Suffolk Newmedica Limited

Newmedica Community Ophthalmology Service

Inspection report

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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

Summary of findings

Overall summary

This is the first time we inspected this service. 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 eat and 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 available seven days a week.
- 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 them 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 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

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	We have not previously inspected the service. We rated it as good. See the overall summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Newmedica Community Ophthalmology Service

Newmedica Community Ophthalmology Service is operated by Suffolk Newmedica Limited. The service started operating in August 2020.

The Newmedica Group is commissioned by NHS organisations to provide ophthalmology services (clinical eye care) for mainly NHS patients. The service also offers private patients access to services which accounts for a smaller part of their activity.

The service is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Surgical procedures
- Treatment of disease, disorder or injury

All surgery undertaken by the service is adult, day case, ophthalmology surgery under local anaesthesia. There are no overnight patient stays.

The ophthalmic team consists of:

- Ophthalmology consultants
- Optometrists
- Registered nurses
- Clinic sssistants
- Ophthalmic assistants
- Ophthalmic technicians
- Operating department practitioners
- Scrub technicians
- Administration staff

The provider has another location, Lawson Place, Bury St Edmunds. Outpatient appointments are also carried out at Lawson Place. The provider has identified this as a satellite clinic. We did not inspect the outpatient services as part of this inspection.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on the 27 September 2022. The team that inspected the service comprised a CQC inspector and a specialist advisor.

During the inspection visit, the inspection team:

- Spoke with the management team and six members of staff
- Spoke with six patients
- Looked at a range of policies, procedures, audit reports and other documents relating to the running of the service.

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.

Outstanding practice

We found the following outstanding practice:

- Referral to treatment times were much better than the national average.
- The rate of posterior capsular rupture (PCR) following cataract surgery was 0.11%. This was against a national average of 1.10% across all cataract surgery.

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

Are Surgery safe?

Good

We have not previously inspected the service. We rated it as good.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The service provided statutory and mandatory training using a combination of 'face to face' training and e-learning. Compliance with mandatory training for all staff was 99% for permanent staff and 85% of non-permanent staff (bank staff or locum consultants).

Managers told us staff received protected time to complete mandatory training. Managers had implemented a monthly 'all stop' day (where clinical activity did not take place and staff focused on updating their skills and learning about governance updates), during the 'all stop' day staff could update their mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training included courses covering basic and immediate life support, infection control, safeguarding children and adults, health safety and welfare, fire safety, manual handling and equality and diversity.

Managers monitored mandatory training using a training matrix and alerted staff when they needed to update their training. Staff training compliance was monitored by the human resources lead using the electronic system and reported to the Newmedica head office. Clinical staff were required to complete annual refreshers and demonstrate their competency where necessary. Staff we spoke with told us they received reminders to complete mandatory training and were also reminded at staff meetings. Staff we spoke with told us they had enough time to complete their mandatory training.

Administrative and clinical staff completed training on recognising and responding to patients with autism and dementia.

Consultants completed mandatory training within their substantive NHS employer and provided annual confirmation of completion of this training to the service in line with the organisation's practising privileges policy.

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.

Staff received training specific for their role on how to recognise and report abuse. Safeguarding children and adults formed part of the mandatory training programme and staff received training which corresponded to their role. Staff told us they had received safeguarding training. Clinical staff received safeguarding children and adults training to level 2 (100%). Two staff members completed safeguarding children and adults training to level three. The registered manager was the safeguarding lead who was able to support staff in escalating their concerns and supporting referral processes to the relevant local authorities. Staff also had access to a level four trained member of the corporate team.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff gave examples of concerns they would report and knew the contact details for the agencies they would report to. An up-to-date safeguarding children and adults policy, with flow charts for the escalation of concerns was available.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff understood the importance of supporting equality and diversity and ensuring care and treatment was provided in accordance with the Act. Staff gave examples which demonstrated their understanding and showed how they had considered the needs of patients with protected characteristics.

The service had a defined recruitment pathway and procedures to help ensure that the relevant recruitment checks had been completed for all staff. These included a disclosure and barring service (DBS) check; occupational health clearance, references and qualification and professional registration checks.

The service had an up-to-date chaperone policy.

There was one safeguarding incident in the previous 12 months. Records showed the incident were reported and investigated in line with the service's procedures.

Cleanliness, infection control and hygiene

The service generally 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.

Clinical areas were visibly clean and had suitable furnishings which were visibly clean and well-maintained. The operating theatres, ward and recovery areas we visited were visibly clean and had suitable furnishings which were visibly clean and well-maintained. Seamless easy-clean floor covering was used throughout all clinical areas, waiting rooms and toilets. Storage areas were tidy and free from clutter. We observed clinical staff cleaning equipment after each patient use.

