Anglia Community Eye Service Limited

ACES (Birmingham)

Inspection report

16 Corporation Street,
Birmingham
B2 4RN
Tel: 07787796058
www.aces-eyeclinic.co.uk

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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?	Inspected but not rated
Are services caring?	Inspected but not rated
Are services responsive to people's needs?	Inspected but not rated
Are services well-led?	Good

Summary of findings

Overall summary

We carried out an inspection of ACES Birmingham, part Anglia Community Eye Service Limited, using our comprehensive methodology on 8 February 2023. This was the first time we inspected the service. We rated it as good because it was safe, and well led, we have not rated effective, caring and responsive as we did not have enough evidence at the time of the inspection.

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- 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.
- 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.
- 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.

We rated this service as good because it was safe, and well led.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good	

Summary of findings

Contents

Summary of this inspection

Background to ACES (Birmingham)

Anglia Community Eye Service Limited (ACES) is an independent provider of NHS ophthalmic care in the community and aims to be one of the first centres at a national level to take fast track cataract surgery out of a hospital setting, this is what the service told us.

The service aims to provide a community acute day care service for cataract surgery. The service is offered to patients choosing to come to ACES for day surgery who are referred by either their GP or optometrist.

The main objectives of the service are to:

- Reduce waiting times for patients with eye conditions.
- Give all patients the choice of a community-based provider and more convenient location.
- Provide Care Closer to Home for the patient in local GP surgeries, in line with Department of Health guidelines.
- Reduce overall waiting times in the health economy.
- Create additional capacity in secondary care.
- Aim to provide a fast and efficient patient focused pathway in collaboration with patient representatives and primary care professionals.
- Use new technologies and the latest equipment, striving to maintain their care at the cutting edge of ophthalmology.
- Ensure that they comply with all regulatory requirements and encompass the latest national and local guidelines.
- Ensure that they comply fully with the Disability Discrimination Act 2005, with reference to all staff and patients using the service.

ACES (Birmingham) had undertaken one pre-operative assessment clinic where 9 patients attended, and the outcome from that was 1 patient was suitable for treatment between October 2022 and February 2023.

The service first registered with CQC in October 2022. ACES (Birmingham) 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 procedures
- Surgical procedures

The service does not treat children.

Services that will be provided at this location include:

• Outpatient appointments

• Cataract surgery

• Laser surgery

• Minor procedures around the orbital rim

• Glaucoma monitoring

Summary of this inspection

• Pre assessment for cataract surgery

The main service we inspected was surgery, which incorporated diagnostic and screening checks of the eyes before and after treatment. We have not reported this aspect separately.

The service did not provide outpatient appointments at the time of our inspection therefore this was not included in our report.

To get to the heart of patients' experiences of care, we ask the same 5 questions of all services: are they safe, effective, caring, responsive to people's needs, and well led. The main service provided was surgery. Where our findings on surgery also apply to other services, we do not repeat the information but cross-refer to the surgery service level.

The service had only carried out 1 procedure for an ACES patient during the time of inspection. Therefore, we have not been able to rate the following domains; effective, caring and responsive, as we did not have enough evidence to rate them against our framework.

How we carried out this inspection

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

This is the first time we have inspected and rated this service. We inspected this service using our comprehensive inspection methodology.

This was a short notice announced inspection.

The inspection was carried out by 2 CQC inspectors on 8 February 2023 with off-site support from a CQC inspection manager.

During the inspection, we spoke with 10 members of staff, the clinical services manager and the registered manager for the organisation. We also reviewed a range of policies, procedures and other documents relating to the running of the service.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection.

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

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Is the service safe?

Good

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

Mandatory training

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

All staff received and kept up-to-date with their mandatory training. This included infection prevention and control, fire safety, safeguarding training, basic life support and information governance. We reviewed the mandatory training modules and saw that the training programme supported staff and patient needs.

The service had a training matrix which identified the required training for each staff group. Medical staff were overseen by the medical director who ensured they had received and kept up to date with relevant training.

The mandatory training was comprehensive and met the needs of patients and staff. Managers monitored mandatory training and alerted staff when they needed to update their training. We saw training management records which indicated that the rostered staff present on the day of the inspection had a 100% completion rate for their mandatory training. At provider level the completion rate for the surgery team was 100% against the corporate target of 85%. The surgeon team had a 100% completion rate of all their mandatory training modules.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. The service had updated dementia training and autism awareness module added to the mandatory training. Staff gave examples of how they would support patients with dementia. However, due to the criteria of referral patients with increased care needs due to living with dementia and autism would be treated at an NHS hospital.

Staff who operated diagnostic and other specialist equipment received specialist training as mandatory.

Managers monitored mandatory training and alerted staff when they needed to update their training. We were provided with documents that showed that mandatory training compliance was continually monitored, and staff were required to be up to date. Compliance with mandatory was reviewed monthly by senior managers and continually by the practice education facilitator. All staff we spoke with said they had been given time at work to complete the topics.

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.

All staff received training specific for their role on how to recognise and report abuse. Staff received training specific for their role on how to recognise and report abuse. Safeguarding training was included in the service's induction and annual mandatory training. Clinical staff from the surgery team and surgeons received mandatory safeguard training to level 3 for

adults and level 1 for children. The completion rates of these modules met the corporate target of 100% for both staff groups. Regional managers were trained to level 4. This enabled staff to have easy access to a person trained to level 4. This reflected good practice in line with the Royal College of Nursing intercollegiate document on safeguarding.
Each day there would be a named safeguarding lead, who would be the point of call for escalating any concerns.
The service used a chaperone policy to meet the individual needs of patients. Clinical staff were trained as chaperones and all patients were offered this service during consultations. Posters were displayed in the clinic reminding patients of the chaperone service.
Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.
Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The service did not treat children and young people. However, staff maintained safeguarding training children (level 1) in recognition that children may accompany patients to appointments.
Staff knew how to make a safeguarding referral and who to inform if they had concerns. There were safeguarding alert posters displayed on clinical noticeboards which clearly described how to make a safeguarding referral and who to inform if they had any concerns. The service had access to trained safeguarding level four advisors at provider level if needed.
ACES had clearly defined recruitment pathways and procedures to help ensure the relevant recruitment checks had been completed for all staff. These included Disclosure and Barring Service checks prior to appointment along with occupational health clearance, references and qualification and professional registration checks.
When we looked at a sample of three staff records, we saw that these were all recorded as completed.

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 clinical and waiting areas were clean and had suitable furnishings which were clean and well-maintained. All staff had received mandatory training in infection prevention and control and we saw that all areas were cleaned to a high standard and had suitable furnishings which were clean and well-maintained. Flooring and chairs were made from easy clean materials.
The service performed well for cleanliness. The service used an external cleaning company who cleaned all areas each evening. Staff were also responsible for cleaning their own areas between patients and completed a check each morning using cleaning checklists. The daily checklists were owned by the clinical lead on the day, and these were audited monthly which showed compliance was always greater than 95% for the last 12 months, and the issues raised as a result of the audits did not generally represent significant risk but rather high standards. Environmental cleaning audits demonstrated good attention to detail, with improvements made quickly after issues were found. Infection prevention and control practices and the clinical environment were subject to weekly audit. We saw samples of recent audits, and these were very comprehensive, detailed and when shortfalls were identified action plans were monitored until completion.
Air testing was done every 6 months in accordance with the relevant Heath Technical Memorandum for specialised ventilation and results were satisfactory. Legionella testing of water supplies was regularly carried out and we noted that the associated risk assessments were carried out to a high standard.
Staff used records to identify how well the service prevented infections. Cleaning checklists were used to document cleaning and decontamination in line with the provider's policy. There had been no surgical site infections reported.
Staff followed infection control principles including the use of personal protective equipment. There was adequate handwashing facilities and hand gel throughout the centre for staff and patient use. We observed consistently good hand hygiene by staff.
Staff wore disposable scrubs which were thrown away at the end of each shift. All staff we observed and spoke with were complying with 'arms bare below the elbow' and wore face masks in all areas.
Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. An external

contractor was employed to decontaminate reusable equipment. Most surgical equipment was single use only. Staff explained that an immediate clean was undertaken after each procedure by designated staff. Items were labelled for traceability prior to collection by the contractor.
Antimicrobial hand-rub dispensers were mounted on the walls at strategic points in each room as well as at the reception desk. Spill kits were readily available to assist staff to safely clean any fluids from floors or work tops.

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 design of the environment followed national guidance. Clinic and treatment areas were purpose built and well maintained. There was sufficient storage space, and all areas were tidy and unobstructed. There were suitable arrangements to prevent unauthorised patients and staff accessing the laser treatment area when the device was in use. Clinical facilities included an operating theatre along with 2 diagnostic rooms, consulting rooms and a post-operative room for recovery, and discharge information. There was a large waiting area with refreshments to hand. The clinical areas were accessible by wheelchair using a lift and stairs were also available.
Fire safety equipment and safety evacuation signs were located at key points.
Staff carried out daily safety checks of specialist equipment. Equipment was maintained to manufacturer's recommendations by suitably qualified staff, usually from the manufacturer. A folder contained service logs for the medical devices in the clinic. This was comprehensive, complete and accurate.
Theatre suite lighting, ventilation, equipment and surgical consumables met national standards. Staff carried out daily safety checks of the clinical areas and equipment. We saw that this was carried out as part of the team brief, debrief and daily safety document. We reviewed the document used on the day of the inspection and found that all checks and assurances had been completed accurately. We also reviewed the resuscitation trolley and found that safety checks had been undertaken.
The service had suitable facilities to meet the needs of patients' families. There were comfortable areas where people accompanying patients could wait and obtain refreshments.
The service had enough suitable equipment to help them to safely care for patients. There was a supply of extra surgical equipment in the event items were damaged or contaminated. This reflected good practice and meant there would be no risk of procedure cancellation due to a lack of equipment.
Staff disposed of clinical waste safely. Waste was correctly separated, and clinical waste disposed of appropriately. We heard how the contract with the waste collection agency was managed effectively and communication was easy should collections or changes need to be made.
The service managed decontamination of reusable surgical instruments in line with Health Technical Memorandum through a service level agreement with an external provider.

Assessing and responding to patient risk
Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration
Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Patients had to be medically fit for surgery before the service could deliver treatment and so deterioration was rare. However, appropriate equipment, training, and protocols were in place. All patients attended a pre-operative assessment prior to surgery to ensure they were fit enough for surgery.
There was a suitable emergency policy and a resuscitation policy that addressed medical and surgical emergencies. The service undertook unannounced emergency scenarios as a training method for staff, these were both ophthalmic and medical emergency scenarios.
The service had a deteriorating patient policy in accordance with national guidance. Staff told us that if there was any deterioration in a patient's condition during their time at the service then they would contact the emergency services so

that the patient could be transferred to an acute hospital.
Patients had access to a 24-hour emergency line which was staffed by the provider's central clinical services team. They would take over the management of the patient from the local clinic and refer into a suitable private hospital as necessary through a network of surgeons with admitting rights.
Clinical staff were trained in immediate life support and non-clinical staff were trained in basic life support. We checked staff records, and these were up to date and renewed according to the Resuscitation Council UK Guidelines.
The service had a daily team brief and debrief which included all necessary key information to keep patients safe. We saw these were conducted each morning and at the end of the day and risks were identified such as allergies and other possible complications. The lead nurse and a manager gave updates and shared learning which were recorded on the daily team brief sheets.
Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident. The service had admission criteria to ensure that ACES patients would be safe to receive treatment under the facilities available at the clinic.
The service adhered to the World Health Organisation's 5 steps to safer surgery checklist and was subject to regular audit. We looked at the most recent audit results for the surgical and laser theatres and these demonstrated 100% compliance.
There was a post-operative checklist that ensured that take home medicines were supplied and that the patient had an escort home. This was signed by a member of staff and the patient.
Staff knew about and dealt with any specific risk issues. We saw that a risk assessment for the storage of a flammable hand rub stated that it should be stored in a metal box, and the items were not. We spoke with the clinical services manager about this, they told us, that it had been risk assessed and did not need to store the items in a metal box. The risk assessment was updated the same day to reflect this practice.
Staff shared key information to keep patients safe when handing over their care to others. ACES patients care and treatment records would be sent electronically to the referrer.
Shift changes and handovers included all necessary key information to keep patients safe.

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.

The service had enough nursing, medical and support staff to keep patients safe. The service was fully staffed for all roles as they were increasing staff numbers for forthcoming ACES NHS contract work. The service had no vacancies.
Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance. The registered manager was supported with staffing needs at provider level. Any leave or absences were covered from within the team, or if safety numbers were not met, by staff on the ACES staff pool. All nurses and staff on the ACES pool where clearly identified and recorded by levels of qualification and specialty.
The surgery manager could adjust staffing levels daily according to the needs of patients. Staffing practices were aligned and supported by the service's staffing policy.
The service had low vacancy rates.
The service had low turnover rates.
The service had low sickness rates. Staff received back to work interviews.
The service had low rates of bank and agency nurses. Staff told us shifts were always covered.
Managers limited their use of bank and agency staff and requested staff familiar with the service.
Managers made sure all bank and agency staff had a full induction and understood the service.

Good

Surgery

Records
Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
Patient notes were comprehensive, and all staff could access them easily. The service was introducing electronic patient records. We reviewed the one patient record that had been treated at ACES and they were comprehensive, clear and up to date. Paper records would be used for consent, patient information booklet and the surgery documentation record used during the surgical procedure.
Staff would document patients' referral and medical history, pre-operative assessment information, special requirements, medicine administration, safety checks during surgery and all batch numbers of all accountable items used during a procedure. Perioperative and discharge information was also recorded. The service conducted a monthly audit of patient records which indicated consistent standards of practice.
Records were stored securely.

Medicines
The service used systems and processes to safely prescribe, administer, record and store medicines.
Staff followed systems and processes to prescribe and administer medicines safely. Patients would be prescribed take home eye drops. Patients would be given information about the medicines including side effects and staff would ensure that the patient was able to administer the drops.
Staff stored and managed all medicines and prescribing documents safely.
Staff managed stock control and stored items in locked cabinets or a locked fridge with secure access. They documented the temperature of the medicine storage rooms and refrigerators daily to ensure medicines were stored within the safe limits established by manufacturers.
We saw that there were 3 occasions where a refrigerator temperature was documented a few degrees higher than recommended, and no action was documented. We spoke with the surgery manager regarding this, and they told us it was when the refrigerator door was opened for checking and restocking, not due to a fault.
Medical gases were stored correctly, full and empty cylinders were separated and labelled.
Staff learned from safety alerts and incidents to improve practice. The service circulated emails and used the staff brief meetings in the morning to highlight any safety alerts and incidents to improve practice.

Incidents
The service would manage patient safety incidents well. Staff could recognise and reported incidents and near misses. Managers would investigate incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff would apologise 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. However, there were no clinical complications reported at the service since October 2022 that were classified as serious incidents or adverse events. The service had not reported any never events at this location.
Managers stated that all incidents, should they occur, would be investigated with support of their local policies and following national guidance.
Staff understood the duty of candour. There was a duty of candour process in place which met the requirements of the relevant regulation. If the process was triggered the responsibility would be taken over by the provider's national clinical services team. There had been no incidents requiring the duty of candour to be implemented at the location. Staff to whom we spoke were aware of the duty and the provider's processes.
Managers shared learning with their staff about serious incidents that happened elsewhere. Staff met to discuss the

feedback and look at improvements to patient care. In the staff monthly meetings and in the daily team briefs feedback from other incidents in the wider service would be discussed. There was also a monthly newsletter where learning would be shared following investigations at other clinics.
Managers would debrief and support staff after any serious incident if and when they occur.

Is the service effective?

Inspected but not rated

We have not previously inspected the service. We have not rated effective as we did not have enough information, we have reported on the information that was available at the time of the inspection.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Polices and processes were developed and implemented under the guidance of a medical advisory board which advised the provider's clinics across both the UK and internationally.

Guidance was obtained from best practice guidelines from organisations, such as the Royal College of Ophthalmology and the provider's own outcome data which was provided by an inhouse biostatistical team.

Staff were aware of policies, and they could be accessed through the service's systems. We saw that staff adhered to policies and procedures and this was assured by the service's own audit and quality assurance systems.

The service planned to carry out regular audits to measure the outcomes of surgery and benchmarked the data with a national partner organisation to compare data and support best practice.

The clinical governance committee was responsible for ensuring policies, risk assessments and standard operating procedures were kept up to date and the clinical services manager monitored updates and changes.

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

Nutrition and hydration

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

Staff would ensure patients had enough to eat and drink including those with specialist nutrition and hydration needs. Drinks facilities and snacks were available in the waiting areas on both floors. Staff would offer patients drinks as they were waiting or after the surgery.

As the surgery that would be undertaken was under local anaesthetic, patients were not required to abstain from drinking or eating before their procedure.

Good

Surgery

Pain relief

Staff would assess and monitor patients regularly to see if they were in pain and gave pain relief in a timely way.

As the service was not regularly carrying out clinics or surgery at the time of inspection, we could not report on this.

Eye drops containing local anaesthetic would be provided and used during pre-operative assessments and during the surgical procedure.

Patients would also be given eyedrops to use at home after discharge.

Staff told us that patients would receive pain relief soon after requesting it.

Patient outcomes

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

As the service was not regularly carrying out clinics or surgery at the time of inspection, we could not report on this under ACES.

The service did not participate in any national clinical audits. However, service managers were aware of national audits such as the national cataract audit done by the National Ophthalmology Database. They stated that non-participation in the national audit was due to the fact that the Birmingham clinic had not carried out any surgical procedures under ACES at the time of the inspection.

The service planned to undertake relevant clinical audits and gathered data to benchmark against other similar locations and partner organisation. Managers described how they would compare performance internally across their locations and benchmarked patient outcomes with their partner organisation to identify best practice and support performance measurement.

Managers and staff would use the results to improve patients' outcomes. They had 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 service's quality assurance strategy.

Audits and clinical outcomes would be reported to the service's NHS commissioners.

The service provided detailed clinical outcome data for each of the employed surgeons that worked for the private side of the business and were also employed for ACES procedures too, this demonstrated that there was a rich source of information to support not only the analysis of the clinical efficacy of the surgery but also the appraisal of performance.

All policies and revised policies would be distributed to the staff to read and sign once they had sone so.

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.

Good

Surgery

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The service undertook pre-recruitment checks on staff to ensure they were suitable for their role.

Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work.

Managers supported nursing staff to develop through regular, constructive clinical supervision of their work.

Managers supported medical staff to develop through regular, constructive clinical supervision of their work. Medical staff were contracted to ACES and it was the responsibility of the medical director to supervise and support their appraisals. We were told all doctors were up to date with their appraisals and had the right competencies and registration with their professional bodies to undergo their ophthalmological procedures.

The clinical educators supported the learning and development needs of staff. They met regularly with all staff to discuss training needs and development.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. We saw evidence of minutes from the monthly team meetings. They were comprehensive and detailed. They were distributed to all staff and there was a space for staff to sign that they had read them.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. The senior team encouraged staff to develop their skills and knowledge. This was managed in discussion with the practice education facilitator.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

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

Managers identified poor staff performance promptly and supported staff to improve.

Multidisciplinary working

Doctors, nurses and other healthcare professionals would work together as a team to benefit patients. They supported each other to provide good care. Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. We observed good teamworking between the different staff groups. The daily briefings involved all the health care disciplines.

Seven-day services

The service would offer appointments at the weekend and on bank holidays to meet the preferences of patients. There was a 24-hour emergency line available to all patients which was staffed by the provider's central clinical services team.

Health promotion

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

Good

Surgery

We saw posters and leaflet displays that demonstrated the service had relevant information promoting healthy lifestyles and support.

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.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff received consent training as a mandatory training module. The compliance rate for the training was 100%.

Staff made sure patients consented to treatment based on all the information available. Nursing staff told us that surgeons would have plenty of time to spend with patients.

Staff would clearly recorded consent in the patients' records.

Clinical Staff received and kept up to date with training in the Mental Capacity Act. Staff received Mental Capacity Act education as part of their mandatory training. Deprivation of Liberty Safeguards training was not provided as it was not relevant to the client group. The service did not treat anybody who did not have capacity to consent.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.

Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act.

Is the service caring?

Inspected but not rated

We have not previously inspected the service. We have not rated caring as we did not have enough information, we have reported on the information that was available at the time of the inspection.

Compassionate care

We could not observe the caring practice with ACES patients during the inspection. However, we did observe.

Staff followed policy to keep patient care and treatment confidential. Patients will be able to contact any member of the team during their care at ACES to discuss patient confidentiality.

Staff understood and respected the individual needs of each patient and showed understanding and non-judgemental when caring for or discussing patients with mental health needs.

Good

Surgery

Emotional support

As the service was not regularly carrying out clinics or surgery at the time of inspection under ACES, we could not report on this.

Understanding and involvement of patients and those close to them

Staff would support 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 saw that telephone contact details were included on the ACES 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. The patient gave positive feedback about the service. ACES patients would be provided with a feedback survey at the time of their treatment. We saw in the monthly newsletter that patient feedback was shared from across the other clinics in the group.

Is the service responsive?

Inspected but not rated

We have not inspected the service previously. We have not rated responsive as we did not have enough information, we have reported on the information that was available at the time of the inspection.

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 was also working 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. We spoke with the contracts manager for the service and local NHS contracts were soon to be in place with the local integrated care boards.

The plan would be for patient's referral to come in via ACES head office and will be triaged by the consultant. The patient will then be contacted by the booking clerks at ACES head office. The booking clerk liaises with the patient to choose an appointment at the patient's convenience.

Alternatively, the patient will soon be able to book on-line using the electronic referral facility. This will have all the information regarding the service so that the patients can make an informed choice regarding which location they wish to be seen at.

On attending the appointment, the consultant will have the surgical diary available during the consultation, and a date for surgery will be discussed with the patient. The consultant will explain the procedure to the patient, and on agreement with the patient, will then consent for surgery. The patient's surgical date will be confirmed in the form of a letter sent by post. The patients will then attend for surgery and meet with the consultant who will explain the procedure before commencing with the surgery.

Good

Surgery

Facilities and premises were of a high standard for the services being delivered. The clinic was in a central location in Birmingham city centre and was easily visited by public transport both locally and nationally. There was public car parking close by.

They service had considered the needs of people within the catchment area and recognised the specific cultural and religious needs of these communities.

Meeting people's individual needs

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

Staff would make sure if patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. ACES staff explained how they would be providing 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 additional needs, such as hearing loss or the need for interpreters.

The clinic was wheelchair accessible and there was a lift between floors.

The service had information leaflets available in languages spoken by the patients and local community.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service required that interpretation services were provided by a professional interpreter from a subcontractor and not a friend or relative and this was detailed in their interpretation service policy. The service could source British Sign Language interpreters in advance.

Access and flow

As the service was not regularly carrying out clinics or surgery at the time of inspection under ACES, we could not report on this.

Managers would work to keep the number of cancelled appointments to a minimum. From October 2022 to the date of the inspection the service had no cancellations for the pre-operative clinic.

Managers and staff would work to make sure patients did not stay longer than they needed to. There were processes in place to ensure that patients were seen and treated in a timely manner.

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. Complaints leaflets were prominently in the reception area of the clinic as well as in consultation rooms.

Good

Surgery

Staff understood the policy on complaints and knew how to handle them. Processes were in place for informal and formal complaints the service received. Additionally, ACES had a complaints policy which was in date and reviewed regularly and set out the expectations from staff and managers when investigating any complaints. The service had not received any formal complaints. Staff we spoke with understood the policy on complaints and knew how to handle them and had experience of this from working on the private part of the service.

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff told us that despite a separate service all learning was shared across the organisation from other ACES clinics and the private part of the service. We saw evidence of this from monthly newsletters, team briefings and staff meeting minutes.

Is the service well-led?

Good

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

Leadership

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

The provider's corporate structure consisted of a chief executive officer, optometry directors, operations directors, managers and optometrists and the clinical services team which consisted of the surgical services manager, location surgery manager and location surgery team. Surgeons were accountable to the medical director.

The registered manager was the surgery manager for the Birmingham clinic. The surgery manager had the right skills and abilities to run the service.

Senior staff in the organisation, including the chief executive officer, had a background in ophthalmology services so they knew the challenges and issues of the service.

The provider board of directors were multidisciplinary and reflected medical and leadership expertise. The directors met monthly and had open lines of communication into senior operational and clinical teams. Local managers attended a monthly meeting with the senior leadership team. They received an update on site specific data, audits, complaints and all gave an update on their areas.

Staff were aware of their reporting structures and said that local managers were approachable. Clinical staff told us they had support at a clinical and managerial level.

Leaders supported staff to develop. Staff felt the company invested in them and supported them to develop and progress their career.

Good

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.

The vision and values were displayed on computer terminals and on the corporate website. The values of the service were focused on delivering a quick turnaround service with high impact on the quality of life for patients. The service also placed high emphasis on serving the local community and NHS while supporting patients' choices for care.

The vision of the service was to grow into a support network for the NHS that provided all ophthalmic services in a near future. The service also aimed at modernising their electronic systems.

The ACES vision and values were communicated to staff through their team and governance meetings. Managers and staff spoke about the vision in positive terms and were able to relate it to how they put patients at the centre of the delivery of care and treatment.

Culture

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

Staff told us they felt supported and inspired by local managers and those with a national role. There was a positive atmosphere and staff were complementary of their local leaders.

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

There was strong collaboration, team-working and support across the service and a common focus on improving the quality of care and of people's experiences.

Staff were relaxed and open with the inspection team. They were proud of the service and were honest about the occasions when things had not gone well and keen to tell us how changes had been made to the services provided as a whole.

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.

Good

Surgery

Leaders operated effective governance processes that evidenced the quality of care. There was a clear structure for governance and sharing of information across all leadership levels, staff working at the clinic and for staff working across the organisation. Clinical governance and oversight were provided through a group clinical governance committee that met at a national level.

Daily briefing meetings attended by all staff working at the clinic that day allowed sharing of essential safety, performance and activity information.

Staff were clear about their roles and accountabilities. The surgery manager managed performance and quality of the service through local auditing, the results would be discussed at the team meetings and into the surgical services team governance meetings.

The service operated against a comprehensive set of policies and procedures largely supplied at a national level but also locally. Policies were clearly issued through a formal process of sign off and had review dates. The policies and procedures we reviewed were in date and written to a high standard.

Manager and team meetings were recorded and reviewed performance of the service. Actions were tracked, and records showed they had been completed.

There was a medical advisory committee that held twice yearly meetings and reported to the board. This committee ensured medical practice and appraisals were reviewed as well as ensuring clinical directives were updated and implemented in line with recent evidence.

The organisation had service level agreements in place with third party organisations. Some of which included medicines provision, decontamination of surgical instruments and waste management. We saw evidence these were well managed and regularly reviewed by the service managers.

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

The service operated a formal risk management process to ensure risks were identified and mitigation measures put in place.

Managers could identify the three top local risks at the service and had strategies in place to mitigate them. There was oversight by the senior leadership team of all local and combined risk registers. These were reviewed and control measures were in place.

There was also evidence of risks, issues and performance being discussed at clinical governance meetings, team meetings and daily briefing meetings when the service was open.

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 1 and 20, with 20 describing the highest level of risk. Risks were also rated green, amber and red to easily identify key action areas.

Good

Surgery

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

Organisational audits would take place and were aligned to service compliance and efficacy outcomes. Action plans were included for any audits that reported areas of improvement.

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 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.

Staff completed training in data protection and information governance as part of their mandatory training, compliance was 100%.

Health and safety risk assessments were comprehensive and detailed and covered the general environment, medical devices as well as other aspects, such as security.

Any safety alerts from the Medicines and Healthcare products Regulatory Agency and the Central Alerting System were reviewed at provider level in line with the established governance processes and cascaded to the appropriate services or service managers.

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 by email or instant messaging. There was also a monthly newsletter circulated to all staff within the organisation. 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 following.

Good

Surgery

Learning, continuous improvement and innovation

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

The registered manager encouraged feedback to help ensure the service was learning and improving services to meet the needs of their patients.

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

The service showed there was a culture of continual learning and that their staff looked to continually improve. This was shown through the provider level reporting and investigation of both incidents and complaints and how learning was shared across the organisation.

The provider's corporation was part of the international medical advisory board, this was an independent board made up of experts of ophthalmology. This board gave a platform to discuss outcomes and future initiatives to improve patient outcomes in the future.

The service employed a biostatistician to review ophthalmologist outcomes, these results were used by the service so that the services' ophthalmologist could discuss these outcomes and determine areas for improvement. An example of the use of this data was an innovation programme where the service was looking to improve nomograms for fine tuning visual outcomes for patients with dense cataracts. The project was aimed at providing patients with a better visual outcome and investing in the right equipment to support this.

The service provider recently accredited a level five national qualification. The qualification for the service's staff was an Advanced Professional Ophthalmic Care Diploma. The qualification was aimed at providing advanced eye care treatment skills to health care assistants but was available for all the service's workforce. This provided a development pathway for the service's non-registered staff as well as future proofing the service's workforce.