the lasers that have been unused for extended periods of time to enable them to return to clinical use.

	Regulations	Standards
Total number of areas for improvement	2	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Care pathway

Patients have an initial consultation with a qualified optometrist or consultant ophthalmologist who discusses their treatment options and the cost of the surgery.

During the initial consultation, patients are asked to complete a health questionnaire. There are systems in place to contact the patient's general practitioner, with their consent, for further information if necessary.

The establishment has a list of fees available for each type of surgical procedure. Fees for treatments are agreed during the initial consultation and may vary depending on the individual patient's prescription and surgery options available to them.

Staff confirmed patients meet with their surgeon, on the day of surgery, to discuss their individual treatment and any concerns they may have. Arrangements can be made for the patient to meet with the surgeon earlier if necessary.

Patients are provided with written information on the specific procedure to be provided that explains the risks, complications and expected outcomes of the treatment.

Patients are provided with clear post-operative instructions along with contact details for a senior optometrist and a senior nurse if they experience any concerns. There are systems in place for the senior optometrist or the senior nurse to refer patients directly to a consultant ophthalmologist if necessary.

Systems are in place to review the patient following surgery at one day, one week, one month, three months and longer if necessary in accordance to the specific medical treatment protocol.

Six patient care records were reviewed. The establishment retains hard copy care records which are supplemented with an electronic record system. The patient care records were well documented, contemporaneous and clearly outlined the patient journey. The care records reviewed contained the following:

- patient details
- medical history
- signed consent form
- initial consultation
- pre-operative notes
- intra-operative notes
- post-operative notes
- review/follow up notes

Observations made evidenced that patient records are securely stored.

Systems were in place to audit the completion of clinical records and an action plan is developed to address any identified issues. The outcome of the audit is reviewed through the establishment's clinical governance structures.

Information was available for patients on how to access their health records, under the Data Protection Act 1998.

The establishment is registered with the Information Commissioner's Office (ICO).

A review of documentation confirmed that the establishment has a range of policies and procedures in place for the management of records which includes the arrangements for the creation, use, retention, storage, transfer, disposal of and access to records.

The establishment also has a policy statement in place for clinical record keeping in relation to patient treatment and care which complies with GMC guidance and Good Medical Practice.

Communication

As discussed, there is written information for patients that provides a clear explanation of any treatment and includes effects, side-effects, risks, complications and expected outcomes. Information is jargon free, accurate, accessible, up-to-date and includes the cost of the treatment.

The establishment has a policy for advertising and marketing which is in line with legislation.

Staff confirmed that management is approachable and their views and opinions are listened to. Staff meetings are held on a monthly basis. Review of documentation demonstrated that minutes of staff meetings are retained.

Staff confirmed that there are good working relationships and there is an open and transparent culture within the establishment.

Patient and staff views

As stated previously, no patients submitted questionnaire responses to RQIA.

All submitted staff questionnaire responses indicated that they felt that patients get the right care, at the right time and with the best outcome for them. Four staff indicated they were very satisfied with this aspect of care and three indicated they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to the completion of clinical records, the arrangements for records management and ensuring effective communication between patients and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Dignity respect and involvement with decision making

Discussion with staff regarding the consultation and surgery confirmed that patients' modesty and dignity is respected at all times. The initial consultation is provided in a private room with the patient and the optometrist or the consultant ophthalmologist. The surgery is provided within designated laser rooms.

Information is provided to the patient in verbal and written form at all consultations to allow the patient to make choices about their care and treatment and provide informed consent.

Patients meet with the surgeon in advance of the planned day of surgery and are fully involved in decisions regarding their treatment. Patients' wishes are respected and acknowledged by the establishment.

Appropriate measures are in place to maintain patient confidentiality and observations made evidenced that patient care records were stored securely in locked filing cabinets and electronic records are password protected. Arrangements are also in place for off-site secure archiving facilities.

Patient satisfaction surveys are carried out by the establishment on an annual basis and the results of these are collated to provide a summary report which is made available to patients and other interested parties. An action plan is developed to inform and improve services provided, if appropriate.

Patient and staff views

As stated previously, no patients submitted questionnaire responses to RQIA.

