Minor Ops Limited

MY Eye Clinic

Inspection report

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Date of inspection visit: 15-16 August 2023
Date of publication: 08/11/2023

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

Our rating of this location improved. We rated it as good because:

- Staff were compliant with mandatory training. All staff received the appropriate training levels for safeguarding awareness for their roles. Staff followed infection prevention and control guidance. All areas were clean and tidy. Risk assessments were completed for each patient. Staff had the right qualifications and skills to provide the right care and treatment. Staff kept comprehensive records regarding patient care, and these were stored securely. Medicines were safely stored in locked cupboards were appropriately. The service managed patient safety incidents well.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff gave patients enough to drink to meet their needs. Staff assessed and monitored patients regularly to see if they were in pain. Staff monitored the effectiveness of care and treatment. The service made sure staff were competent for their roles. Consultant Ophthalmologists, nurses, and other healthcare professionals worked together as a team to benefit patients. Staff supported patients to make informed decisions about their care and treatment.
- Staff treated patients with compassion and kindness. Staff supported and involved patients to understand their condition and make decisions about their care and treatment. Staff provided emotional support to patients, families, and carers to minimise their distress.
- The service planned care to meet the needs of local people and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Leaders had the skills and abilities to run the service. The service had a vision for what it wanted to achieve. Staff felt respected, supported, and valued. Leaders operated effective governance processes, throughout the service. Leaders and teams used systems to manage performance effectively. The service collected reliable data and analysed it. Leaders and staff actively and openly engaged with patients and staff to manage the service. All staff were committed to continually learning and improving services.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good	Our rating of this service improved. We rated it as good because: • The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. • Staff provided good care and treatment, gave patients enough to drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were routinely available Monday to Friday and occasional Saturdays. • Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families, and carers. • The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment. • Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply these in their work. Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and

Summary of findings

accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

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Summary of this inspection

Background to MY Eye Clinic

My Eye Service is an independent service operated by Minor Ops Limited. The service offers a range of privately funded ophthalmic treatments to patients over the age of 18. Services include general ophthalmology, cataract surgery including pre- and post-operative assessment, ocular hypertension and glaucoma treatment and monitoring, eyelid and tear duct surgery, Yttrium Aluminum Garnett (YAG) laser treatment, medical retina services for conditions that affect the back of the eye.YAG laser capsulotomy is a type of laser treatment that is used to make a hole in the capsule to allow light to pass through to the back of the eye to improve vision. The YAG laser is used as the final part of the cataract surgery.

The service is registered to provide the following regulated activities:

• Diagnostic and screening services

• Surgical procedures

• Treatment of disease, disorder, or injury.

The service has a manager in post and is registered with CQC.

Patients are mostly self-referring and pay for their eye surgery themselves. Surgery days are variable and are booked according to demand. There are no overnight facilities and services operate Monday to Friday, with occasional opening on weekends and evenings if there is a need to do so, as required by patient demand. They also hold a contract for a community-based ophthalmology service with the local Integrated Care Board for the treatment of NHS patients. They have held this contract since 2007.

The service operates from the ground floor of a building. The ground floor has a reception area, main waiting area and six service areas including a theatre and a laser treatment room. On the first floor there is a manger and admin office space.

How we carried out this inspection

The team that inspected the service comprised a CQC lead inspector, CQC operations manager, a CQC regulatory officer and specialist advisor who had a background in Ophthalmology. The inspection team was overseen by a Deputy Director of Operations. We spoke with 5 members of staff and 4 patients and reviewed 9 sets patient records and 10 staff files.

The service has not been subject to any external review or investigation by the CQC at any time during the last 12 months before the inspection. There have not been any never events in the preceding 12 months. Never events are serious, largely preventable patient safety incidents, which should not occur if the available preventative measures have been put in place by healthcare services.

We inspected the service using our comprehensive inspection methodology. We carried out a short, announced inspection on 15 and 16 August 2023.