All equipment was cleaned after patient contact. Items seen were visibly clean and dust-free, we saw completed daily cleaning check lists for all areas.

Staff followed infection control principles including the use of personal protective equipment (PPE). Hand-washing and sanitising facilities were available for staff and visitors. The service provided staff with personal protective equipment (PPE) such as gloves and masks.

Good

Surgery

The service performed well for cleanliness. From August 2021 to September 2022 the service achieved 100% compliance for a range of infection prevention and control, hand hygiene, waste and sharps management audits.

Staff worked effectively to prevent, identify and treat post-surgery infections. Data showed that there was one confirmed case and one suspected case of endophthalmitis (inflammation of the internal eye tissue) or infection in 12 months prior to our inspection. A comprehensive root cause analysis was conducted after event and a duty of candour delivered to the patient. Patients at higher risk of infection were identified during pre-assessment and alternative after care treatment was put in place to reduce the risk of infection.

Environment and equipment

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

The service had suitable facilities to meet the needs of patients' families. The building was modern, and the service was located on the ground and first floor. The admission area/ ward, theatres and recovery area were designed to allow a smooth patient flow. There was appropriate ventilation in the operating theatre in line with national guidance. Access to all clinical areas were restricted with keypad access.

Staff were in constant communication with each patient and regularly checked to ensure all their needs were met

The service had undertaken a Legionella, fire and health and safety risk assessments. Records showed that action plans had been put in place to mitigate any risks identified. Staff demonstrated how they had access to evacuation routes in the event of a fire. Water outlets and sinks were flushed to reduce the risk of Legionella build-up in line with Health and Safety Executive (HSE) guidance.

Staff carried out daily safety checks of specialist equipment. Staff carried out checks on equipment such as the resuscitation trolley. Resuscitation equipment was located on a purpose-built trolley which was visibly clean. Single-use items were sealed and in date. Resuscitation equipment had been checked daily and an up-to-date checklist confirmed all equipment was ready for use.

The ward and theatre areas were well equipped and faulty or damaged equipment was repaired or replaced quickly. An external maintenance provider attended to the service and safety medical equipment checks. We reviewed equipment logs and saw that equipment used was serviced within appropriate time frames. Stock and equipment, including disposable instruments, were well managed and recorded.

Staff disposed of clinical waste safely. Clinical waste disposal was provided through a service level agreement. Clinical waste and non-clinical waste were correctly segregated and collected separately.

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

The service provided ambulatory care where no general anaesthesia or sedation was used. All treatment was carried out as day surgery under local anaesthetic. The service had a clear inclusion and exclusion criteria, which the operational director regularly reviewed. Consultants completed assessments for each patient at their first outpatient appointment. Checks were made to ensure the patient was suitable to undergo surgery.

Good

Surgery

Staff could refer to a local NHS trust in the event of urgent care being required outside the scope of the service.

Staff ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. There was a comprehensive pre-operative assessment process that was used for all patients. The service had a robust process for assessing patients before admission. Patients had a pre-operative assessment to ensure they met the inclusion criteria for surgery and to allow any key risks, that may lead to complications during the anaesthetic, surgery, or post-operative period, to be identified.

Staff completed risk assessments for each patient on arrival or admission, using a recognised tool and reviewed this regularly, including after any incident. Risk assessments were carried out for patients which included falls, mobility, dementia and anxiety. Patients were also assessed to check that they could tolerate lying flat during the procedure.

Staff completed the World Health Organisation (WHO) cataract safety checklist. The WHO checklist is a simple tool designed to improve communication and teamwork by bringing together the surgeons, and nurses involved in care to confirm that critical safety measures are performed before, during and after an operation. Theatre staff completed safety checks before, during and after surgery. WHO cataract check list compliance was audited and for the previous 12 months there was 100% compliance.

Staff responded promptly to any sudden deterioration in a patient's health. The 'situation, background, assessment, recommendation '(SBAR) tool was used for the escalation of care and treatment amongst all healthcare professionals in Newmedica. The service had an escalation policy which was to call 999 and transfer the patient to an acute NHS service. Staff were trained in basic life support and clinical staff such as nurses were trained in immediate life support . At the time of inspection, staff who had not completed resuscitation training had recently joined the service. All were booked onto upcoming planned courses.

The service did not have any record of patients deteriorating within the previous 12 months.

Staff knew about and dealt with any specific risk issues. Patients with endophthalmitis are referred to an acute NHS hospital. Endophthalmitis is an infection of the tissues or fluids inside the eyeball caused by infection. It is an urgent medical emergency and immediate treatment is vital.

Out of hours support was available to patients 24 hours a day, seven days a week. A duty manager was on call during this time with an identified on-call consultant also available.

The organisation had developed a post-operative review service with accredited community optometrists. - Patients attended an appointment in the community or at the service to review the results of the treatment 4 weeks following surgery.

National Standards for Invasive Procedures were used by the service and audited. A list safety officer, who was a registered nurse, was nominated within theatre to ensure the safety of the procedures being undertaken. An immediate life support (ILS) trained professional was also nominated in theatre for each list of operations. This was monitored to ensure compliance. We saw quarterly audits which showed 100% compliance for both these individuals being present for each list.

Staff shared key information to keep patients safe when handing over their care to others. Staff sent discharge letters to the patients' referring community optometrist.We observed the morning safety huddle and saw all appropriate staff attended and relevant information was shared.

Good

Surgery

Nurse 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. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

The service had enough nursing and support staff to keep patients safe. Staffing levels reflected demand on the service and known treatment support needs. The organisation had agreed minimum staffing for the service and surgery could only proceed when the standard of skill-mix was confirmed. Each operating list was planned in advance and the service ensured they had enough staff before going ahead. As a minimum there were two scrub practitioners (with one being a registered nurse or operating department practitioner), a theatre runner and two clinical or ophthalmic assistants. This was in line with guidance from the Royal College of Ophthalmologists. .

Managers accurately calculated and reviewed the number and grade of nurses and ancillary staff needed for each shift in accordance with national guidance. There was a standard staffing model which was regularly reviewed. The service held weekly activity meetings to assess and plan in line with activity.

The manager could adjust staffing levels daily according to the needs of patients. All theatre lists were pre-planned so the number of staff required for each shift could be pre-determined. At the time of inspection, there were no clinical vacancies.

Managers limited their use of bank staff and requested staff familiar with the service. The service used bank staff who were familiar with the service.

All staff had a period of induction, and supervision where required, on commencing work at the service. All bank and agency staff were required to undergo the same competency training as employed staff. Nursing staff had completed their Nursing and Midwifery Council re-validation checks and updates to develop their competencies.

The service regularly reviewed staff absence and recruitment and retention information.

Medical staffing

The service had enough medical staff to keep patients safe. There were eight surgeons working under practising privileges.

Recruitment and approval processes of medical practitioners included a policy for the engagement of doctors. Assessments of applications for practising privileges were carried out by the medical advisory committee. The granting of practising privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent service or clinic, in independent private practice, or within the provision of community services. The service monitored compliance with their practising privileges policy.

The service had a consultant on call during evenings and weekends.

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.

Good

Surgery

Patient notes were comprehensive, and all staff could access them easily. The service used paper and electronic records, to document patient information securely. Paper records were maintained for consent, demographics, copy of biometry, outcome forms and referrals. All scans could be viewed electronically. Biometry scans could be viewed electronically as well as printing of hard copies if required at the service. Records could be accessed across the departments, allowing continuity of record keeping. Bank staff could access the records they required.

We viewed eight patient care records, which contained the patient's consent form, pre-assessment, procedure and discharge information. Records we reviewed were completed appropriately.

Records were stored securely. Paper records were stored securely in a locked cabinet when not in use. Staff completed training in information governance .

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. Staff followed best practice when prescribing, administering, recording and storing medicines. The service had a medicines management policy, which ensured staff practices were in line with national guidance.

The service used topical and local anaesthesia to the eye only. Drops were prescribed using patient specific directions (PSD). A PSD is a written instruction, signed by a prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.

Staff stored and managed all medicines and prescribing documents safely. Medicines were stored in locked cupboards away from the patient areas. Fridge temperatures were monitored electronically, and staff checked to ensure these were within the required range. FP10 prescriptions were locked away when not in use.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Staff said patients were given advice about medicines before surgery as well as post-surgery and patients we spoke with confirmed this. During discharge patients were given clear verbal instructions about the administration of their eye drops.

Staff completed medicines records accurately and kept them up-to-date. Records we checked showed allergies were recorded where necessary and entries were complete. The service completed audits to ensure staff followed best practice guidelines. The service performed consistently to a high standard for medicines management audits completed in the previous 12 months .

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. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. The service had an open incident reporting culture and staff were able to tell us what incidents they would report and how they would report them. They told us the service was very proactive in encouraging staff to record incidents on the incident reporting system. Staff said they were encouraged to report 'near miss' situations.

