

New Medical Systems Limited

Head Office

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

Our rating of this location stayed the same. 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. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and had access to good information. Services were available five days a week. The service engaged well with patients and received overwhelmingly good feedback.
- Staff provided excellent 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 six days a week.
- The service took account of patients' individual needs and made it easy for people to give feedback. People could access the service when they needed it.
- 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 very clear about their roles and accountabilities.
- The service engaged well with patients and other stakeholders 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

Outpatients

Rating

Good



Summary of each main service

The outpatient service we inspected consisted of the care and treatment of an eye condition called age-related macular degeneration (AMD). The treatment involved patients attending the clinic for eye injections every month or so over extended periods of time.

The managed service we inspected was based in an NHS GP practice. The consultants and staff involved were employed by Newmedica, while all facilities and certain equipment were shared between Newmedica and the NHS practice under contract arrangements. This meant that some areas and aspects of the work we inspected are not included in this report.

Outpatients is a smaller proportion of activity. The main service was surgery. Where arrangements were the same, we have reported findings in the surgery section.

We rated this service as good because it was safe, effective, caring, responsive and well-led.

Diagnostic imaging

Good



The Newmedica service based in Leicestershire managed NHS patients attending a private eye hospital that offered lens-replacement surgery for cataracts.

This service was owned and operated by another provider, under contract to Newmedica.

During our inspection, we confirmed that all diagnostic imaging facilities, including staff and equipment, were provided by the host hospital. This meant that aspects and areas of the work we inspected is not included in this report.

Imaging activities we observed were undertaken by trained technicians and optometrists using specialist scanners and other optical devices. These tests were performed on the day of surgery to confirm suitability for the planned treatment.

Diagnostic imaging is a smaller proportion of activity. The main service was surgery. Where arrangements were the same, we have reported findings in the surgery section.

We rated this service as good because it was safe, effective, caring, responsive and well-led.

Summary of findings

Surgery

Good



The main service we inspected was surgery. Where our findings on surgery – for example, management arrangements – also apply to the other services, we do not repeat the information but cross-refer to the surgery 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. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and had access to good information. Services were available five days a week. The service engaged well with patients and received overwhelmingly good feedback.
- 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 and their families.
- The service took account of patients' individual needs and made it easy for people to give feedback. People could access the service when they needed it.
- 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 very clear about their roles and accountabilities.

Summary of findings

Contents

Summary of this inspection

Background to Head Office	6
Information about Head Office	6

Our findings from this inspection

Overview of ratings	8
Our findings by main service	9

Summary of this inspection

Background to Head Office

New Medical Systems Limited is an independent healthcare provider, operated under the brand name 'Newmedica'. The company is owned by Specsavers Eye Care Services, which is a subsidiary of the Specsavers Optical Group.

Newmedica is commissioned by NHS organisations to provide ophthalmology services (clinical eye care) to NHS patients. Services consist of the care and treatment of eye conditions such as age-related macular degeneration (AMD) and cataracts.

The company structure had changed since our last inspection in 2017. The number of company-operated services had been reduced from 15 to five, while several 'ophthalmology joint venture' facilities had been opened and registered with the CQC as separate ophthalmology providers.

Now called 'managed services', the remaining company-operated services were grouped under two registered locations. Head office is one of the locations and comprises four managed services: two in Southwest England and two in the Midlands. We inspected the services based in Warwickshire and Leicestershire.

The managed service in Leicestershire oversaw patients attending a private eye hospital that offered lens-replacement surgery for cataracts. Patients received a series of diagnostic tests and eye scans on the day of surgery to confirm their suitability for the planned treatment. At this service, all clinical staff were employed by another provider.

The managed service in Warwickshire was based in an NHS GP practice and provided consultant-led outpatient treatments to people living with AMD. At this service, medical and technical staff were employed by Newmedica.

Both managed services were based in premises owned and operated by other providers. At each site, facilities and certain equipment were shared between Newmedica and the other providers under contract arrangements.

Head Office (Newmedica) has a registered manager in post and is registered with the CQC to provide the following regulated activities:

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

The service does not treat children.