Summary of this inspection

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Surgery

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Is the service safe?

Good

Our rating of safe improved. We rated it as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Nursing staff received and kept up to date with their mandatory training. Nursing staff had achieved 100% completion rate for mandatory training.

Medical staff received and kept up to date with their mandatory training. Medical staff had achieved 100% completion rate for mandatory training.

All staff had completed resuscitation basic life support for adults and children as part of their mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. The service delivered mandatory and statutory training aligned to the core skills training framework. Mandatory training subjects included equality, diversity & human rights, fire safety, health, safety and welfare, infection, prevention and control, information governance and data security, moving and handling, safeguarding adults, and safeguarding children.

All staff had completed training on recognising and responding to patients with mental health needs, learning disabilities, autism, and dementia.

Managers monitored mandatory training and alerted staff when they needed to update their training. The service had a training spreadsheet that was RAG rated which clearly indicated when training was due to expire.

The registered manager told us bank staff accessed all mandatory training via their substantive NHS employer and this was recorded on their NHS electronic staff record (ESR). All bank staff were required to provide printed evidence of modules completed and this was monitored. Compliance was 100%

Good

Surgery

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Nursing staff received training specific for their role on how to recognise and report abuse. Nursing staff had achieved 100% compliance in level 2 safeguarding adults and children.

Medical staff received training specific for their role on how to recognise and report abuse. Medical staff had achieved 100% compliance in level 2 safeguarding adults and children.

The medical director was the safeguarding lead and had completed level 3 safeguarding adults and children training. This was in line with safeguarding intercollegiate guidance. At the time of the inspection, we saw evidence that they were enrolled upon and completing level 4 safeguarding training.

Staff were aware and could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Due to the nature of the service, no referrals had been made. The service did not treat anyone under the age of 18. Staff had access to an up-to-date safeguarding children's policy which included how to raise concerns with the local authority safeguarding teams.

The service had a chaperoning policy which staff knew how to access. The service had posters located in reception and patient areas reminding patients that they could request a chaperone when undergoing consultations and procedures.

Cleanliness, infection control and hygiene

The service-controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves, and others from infection. They kept equipment and the premises visibly clean.

All areas were visibly clean and had suitable furnishings which were clean and well-maintained. The service had an infection prevention policy which was in date and version controlled.

Disposable privacy curtains were used within the theatre/ post operative area. The curtains were visibly clean and dated and in line with policy.

The service performed well for cleanliness. The service undertook a range of infection prevention and control audits monthly and annually. Data from the most recent audits showed good results.

Staff used records to identify how well the service prevented infections. The service employed a cleaner. All Control of Substances Hazardous to Health (COSHH) substances were stored in the cleaner's cupboard which has had an access control system installed since the last inspection. All COSHH substances were risk assessed and stored correctly in a locked fireproof cabinet.

We saw evidence that daily cleaning checks and weekday compliance checks were completed for all areas.

Good

Surgery

The service completed monthly legionella water testing in line with health and safety legislation.

Staff followed infection control principles including the use of personal protective equipment (PPE). Each room and communal area had supplies of hand gel, and service wipes. The rooms had sinks with soap dispensers and notices explaining how to effectively wash hands. There were disposable paper towels for users to dry their hands. There were adequate supplies in all areas of disposable gloves and aprons.

Each room had a lidded general waste bin and service waste bin. Both were identifiable due to them being different colours.

In the consultation rooms and theatre, we saw consumable items were stored in clear plastic draws in trolleys. This meant the items were dust and dirt free.

The service used single use surgical instruments in line with best practise.

We observed staff cleaning equipment after patient contact and labelled equipment to show when it was last cleaned.

Staff worked effectively to prevent, identify, and treat surgical site infections.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed service waste well.

Patients could reach call bells and we observed staff responded quickly.

The design of the environment followed national guidance. The service consisted of an open reception area, diagnostic room, clinical rooms, stock room, operating theatre with pre op and post op area. Toilet facilities were available and suitable for disabled access. The reception waiting area was bright and comfortable. The patients journey from admission flowed with ease into the consultation and surgical areas. The décor in the rooms were pleasant and welcoming.

Staff carried out daily safety checks of specialist equipment. The resuscitation trolley was in the anaesthetic room next to the operating theatre. The trolley was locked with tamper proof tag in place. We completed contents check of the resuscitation trolley of all consumables and emergency medicines and found that all were correct and in date. We reviewed the last three months data for daily surface and weekly checks logs all had been completed and dated.

We saw, in the clinical rooms, laminate flowchart posters on paediatric and adult resuscitation were displayed.

The service had suitable facilities to meet the needs of patients' families.

We observed close circuit television on the premises and saw swipe system entry at access points to ensure the premises was secure.

The service had enough suitable equipment to help them to safely care for patients.

The service had a new state of the art operating theatre commissioned in 2021 which included an air handling unit to adjust air-changes, operating times, and temperature.

The laser suite was separate to the theatre. The consultant was the laser protection supervisor for the service. The operation keys for the lasers were kept in secure designated areas when not in use. The laser-controlled areas were clearly defined, and warning notices were clearly visible when in use. We saw evidence that all relevant staff had read and signed the 'Local Rules' and we saw these were followed in theatre. This was in line with the Medicines and Healthcare products Regulatory Agency Surgery (MHRA) guidance on lasers, intense light source systems and light-emitting diodes (LED's) – guidance for safe use in medical, surgical, dental, and aesthetic practices (September 2015).

There was a regular daily and annual maintenance programme in place for specialist equipment.

The service held service level agreements on all specialist equipment.

The service had arrangements for testing portable electrical appliances annually. We saw evidence of the certificates whilst onsite.

Staff disposed of clinical waste safely. Waste was separated with colour coded bags for general and clinical waste. The service had a contract with an external company for the collection and disposal of clinical waste.

Since the last inspection, the service has now changed clinical waste service and has now installed wall and trolley mounted sharp bins in all clinical areas. We saw the sharps bins were assembled correctly and not overfilled. These were disposed of in line with national guidance.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

Staff used a nationally recognised tool to identify deteriorating patients and knew how to escalate them appropriately.

Staff completed risk assessments for each patient on admission/arrival, using a recognised tool, and reviewed this regularly, including after any incident. Patients were assessed for their suitability prior to treatment. A full medical history and eye examination of the patient was undertaken at pre assessment including allergies. Staff used the World Health Organisation (WHO) five steps to safer surgery checklist prior to treatment. We saw evidence of this during the inspection.

In the event of a patient requiring an emergency transfer whilst undergoing care, this would be via a 999-emergency paramedic call and transfer to nearby emergency department. There was a resuscitation policy which was in date, and the necessary resuscitation equipment was onsite and available.

Theatres displayed posters about deteriorating patients and The National Early Warning Score (NEWS2).

Due to the nature of the service, they did not have a sepsis lead. However, staff knew how to identify symptoms of sepsis and if sepsis was suspected the patient would be transferred to a nearby specialist NHS hospital.

Staff used a surgical safety checklist as recommended by the WHO and Royal College of Ophthalmologists (RCO).

The service had 24-hour access to mental health liaison and specialist mental health support (if staff were concerned about a patient's mental health). Staff we spoke with demonstrated that they knew how to seek advice from the patients GP and mental health crisis teams if this was required.

Good

Surgery

Staff shared key information to keep patients safe when handing over their care to others.

Staffing

The service had enough nursing and support staff with the right qualifications, skills, training, and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service employed 19 nurses, an optometrist and 5 administrative staff which included the registered manager. They had 11 eleven consultants, one of which was the medical director, and the others were employed under practising privileges.

Due to the ad hoc nature of the service, bank staff were used frequently. The staffing rota was planned well in advanced so that the service could book the necessary nursing staff and anaesthetists. Bank staff that were requested had worked with the service for a long time. The registered manager could adjust staffing levels daily according to the needs of patients.

The service had no vacancies, low sickness, and good staff retention rates.

The service did not use agency nurses.

Managers made sure all bank staff had a full induction and understood the service. We saw that bank staff completed a full induction and competencies check before working in clinical areas.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive, and all staff could access them easily. The service had a robust system in place for both paper and electronic patient records.

During the inspection we reviewed 10 staff files which included the medical director and registered manager. We saw evidence all staff had been recruited in accordance with schedule 3 Health and Social Care Act 2008 (regulated activities) regulations 2014. We saw staff files formed part of the annual audit programme.

During inspection we reviewed 8 patient records. All were comprehensive and legible. The records we checked were paper records. All recorded the risks associated with the proposed procedures, all had patient consent recorded and information about the 14-day cooling off period. There was evidence the patients` doctor had been sent a copy of the procedures carried out.

When patients transferred to a new team, there were no delays in staff accessing their records.

All records were stored securely.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes to prescribe and administer medicines safely. The service had a medicines management policy which was dated, and version controlled and referred to national guidance.

Good

Surgery

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines.

Staff completed medicines records accurately and kept them up to date. We checked the controlled drugs cupboard and register all were compliant and in line with national guidance.

Staff stored and managed all medicines and prescribing documents safely. Since the last inspection, the service has converted a room into a stock room for storage of medicines, this is only accessible by an ID Card by authorised personnel.

The service has installed a new stock control system which allows complete monitoring of stock control levels and expiry dates.

Medication fridge temperatures were monitored daily and were within normal range.

In the service rooms each had a medicines cabinet which were locked, and the keys were held upstairs. We checked the medications all were in date and stored correctly.

Staff followed national practice to check patients had the correct medicine. Allergies were clearly recorded in patient records.

Staff learned from safety alerts and incidents to improve practice.

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Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

The service had an incident reporting policy and procedure, and staff knew what incidents to report and how to report them.

Staff raised concerns and reported incidents and near misses in line with service policy.

The service had no never events or serious incidents in the last 12 months.

The service had an incident reporting form that staff could access on their internal server.

Staff that we spoke with told us they understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Prior to this inspection there had been no incidents that met the threshold for duty of candour to be applied.

Meeting minutes showed that incidents and potential incidents were discussed at quarterly clinical governance meetings.

Good

Surgery

Staff that we spoke with told us that they had regular opportunities to meet and discuss improvements to patient care and the service.

Is the service effective?

Good

Our rating of effective stayed the same. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We saw in the minutes of the quarterly governance meetings that policies were a standard agenda item.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice.

Nutrition and hydration

Staff gave patients enough to drink to meet their needs.

Water, tea, and coffee machines were available in the waiting area. We observed staff offering patients a drink of their choice whilst they were waiting for their appointment. Patients only attended the service for a short period: therefore, food was not routinely provided.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Patients undergoing ophthalmic surgery were treated under local anaesthesia and sedation. They were fully conscious and responsive.

Patients received pain relief soon after requesting it. Staff used a recognised pain tool and patients were given pain relief if required.

Staff prescribed, administered, and recorded pain relief accurately.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

Outcomes for patients were positive, consistent, and met expectations, such as national standards. The service undertook local and clinical audits relating to IPC, medicines, equipment, and cataract surgery.

Good

Surgery

Data from the theatre temperature and humidity audit January- February 2023 showed that the temperature and humidity were well controlled during the operating list and within the desired range as specified by the Royal College of Ophthalmologists.

Data from the private cataract surgery of 68 patients to analyse, evaluate visual acuity and refractive outcomes showed 98.5% achieved a best corrected visual acuity. This exceeded the national standard of 94%. This data also showed that out of all the patients none of them had surgical complications such as posterior capsule rupture (PCR).

Managers and staff used the results to improve patients' outcomes. The service used data to monitor the effectiveness of treatment.[AS1]

Managers and staff carried out a comprehensive programme of regular audits to check improvement over time. The service had a planned comprehensive program of audits.

Managers used information from the audits to improve care and treatment. When figures for audits fell below compliance level of 90%, managers increased the audit frequency to monthly and action plans were developed to improve care and treatment.

Managers shared and made sure staff understood information from the audits. We saw evidence that results from audits were discussed at the governance meetings and team meetings.

Improvement was regularly checked and monitored by the manager.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients. Staff had the appropriate skills, knowledge, and experience to deliver high quality care.

The registered manager gave all new staff a full induction tailored to their role before they started work. There was an induction program in place which included competencies, policies, and procedures that staff were required to complete.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff had the opportunity to discuss training needs with the registered manager and were supported to develop their skills and knowledge. All staff had an appraisal and had achieved 100% compliance.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers and staff met regularly to discuss any learning or development which would be beneficial to the service.

Managers made sure staff received any specialist training for their role.

Good

Surgery

Multidisciplinary working

Doctors, nurses, and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. The service held monthly team meetings. We saw that staff worked together effectively as a team.

Seven-day services

Key services were routinely available Monday to Friday and occasional Saturdays to support timely patient care.

The service operated Monday to Friday, however, on occasion additional services would operate in the evenings. Surgical procedures were carried out monthly on a Saturday. The service could increase this if needed by patient demand.

Health promotion

Staff gave patients practical support and advice on good eye care.

The service had relevant information promoting healthy lifestyles relating to eye health.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used to agree personalised measures that limit patients' liberty.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff made sure patients consented to treatment based on all the information available. The service was offered mostly to self-refereeing and self-paying patients; should the patient's capacity to consent be in question staff told us they would refer the patient to a GP for an assessment. However, they could not recall any examples of doing this.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The patient pathways were explained in detail by the consultant to the patient. Written information packs about the range of treatment options, risks, benefits, complications, and costs of treatments were given to the patient.

Staff made sure patients consented to treatment based on all the information available. Patients were given opportunity to change their mind throughout the patient pathway in line with Royal College of Surgeon guidelines, which state that consent requirements include a two-stage process of consent with a period of at least two weeks between the stages to allow the patient to reflect upon their decision before any procedure.

Staff clearly recorded consent in the patients' records. We saw in the patients record that consent was clearly documented and that they were given a copy of the consent process.

Formatting issue [AS1]

Good

Surgery

Is the service caring?

Good

Our rating of caring stayed the same. We rated it as good.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Patients that we spoke with said that staff took time to interact with patients and those close to them in a respectful and considerate way. We observed staff introduced themselves to patients at each stage of the consultation and/or procedure. Patients were able to ask questions related to their treatment procedure.

Patients told us that staff treated them well and with kindness.

Staff followed policy to keep patient care and treatment confidential. Discussions with patients took place in consulting rooms to ensure privacy and confidentiality.

Staff understood and respected the personal, cultural, social, and religious needs of patients and how they may relate to care needs.

Emotional support

Staff provided emotional support to patients, families, and carers to minimise their distress. They understood patients' personal, cultural, and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. We observed that staff provided reassurance and comfort to patients during consultations. The service did request patients attend their appointments alone, however patients that required a chaperone/ carer were able to have them attend.

Staff understood the emotional and social impact that a person's care, treatment, or condition had on their wellbeing and on those close to them. Staff were able to explain treatment details and potential side effects in a reassuring manner. We observed patients asking questions and staff were able to answer in a way in which the patient understood.

Understanding and involvement of patients and those close to them

Staff supported patients, families, and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients, and those close to them, understood their care and treatment.

Staff talked with patients, families, and carers in a way they could understand, using communication aids where necessary. We spoke with three patients, and they all told us that they had received all the information in a manner that they could understand to their treatment/procedure, they were fully reassured before agreeing to undergo eye surgery.

Good

Surgery

Patients and their families could give feedback on the service and their treatment and staff supported them to do this.

We saw that patients gave positive feedback about the service.

Is the service responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Service delivery to meet the needs of local people.

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services, so they met the needs of the local population.

Facilities and premises were appropriate for the services being delivered. Provisions for disabled people was available including disabled access, disabled toilets, spacious reception area and all treatment rooms and theatre on the ground floor. There was also free parking onsite.

The service had systems to help care for patients in need of additional support or specialist intervention. One of the consultation rooms could accommodate bariatric patients.

Managers ensured that patients who did not attend appointments were contacted.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and services.

Staff told us they did not routinely treat patients living with mental health, learning disabilities and dementia due to the nature of their service and how patients accessed it. However, they had completed the necessary training to meet the needs of these patients, and all demonstrated how they would manage these patients if needed.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The Accessible Information Standard (AIS) was followed by staff at the service.

The service had a range of patient information leaflets available in languages spoken by the patients and local community. These were also available in large print upon request.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or sign language when needed. Staff told us that this could be arranged in advanced of their consultation if required.

Good

Surgery

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to treat and discharge patients exceeded patients' expectations.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. Referrals were received by phone or by an online booking form. Patients were then contacted by the service to book an appointment for an initial consultation at the earliest convenience. Referral to treatment times was between 4-6 weeks for private funded patients.

Managers and staff worked to make sure patients did not stay longer than they needed to on the day of their visit.

Managers worked to keep the number of cancelled appointments, treatments, and operations to a minimum.

Staff told us that if patients had their appointments cancelled at the last minute or they did not attend the service would contact them and rearranged as soon as possible.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Patients, relatives, and carers knew how to complain or raise concerns. The service had a complaint policy which was in date and version controlled.

We saw evidence patients were provided with information as to how to make a complaint in their information packs following on from the initial consultation. There was information as to which agencies to contact if the person making the complaint was unhappy with the outcome.

Managers shared feedback from complaints with staff and learning was used to improve the service.

Information was displayed in the reception area on how to raise a concern/ complaint.

Staff understood the policy on complaints and knew how to handle them. Staff that we spoke with were able to describe the complaints process and timescales.

Managers investigated complaints and identified themes.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Staff that we spoke with could give us examples of how they used patient feedback to improve daily practice.

Good

Surgery

Is the service well-led?

Good

Our rating of well-led improved. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

There was a clearly defined system of leadership for all staff working in the service.

Staff told that us that the senior leadership team were visible, supportive, and approachable.

Staff that we spoke with told us they had confidence and trust in the leadership across the service.

Staff were supported to progress through the company and take on new/ additional roles and responsibilities.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. Staff were aware of the service's vision and how they could turn it into action.

The service implemented a new strategy in 2022 to ensure that they provided outstanding care to patients and customers. The values had patients as the focus and prioritised four values safety, excellence, compassion, and openness. Staff that we spoke with understood the vision and had opportunity to have input into the development.

Culture

Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff told us that they all felt supported and valued by the management team in their roles. We saw this captured in the staff survey results which achieved 99% for staff satisfaction.

Staff could access the duty of candour policy.

Staff confirmed appraisal processes were in place for all staff: 100% of staff had an appraisal in 2023 and all had personal development goals/ learning identified.

The patient experience was extremely important to all the team, and this was evident when we spoke with staff. Feedback that was gathered from patients was always discussed within the team.

Good

Surgery

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

The service was managed by the registered manager who was accountable for the day to day running of the business.

The service had quarterly clinical governance meetings. They discussed complaints and adverse events, numbers of patients treated, clinical audits, safeguarding, mental capacity, and future development plans. Each meeting had a standardised agenda and action logs to monitor improvements to the services.

