

# Vision House

## Inspection report

Gunco Lane  
Macclesfield  
SK11 7JL  
Tel:

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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 

# Overall summary

**This service is rated as Good overall.** The previous inspection of January 2013 was not rated as the CQC did not give ratings to independent healthcare providers at that time. However, all the required standards of care were met.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Vision House as part of our inspection programme and to give this service a rating.

Vision House is registered with CQC under the Health and Social Care Act 2008 in respect of the following regulated activities: diagnostic and screening procedures and treatment of disease, disorder or injury. Vision House provide medical retinal services, intravitreal injections, retinal laser and YAG (Yttrium Aluminum Garnet) laser treatments. Minor ophthalmic procedures associated with the holistic care of patients are also provided.

The provider is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are ‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

## Our key findings were:

- Patients received effective care and treatment that met their needs.
- Risk assessments were completed to ensure the safety of the premises.
- Staff received appropriate training to carry out their roles.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording incidents.
- Staff treated patients with kindness, respect and compassion.
- The service was flexible and responsive to meeting patients' needs.
- Clinicians maintained the necessary skills and competence to support patients' needs.
- Leaders had the capacity and skills to deliver high-quality, sustainable care.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC GP specialist adviser.

## Background to Vision House

Eye Care Medical Limited is based at:

Gunco Lane

Macclesfield

Cheshire

SK11 7JL

0151 327 4025

[www.eyecaremedical.co.uk](http://www.eyecaremedical.co.uk)

The provider also provides a service at Northwich - Watling Street Medical Practice, Watling St, Northwich CW9 5EX, although we did not visit this location as part of the inspection.

Opening hours are Monday to Friday 8.30 am to 5pm.

Vision House is registered with CQC under the Health and Social Care Act 2008 in respect of the following regulated activities: Diagnostic and screening procedures and Treatment of disease, disorder or injury. Vision House provide medical retinal services, intravitreal injections, retinal laser and YAG (Yttrium Aluminum Garnet) laser treatments. Minor ophthalmic procedures associated with the holistic care of patients are also provided. This community based NHS service was established in 2007 and provides treatments for macular conditions such as Age Related Macular Degeneration (AMD), vein occlusions and diabetic retinopathy.

### How we inspected this service

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## **We rated safe as Good because:**

The practice provided care in a way that kept patients safe and protected them from avoidable harm.

### **Safety systems and processes**

#### **The service had clear systems to keep people safe and safeguarded from abuse.**

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. Clinical staff and safeguarding leads were trained to level 4 as required.
- There was an effective system to manage infection prevention and control.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

### **Risks to patients**

#### **There were systems to assess, monitor and manage risks to patient safety.**

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staffing levels were adapted to reflect the daily patient list and staff were trained for different roles to ensure a flexible service was provided.
- There was an effective induction system for all staff which was tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis, although this was not mandatory training. Annual health and safety training was provided which included fire safety and basic life support.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.
- Regular checks were carried out on clinical equipment such as the defibrillator, oxygen, medicines and anaphylaxis equipment.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

### **Information to deliver safe care and treatment**

# Are services safe?

- Staff had the information they needed to deliver safe care and treatment to patients.
- Individual care records were held and full health care needs assessments were carried out. Patients' medical history was reviewed and updated at each consultation.
- Clinicians worked closely with a patient's GP to ensure they had the necessary information to deliver safe care and treatment
- There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

## Safe and appropriate use of medicines

### The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

## Track record on safety and incidents

### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

### The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- There had been no reported unexpected or unintended safety incidents. However, we were informed that affected people would be given reasonable support, truthful information and a verbal and written apology. Records were kept of verbal interactions as well as written correspondence.

# Are services safe?

- The service acted on and learned from external safety events as well as patient and medicine safety alerts. Changes were made to the way patients were called from the patient waiting area for their consultation due to a mix up with names.
- The service had an effective mechanism in place to disseminate alerts to all members of the team and the local Clinical Commissioning Group.

# Are services effective?

## **We rated effective as Good because:**

Patients received effective care and treatment that met their needs.

### **Effective needs assessment, care and treatment**

**The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance relevant to their service.**

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

### **Monitoring care and treatment**

**The service was actively involved in quality improvement activity.**

- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits / clinical audit which had a positive impact on quality of care and outcomes for patients.
- There was clear evidence of action to resolve concerns and improve quality. There were a range of audits presented to ensure that he met or exceeded expected quality standards. For example, 90% of patients' visual acuity either remained the same as at presentation or improved. There was also a longitudinal audit of significant complications attributable to the procedure, there were none in the 4000 cases surveyed.
- Data was sent to the Clinical Commissioning Group about timescales for diagnosis, referral for treatment times, and any issues or concerns etc.
- Regular team meetings were held so that staff had opportunity to review the quality of the service provided.

### **Effective staffing**

**Staff had the skills, knowledge and experience to carry out their roles.**

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC) / Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. This was both online training and face to face training. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff had an annual appraisal of their work.

### **Coordinating patient care and information sharing**

**Staff worked together, and worked well with other organisations, to deliver effective care and treatment.**

# Are services effective?

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We were told about patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Treatment options were discussed with patients. Treatments given offered the optimal balance between the number of injections needed and the benefit to the patient. The provider was also looking at new treatments which offered further outcome benefits. Patients were kept informed of treatments after every patient encounter.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- There is a nurse advice line which patients can use if they require information about their treatment outside of normal working hours.
- Patients were referred to the Macular Society for information and advice on self-care. Information leaflets in larger print and printed on yellow paper were also available.
- The service monitored the process for seeking consent appropriately.

## Supporting patients to live healthier lives

### **Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.**

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs.

## Consent to care and treatment

### **The service obtained consent to care and treatment in line with legislation and guidance.**

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.



# Are services caring?

## **We rated caring as Good because:**

Patients were treated with respect and staff were kind, caring and involved them in decisions about their care.

### **Kindness, respect and compassion**

#### **Staff treated patients with kindness, respect and compassion.**

- The service sought feedback on the quality of clinical care patients received.
- The practice had recently carried out a survey of patients views of the service.
- Feedback from patients was positive about the way staff treated them. The practice invited patients to complete the NHS Friends and Family test (FFT) when attending the surgery or online. The FFT gave every patient the opportunity to feed back on the quality of care they had received. Results from the patient responses received in April and May 2022 showed most patients were 'extremely likely' and 'likely' to recommend the practice to friends and family.
- Staff displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.
- Staff focused on providing a professional service based on respecting patients and making sure they felt reassured and welcome. There was strong emphasis on patients' experience of the service being positive.

### **Involvement in decisions about care and treatment**

#### **Staff helped patients to be involved in decisions about care and treatment.**

- Interpretation services were available for patients who did not have English as a first language.
- For patients with learning disabilities or complex social needs family / carers were appropriately involved.
- Staff communicated with patients in a way that they could understand. For example, staff read health care instructions to patients, information in larger print was available and staff used protection visors rather than clinical masks with patients who were hard of hearing but could lip read.

### **Privacy and Dignity**

#### **The service respected patients' privacy and dignity.**

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- Consultations were conducted behind closed doors, where conversations were difficult to overhear. Staff understood the importance of keeping information confidential. Patient records were stored securely.

# Are services responsive to people's needs?

## **We rated responsive as Good because:**

Services were tailored to meet the needs of individual patients and were accessible.

## **Responding to and meeting people's needs**

### **The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.**

- The provider understood the needs of their patients and improved services in response to those needs. For example, patients who required more time during consultations were given longer appointments.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. Consultations rooms were on the ground floor and there was a small shelter outside the practice where people could wait for their relatives.
- Clinicians viewed patients' health care holistically. Age Related Macular Degeneration can be a consequence of various health related issues. In the light of this, staff helped patients contact their GP during the COVID-19 pandemic as they sometimes found this difficult.

## **Timely access to the service**

### **Patients were able to access care and treatment from the service within an appropriate timescale for their needs.**

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals to other services were undertaken in a timely way.

## **Listening and learning from concerns and complaints**

### **The service took complaints and concerns seriously and responded/did not respond to them appropriately to improve the quality of care.**

- There had been no verbal or written complaints from patients to the service.
- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service had not received any complaints. We were informed that concerns were raised sometimes raised about waiting times and these were addressed immediately. The service acted as a result to improve the quality of care by informing patients about possible waiting times with extended appointment times being provided as necessary.

# Are services well-led?

## **We rated well-led as Good because:**

The culture of the practice and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.

### **Leadership capacity and capability**

#### **Leaders had the capacity and skills to deliver high-quality, sustainable care.**

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

### **Vision and strategy**

#### **The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.**

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy

### **Culture**

#### **The service had a culture of high-quality sustainable care.**

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients. We spoke with three staff during the inspection. They told us they enjoyed their work and felt well supported in their role.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. Staff talked about how they support their patients and ensure they receive a high standard of care.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. Senior staff spoke highly of the staff team telling us they were hard working, reliable, supportive and very good at their job.

# Are services well-led?

- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

### **There were clear responsibilities, roles and systems of accountability to support good governance and management.**

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information which was reported and monitored, and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Managing risks, issues and performance

### **There were clear and effective processes for managing risks, issues and performance.**

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.

## Appropriate and accurate information

### **The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

## Engagement with patients, the public, staff and external partners

### **The service involved patients, staff and external partners to support high-quality sustainable services.**

# Are services well-led?

- The service encouraged and heard views and concerns from patients, staff and external partners and acted on them to shape services and culture.
- There were systems to support improvement and innovation work.
- Staff could describe to us the systems in place to give feedback. We saw evidence of how senior staff engaged and included staff at all levels in the overall management of the service.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

### There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- Arrangements were being made to upgrade the clinical IT system, the practice website and the telephone system.