All submitted staff questionnaire responses indicated that they felt that patients are treated with dignity and respect and are involved in decision making affecting their care. Four staff indicated they were very satisfied with this aspect of care and three indicated they were satisfied. Staff spoken with during the inspection concurred with this. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found in relation to maintaining patient confidentiality ensuring the core values of privacy and dignity were upheld and providing the relevant information to allow patients to make informed choices.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Management and governance

There was a clear organisational structure within the establishment and staff were able to describe their roles and responsibilities and were aware of who to speak to if they had a concern. Staff confirmed that there were good working relationships and the management were responsive to any suggestions or concerns raised.

Mr McArdle is the nominated individual with overall responsibility for the day to day management of the service. Professor Jonathan Moore, registered person is a consultant ophthalmologist who acts as the clinical director for the service. There are weekly clinic meetings with time limited actions and identifiable responsible persons for these actions. Quarterly surgical governance meetings are held which are chaired by the clinical director and are attended by the consultant ophthalmologists and Mr McArdle.

The establishment has devised a Clinic Development Action Plan, November 2017, to drive quality improvement.

Policies and procedures were available for staff reference. Observations made confirmed that policies and procedures were indexed, dated and systematically reviewed on an annual basis. Staff spoken with were aware of the policies and how to access them.

Discussion with Mr McArdle demonstrated that arrangements were in place to review risk assessments.

A copy of the complaints procedure was available in the establishment. Discussion with Mr McArdle demonstrated he had a good awareness of complaints management. A complaints questionnaire was forwarded by RQIA to the establishment for completion. The evidence provided in the returned questionnaire and review of compliant records indicated that complaints have been managed in accordance with best practice.

Discussion with Mr McArdle confirmed that a system was in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies as appropriate. A system was in place to ensure that urgent communications, safety alerts and notices are reviewed and where appropriate, made available to key staff in a timely manner.

It was confirmed that arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. Mr McArdle confirmed that if required an action plan is developed and embedded into practice to address any shortfalls identified during the audit process. A range of clinical audits are in place including:

- peer review of medical reports
- quality of vision
- quality of life
- post- operative infection

- return to theatre

Mr McArdle outlined the process for granting practising privileges and confirmed medical practitioners meet with Mr Moore, registered person prior to privileges being granted.

Five medical practitioner's personnel files reviewed confirmed that there was a written agreement between each medical practitioner and the establishment setting out the terms and conditions of practising privileges which has been signed by both parties.

Whilst there are systems in place to review practising privileges agreements every two years, it was noted not all agreements had been reviewed in line with the review date and had exceeded the two yearly timescale outlined in the establishment's practising privileges policy. An area of improvement has been identified against the standards in relation to this matter.

A policy and procedure was in place in place which outlined the arrangements for application, granting, maintenance, suspension and withdrawal of practising privileges.

A whistleblowing/raising concerns policy was available. Discussion with staff confirmed that they were aware of who to contact if they had a concern.

Mr Moore, registered person and Mr McArdle, registered manager demonstrated a clear understanding of their roles and responsibilities in accordance with legislation. Information requested by RQIA has been submitted within specified timeframes. It was confirmed that the statement of purpose and patient's guide are kept under review, revised and updated when necessary and available on request.

The RQIA certificate of registration was up to date and displayed appropriately.

Observation of insurance documentation confirmed that current insurance policies were in place.

Patient and staff views

No patients submitted questionnaire responses to RQIA.

All submitted staff questionnaire responses indicated that they felt that the service is well led. Two staff indicated they were very satisfied with this aspect of the service, three indicated they were satisfied and two indicated they were undecided. Staff spoken with during the inspection indicated they were very satisfied with this aspect of the service. No comments were included in submitted questionnaire responses.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