How we carried out this inspection

This was an unannounced inspection of two facilities using our comprehensive methodology.

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>.

Summary of this inspection

Outstanding practice

The outpatient clinic, which saw people attending monthly for long-term eye injection treatment, was highly praised. Patients described the level of care and support provided to them in very positive terms. This indicated the provider managed relationships with patients very well and kept them actively engaged in their treatment.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Good	Inspected but not rated	Good	Good	Good	Good
Diagnostic imaging	Good	Inspected but not rated	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Outpatients

Safe	Good 
Effective	Inspected but not rated 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are Outpatients safe?

Good 

We rated safe as Good:

For mandatory training, safeguarding, records and incidents please see Surgery.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. Staff managed clinical waste well.

The service shared treatment room facilities with the GP practice, in addition to a team office, diagnostic room and small waiting area.

All areas we checked were tidy and free from clutter we noted that seamless 'easy clean' floor covering was used throughout the chairs in waiting areas and treatment room were covered with easy-clean fabric, which complied with national guidance.

Staff explained that a cleaner was employed by the practice to attend daily and we saw completed checklists indicating that rooms, reception and toilets had been cleaned. Newmedica and practice staff shared responsibility for ensuring that the therapy room was clean and prepared for use.

We saw ample supplies of personal protective equipment such as aprons and gloves in dispensers on walls and we saw these items being used

Bins for the safe disposal of needles (called 'sharps') were managed in accordance with national standards and we saw that waste was placed into different coloured bins to identify general and clinical waste. We saw that waste was correctly separated.

Environment and equipment

Outpatients

The design, maintenance and use of facilities, premises and equipment kept people safe.

The service shared facilities with the GP practice.

We noted the centre had ramp access to assist wheelchair users and people with limited mobility reach the building. Rooms were spacious enough to accommodate people using wheelchairs or walking frames.

The treatment room lights, couch and trolleys were in good condition. The room was well-equipped and had enough furnishings for their intended purpose. Storage areas we checked appeared visibly clean and well-organised.

Fire safety equipment and safety evacuation signs were present throughout and we saw that external contractors had completed fire equipment safety checks.

We checked a selection of electrical devices and saw they were labelled with the dates of the most recent test which provided a visual check that they had been examined to ensure they were safe to use. We were shown records that evidenced the centre had a contract for annual equipment testing.

We saw equipment records that showed all the items had been tested and serviced in line with manufacturers' specifications.

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.

Longstanding patients recounted examples of experiencing vision changes or deterioration due to the disease process and commented on how rapidly they were able to contact the clinic and obtain support.

We saw poster displays showing what to do if a patient felt ill or faint. Staff were aware of the emergency policy and how to obtain support. All staff had received basic life support or first aid training and staff described how they had access to medical and nursing support from the GP practice should an emergency occur.

First aid and emergency medical equipment was provided by the practice as part of the contract and we checked the resuscitation trolley during our inspection. There was clear signage throughout the building showing who was trained and designated as the 'first aider'.

We saw that the emergency equipment included a portable defibrillator and first aid kit along with adult and child resuscitation bags. Each device we checked functioned correctly and each consumable item was 'in date', which was consistent with the logs maintained by staff. This indicated that both services had an active focus on ensuring these items were ready for immediate use should an emergency occur.

Staffing

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

Outpatients

The service had enough medical and support staff to keep patients safe. An ophthalmology consultant led each clinic session. Optical technicians administered and supported each session.

The manager could adjust staffing levels daily according to the needs of patients.

The service employed three consultants and a team of optical technicians who were supervised by a team leader and manager. The manager was responsible for this service and the service in Leicestershire. Rosters were adjusted to match clinic sessions, which were conducted three days a week.

Managers explained that due to the specialist nature of the work, any unexpected sick leave was covered from within the team and if need be, through changing appointments. The service had an 'on call' system of duty managers and senior clinicians to help escalate and resolve any issues that arose.

All staff received a full induction. Medical staff had qualification and validation checks completed as part of their employment.

Medicines

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

Staff followed systems and processes when prescribing, administering, recording and storing medicines. Stocks of medicines that were administered via intra-ocular injection were securely stored in a temperature controlled environment.

Staff stored and managed medicines and prescribing documents in line with policy and the manufacturers' recommendations. Medication was prescribed by consultants.

Records of patient's allergies and drugs prescribed were contained within the patient's clinical notes. Records were accurate and well maintained.

We saw recent audits showing 100% compliance with the service's procedure.

Are Outpatients effective?

Inspected but not rated 

We do not currently rate effective in outpatients.

Please see Surgery.

Outpatients

Are Outpatients caring?

Good 

We rated caring as Good for compassionate care and understanding the needs of patients please see Surgery.

There were no patients attending on the day of our unannounced inspection, so we were unable to observe interactions between staff and patients.

However, we obtained a list of patients who, with their consent, were willing to talk to us. Many had been treated at the clinic for years and without exception, they described the level of care and support provided to them in very positive terms.

Emotional support

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

Newmedica 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.

The service worked closely with an eye disease charity, who attended clinic days and provided information and support to people with eye conditions and disease. We heard from patients who had witnessed the work of the charity during clinics and subsequently become volunteers themselves.

Patients consistently described high levels of reassurance and support provided by the clinic staff. Examples we heard included occasions when patients experienced deterioration or changes in their vision due to their eye disease.

Are Outpatients responsive?

Good 

We rated responsive as Good

Please see Surgery.






Are Outpatients well-led?

Good 

We rated well-led as Good

Please see Surgery

Diagnostic imaging

Safe	Good 
Effective	Inspected but not rated 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are Diagnostic imaging safe?

Good 

We rated safe as Good:

For mandatory training, safeguarding, records, medicines and incidents please see Surgery.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. Staff managed clinical waste well.

Patients we spoke with said the environment was clean and they had seen the technician using wipes and hand gel. We saw there were clinical wipes available to clean the equipment between patients and there were hand basins, paper towels and waste bins in each room.

Technicians were responsible for cleaning the diagnostic equipment. Items appeared clean and dust-free and we saw examples of daily cleaning check lists in use.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe.

Imaging facilities included ophthalmology testing rooms that were located next to consultation rooms. We noted a small waiting area and toilet facilities.

In addition to daily equipment checklists, we saw that the more complex retinal scanners had inbuilt automatic safety testing systems.

We were shown electronic records that demonstrated the department had clear processes for maintenance of equipment and fault reporting.

Diagnostic imaging

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

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

Optometry and technical staff described how any unexpected or significant findings from the tests were escalated to the treating consultant, who saw the patient the same day.

Staffing

The service had enough allied health professionals and medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care.

We saw evidence that Newmedica managers maintained oversight of hospital checks that all medical staff had valid professional registrations, mandatory training status and appraisals.

Are Diagnostic imaging effective?

Inspected but not rated 

We do not currently rate effective for diagnostic imaging.

Please see Surgery.

Are Diagnostic imaging caring?

Good 

We rated caring as Good.

Please see Surgery.

Are Diagnostic imaging responsive?

Good 

We rated responsive as Good

Please see Surgery.

Good 

Diagnostic imaging






Are Diagnostic imaging well-led?

Good 

We rated well-led as Good

Please see Surgery

Surgery

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

Are Surgery safe?

Good 

Our rating of this service stayed the same. We rated it as good because:

Mandatory training

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

Staff of all grades received and kept up-to-date with their mandatory training. We saw training management records which indicated staff completed training modules tailored to their roles.

Topics included corporate training as well as subjects specified by the NHS commissioners as part of their contract agreements. These included conflict resolution, equality, diversity & human rights, fire safety, health, safety & welfare and data security awareness.

Clinical staff completed additional training on recognising and responding to patients with mental health needs and dementia.

Access to NHS e-learning resources were provided by the NHS commissioners and we saw that compliance figures for Newmedica staff as well as staff working for the host provider were monitored by Newmedica managers. Corporate topics and subjects such as BLS were provided in-house or by a contracted training provider.

Compliance figures were reported monthly to the CCG as a condition of the contract. Statutory and mandatory compliance figures were 98% and we saw dates of courses (such as BLS) already booked to achieve 100% compliance.

All staff we spoke with were up to date with their mandatory training and said they had been given time at work to complete the topics.

Safeguarding

Surgery

Staff understood how to protect people 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.

We saw that staff received training specific for their role on how to recognise and report abuse. This was included in induction and annual mandatory training and staff we spoke with could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

According to records we saw, all staff (100%) had received their annual safeguarding training updates.

There were safeguarding alert posters displayed in each clinical room which clearly described how to make a safeguarding referral and who to inform if they had any concerns.

Staff knew to raise any concerns initially with their supervisor, who escalated it to the area manager. The Head of Quality & Patient Safety acted as the safeguarding lead for the service.

Patients we spoke with said they felt safe; knew about the option to have a chaperone and were treated respectfully by all staff.

Newmedica had clearly defined recruitment pathways and procedures to help ensure that the relevant recruitment checks had been completed for all staff. These included disclosure and barring service (DBS) checks prior to appointment along with occupational health clearance, references and qualification and professional registration checks.

Cleanliness, infection control and hygiene

The service controlled infection risk very well. The service worked closely with the host provider and used effective systems to identify and prevent surgical site infections. All staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

All staff had received mandatory training in infection prevention and control (IPC) and we saw that all areas were cleaned to a high standard and had suitable furnishings which were clean and well-maintained.

Cleaning records were up-to-date and indicated that areas were cleaned regularly. We noted that flooring and chairs were made from easy clean materials.

We reviewed risk assessments and protocols introduced as part of the service's response to the pandemic. Measures introduced included arrival assessments and temperature checks; the provision of masks and appointment only admission.

Staff followed infection control principles including the use of personal protective equipment (PPE). We saw ample supplies of PPE items such as disposable aprons and gloves in dispensers on walls and we saw these items being used. There were hand washing guidance posters prominently displayed in each room. Antimicrobial hand-rub dispensers were mounted on the walls at strategic points in each room as well as at the reception desk. Spill kits had been provided to assist staff safely clean any fluids from floors or work tops.

Cleaning equipment and consumables were colour-coded and purpose-built trolley used to help prevent cross-contamination. Waste was correctly separated.

Surgery

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 Newmedica service occupied administrative offices within the eye hospital and shared all other facilities with the other provider.

Clinical facilities provided to Newmedica included two operating theatres along with diagnostic and consulting rooms sited on ground and first floors. These were connected by a wheelchair accessible lift and stairs were also available.

Theatre suite lighting, ventilation, equipment and surgical consumables met national standards. Staff carried out daily safety checks of specialist equipment.

Storage areas we checked appeared visibly clean and well-organised. Non-public areas such as store cupboards were secured by keypad locks to control access.

Fire safety equipment and safety evacuation signs were located at key points and we saw fire evacuation aids situated on the upper floor.

We checked a selection of electrical devices and saw they were labelled with the dates of the most recent test which provided a visual check that they had been examined to ensure they were safe to use.

Newmedica managers had records showing how the host provider serviced and tested all hospital equipment and contributed to record-keeping and oversight through monthly governance meetings and informal management discussions.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff knew what to do and acted quickly when there was an emergency.

Clinicians, staff and managers described how the service assessed clients, confirmed their suitability for surgery and selected suitable replacement lenses. We saw examples of completed risk assessments in the patient records we reviewed.

Newmedica patients were informed of risks and benefits of the procedures performed and these were documented in the patients' notes. Staff shared key information to keep patients safe when handing over their care to others. We observed nursing and optometry staff giving post-operative and medication instructions to patients using patient advice leaflets. All patients departed with a relative or carer and wore a protective eye shield.

The service had a deteriorating patient policy in accord with national guidance. Staff we spoke with knew what to do in an emergency and we saw that staff had completed mandatory training in basic life support or emergency first aid. A fully-equipped resuscitation trolley was located in a central area of the hospital. We saw that emergency equipment items were checked weekly and recorded on log sheets, which were collected by the site management and audited.

Surgery

All surgical procedures were elective and both the host hospital and service staff had on-call managers and clinicians who could be reached by phone. Newmedica had an in-house 24-hour advice line, which patients were invited to phone if they had any concerns.

Managers and clinicians stated that there were no unplanned returns to theatre or transfers to hospital in the last year.

Staffing

The service had enough 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, agency and locum staff a full induction.

The management teams of both providers worked together to ensure the number and grade of staff matched the number of appointments and cases scheduled. On the day of surgery, patients were managed by the team consultants, optometrists and nursing staff who belonged to the hospital.

The Newmedica team comprised a manager, who had responsibility for two managed service sites, a supervisor and two administrators. Any leave or absences were covered from within the team, or if need be by diverting staff resources from the other site.

Records

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

We checked a sample of 12 recent records and found all to be accurate and complete, with one minor exception from the day on a theatre progress checklist. The supervisor had yet to audit this record and showed us how the team checked and arranged for any corrections or clarifications to be addressed with the host hospital.

We saw that operative and billing records were checked daily and weekly by the supervisor and manager and addressed either immediately with the hospital managers or at the next weekly quality meeting. This indicated that effective systems were in place to ensure records remained clear and accurate.

Patient treatment notes were commenced by the Newmedica team on receipt of the referral and shared with the hospital as the patient progressed through each stage of assessment, surgery and then discharge. Newmedica managed the distribution of discharge letters back to each patient's GP.

Records were stored and archived securely. Senior managers explained that while patient records were currently in paper form, the service was actively preparing to move to electronic files.

We observed staff maintaining the confidentiality of appointment and enquiry records computer screens were not kept open or left unattended. Staff had completed record keeping and information governance awareness as part of induction and mandatory training.

Medicines

Surgery

The service did not prescribe, administer or store any medicines at this site, as this aspect of the patient pathway was contracted to the hospital provider.

We observed nursing and optometry staff from the host hospital following processes to administer medicines safely. Staff completed medicines records accurately and kept them up-to-date. We saw that medicines were stored securely in temperature-controlled refrigerators that were monitored electronically.

We saw governance and meeting notes that indicated Newmedica worked closely with the hospital provider, to ensure that medicines and prescribing documents were controlled and managed well.

Incidents

Patient safety incidents were jointly managed by Newmedica and the hospital provider. Staff from both providers recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the other provider. When things went wrong, staff apologised and gave patients honest information. Managers ensured that actions from patient safety alerts were implemented and monitored.

There were six clinical complications reported since January 2021 but, none were classified as serious incidents or adverse events. The managed service had not reported any never events.

Staff knew what incidents to report and how to report them. Managers stated that all incidents were investigated and the Newmedica manager acted as chair of the hospital's governance committee. This indicated a close level of cooperation and mutual support between both providers.

Patient safety and operational incidents were discussed at the governance meeting to help identify root cause and risk mitigation. Patient safety incidents were also discussed at medical advisory and quality management committees at national level. Any data incidents were reviewed at the information governance committee.

Within Newmedica, learning from incidents or near-misses was facilitated through operational management group meetings as well as via the company intranet, corporate bulletins and a monthly governance newsletter.

Managers and staff met to discuss complaints and complementary feedback to draw out improvements to patient care. There was evidence that changes had been made as a result of feedback. For example, staff described the changes made after a near-miss discovery of two GP letters that had been wrongly addressed.

Managers understood their obligations under Duty of Candour (DoC). This statutory duty, under the Health and Social Care Act (Regulated Activities Regulations 2014) requires providers of health and social care services to notify patients (or other relevant persons) of certain safety incidents and provide them with reasonable support.

Are Surgery effective?

Our rating of this service stayed the same. We rated it as good because:

Surgery

Evidence-based care and treatment

Newmedica managers maintained oversight of the host service to ensure the hospital provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

The service had a range of policies, protocols and standard operating procedures to support the delivery of services. There were standardised pathways based on guidance issued by the Royal College of Ophthalmology. Other sources of guidance included the NHS and National Institute for Health and Care Excellence (NICE).

The service undertook regular audits to measure the outcomes of surgery and uses benchmarking data to compare practice.

Nutrition & hydration

Refreshments for patients were provided by the host hospital.

Drinks facilities were available in the waiting areas on both floors. Staff gave patients enough food and drink to meet their needs. Patients waiting to have surgery were not left without refreshments for long periods.

Pain relief

This aspect was managed by the host hospital.

Eye drops containing local anaesthetic were provided by the other service and used during diagnostic imaging assessments and the surgical procedure.

Patients were also given eye-drops to use at home after discharge and we observed nursing staff from the host hospital explaining to patients how to self-administer these to reduced discomfort.

Patient outcomes

Service managers monitored the effectiveness of care and treatment provided by the host hospital. They used the findings to make improvements and achieved good outcomes for patients.

The service participated in relevant audits and gathered data to benchmark against other similar locations. Newmedica managers described how they compared performance internally across their locations and also benchmarked patient outcomes with national patient outcome rates. These aspects were also reported to the NHS commissioners.

Outcomes for patients were positive, consistent and met expectations, such as national standards.

Managers and staff used the results to improve patients' outcomes. They carried out a comprehensive programme of repeated audits to check improvement over time and used information from the audits to improve care and treatment. A regular programme of internal audits was undertaken as part of the quality assurance strategy.

Competent staff

Surgery

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

Staff from both providers were experienced, qualified and had the right skills and knowledge to meet the needs of patients.

The host provider shared the training and revalidation status of its staff with Newmedica managers as part of service level agreements between the two organisations.

The service had pre-recruitment checks on staff to meet CQC regulation requirements. Managers gave all new staff a full induction tailored to their role before they started work. Staff we spoke with described how they received a full induction tailored to their role.

Multidisciplinary working

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

We saw clear evidence that all responsible for delivering care worked closely together to benefit patients. Staff in both services held regular and effective multidisciplinary meetings to discuss patients and improve their care.

Managers and staff described the ways they worked across health care disciplines and with other agencies when required to care for patients. Information was shared with GPs.

Staff explained how they communicated within the team using emails and a commercially available secure instant messaging service.

Seven-day services

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

The hospital was open Monday – Saturday from 8.00 am to 6.00 pm, with additional telephone support provided by Newmedica 24 hours a day, seven days a week.

Newmedica offered separate contact numbers for administrative enquiries such as appointments and clinical concerns.

The hospital did not provide emergency care or treatment but had arrangements for Newmedica patients to access specialist NHS care if needed.

Health Promotion

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

We saw poster and leaflet displays that demonstrated the service had relevant information promoting healthy lifestyles and support. Hospital managers explained they would continue to distribute information unless full pandemic restrictions returned.

Surgery

Consent, Consent, Mental Capacity act and Deprivation of Liberty Safeguards

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

Staff from both services understood how and when to assess whether a patient had the capacity to make decisions about their care. Patient records showed that staff gained consent from patients for their care and treatment in line with legislation and guidance.

Clinical staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and knew who to contact for advice.

Staff received consent training as part of induction and received mandatory training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

We reviewed completed consent forms and found these were completed fully.

Are Surgery caring?

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

Compassionate care

We spoke with patients from both providers and observed interactions at each stage of the patient pathway, which was the same irrespective of the provider. 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. Patients were strong in their praise of all aspects of care. This was reflected in the results of patient survey results we saw.

Patients told us they felt comfortable with the COVID-19 procedures in place and said that staff wore masks at all times during their stay. Patients confirmed that they had been offered the option of a chaperone during the booking process and we saw easy-to-read (large font) posters in each clinical room advertising this service.

We spoke with three surgical patients on the day of our inspection and obtained consent to speak with seven others who had attended outpatients prior to our inspection. We chose a random sample of five of these to call about their care. All described a positive experience and said staff treated them well and with kindness.

In addition, we reviewed similar comments made about the service in patient survey results and social media sites linked to the Newmedica website.

Surgery

Emotional support

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

Staff from both services gave patients and those close to them help, emotional support and advice when they needed it. Patients praised the way they felt staff took time to interact with them and answer questions.

Newmedica and hospital staff provided information about charities which supported people with eye conditions and disease.

Understanding and involvement of patients and those close to them

Staff gave patients help, emotional support and advice when they needed it.

Staff made sure patients and those close to them understood their care and treatment. Interactions we observed indicated that staff talked with patients in a way they could understand, using communication aids where necessary.

We saw that telephone contact details were included on the discharge instructions for patients to ring should they have any clinical concerns. This was available out of hours for patients to call should this be necessary.

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

Are Surgery responsive?

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 commissioned by NHS organisations to provide clinical eye care to service users who were patients being treated by the NHS.

As a managed service, Newmedica had contracted with the hospital provider to supply a consultant-led ophthalmology service which were delivered in conjunction with multi-disciplinary teams of optometrists, nurses and clinical technicians.

We saw that both providers planned and organised services so they met the needs of the commissioner. Facilities and premises were of a high standard and appropriate for the services being delivered.

The service operated six days a week and operating days were offered midweek or on Saturdays. This provided the option for patients to choose a day to suit their needs or, for example, when a relative was available to assist with travel arrangements and support.

Surgery

Newmedica staff demonstrated how they acted to minimise missed appointments. This included phone and text reminders prior to the appointment as well as follow-up contact, should a patient not attend. We saw data that indicated do not attend (DNA) rates were low, which they partly attributed to recovery from pandemic restrictions.

Meeting people's individual needs

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

Newmedica and hospital staff explained how they provided patient-centred care that was aimed at the specific needs of each individual patient. For example, at the initial booking information was sought from the patient to determine any needs such as hearing loss.

The hospital location was designed to offer access to those with limited vision or mobility. We noted dementia-friendly décor in use and interpretation and translation services were available through a contracted service provider. This service included help for people who communicated using British Sign Language (BSL). As patients were only seen following referral and appointment the service was in a position to book these services in advance.

The hospital comprised of two larger houses that had been linked and converted into a clinical facility. The surrounding grounds had been transformed into parking bays for patients and visitors with additional on-street parking available outside. Tactile paving had also been fitted at strategic points to help people with altered vision. Step-free access and electronic doors were provided to assist wheelchair users and people with limited mobility enter the building.

Rooms, corridors and toilets were spacious enough to accommodate people using wheelchairs. We saw that large-font signs were used throughout to assist people living with vision loss.

We saw post-surgical information sheets printed in English, Hindi, Gujarati and Punjabi. Clinical staff explained that these were languages represented in the local community.

We saw leaflets to help staff signpost people to local support services and eye disease charities. Written information and advice about eye conditions and treatments were available for patients on the Newmedica website.

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 better than national standards.

Newmedica monitored waiting times and made sure patients could access services when needed and received treatment within the timeframes set by the NHS commissioner.

The service tracked patient progress at key points of the surgical pathway and reported their data monthly to senior management team and NHS commissioners.

If there was a cancellation, patients could be brought in sooner than their booked appointment if they consented.

Surgery

Learning from complaints and concerns

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

The service clearly displayed information about how to raise a concern in patient areas. Staff we spoke with understood the policy on complaints and knew how to handle them.

Newmedica had a complaints policy which was in date and reviewed on an annual basis.

Staff were supported with their investigations and the complaint process from governance managers who were regionally based. When the service received a formal complaint an acknowledgment of the complaint was sent within three days and a response was sent to the patient within 20 days. The service had received one formal complaint in the previous year and according to staff this was related to the on-site free car parking.

Managers described clearly how they investigated complaints and identified themes. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff received training on complaints handling, customer service and duty of candour.

Are Surgery well-led?

Our rating of well-led stayed the same. We rated it as good.

Leadership of the service

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.

The Newmedica registered manager was responsible for the leadership of all managed services. The service locally was led on a daily basis by a manager and a supervisor.

We saw that managers from Newmedica and the hospital provider were visible and staff told us they were always approachable. 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.

Staff we spoke with were well aware of the leadership structure; said their leaders were supportive and gave us examples of how their development had been encouraged. For example, supervisors and managers recounted how they had been trained and promoted to roles within the company.

Surgery

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 and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Newmedica had a mission statement to make eyecare better for patients, the NHS, those who fund healthcare, and the community in general.

The Newmedica vision and strategy were focused on customer care and quality of services. Newmedica staff we spoke understood these aspects and how they translated to their roles and responsibilities. For example, the service had an established dementia strategy and staff told us about how they provided individualised care that supported patients with visual and cognitive changes.

We spoke with staff who were dementia champions and we saw poster displays in waiting areas that indicated the ways in which the company helped inform patients and their relatives about community support organisations and dementia charities.

Culture

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

There were high levels of staff satisfaction across all staff groups. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff felt respected, supported and valued.

The service promoted equality and diversity in daily work and had an open culture where patients their visitors and staff could raise concerns without fear.

Staff informed us they felt confident to raise concerns with the leadership and felt listened to. They were updated on all organisational service developments.

Newmedica had a nominated Freedom to Speak Up Guardian and an associated whistleblowing policy and equality and diversity training was included in the mandatory training matrix for employees.

Staff and managers told us that employee surveys were also completed in order to help monitor the culture within Newmedica.

Governance

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

Surgery

Newmedica and hospital teams discussed quality and safety performance issues at joint review meetings. They shared learning from any incidents, complaints and staff also had the opportunity to comment and ask further questions.

Policies and procedures had been developed for the safe and effective running of the service and were current. Newmedica had service level agreements with third party organisations for the delivery of some of its services.

Governance and performance management arrangements were proactively reviewed and reflect best practice. Newmedica operated an integrated governance framework. The integrated governance framework consisted of three committees that reported to the board of directors on a monthly basis outlining clinical, safety and quality, risks and trends together with the actions being taken.

We reviewed minutes from Newmedica governance and business meetings that indicated there was an effective governance framework and good oversight of the activities undertaken by the other providers on their behalf.

Management of risks, 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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Newmedica operated formal risk management processes to ensure risks were identified and mitigation measures put in place. We saw that any incident or complaint was recorded on the provider's electronic governance recording database.

There was also evidence of risks, issues and performance being discussed at quality management committees and meetings with partner providers.

The risk register showed items graded according to severity. Controls to ensure the risks were managed were also described on the risk register that was in spreadsheet form. The scoring system had numerators between one and twenty, with twenty describing the highest level of risk.

The registered manager had oversight of the service's risks and understood the challenge of risks in terms of quality, improvements, and performance.

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 systems were integrated and secure.

The service had a data protection policy and had implemented a data retention policy which outlined the purpose for processing personal data and retention periods and disposal methods.

Information security was managed in line with national guidance. There was an information governance committee that was responsible for information security.

Surgery

The management system used for the collection and review of corporate and management information was a bespoke database package that was used at all the provider's locations.

There was also an electronic human resources system that was used as a database for all grades of staff, including clinicians.

Engagement

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

Staff had regular engagement with the registered manager at team meetings and via email or instant messaging. Staff told us they felt fully involved in the day-to-day running of the service.

The service encouraged patients to provide feedback using survey forms provided as well as social media reviews or directly by phone or email.

We saw positive examples of feedback that was consistent with comments made by patients to us.

There were consistently high levels of constructive engagement with patients and staff. Staff engagement within the team was encouraged and participation and contribution to team discussions had been established as a way of working.

Newmedica held a 'company day' periodically, where all senior managers, clinic and support staff from across the company met in an off-site environment. The last event had been 'online' due to pandemic restrictions, but staff told us that earlier meetings were held in conference facilities and topics at these events had included: defining vision & values, organisational structural changes and employee survey results.

Learning, continuous improvement and innovation

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

Newmedica had five key improvement priorities and these were to be monitored quarterly and reported to the board of Directors: Dementia Strategy, Audit Programme, Patient and Carer Engagement and improving Staff Engagement.