Good

Surgery

Staff raised concerns and reported incidents and near misses in line with the service's policy. We reviewed the incidents reported in the previous 12 months and found they were reported and investigated in line with the service's procedure. Incidents were categorised into no, low, moderate or severe harm. For each incident the actions taken, and lessons learned were recorded where applicable. Staff discussed learning from incidents at the daily safety huddles and clinical governance meetings. Managers shared learning from other Newmedica locations through a monthly update in a 'bitesize bulletin'.

The service had no never events. Records provided by the service showed there were no never events from September 2021 to September 2022. The reported incidents were mainly low harm or no harm.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong. Staff gave an example of an incident where the duty of candour requirements applied.

There was evidence that changes had been made as a result of feedback. For example, staff started a data protection initiative in response to incidents of data breaches.

Staff learned from safety alerts and incidents to improve practice.

Are Surgery effective?

Good

We have not previously inspected the service. 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. Service policies we reviewed were up to date and had gone through the appropriate governance processes. The policies referenced, and were developed, in line with the Royal College of Ophthalmologists (RCOphth) standards. There were standard operating procedures and established pathways to support staff on the organisation's intranet and staff knew how to access the documents.

Compliance with relevant guidelines was monitored through governance processes. There were systems to ensure policies, standard operating procedures and clinical pathways were up to date and reflected national guidance. Any amendments to the patient pathway were reviewed at board level, through clinical effectiveness and operational meetings. When agreed they were then piloted and evaluated before cascading through area and service managers and to all staff within the relevant departments.

The service used National Safety Standards for Invasive Procedures (NatSSIPS). NHS England recommends use of NatSSIPS as best practice to improve patient care and safety. Audit compliance was discussed at monthly governance meetings. Audit data was being reported to the Newmedica Group on an ongoing basis.

Good

Surgery

Policies were monitored at a corporate level to ensure consistency amongst each Newmedica service. We saw evidence of staff being provided updates of changed policies through 'bitesize bulletins' and there was discussion of policies at local and national meetings.

The service had an effective audit programme which was carried out by the local team and the quality and patient safety lead for Suffolk from the central governance team. The service consistently reviewed its performance and compliance with policies and procedures through a series of audits including IPC, WHO checklist for cataract, laser safety and urgent care. The results showed a high level of compliance against recorded measures .

During care and treatment planning, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs.

The service provided treatment under local anaesthetic so there was no restriction on diet or fluids before surgery. This meant that patients were free to eat and drink as normal both pre- and post-surgery. The service provided snacks, water and hot drinks.

Pain relief

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

Staff prescribed, administered and recorded pain relief accurately. All patients received anesthetising eye drops and local anaesthetic before their procedure.

Staff assessed patients' pain during and after surgery and gave pain relief when required. We observed staff completing discharge consultations, asked patients if they had any pain and gave advice on managing any pain at home. Patients were provided with a leaflet which gave advice on expected symptoms post-surgery and how to treat any pain they might have. Patients were asked about pain following their surgery. From September 2021 to August 2022 most patients reported mild or no pain.

Patient outcomes

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

All staff are actively engaged in activities to monitor and improve quality and outcomes. The service participated in relevant national clinical audits. The service submitted data to the National Ophthalmology Database Audit (NODA) run by the Royal College of Ophthalmologists. NOD measures the outcomes of cataract surgery.

Outcomes for patients were positive, consistent and met expectations, such as national standards. Between April 2021 and March 2022, the rate of posterior capsular rupture (PCR) following cataract surgery was 0.11%. This was against a national average of 1.10% across all cataract surgery. PCR is the most common potentially sight-threatening intraoperative complication during cataract surgery.

The service had a low risk of readmission, with no patients returning to theatre between September 2021 and August 2022.

Good

Surgery

Opportunities to participate in benchmarking were proactively pursued. The service benchmarked themselves against other services in the provider network and they performed consistently to a high standard. The service monitored data on post-surgery complications such as posterior capsule rupture, iris prolapse and post-operative endophthalmitis. The complication rate for the previous 12 months was 0.4%.

The service undertook a quarterly biometry audit to monitor and improve the overall quality of biometry in the service, using a traffic light system of red, amber, green to highlight any errors identified through the audit. Most of the audit results were green outcomes. One identified area for improvement was ensuring 5 axial length measurements were taken.

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. The service undertook regular reviews of staff competencies through a programme of self-assessment and appraisals including clinical skills. There was a comprehensive set of competencies for each staff group within the service. The service maintained a skills matrix that showed staff who had been trained and deemed competent for certain roles and responsibilities.

Managers gave all new staff a full induction tailored to their role before they started work. Staff who completed the induction spoke positively about their experience and said managers and clinical leads were supportive.

Managers supported staff to develop through 6 monthly, constructive appraisals of their work. Appraisal completion rates were 91%. Staff told us they used this process to establish goals - and that it was motivational. Senior staff were focused on staff development as part of a strategy to maintain stability and loyalty amongst the team.

Consultants with practising privileges had arrangements for external appraisal within their NHS work. Assurances were provided through the governance process as well as the overview from the medical advisory committee (MAC). There was an effective process for validating and monitoring the credentials of any consultant or health professional with practising privileges working within the service.

Each surgeon's performance was monitored through submission of cataract performance to the National Ophthalmology Database on an annual basis, which allowed open comparison of the surgeon's performance by the Royal College of Ophthalmologists. The service submitted private patient outcome and performance data to Private Healthcare Information Network (PHIN).

The clinical director oversaw training and supervision for the medical staff. The clinical director reviewed patient feedback, incidents and complications for each surgeon. .

Staff are proactively supported and encouraged to acquire new skills. The governance and facilities and service leads had been supported to take on these roles. The provider had a one-year management course for aspiring managers, and it supported staff to complete the course and gave them time to complete self-directed learning and develop new skills.

Managers encouraged staff to complete other learning modules above mandatory training as a part of self-directed learning. Records showed staff completed training on how to use lasers, mental health awareness, deaf awareness and sign language and biometry.

Good

Surgery

Managers made sure staff attended team meetings or had access to the minutes taken when they could not attend.

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 worked across health care disciplines and with other agencies when required to care for patients. Multidisciplinary working was a fundamental aspect of the service and underpinned all elements of care. Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. All staff worked as a team to plan and deliver seamless treatment pathways. The service implemented a daily safety huddle which provided a forum for staff to communicate relevant issues and escalate any concerns for immediate action.

We observed a safety huddle which helped to ensure the service provided a safe environment.

We heard positive feedback from staff of all grades about the excellent teamwork. We observed staff working effectively together.

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff worked effectively with referring partners such as community opticians and shared information to ensure continuity of care.

Seven-day services

Key services were available seven days a week to support timely patient care.

The service was open Monday to Sunday from 8:00am to 5:00pm.

Following their operation patients had access to an emergency contact number which was accessible 24 hours a day seven days a week. A senior manager and a consultant were on call at all times to provide advice and guidance should a patient have concerns following surgery.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

The service ensured that national priorities to improve the populations health were supported. This support included dementia champions, the creation of a dementia charter and patient information on falls, weight watching and smoking.

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.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff worked in line with the provider's consent policy. Staff used consent forms and records showed signed consent forms were documented in the patient's records.

Good

Surgery

Practices around consent and records were actively monitored and reviewed to improve how people were involved in making decisions about their care and treatment. Staff clearly recorded consent in patient records. They provided information on the potential risks, intended benefits and alternative options before each treatment. We observed staff gaining consent pre-operatively for the procedure. Staff audited this process by reviewing documented evidence in care and treatment records. Staff performed highly and consistently in this measure.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff said this was a rare occurrence. Staff understood how and when to assess whether a patient had the mental capacity to make decisions about their care.

Are Surgery caring?

Good

We have not previously inspected the service. 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. Staff took time to interact with patients and those close to them in a respectful and considerate way. We spoke with six patients who provided positive feedback on the service. Patients said, " absolutely excellent service", "staff were very kind and attentive", "truly outstanding" and "very prompt". Patients told us staff were polite and considerate.

The results of the patient satisfaction survey completed from September 2021 to August 2022 showed patients highly rated their overall experience at the service .

Patients said staff treated them well, with kindness and were very helpful and reassuring. Staff answered patient enquiries and interacted with patients in a friendly and sensitive manner. We saw staff treating patients with respect and dignity. We witnessed staff knocking on doors before entering a room and staff introduced themselves.

Patients said staff were polite and considerate and listened to what they had to say. All consultations and treatment were carried out in individual rooms. Doors were closed when patients had treatment and staff knocked before entering, ensuring privacy.

Emotional support

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

Staff understood the impact that patients care, treatment and condition had on the patient's wellbeing. There was a strong focus on 'patient centred care' with a holistic assessment of patient needs. Staff we spoke with stressed the importance of treating patients as individuals with different needs. They took time to reassure patients who were anxious about their procedure. Patients told us staff were always available to help.

Good

Surgery

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff gave examples of how they would reassure nervous patients and answer any questions. Patients said staff helped them to feel calm and relaxed.

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. We observed staff explaining clearly what to expect following treatment and how to administer eye drops. Details of a local charity for those experiencing sight loss were provided to offer patients ongoing support and advice.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Staff had access to information on dealing with patients with dementia and had completed dementia friends training.

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. The service provided patients with information on their procedure and this was also available on the service's website. Staff asked patients about their procedure to ensure they understood. We spoke with six patients and they told us they felt involved in their care and had received the information they needed to understand their treatment. The patient satisfaction survey showed patients understood what happened during the procedure and they felt they were involved in decisions about their care .

Patients gave positive feedback about the service. Ninety-nine percent of people who responded stated they were extremely likely or likely to recommend the service to friends and family.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. We observed staff were proactive in engaging with patients about their experiences and frequently asked how they were doing. Staff encouraged each patient to complete a feedback form following their appointment.

Are Surgery responsive?

Good

We have not previously inspected the service. 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.

The service was flexible, provided informed choice and ensured continuity of care. The service had streamlined its service to treat NHS patients through contracts with the local NHS trust and commissioners. The service also provided treatment to private patients. Patients were referred by mainly by optometrist. Managers planned and organised services, so they met the changing needs of the people who use the service. Surgeries were performed seven days a week and appointments were scheduled at a time to meet the needs of the patient group. Patients we spoke with said they were impressed with how quickly they received treatment.

Good

Surgery

The organisation managed patient referrals on an electronic patient administration system.. Patients chose to attend the service, including which clinic location was preferable.

The service had an inclusion and exclusion criteria and a comprehensive pre-operative assessment. The pre-operative assessment ensured patients were fit for surgery. Patients were offered an appointment within four weeks of the pre-operative assessment. However, if a patient needed to defer due to holidays, work commitments or religious festivals this was readily accommodated. The service had optometrists who were accredited to provide post-operative care. Patients could choose to have their post-operative follow up with one of these services if it was more convenient.

Managers worked to keep the number of cancelled operations to a minimum. Patients were contacted prior to their appointment to minimise missed appointments. From September 2021 to August 2022 the service reported 2% of appointments were missed. Staff contacted patients who had failed to attend to re-book their appointment or informed the referrer. The patient's optometrist was informed of any changes.

Staff monitored the reasons for any cancelled appointments which was reported each month. When patients had their admissions cancelled, staff ensured they were rearranged as soon as possible. We were advised that where procedures had been cancelled patients would be placed on the next scheduled surgical list where possible.

The service's operational director was a representative on the Suffolk and North East Essex (SNEE) Integrated Care Board eye care programme board meeting and had a close partnership with local commissioners.

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.

The service was fully accessible to patients with limited mobility and wheelchair users and there were disabled parking bays.

Managers made sure staff, and patients, loved ones and carers could access interpreters or signers when needed. Information on interpreting services was readily accessible and there were information leaflets available in different languages. Staff used the electronic pathway to document information that helped them deliver tailored, individualised care. For example, staff checked where patients had needs in relation to language, hearing, sight and mobility. Staff had completed training in deaf awareness and sign language.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The service had information in large print and a hearing loop was available to assist patient's wearing a hearing aid.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. There was a dementia champion available at the service who had undertaken additional training to promote the needs of people living with dementia. The dementia champion attended the national Newmedica dementia and carers champions forum. For patients living with a learning disability or autistic spectrum disorder, they were offered additional visits, with those close to them, to help with preparations. The provider recently added the module of autism awareness to mandatory training and staff were in the process of completing it.

Patients were given a choice of food and drink to meet their cultural and religious preferences. Patients were day cases who did not require overnight stays and they were provided with light refreshments such as biscuits, tea, coffee and water.

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 admit, treat and discharge patients were in line with national standards.

People could access services and appointments in a way and at a time that suits them. Staff worked together to facilitate access to services. Patients were offered the first available appointment. From September 2021 to August 2022 the service completed 4665 surgeries. There was an 18-week referral to treatment (RTT) pathway. The service proactively collaborated with the trust and clinical commissioning groups (CCG) on waiting times.

The service reported the average RTT from September 2021 to August 2022 was six weeks for surgery. The service did not have any patients waiting between 18 to 52 weeks.

Staff planned patients' discharge individually. This included those who were in vulnerable circumstances or who had complex needs. All patients had a discharge consultation with a clinical or ophthalmic assistant after their procedure. We observed a discharge consultation and saw patients were given appropriate guidance and information both verbally and in writing. Staff made sure patients were safe to leave and travel home.

There was a comprehensive pre-operative assessment to reduce risks and complications. This ensured the patients were fit for surgery and reduced delays to their treatment pathway.

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.

Patients, relatives and carers knew how to complain or raise concerns. Information on how to make a complaint was available at the service. The complaint procedure explained the stages of the complaint process including investigation resolution and independent external adjudication. Patients whose treatment was funded by the NHS could contact the Parliamentary and Health Service Ombudsman (PHSO) and privately funded the Independent Sector Complaints Adjudication Service, if patients were not happy with the outcome of a complaint. This was available on the service's website and patient information leaflets.

Staff knew how to acknowledge complaints. Staff understood the complaints policy. Staff were trained to resolve minor concerns as part of an approach to meeting individual expectations and avoid minor issues escalating into a formal complaint. We spoke with staff who were able to identify how to support a complaint, be it informal or formal, and how it was escalated and managed by senior managers.

Managers shared feedback from complaints by emails and meetings and learning was used to improve the patient's experience. From September 2021 to September 2022 the service received ten complaints. Records showed the complaints were reported and investigated in line with the service's complaints procedure.

Staff could give examples of how they used patient feedback to improve the service. For example, staff implemented 'forget me not' stickers on the patient notes for those who suffer from dementia, Alzheimer's or memory loss.

Are Surgery well-led?

Good

Surgery

Good

We have not previously inspected the service. 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.

Leaders at all levels demonstrated high levels capacity and capability needed to deliver sustainable care. The local leadership structure for clinical services consisted of an operational director who was also the registered manager, 2 clinical directors, a service manager and lead theatre practitioner. The service had a lead for human resources, governance and facilities and services.

The service was led on a day to day basis by the operations director who was based full-time within the service. The clinical directors operated within an agreed format and infrastructure supported by an established committee structure. Each manager had clearly defined roles and responsibilities. This was supported by an effective recruitment program ensuring that the skills and abilities of leaders matched the job profiles required within the service.

We found all managers had the skills, knowledge and experience to run the service. Leaders demonstrated an understanding of the challenges to quality and sustainability for the service. For example, senior leaders told us they were aware of the risks of the rapid growth of the organisation and new roles were developed to manage the service, human resources, governance and facilities.

There was a system of leadership development and succession planning. The organisation supported the leads in their roles by providing management training. All the leads told us managers supported them to developing key skills. Staff were encouraged to contribute to the development and growth of the service by being involved in discussions and on-going review of service provision.

Managers demonstrated leadership and professionalism. Staff we spoke with said managers were accessible, visible and approachable.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services. Leaders and staff understood and knew how to apply them and monitor progress.

The service had a clear vision and strategy. The vision was “changing lives through better sight and health.” The service was experiencing increased demand following the COVID-19 pandemic and large numbers of individuals awaiting ophthalmic treatment from the NHS. Staff said they were driven to make a positive difference in people’s lives.

Plans are consistently implemented, and had a positive impact on quality and sustainability of services. The strategic objectives were regularly reviewed to ensure the sustainability of the service and to measure its success. The service would achieve its objectives by working as a team, with patients and stakeholders such as optometrists and GPs. Quality measures included patient experience, clinical outcomes, staff engagement, recruitment, retention and development.

Good

Surgery

Staff we spoke with understood the vision and quality measures of the service and how it had set out to achieve them. The staff worked in a way that demonstrated their commitment to providing high-quality care in line with this vision.

The service had a statement of purpose which outlined to patients the standards of care and support the service would provide.

Culture

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

Managers supported an open and honest culture by leading by example and promoting the service's values. The culture was centred on safety and the needs and experience of patients.

The service provided opportunities for career development.

Staff said they enjoyed working at the service; they were enthusiastic about the care and services they provided for patients. They described the service as a good place to work. Staff had access to 'WeCare' which provided guidance and assistance with health, mental health, wellbeing, financial assistance and legal support.

Staff told us they were actively encouraged to speak up and raise concerns. Staff we spoke with described an 'open' culture. All staff felt confident and comfortable to approach a manager if they had concerns relating to the service. Staff reported that there was a no blame culture when things went wrong. The service created a learning environment so staff could learn from feedback, incidents and complaints. Conflict resolution was a part of mandatory training and most staff completed it.

All managers and staff worked collaboratively to improve care, treatment outcomes, quality and patients experience throughout the entire service.

Governance

Leaders operated effective governance processes throughout the service. 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 local governance structure included daily safety meetings and monthly governance meetings. Each month an operations and governance meeting would take place where the whole team came together for an 'all stop' day.

Nationally there were monthly forums for partners, operations managers and theatre leads, monthly committee meetings including the medical advisory committee (MAC), quality management, information governance and executive committee and then a board meeting with directors. Sub board committees and forums then reported into these meetings. All levels of governance and management worked effectively together.

The MAC represented the professional needs and views of medical practitioners and advised the senior leaders on medical policy and standards. The MAC reviewed the clinical performance of staff who have been granted practising privileges. They provided a quarterly forum for consultation and communication between medical practitioners and the service's senior management team.

Good

Surgery

Staff were clear about their roles and accountabilities. Clear accounting lines and accountabilities were utilised to ensure oversight and timely information was provided on key performance indicators.

The service had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service. There was a comprehensive audit schedule of clinical and non-clinical audits. Records showed audits were discussed at various management and staff meetings.

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.

There was a systematic programme of clinical and internal auditing to monitor quality and operational processes. The service had a comprehensive list of audits and risk assessments that were completed on a regular basis. Staff understood the risk management strategy and actively contributed to it.

The service collated patient outcomes and submitted data to national audit to benchmark their performance against other service providers. The data provided showed that they met or exceeded the performance targets for all indicators.

The service reviewed how it functioned and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively. The service had key performance indicators (KPI's) which were regularly reviewed. Managers planned services and used resources effectively to ensure they met referral to treatment times which were much better than the national average. The service continuously monitored safety performance these outcomes which were discussed at regular management, governance and staff meetings.

Risks were identified and addressed quickly and openly. The service had a risk register which showed the actions taken to mitigate risks. Examples of risks included human resources, training, information governance and health and safety.

The service had a business continuity plan that could operate in the event of an unexpected disruption to the service.

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.

The information used in reporting, performance management and delivering quality care was consistently accurate, valid, reliable, timely and relevant. The service had an electronic quality management system, which monitored the performance of the service through data collection on all aspects of the service including incidents, complaints, mandatory training and audits.

Integrated reporting supported effective decision making. All staff had access, by secure logins, to the organisation's intranet to gain information relating to policies, procedures, national guidance and e-learning. All staff were able to demonstrate the use of the system and retrieve information.

There were systems in place to ensure data and statutory notifications were submitted to external bodies. The service submitted 100% of data to the National Ophthalmology Database Audit (NODA).

Good

Surgery

The service had arrangements and policies to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems were in line with data security standards. The service provided information governance training and most staff completed it .

The service had a policy for the use of closed-circuit television (CCTV) and we observed the service used CCTV surveillance. The service did not have signs to inform patients and people visiting the centre that close circuit television surveillance was being used in line with published guidance. We spoke to staff who informed us this had been rectified.

Engagement

Leaders and staff actively and openly engaged with patients and staff to plan and manage services.

Managers and staff understood the value of engagement in supporting safety and quality improvements. Staff actively sought patient feedback and patients provided this through surveys and online feedback. The service engaged with patients to ensure they had a high response to the patient survey. Staff acted on patient feedback and there was a "you said, we did" poster displayed which informed patients about the changes that were made. The service had an annual service user report which showed all the changes made as a result of patient feedback.

The service completed an annual staff survey. There was a staff "you said, we did" and we reviewed examples of changes the service made following feedback from staff. There were changes to the pre-assessment flow, training and development and theatre lists to ensure they ran on time.

The service had a monthly recognition scheme including the 'managers award' and 'feedback enthusiast of the month'. A variety of team building events and celebrations of staff achievements were recognised by the service.

The service delivered continuing professional development courses including accreditation evenings for local optometrists to enable them to support patients post- operatively in the community.

The service supported a number of charities including donations for the homeless and equipment to supporting eyecare advice and treatment. The service also collected glasses, no longer needed and donated to a charity for reuse.

The website had a section specifically for health professional referrals and information.

There were monthly bulletins so staff could share news and achievements.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Improvement was seen as the way to manage performance and used to promote learning within the organisation. Staff at all levels said the service was committed to learning and improvement. There was a strong focus on developing the skills of staff to promote their professional growth. Staff told us how they felt they had a clear career path within the service and their interests would be taken into account in order to develop their skills and roles.

The service provided in-house training for clinical assistants to be trained as ophthalmic technicians and ophthalmic assistants as scrub technicians. The service supported the doctors in training programme, hosting a trainee in surgery on a part-time basis to support the trainee's surgical progression.

Good

Surgery

Training was a high priority and staff attended the ‘all stop’ day on a monthly basis where staff discussed performance and service improvement.