The service had effective governance systems ensuring appropriate recruitment checks to grant staff practicing privileges. Practising privileges is the process by which a medical practitioner is granted permission to work in an independent hospital or service. To maintain practising privileges, staff had to provide evidence of an annual whole practice appraisal, indemnity cover, an up-to-date Disclosure Barring Service check and evidence of completed training. We were assured that all ten staff files that we reviewed were compliant and in line with schedule 3 categories.

The service relied upon the expertise of their team to ensure that safe and effective care was delivered. There was a program of internal audits conducted to ensure compliance with policies such as hand hygiene, WHO checklist, medicines, and equipment. Audits were completed on a weekly, monthly, and quarterly basis and findings were shared at the monthly governance meetings.

The service held quarterly medical advisor committee (MAC) meetings which was attended by the consultants who work at the service. The role of the MAC meetings is to advise the director on medical and clinical governance matters.

Management of risk, issues, and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

Leaders had the correct systems in place to identify, mitigate and address risks. The risk register was reviewed on a regular basis we saw evidence of this in the monthly governance meeting minutes.

The risk register identified individual accountabilities, the controls, and measures in place against identified risks which were scored.

The service had no reported infections, serious incidents, never events or complaints from patients.

There was a comprehensive audit program in place to manage performance and effectiveness of care and treatment.

The provider had a business continuity plan in place to deal with any unexpected events.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Good

Surgery

Staff completed General Data Protection Regulation (GDPR), NHS data security awareness level 1 training and information security as part of their mandatory training. Data shared with us showed that all staff had completed the training.

The service had a website where people could access information about the different procedures available.

Staff had access to a web-based portal to gain information relating to policies, procedures, professional guidance, and training.

Staff could access policies, procedures, and clinical guidelines through the service's electronic systems. Staff told us they could access patient information and up to date national best practice guidelines and prescribing formularies when needed.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The service held a contract for a community-based ophthalmology service with the local Integrated Care Board for the treatment of NHS patients. They have held this contract since 2007.

Clinical governance notes showed that the results from the patient satisfaction survey were discussed at each meeting. Compliments from patients were shared which included comments such as excellent care and very good friendly staff.

Positive feedback was received from patients through the patient survey and cards displayed in the service. Patient feedback identified positive experiences and the professionalism of the team.

The service had completed a recent staff survey. Results were positive and staff felt listened too, valued, and supported to develop and further new skills and experience.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

The service told us that they had a plan for further service development and were in preparation to commence retinal surgery with three highly experienced retinal surgeons. The had secured a contract for the vitrectomy machine which was due to arrive shortly. This will enable the service to provide vitrectomies, epiretinal membrane peels, macular hole surgery and dropped nuclei procedures initially for private patients. The service will explore offering retinal surgery to NHS patients as it not always available at other services.

The service aimed to provide a complete ophthalmology service. They had 2 glaucoma consultants, two medical retina consultants, two oculoplastic consultants, two corneal consultants, a vitreoretinal consultant, and a medical ophthalmologist.

Good

Surgery

Consultants treat patients within their sub-specialist area. In addition to cataract surgery, they offered oculoplastic, glaucoma, YAG laser, retinal and refractive surgery. To support the range of clinical activity the service embarked upon a programme of service improvements with a new waiting room, six service rooms and a full operating theatre suite. One of the glaucoma surgeons offered the innovative iStent glaucoma drainage implant which was inserted during cataract surgery. One of the corneal surgeons planned to offer collagen cross-linking for patients with keratoconus.

Leaders were in talks with three dermatology surgeons to offer Mohs surgery at the service for the removal of periocular tumours. Leaders told us that the service aimed to provide all the range of adult diagnostic procedures and local anaesthetic surgery as would be found in an ophthalmology department in a large teaching hospital.