

Gloucestershire Newmedica Limited

Newmedica Community Ophthalmology Service

Inspection report

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Date of inspection visit: 23 February 2022
Date of publication: 20/04/2022

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 have inspected this location. 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. 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.

However:

- Mandatory training for bank staff was below targets set by the service.
- Complaints were not always concluded in a timely way.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	This was the first inspection of this location. We rated it as good. See the summary above for details.
Outpatients	Good 	<p>We rated this service as good overall and good for being safe, caring, responsive and well-led. Effective is not rated in outpatients.</p> <p>The majority of outpatient appointments were provided as part of the surgical pathway. The main service was surgery. Where arrangements were the same, we have reported findings in the surgery section.</p>

Summary of findings

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Summary of this inspection

Background to Newmedica Community Ophthalmology Service

Newmedica Community Ophthalmology Service is operated by Gloucestershire Newmedica Limited. The service has been operating since 15 September 2017.

Gloucestershire Newmedica Limited is a partly owned local operating subsidiary of New Medical Systems Limited. New Medical Systems Limited is owned by Specsavers Eye Care Services Limited.

New Medical Systems Limited and its partly owned local operating subsidiaries are referred to as The Newmedica Group.

The Newmedica Group is commissioned by NHS organisations to provide ophthalmology services (clinical eye care) to people who are patients being treated by the NHS. The service also offers private patients access to services which accounts for around 5% of their overall activity.

The service provides ophthalmic surgery and outpatient care from Aspen Centre, Horton Road, Gloucester, GL1 3PX. The service primarily serves the communities of the South West.

The service is registered with the Care Quality Commission 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. The majority of the service is provided for NHS funded patients. All surgery is undertaken under local anaesthesia. There are no overnight patient stays.

The provider has another location, Newmedica Brighouse, also in Gloucester, this is the main theatre site. The theatre at Aspen Centre is used for additional theatre space and is used on average one day a week. Since September 2022 outpatient appointments are also carried out at Swindon NHS Health Centre. They have identified this as a satellite clinic. We did not inspect these services as part of this inspection.

A manager had been registered with the CQC since 2017. The location was first registered in September 2017. This was our first inspection of this location.

In the reporting period from 1 February 2021 to 31 January 2022 1,585 operations were undertaken within the location; approximately 1,400 of these operations were cataract removal.

In the same period there were 4,119 follow up outpatient appointments and 1,356 new outpatient appointments. The majority of these patients were seen as part of the cataract surgery pathway or glaucoma treatment.

The main service provided at this location was surgery with the majority of outpatient appointments being provided as part of the surgical pathway. Where our findings for outpatients, for example management arrangements, also apply to other services, we do not repeat the information but cross-refer to the surgery section.

Summary of this inspection

How we carried out this inspection

The team that inspected this location comprised of one CQC inspector and a specialist advisor with ophthalmic experience.

This was a short notice announced, comprehensive inspection. The service did not know we were coming until two days before our visit. This allowed for arrangements to be made and ensure the service was open at this time. Operations were not taking place at the time of the inspection, but we observed the theatre areas and contacted patients who had recently been seen by the service for treatment.

We spoke with 16 members of staff including theatre and clinic staff, optometrists and optical technicians. We spoke with seven patients. We observed care and treatment provided in the centre, reviewed data about the organisation and reviewed 10 patient care records. We held interviews with the registered manager, the human resources lead and governance administrators, the medical director, theatre lead, deputy theatre lead and the head and lead for quality and safety for the Newmedica Group.

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>.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action the service **SHOULD** take is because it was not doing something required by a regulation, but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

Surgery and Outpatients

- The service should improve mandatory training compliance rates for bank staff.
- The service should improve response times to complaints.

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
Outpatients	Good	Insufficient evidence to rate	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Surgery

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

Are Surgery safe?

Good 

We rated safe as good.

Mandatory training

The service provided mandatory training in key skills to all staff. However, bank staff compliance with training fell below the rate set by the service.

Staff received and kept up to date with their mandatory training. The service provided mandatory training for staff and monitored completion rates. The service had a target of 95% for overall completion of training. A report dated February 2022 showed 93% of all staff had completed their mandatory training which was only slightly below their target. Administrative staff had a completion rate of 99% and theatre staff had a 94% completion rate. Those not permanently employed by the service, known as bank staff or locum consultants had a completion rate of 81%.

Mandatory training was comprehensive and met the needs of patients and staff. Training included modules in fire safety, conflict resolution, equality, diversity and human rights, infection, prevention and control, basic life support and moving and handling. Theatre staff were also expected to undertake immediate life support training. Staff had a list of training they would need to complete dependent on their job role.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff training compliance was monitored by the human resources lead and reported to the Newmedica head office. Leads told us clearly what needed to be completed and when and had a good overview of staff compliance. Bank staff were a more difficult group to engage and ensure compliance with training. Leads would follow up individuals who had not completed their training and would escalate non-compliance to the Newmedica head office.

All staff, including those working within administration completed training on recognising and responding to patients living with a diagnosis of dementia.

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.

Surgery

Staff received training specific for their role on how to recognise and report abuse. Safeguarding training was provided to level two in safeguarding adults and children for all staff working within clinics and theatres. Administrative staff received level one training in safeguarding adults and children. This was in line with national guidance. The registered manager was the local lead for safeguarding within the service and was trained to level three. The national safeguarding lead for the organisation received level four training.

The local Safeguarding Board had attended local monthly Operations & Governance meetings to speak to staff and raise the profile of safeguarding within the service.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The service had separate safeguarding adults and safeguarding children policies which were within review date and referenced relevant legislation and guidance. They contained information for staff on how to identify adults and children at risk.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had a clear process for reporting safeguarding adult and children concerns. We saw a chart on display within the service to assist with this. This chart included specific details for the local authority's help desk and local telephone information. Safeguarding leads told us staff came to them with any concerns. They were clear about what actions they would take.

Cleanliness, infection control and hygiene

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

All areas, including clinic and theatre areas were clean and had suitable furnishings which were clean and well-maintained. We saw all areas were visibly clean and tidy. There were adequate storage facilities, no items were stored on the floor. This made cleaning easier and more effective.

The service employed a private cleaning company and carried out spot checks and audits to ensure oversight. The contracted cleaning company provided compliance sheets which were counter signed by the theatre lead and recorded in the company's governance system. Staff told us the company were responsive and when issues were highlighted, they would rectify them promptly.

The service generally performed well for cleanliness. Patients were asked to give a rating on how clean they felt the service was following their care. Eighty-eight percent of respondents gave the service the highest rating whilst a further 11% gave the second highest rating.

We saw evidence of audits which showed, when performance dropped below acceptable standards, action was taken to improve.

Staff used records to identify how well the service prevented infections. The service had a policy for reporting healthcare associated infections (HCAI). This policy was due for review on the 22 August 2021 so was out of date. We raised this during the inspection and were told the policy was in the process of being ratified by their Quality Management Committee. The service had sought specialist support to ensure the policy was accurate and reflected best practice. The policy set out how the service should monitor and report healthcare associated infections including surgical site infections.

Surgery

The service had not reported any healthcare associated infections between the 1 February 2021 and 31 January 2022. In November 2021 the service reported one suspected incidence of endophthalmitis. This is a serious condition caused by an infection within the tissues or fluids inside the eyeball. The condition was treated appropriately and later confirmed as being negative.

The service used a compliance management software package to monitor infections and reported these to the national Newmedica group.

Staff followed infection control principles including the use of personal protective equipment (PPE). The service continued to expect all individuals to wear a mask and to have a negative COVID-19 test before entering. Staff were also required to take these tests twice weekly. Hand sanitiser was available on entry and people entering reception had their temperature taken to establish any signs of fever. All staff, including those in non-clinical roles wore scrubs in line with the uniform policy. We observed good hand hygiene practices and directions within the theatre area on how to wash hands in line with guidance.

Staff cleaned equipment after patient contact. We saw equipment was visibly clean and saw staff cleaned equipment after patient contact.

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. The service was based within a community medical centre. The service was responsible for the facilities, equipment and consumables and rented theatre space from the adjoining GP practice on a sessional basis. The building consisted of a reception area, clinic rooms, consulting rooms and administrative facilities as well as the theatre.

Staff carried out daily safety checks of specialist equipment. Resuscitation equipment was easily accessible and contained within a tamper evident trolley. We saw evidence of checks being completed on resuscitation equipment. The person checking the items signed these checks to state they had locked and resealed with the number of the tamper evident tag each time it was opened. The service monitored this for compliance and in February 2022 found 100% of checks had been completed as planned.

The service had enough suitable equipment to help them safely care for patients. The service had enough equipment to be able to manage any breakdowns without interference to the service. They also had support from other sites managed by Newmedica and could call on support from these should the need arise.

During the inspection we spoke with the finance assistant who was responsible for facilities and consumables. They told us there was not an issue with supply chains at the time of the inspection. A stock check was being carried out during the inspection as part of an audit. This was carried out on a monthly basis and ensured any expired items were disposed of. The finance assistant managed all equipment and used a computer system to keep check of service dates and asset numbers of all equipment.

Staff disposed of clinical waste safely. The service had a contract with a company for waste disposal. We saw bins with appropriate labelling for different kinds of waste. Sharps boxes we saw were not over filled and labelled correctly.

Surgery

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

Consultants completed assessments for each patient at their first outpatient appointment. Checks were made to ensure the patient was suitable to undergo surgery.

The service had an onward referral protocol and emergency care protocol for conditions such as suspected endophthalmitis, retinal detachment or cancer being found unexpectedly. Arrangements were agreed with a local NHS trust. The protocol was displayed and clearly noted the urgency with which the referral should be made and provided telephone numbers and actions to be taken in the event these conditions were discovered.

Staff used nationally recognised tools to identify deteriorating patients and escalated them appropriately. A sepsis risk tool was on display in several locations throughout the clinic. An anaphylaxis flow chart from the resuscitation council was set out within the policy for medical emergencies. The medical emergencies policy was outside of its review date of 6 February 2021. We raised this during the inspection and were told the policy was being updated as the service had commissioned a company to provide resuscitation guidance and information, so all equipment and processes were consistent throughout all Newmedica locations.

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.

Compliance with the World Health Organisation (WHO) cataract checklist was audited by the service. The results of these audits were shared with all staff at a monthly governance meeting. Between February 2021 and January 2022, the service reported higher levels of compliance than their target of 90%.

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 audits for January 2022 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. Information relating to individuals who had received treatment at the service was passed on to their GP and optician to ensure information was shared.

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 service had enough staff to keep patients safe. Each operating list was planned in advance and the service ensured they had enough staff before going ahead. Surgery was always consultant led. As a minimum there were two registered nurses and two theatre assistants. This was in line with guidance from the Association for Perioperative Practice. The registered manager advised us if there were not enough staff the list would not go ahead. This would be reported as an adverse event and investigated along with any other non-clinical reasons for cancelling surgery.

Surgery

The service monitored their turnover and sickness rates. A people report was prepared and sent to head office on a monthly basis. We viewed the report for January 2022. Staff sickness had increased as a result of COVID-19 related absences. Staff turnover rates were increasing but the service had not identified any themes or trends of concern.

Managers limited their use of bank staff. Agency staff were not used by the service. Each member of staff was required to undergo a full induction including those on a bank contract. Locum consultants were expected to undertake mandatory training in line with those employed permanently at the service.

The service always had a consultant on call during evenings and weekends. An on-call service was provided by a member of the senior leadership team and an on-call consultant, 24 hours a day seven days a week.

Records

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

Patient notes were comprehensive, and all staff could access them easily. We reviewed 10 sets of records for individuals who had undergone cataract surgery the day before the inspection. All were legible, signed and dated by staff. In all 10 notes the cataract care pathway was completed in full in line with the World Health Organisation safety recommendations. All labels for lenses and equipment sets were attached.

The provider completed monthly audits of records to ensure consent had been gained and recorded. We were shown the most up to date audit which had identified an issue where a patient had not signed a consent form. Actions were taken and another audit was completed several months post this incident and the audit scored 100%.

Records were stored securely. Records were stored in the location of the main theatre in Brighthouse Court. When theatre was being undertaken these notes were transported in locked and secured bags to the location. Only authorised staff had access to them. We saw cabinets for patient records were secure and locked. Computer systems were password protected.

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. Medicines for the theatres were ordered by the finance assistant who also managed facilities and consumables. Checks were made to ensure any out of date medicines were disposed of. No controlled drugs were used within the service. Medicines were prescribed by consultants.

Staff stored and managed all medicines and prescribing documents safely. Medicines were stored neatly and securely within locked cupboards. There had been no issues reported with medicines availability or stock levels.

Fridges which held medicines were locked and kept at temperatures as recommended by manufacturers. The fridges used recorded temperature checks automatically which were then checked by staff when they were on site. Compliance with the monitoring of fridge temperatures checks was monitored through a monthly audit.

Staff learned from safety alerts and incidents to improve practice. Any safety alerts were shared with all staff during their monthly meetings.

Surgery

Staff completed medicines records accurately and kept them up to date. We viewed 10 patient records and saw that all medicines were prescribed were signed for by a consultant.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Patients were given advice on leaving the service. We spoke with five patients who had undergone surgery the day before the inspection and all were happy with the advice given and the instructions on how to administer their own drops.

Incidents

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

Staff knew what incidents to report and how to report them. The service used compliance software to report and record all incidents. All staff we spoke with were familiar with this software and were comfortable with using this to report incidents. The service had a policy for incident reporting which outlined the expectations for staff in the event of an incident.

Between the 1 February 2021 and the 31 January 2022, the service had reported 45 incidents. No serious incidents or never events had occurred during the same time period. We were told the percentage of reporting of incidents for this location was in line with the other services within the Newmedica organisation.

Leads described a good reporting culture amongst staff and staff felt happy to raise concerns as the service supported a no blame culture and used incidents as a way to make improvements.

Staff met to discuss feedback and look at improvements to patient care. Leaders discussed incidents with staff at the monthly governance meeting called an ALLSTOP day. During these meetings all staff were provided with information on any learning from incidents. Staff told us they found these meetings beneficial and was a good way of keeping informed. Staff were encouraged to present an incident they had been involved with at these meetings to share learning.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if things went wrong. All staff we spoke with were clear in their understanding of the duty and candour and felt the service was open and honest. There was a Being Open and Honest policy which outlined expectations in managing incidents and feedback provided to patients and their families.

There was evidence that changes had been made as a result of feedback. The majority of incidents reported involved administration errors. The service had identified a number of patient letters being sent to incorrect addresses. As a result of this a local protocol was produced to ensure staff were aware of how to avoid this occurring and how to report this should it occur in future.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. The registered manager was responsible for investigating incidents and would request support from the clinical directors as necessary. We saw some investigations took longer to complete than the timeframe set by Newmedica. It was recognised the increase in the numbers of patients attending had led to an increase in workload for the registered manager. It was hoped timeliness in closing incident investigations would improve with the introduction of a governance lead who was planned to start in March 2022.

Surgery

Are Surgery effective?

Good 

We rated effective as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. The service followed National Institute for Health and Care Excellence (NICE) guidelines. NICE guidance was an agenda item on the national Newmedica Medical Advisory Committee (MAC) meetings. We reviewed minutes from these meetings and saw discussion about updates to NICE guidance in relation to glaucoma and selective laser therapy, and how it would impact the service.

The service used National Safety Standards for Invasive Procedures (NATSSIPS). NHS England recommend use of NatSSIPS as best practice to improve patient care and safety. Compliance with these procedures was audited and discussed at the monthly governance meeting with all staff as well as being reported to the Newmedica Group on an ongoing basis.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff had access to up-to-date policies to plan and deliver high quality care. The Newmedica group were responsible for managing policies so they were consistent amongst each Newmedica service. A policy and manual forum was held each month. The agenda for this meeting included; review of policies to ensure adherence to best practice, an overview of review dates and development of new policies. During the inspection we noted two policies were out of review date. We saw meeting minutes where these policies were discussed. The reason for late review was due to getting specialist services or expertise. For example, the medical emergencies policy was being reviewed with a view to standardise all policies within the Newmedica Group and was due to be signed off at the Quality and Management Committee that month.

All staff were provided with a list of policies which had been updated each month. We viewed minutes of meetings which documented these updates and reminders.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs. Staff made sure patients had access to food and drink where appropriate. Patients attended for day surgery and were offered tea and biscuits following operations. Water was available in the main reception. Patients were advised to bring their own snacks or sandwiches as needed.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain. Staff assessed and managed the pain of patients well. Surgery was undertaken using local anaesthetic. Staff monitored for signs of pain or discomfort throughout.

Staff gave patients verbal and written advice should they feel any discomfort or pain on discharge.

Surgery

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to demonstrate good outcomes for patients. Results from data monitoring were compared to national standards.

The service participated in relevant national clinical audits. The service took part in the National Ophthalmology Database audit which monitored outcomes of cataract surgery. The cataract audit monitored two indicators of surgical quality to compare the performance of services nationally. The Posterior Capsular Rupture (PCR) rate and Visual Acuity (VA) loss.

The service manually inputted this data but was hopeful to move to a digital system where this would be automatically shared.

Outcomes for patients were positive, consistent and met expectations, such as national standards. The service reported good performance in terms of PCR rates compared to other services. The PCR rate was 0.3% which was under and therefore better than the national average of 1%.

The medical director informed us each consultant's complication rate was monitored to ensure there were no patterns of concern. If there were issues the medical director would raise with the individual surgeon and determine the cause.

The service reported their complication data to the two clinical commissioning groups who commissioned NHS funded services on a monthly basis.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. A set programme of audits was completed on a rolling monthly, quarterly or annual basis. These audits included hand hygiene, site cleaning, pre-assessment and consent, waste and sharps management and medicine management.

Managers shared and made sure staff understood information from the audits. They used information from the audits to improve care and treatment. All audit data was shared with staff at the monthly governance meeting and documented actions for improvement.

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. Numerous checks were made before staff worked for the organisation. We saw a database held by leads which demonstrated when each individual employee had completed a clear disclosure and barring (DBS) check, references had been taken and checks on qualifications had been made. For consultants this also included General Medical Council membership, indemnity insurance and revalidation and appraisal dates. For nursing staff information collected included DBS issue number, references and nursing and midwifery council pin numbers.

Managers gave all new staff a full induction tailored to their role. All staff received an induction and underwent a three-month probationary period when they started working within the service. Staff were expected to have an oversight of all areas of the service and spent time in each part of the service as part of their induction. Staff told us this had benefited them and their ability to work as a team as they had an understanding of the role of others.

Staff had to pass competency assessments in their own area of work before the end of the probationary period.

Surgery

The service had identified through their own governance systems that there was gap in the training of theatre assistants. As a result, the service was looking at strengthening the competencies required for these members of staff to ensure their training reflected the demands of their role.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff told us they felt supported with access to managers to identify training needs and discuss learning opportunities. The majority of consultants were within their review date for appraisal with only two out of 14 outside of their appraisal expected date. Out of 19 nursing staff five were outside of their appraisal expected date.

There was a dedicated lead for training to support staff and identify learning and development needs of staff.

Managers ensured staff attended team meetings or had access to full notes when they could not attend. All staff were expected to attend a monthly governance day and were provided with minutes should they not be able to attend. This was an opportunity for all staff to come together as no operations or clinics would take place on this day.

Managers identified poor staff performance promptly and supported staff to improve. We were told the service had high expectations on staff and if performance was not in line with expectations they would be provided with additional support and should this not result in change then their contract would not be offered after the probationary period.

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 well together across the services being provided within the organisation. We observed positive communication taking place amongst staff and staff told us they worked well together and felt part of a team.

Staff worked across health care disciplines and with other agencies when required to care for patients. GPs and opticians were contacted to share information about a patient and their treatment with the provider to ensure all agencies could care for patients safely and effectively.

Seven-day services

Key services were available seven days a week to support timely patient care. The service provided access to operations and appointments over a seven-day period. This included appointments scheduled later in the day to allow for access outside of usual working hours.

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.

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. However, not all staff had received mental capacity act training within the last year.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Consultants assessed patients for their suitability for surgery. Only patients who were able to give informed consent were treated by the service.

Surgery

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff recorded consent in patients' records. We viewed 10 patient records and found all contained consent forms which were signed by the consultant and patient. In 2021 the service had identified, through their own audit process, that consultants were not always recording if a patient had the capacity to consent to treatment within records. In March 2021 the consent audit noted only 84% of records contained evidence of capacity having been assessed. Action was taken to improve compliance and following we saw evidence of an improvement in recording. The audit had improved above the target of 90% with no months falling to less than 94% between April 2021 and February 2022.

Staff made sure patients consented to treatment based on all the information available. Consultants provided patients with information on their treatment. Leaflets were provided to patients relating to specific eye conditions that would be treated by the service. The provider website also gave information for patients.

Mental Capacity Act training had been provided to staff. Due to the COVID-19 pandemic and restrictions on gatherings, training had taken place virtually in September 2021. Only limited numbers of staff were able to attend due to the restrictions on numbers so there were a number of staff who were out of date for this training and compliance levels were lower than their target. The last training was held in September 2021. All staff, including consultants, were scheduled to undertake training in July and September 2022.

Are Surgery caring?

Good 

We rated caring 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 observed staff speaking with patients in a caring way on the telephone and in the clinic area.

Patients said staff treated them well and with kindness. We spoke with patients who were attending the service for consultations and spoke on the phone to five patients who had undergone surgery the day before the inspection. They told us they were treated extremely well with staff being kind and caring. All patients we spoke with told us they were very happy with the service that had been provided. Staff were described as being relaxed and efficient and one patient told us they felt "very reassured as all staff were very caring".

Staff followed policy to keep patient care and treatment confidential. We saw people's privacy and dignity were respected during the time of the inspection. The theatre and clinic space assisted in maintaining privacy. Conversations could not be overheard through the clinic or theatre.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

Surgery

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients told us staff explained clearly what to expect following treatment and how to put in eye drops. One patient told us how staff had labelled drops, so they knew which order to put them in and thought this was very caring and personalised. They also gave advice to families on what to do in case their relative complained of any discomfort or pain.

One patient told us they were walked back to their car by a member of staff following treatment and another that their relative was called by the service to collect them.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff were aware of how sight loss affected patients and were motivated to support those to regain their vision. Staff told us how rewarding it was to help people with conditions such as cataracts and how life changing this could be for patients.

One patient told us they were an anxious person but the environment and the interaction with staff was very "calming" and they felt reassured by the staff and the consultant who "talked through" everything they were doing. Another patient told us they were treated "like a person" and not a number and was put "totally at ease".

Details of a local charity for those experiencing sight loss were provided to offer patients ongoing support and advice.

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. We spoke with five patients who had undergone surgery with the service. They all felt involved in their care and understood what their treatment would entail and the effects of surgery. Feedback posted online included; "the consultant talked to me throughout, a phone call the next day to check how my eye was, I couldn't have hoped for a better service 10/10".

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. We saw evidence of numerous thank you letters and cards on display in staff areas praising staff for their care and support. Feedback could be given on the service's website and was monitored by staff. Comments included; "the care and efficiency of all staff I cannot rate highly enough".

All patients were provided with a feedback questionnaire to complete following their treatment. Comments from this questionnaire were monitored and reported to all staff during their monthly governance calls.

Patients gave positive feedback about the service. Ninety-eight percent of people who responded stated they were extremely likely or likely to recommend the service to friends and family. The service used the NHS website for patients to give feedback on their care. Between March 2021 and March 2022 10 reviews had been collected. They all rated the service as five stars which was the highest score available. The most recent review stated; "had a thorough examination and explanations throughout. The staff were very pleasant and helpful, was pleased with my visit and examination and would recommend".

Staff supported patients to make informed decisions about their care. Eighty-four percent of patients who responded to the service's post treatment questionnaire rated the service five stars in relation to feeling able to make decisions about their care.

Surgery

Are Surgery responsive?

Good 

We rated responsive as good.

Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met the needs of the local population. The majority of patients were funded through the NHS. The service supported the NHS to undertake ophthalmic procedures where there were large numbers of patients waiting to be seen. The service had contracts with two local clinical commissioning groups and worked closely with them to understand demand for this service provision.

Patients could self-refer for private appointments or were referred by their GP or optician. The service offered patients surgery within a smaller, community-based location rather than having to attend an NHS hospital. The philosophy of the service was to bring “hospital-grade services firmly closer to patients’ homes”.

Facilities and premises were appropriate for the services being delivered. The service was based within a medical practice and offered the facilities required to carry out consultations and surgery.

Meeting people’s individual needs

The service and took account of patients’ individual needs and preferences. Staff made reasonable adjustments to help patients access services.

The service supported patients, whose overall social and health care needs were not complex, to undergo ophthalmic procedures. Patients would be referred to the service by a GP or optician if their needs could be appropriately met within the service. Anyone with a complex need would be supported to access NHS services in their local hospital instead.

The service had information leaflets available. These were available in large print and in languages spoken by patients. The service offered a braille translation service and information leaflets would be translated if needed.

Patients could request a chaperone to accompany them to their appointments. We observed a poster offering this within the reception area.

Managers made sure staff, and patients, could get help from interpreters. Staff had access to a telephone interpreting service. All staff we spoke with were aware of this and were able to state how to access services. A signing service was also available.

Staff had access to communication aids to help patients become partners in their care and treatment. For example, a hearing loop was available. Signs were visible in reception advertising this.

Parking facilities were available with designated parking spaces for people living with a disability close to the main entrance. The service was provided on the ground floor with a no step access and there were accessible toilets located within the reception.

Surgery

Due to the COVID-19 pandemic patients were discouraged from bringing relatives to appointments. However, if a patient required assistance, a carer or relative would be accommodated to ensure the individual had support.

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.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The service monitored waiting times and ensured no one waited too long for treatment. Referral could be made directly from a GP or an optician. Appointment times were flexible, and patients were given a choice of dates and times. Staff would call patients ahead of their appointment to check it was still suitable and to re-schedule if necessary.

Managers and staff worked to make sure patients did not stay longer than they needed to. Surgery times were staggered so patients did not have to wait too long before they were seen, and the waiting area did not become crowded.

Managers worked to keep the number of cancelled operations to a minimum. When patients' operations were cancelled these were rearranged as soon as possible. The service monitored all cancelled operations and why these were cancelled. We were informed cancellation of theatre lists was a rare occurrence.

When patients had their operations cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance. We were told all patients were offered an appointment within 28 days of any operation or appointment being cancelled.

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. Patients were provided with a feedback letter following any episode of care. Any concerns or complaints raised there informally were monitored for themes and trends.

The service clearly displayed information about how to raise a concern in patient areas. We saw posters and leaflets in the main reception area clearly advertising how a patient could raise concerns or make a formal complaint.

Staff understood the policy on complaints and knew how to handle them. All staff we spoke with were comfortable in handling complaints and were able to advise what action they would take. All were familiar with the duty of candour and stated they were honest and open with patients.

Managers investigated complaints and identified themes. The service had received 33 complaints between 1 February 2021 and 31 January 2022. Nineteen of these progressed to formal complaints with 14 informally managed. Of these complaints, 97% were acknowledged within three working days. Of formal complaints logged between the same time frame only 40% had been completed within 20 working days. The registered manager had noted a concern in timeliness of response, it was acknowledged responses were often reliant on clinical input and outcome of care which could cause delays in providing a response to the complainant. It was anticipated the new governance lead and governance administrator would support clinicians and others in providing future responses.

Surgery

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The operational director was responsible for acknowledging and responding to the complainant. There was a complaints policy which stated the time frames expected for responding to complaints.

Managers shared feedback from complaints with staff and learning was used to improve the service. Complaints were discussed at monthly governance meetings with the whole team and used to improve.

Staff could give examples of how they used patient feedback to improve daily practice. We saw evidence of a number of concerns being raised around parking within the service. As the building was located with other services parking was limited to specific areas within the grounds. If a patient parked outside of this area, they were liable to a fine. The service was working to ensure patients were given clear instructions on where to park on arrival. We saw evidence of changes to the website and patients were given information before arriving.

Are Surgery well-led?

Good 

We rated well-led 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.

The local leadership structure for clinical services consisted of an operational director who was also the registered manager, four clinical directors who were all partner consultants within the service, a lead nurse, a deputy theatre nurse, an administration lead and a lead optometrist.

There was effective leadership at all levels. Leaders demonstrated the required levels of experience, integrity, capacity and capability needed to deliver. Leaders understood the challenges to quality and sustainability and took proactive action to address them. For example, senior leaders told us they were aware of the risks of the rapid growth of the organisation and had strategies to be able to manage this whilst also maintaining the safety of the service as the priority.

The registered manager was the operational director for the provider and also sat on a number of committees within the national Newmedica group. Staff described the registered manager as a robust leader who was thorough and focused on safety and improvement. The registered manager was also a trustee for a local sight support charity and passionate about supporting those with sight loss.

The nominated individual for the service was one of four consultant partners. They also held the role of medical director and the Medical Advisory Committee chair for the Newmedica group as a whole. The nominated individual described how supporting people with a sight loss was a privilege and appreciated the level of trust individuals needed to have in the service to allow them to operate on their eyes.

Surgery

A number of roles had expanded during the past year with a rapid rise in the growth of the service. Leaders were aware of this and understood individual responsibilities were increasing. The service had been without a governance lead for approximately a year and this had led to additional responsibilities for some members of staff. Leaders had supported staff and in developing their skills. A new governance lead was due to commence their role in March 2022.

Staff told us leaders were visible and approachable. Staff we spoke with stated they worked well as a team and had no issues with raising concerns. Relationships between the national Newmedica group and the local operational team were described as being close with good visibility from head office and support when needed.

Vision and Strategy

The service had a vision for what it wanted to achieve. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.

The service had a purpose, vision and mission statement. The purpose was to “make a difference” with the vision being “a society where everyone can get access to free or affordable world class treatment for advanced eye conditions without any unnecessary delay or worry. Their mission was to “revolutionise the care and treatment for patients facing the prospect of sight loss by creating a new national network of specialist eye clinics that have a seamless link with all optometrists and GP’s”.

The service was experiencing increased demand following the COVID-19 pandemic and large numbers of individuals awaiting ophthalmic treatment from the NHS. To manage this, demand the provider had registered another location and were recruiting staff to ensure services could continue at pace with the growth.

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.

All staff we spoke with felt supported, respected and valued. The culture was centred on safety and the needs and experience of patients. Staff told us they felt proud to work in the organisation and there was a mutual respect amongst all staff regardless of role within the service. Staff felt this was helped by having an induction in all areas of the service, so they gained a good understanding of each role.

The culture encouraged openness and honesty at all levels within the organisation. Staff told us they felt able to raise concerns without fear of retribution, and they were listened to by the leaders of the service. Staff described a “no-blame culture” which empowered them to raise any concerns.

A staff survey had been completed which identified some staff felt unable to express their opinion. Leads were taking action on this to ensure people felt able to speak up.

The Newmedica group had a Freedom to Speak Up Guardian who could be contacted should there be any concerns staff wanted to discuss. The guardian had been contacted for the whole Newmedica group on only a number of occasions. Concerns could also be raised through the incident reporting software in a confidential manner which would bypass the immediate senior leaders should there be an issue at that level.

Leaders spoke highly of staff and felt they “went the extra mile” for patients with some “immensely caring” individuals working for the organisation.

Surgery

Staff told us they were supported to develop within their roles. We heard a number of health care assistants had gone on to undertake nursing training with one currently being supported by the service to qualify as a registered nurse.

Wellbeing of staff was taken seriously by the service. A mindfulness and wellbeing application had been made available to all staff and they also had access to counselling service independent of the service. In April 2021 staff had been supported to take part in the 'Get on your Feet Britain' campaign as an initiative to get people active.

New members of staff we spoke with told us how impressed they had been by the service and they had felt welcomed and supported.

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.

On a local level the governance structure included daily safety meetings, weekly clinic, administrative and theatre team meetings and a weekly management team meeting. Each month an operations and governance meeting would take place where the whole team came together for an ALLSTOP day.

Nationally there were weekly executive and senior management meetings, 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.

There were opportunities for staff at all levels to be involved in governance and take a vested interest in ensuring the safety and quality of the service. The meetings bringing together individuals from Newmedica services nationally assisted in ensuring learning was shared throughout the organisation where similar events could take place.

We saw minutes of the operations and governance meetings and found they were well attended and discussed relevant items of note as well as providing a space for training.

We reviewed minutes of the MAC meeting and found they were well attended by relevant individuals. Discussion took place around a standing agenda. Items of discussion were appropriate and relevant.

On a monthly basis the results of audits were presented to the quality management committee which were then compared to other services within the Newmedica group.

The service used a compliance management system which could be accessed by the national Newmedica group. In addition to this a quality lead from the group would carry out an oversight visit to the local service once a month and undertake spot checks and carry out learning if required.

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.

Systems were used well to monitor and manage performance. Performance and risk were discussed at all levels within the governance system.

Surgery

A systematic programme of clinical and internal audit was undertaken to monitor quality, operational processes, and systems to identify where action should be taken. We saw where there were concerns in performance actions were taken to rectify and communicated.

There were arrangements for identifying, recording and managing risks, issues and monitoring mitigating actions. The service had a risk register which used a tool to identify the impact of the risk on the service and assigned a level of risk. The risk register included mitigations and was regularly reviewed by leads as part of the governance structure.

The service had a business continuity plan which was regularly reviewed.

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.

There were arrangements to ensure data or notifications were submitted to external bodies as required. We saw evidence of the service notifying the Health and Safety Executive in line with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013 for a staff injury.

Arrangements to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems had been implemented. Computer systems were only accessible by staff who were trained and authorised. Staff were aware passwords were individual to them and should not be shared. Staff knew to log out of computers when they were left unattended.

There was a named Data Protection Officer and an identified Caldicott Guardian in relation to data protection and The General Data Protection Regulation (GDPR).

Engagement

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

The service engaged well with patients, staff, the public and local organisations to ensure people's views and experiences were gathered and acted upon to improve services. We were shown proof of action where concerns had been expressed. For example, complaints around parking.

Patient feedback was sought in a number of ways including feedback through NHS website and a post treatment questionnaire. Most feedback was extremely positive and all reviews on the NHS website gave the service five stars. The questionnaire information was collated, and comments discussed at the monthly governance day with all staff.

We saw one complaint had led to the development and introduction of an information leaflet to explain the possibility of an imbalance in eyesight following a cataract operation. The patient had been asked to present the new leaflet to the whole service at the monthly governance meeting and this was being arranged.

Surgery

Staff views were sought and recorded. A national staff survey was undertaken in October 2019. During the COVID-19 pandemic the service relied on feedback from monthly governance meetings and local staff communication. Quarterly surveys had been introduced again in January 2022. Participation rate was only 36% which was lower than the service would have liked and there were plans and expectations for the participation rate to be increased.

Staff reported within the survey that they felt their work and value was recognised and that they were supported to learn and develop professionally. The service scored highly for staff feeling they had a clear understanding on the direction and growth of the service.

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.

Staff throughout the organisation told us they were committed to learning and improving. There was a strong focus on developing the skills of staff to promote their professional growth within the service. 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.

Training was a high priority and staff were invited to an ALLSTOP day on a monthly basis where information was provided on the performance of the service and areas needing improvement.

The service had hosted a “nurse study day” in February 2022. This day for nursing staff included professional speakers and supported the revalidation of nurses. It was extended to nurses both within and outside of the service and took place in a local university.






Staff told us they had taken part in ‘insights’ training. The registered manager had supported this training as a tool for team building and to gain understanding over communication styles. Staff spoke enthusiastically and positively about this training and the insights this had given them personally and professionally.

Trainee doctors were due to be supported to undertake six-month placements within the service to attend surgery sessions each week. This was due to commence in March 2022. The service also offered nursing degree placements for students from a local university.

Leaders were passionate about service improvement and sought out opportunities for development. The service was chosen as one of five services globally to launch a new type of ocular lens. This trial included detailed post-operative investigation and experiences where feedback was provided.

The Newmedica medical director advised us they were looking to introduce surgery simulation training for consultants. They had identified a prototype to undertake this training and were enthusiastic about implementation within the next year.

Outpatients

Safe	Good 
Effective	Insufficient evidence to rate 
Caring	Good 
Responsive	Good 
Well-led	Good 

Are Outpatients safe?

Good 

We rated safe as good:

For safeguarding, staffing, records, medicines, and incidents please see Surgery.

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 mandatory training for staff and monitored completion rates. A report dated February 2022 showed 93% of all staff had completed their mandatory training. Clinic staff who worked within the outpatient service had achieved 100% compliance for training.

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.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. We saw all areas were visibly clean, tidy and free from dust. We observed outpatient clinics and saw that all staff sanitised equipment with suitable wipes after each patient. Wipes were accessible and plentiful, and staff reported no issue with maintaining cleanliness in the clinic.

Staff followed infection control principles including the use of personal protective equipment (PPE). We observed staff following policy of being bare below the elbow, wearing minimal jewellery and having nails short and visibly clean.

All clinic rooms had hand washing facilities with soap dispensers and sanitiser.

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.

Outpatients

The design of the environment followed national guidance. The location did not use non-invasive lasers within the outpatient clinic.

Staff carried out daily safety checks of specialist equipment. Maintenance of equipment was managed by the finance assistant. Each piece of equipment was monitored through computer software which monitored dates for servicing.

The service had suitable facilities. The outpatient area consisted of consultation rooms, office space for administrative staff, and diagnostic rooms where measurements and assessments took place.

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

A member of staff completed assessments for each patient on arrival to check they were able to have treatment. Diagnostic tests on the patient's eye were completed at the initial appointment to check they were suitable for surgery. The results were shared with the consultant in charge of the patient's care who made the final decision on their suitability.

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. Medicines for outpatient clinics were ordered and managed by the finance assistant as per clinician's requests. No controlled drugs were used within the outpatient clinic. Medicines were prescribed by consultants. Only diagnostic medicines were kept in locked cupboards within consultation rooms.

Staff stored and managed all medicines and prescribing documents safely. Medicines were stored neatly and securely within locked cupboards. Checks on stocks of medicines were undertaken by staff. There had been no issues reported with medicines availability or stock levels.

Fridges which held medicines were locked and kept at temperatures as recommended by manufacturers. Fridge temperatures checks were audited and reported on a monthly basis.

Staff completed medicines records accurately and kept them up to date. We viewed 10 patient records and saw all medicines prescribed were signed for by a consultant. Eye drops used to dilate the pupil were administered by the ocular technician who had been trained and their competencies had been assessed.

Are Outpatients effective?

Insufficient evidence to rate 

We do not rate effective in outpatients due to a lack of evidence.

For evidence-based care and treatment, competent staff, multi-disciplinary working, seven-day services and consent please see Surgery.

Outpatients

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Assessments and treatments undertaken within outpatient appointments were generally not painful, but staff informed us they would monitor and ask patients if they felt any discomfort. Patients were given information about their treatment and what action to take should they feel pain on discharge from the service.

Patient outcomes

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

Outcomes for patients were positive, consistent and met expectations. Clinics were used to perform all necessary pre-testing for cataract treatment. Audits of diagnostic tests including biometry (the process of measuring the corneal power and length of the eye) were undertaken on a quarterly basis. We viewed the most recent audit for the period September to November 2021. The purpose of the audit was to improve the quality of measurements and ensure any consistent errors in reporting of diagnostic tests were identified and acted on.

The audit concluded there were no major concerns with the quality of measurements. It made recommendations for the update of protocol and subsequent training to be provided alongside this.

Outcomes for glaucoma treatment were monitored by the service and were sent to the local clinical commissioning group on a monthly basis. Outcomes were also discussed at the monthly governance meeting, so all staff were aware of how the service was performing. The service was performing well.

Are Outpatients caring?

Good 

We rated caring as good. Please see surgery.

Are Outpatients responsive?

Good 

We rated responsive as good. For meeting people's individual needs, access and flow, learning from complaints and concerns please see Surgery.

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.

Good 

Outpatients

Managers monitored and took action to minimise missed appointments. Missed appointments were monitored by the service and contact was made with individuals who did not attend.

Facilities and premises were appropriate for the services being delivered. The clinic consisted of a reception area and individual rooms for consultations and diagnostic testing.

Are Outpatients well-led?

Good 

We rated well-led as good. Please see Surgery.