Review practising privileges agreements at least every two years.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Gary McArdle, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of a laser eye surgery service. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005 and The Regulation and Improvement Authority (Independent Health Care) (Fees and Frequency of Inspections) (Amendment) Regulations (Northern Ireland) 2011 and the Department of Health, Social Services and Public Safety (DHSSPS) Minimum Care Standards for Independent Healthcare Establishments (July 2014).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Independent Health Care Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 18 (2) (a) **Stated:** First time **To be completed by:** 20 April 2018	The registered person shall ensure that all authorised operators have evidence of up to date training in core of knowledge, application training for the equipment in use, basic life support, infection prevention and control, fire safety and safeguarding adults. Ref: 6.4
	Response by registered person detailing the actions taken: All authorised operators have been requested to provide evidence of the training outlined above, with a deadline of Wed 11th April 2018. Reminders will be sent between times.
Area for improvement 2 **Ref:** Regulation 19 (1) **Stated:** First time **To be completed by:** 20 April 2018	The registered person shall ensure that the following up to date information is sought and retained for each consultant ophthalmologist: • confirmation of identity • current General Medical Council (GMC) registration • professional indemnity insurance • qualifications in line with service provided • ongoing professional development and continued medical education that meets the requirements of the Royal Colleges and GMC • there was evidence of ongoing annual appraisal by a trained medical appraiser • an appointed responsible officer • arrangements for revalidation Ref: 6.4
	Response by registered person detailing the actions taken: All consultant ophthalmologists have been requested to provide evidence of holding the up-to-date info outlined above, with a deadline of Wed 11th April 2018. Reminders will be sent between times.
Action required to ensure compliance with The Minimum Care Standards for Independent Healthcare Establishments (2014)	
Area for improvement 1 **Ref**: Standard 48.4 **Stated:** First time **To be completed by:** 20 March 2018	The registered person shall ensure that the local rules include the following: • details of the room where each laser is used • the number of pairs of protective eyewear for each laser. Ref: 6.4

	Response by registered person detailing the actions taken: Liaison with Anna Bass (LPA) to revise / update the Local Rules to reflect the information outlined above.
Area for improvement 2 **Ref**: Standard 48.20 **Stated:** First time **To be completed by:** 20 March 2018	The registered person shall ensure that written procedures are devised detailing the arrangements for testing and servicing the lasers that have been unused for extended periods of time to enable them to return to clinical use. Ref: 6.4
	Response by registered person detailing the actions taken: Protocol / written procedures devised outlining the need for testing and servicing of such lasers.
Area for improvement 3 **Ref**: Standard 11.5 **Stated:** First time **To be completed by:** 20 April 2018	The registered person shall ensure that practising privileges agreements are reviewed at least every two years. Ref: 6.4
	Response by registered person detailing the actions taken: An alert system has been set up to ensure ths information is garnered every 2 years.

Please ensure this document is completed in full and returned via Web Portal

21st February 2018

Mrs W Maguire
Regulation & Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Dear Mrs Maguire

Laser Protection Report

The Cathedral Eye Clinic
88 - 91 Academy Street, Belfast BT1 2LS

Introduction

Further to yesterday's visit to the above premises, this report summarises the main Laser Protection aspects where improvement may be required. The findings are based on the requirements of European Standards and the Control of Artificial Optical Radiation at Work Regulations (Northern Ireland) 2010.

Notes / Comments

Local Rules

The following points should be added at the next review of the Local Rules.

- Details of the room where each laser is used.
- The number of pairs of protective eyewear for each laser (this information will assist the LPS when auditing safety arrangements)
- Details of specific protection arrangements in each room – e.g. closing of shutter in D.O.R.C room prior to the use of the laser. A supplement / aide memoir should also be added summarising these arrangements, which staff could easily refer to during setup.

Returning lasers to clinical use

The clinic has arrangements in place to service the lasers according to the manufacturer's guidance; however, written procedures should also be available detailing the arrangements for testing or servicing lasers that have been unused for extended periods to enable them to return to clinical use.

Dan Gillan

Dr Ian Gillan
Laser Protection Adviser to RQIA

P:\IGillan\reg & insp\2018\cathedral feb 18.doc

Appendix

Laser Systems

The Cathedral Eye Clinic, Academy Street, Belfast

Manufacturer:	Schwind-Amaris
Serial Number:	A779
Output wavelength:	ArF (193nm)
Laser Class:	4

Manufacturer:	Zeiss
Model	VISUMAX
Serial Number:	1048412
Output wavelength:	1043nm
Laser Class:	3B

Manufacturer:	D.O.R.C.
Model	EVA
Serial Number:	2015000298
Output wavelength:	532nm
Laser Class:	4

Manufacturer:	NIDEX
Serial Number:	60952
Output wavelength:	1064nm
Laser Class:	3B

Manufacturer:	Lumenis
Model	Selecta II SLT
Serial Number:	S1883
Output wavelength:	532nm
Laser Class:	3B

Laser Protection Adviser
Anna Bass, Lasermet
Date of last visit 8 August 2017

P:\IGillan\reg & insp\2018\cathedral feb 18.doc

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews