

Bristol Newmedica Limited

Newmedica Community Ophthalmology Service

Inspection report

Litfield House Medical Centre
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2022
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

This is the first time we 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:

The presentation of mandatory training data made it difficult to interpret completion rates. After the inspection the provider simplified the training report to make it clearer in future.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Outpatients	Good 	We rated this service as good overall and good for being safe, caring, responsive and well-led. Effective is not rated in outpatients. 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.
Surgery	Good 	This was the first inspection of this location. We rated it as good. See the summary above for details.

Summary of findings

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Summary of this inspection

Background to Newmedica Community Ophthalmology Service

Newmedica Community Ophthalmology Service is operated by Bristol Newmedica Limited. The service has been operating since 1 March 2018.

Bristol 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 a smaller part of their activity.

The service provides ophthalmic surgery and outpatient care from Litfield House Medical Centre, 1 Litfield Place, Clifton Down, Bristol, BS8 3LS. 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 Frome. Outpatient appointments are also carried out at Mendip Vale Medical Practice, the provider has identified this as a satellite clinic. We did not inspect these services as part of this inspection.

The location had a registered manager who had been in post since the location was first registered with CQC in March 2018. This was our first inspection of this location.

In the reporting period from 1 February 2021 to 31 January 2022 3,409 operations were undertaken within the location, 2,725 of which were for NHS patients.

In the same period there were 9,545 outpatient appointments and of these 8,275 were for NHS patients. The majority of these patients were seen as part of the cataract surgery pathway or for 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 two specialist advisors with ophthalmic and surgical 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. A CQC inspector performed a further follow up visit so we could visit the operating theatre when it was in use.

We spoke with 13 members of staff including theatre and clinic staff, optometrists and optical technicians. We spoke with 18 service users. We observed care and treatment provided in the centre, reviewed data about the organisation and reviewed 14 patient care records. We held interviews with the registered manager, human resources lead, service lead, two medical directors and the theatre lead.

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

Good 

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

Cleanliness, infection control and hygiene

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

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.

The design of the environment followed national guidance, including for the use of lasers.

Outpatients

Staff carried out daily safety checks of specialist equipment. Maintenance of equipment was managed by a dedicated member of staff. 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 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 patients' 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 patients' care who made the final decision on their suitability.

The service had guidance in place on managing follow up for patients with glaucoma. The guidance gave clear instructions on follow-up plans and urgency of referral to specialist service if needed.

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.

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 undertaken within outpatient appointments were generally not painful, but staff informed us they would monitor and ask patients if they felt any discomfort. We saw staff checking patients remained comfortable throughout their appointments. 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.

Outpatients

Outcomes for patients were positive, consistent and met expectations. Clinics were used to perform all necessary pre-testing for cataract treatment.

Outcomes were discussed at the monthly governance meeting, so all staff were aware of how the service was performing. No issues had been identified in the performance of the service.

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.

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.






Leaders told us they felt facilities and premises limited the services they could provide. However, they managed this well and the provider had plans to open a new location. The service also had a satellite facility providing outpatient services at a nearby location.

Are Outpatients well-led?

Good 

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

Surgery

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

Are Surgery safe?

Good 

We rated safe as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it. However, the presentation of mandatory training data made it difficult to interpret completion rates.

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 95% of all permanent staff and 85% of non-permanent staff (bank staff or locum consultants) had completed their mandatory training. Managers told us they were aware of the difference in training completion rates for permanent and non-permanent staff and were working to improve this, including not booking staff where training had not been completed.

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. An electronic system would send staff emails when training was due for completion.

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

Surgery

Staff training compliance was monitored by the human resources lead using the electronic system and reported to the Newmedica head office. The electronic system allowed for easy monitoring of compliance at an individual staff member level. However, during our inspection we had to ask for clarification as oversight of compliance for all staff was complicated by the inclusion of 'optional training' in some data leading to completion rates appearing lower than expected. After the inspection the provider simplified the training report to make it clearer in future.

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.

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. There was a local lead for safeguarding within the service and they were trained to level three. The national safeguarding lead for the organisation received level four training.

Staff knew how to identify adults and children at risk of, or suffering significant harm and, if needed, would work 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. If a safeguarding incident was reported the use of an electronic reporting system meant it would be automatically flagged to relevant safeguarding leads.

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, tidy and had suitable furnishings which were clean and well-maintained. There were adequate storage facilities, no items were stored on the floor. This made cleaning easier and more effective.

Cleaning was provided as part of a contract with Litfield House (the premises the service rented space in). The service carried out spot checks and audits to ensure completion and oversight. Staff told us Litfield House staff were responsive and when issues were highlighted they would rectify them promptly. We reviewed cleaning records for the six months prior to our inspection. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Surgery

The service generally performed well for cleanliness. Audits performed by the service showed a high level of cleanliness. In patient feedback from January 2022, patients were asked to give a rating on how clean they felt the service was following their care. 97% of respondents gave the service four or five stars (out of five).

Staff used records to identify how well the service prevented infections, where infection control issues arose they were recorded as incidents. In the period March 2021 to February 2022 the service reported one infection control related incident.

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. 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 including regular hand washing with soap and water at regular intervals between hand gel use. 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. Managers and staff were conscious of the limitations of working in a building that had been adapted to provide healthcare. They managed these limitations well. The service rented dedicated clinic rooms within a shared space with other healthcare providers at Litfield House. Theatre provision was on set days when it was not being used by other providers. The service was responsible for the equipment and consumables with facilities managed as part of the contract with Litfield House. Administrative staff were based at a nearby office complex and there was a further satellite location with clinic rooms available.

Staff carried out daily safety checks of specialist equipment. Medical emergency equipment was easily accessible and contained within a tamper evident bag. We saw evidence of checks being completed on medical emergency equipment. We saw that 100% of daily checks had been performed in the month prior to our inspection.

The service had enough suitable equipment to help them safely care for patients and to be able to manage any breakdowns without interference to the service. Where it was not possible to have more than one item of equipment there was an agreement in place for urgent repairs, if required. They also had support from other sites managed by Newmedica and could call on support from these should the need arise.

There was a member of staff responsible for facilities and ordering consumables, they used a computer system to keep check of service dates and asset numbers of all equipment. We saw areas where stock was stored were well maintained and staff reported they had all the items they needed. We checked a random sample of 10 items in the store cupboard and found they were all in date.

Staff disposed of clinical waste safely. We saw bins with appropriate labelling for different kinds of waste. Sharps boxes we saw were not over filled and were 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.

Staff could refer to a local NHS trust in the event of urgent care being required outside the scope of the service. There was a folder with emergency contact details and processes to follow, the folder had been distinguished by using a bright colour making it easy to locate in an emergency or urgent situation.

Staff used nationally recognised tools to identify deteriorating patients and escalated them appropriately, including for recording observations and assessing sepsis risk. An anaphylaxis flow chart from the resuscitation council was included with the medical emergency equipment.

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.

We observed the WHO checklist in use during the inspection. 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 March 2021 and February 2022, the service reported high levels of compliance in line with their target of 90%.

National Standards for Invasive Procedures were used by the service and audited quarterly with high levels of compliance. We were told there was an immediate life support trained clinician within theatre for each list and this was monitored to ensure compliance. They were identified each day at the daily team brief.

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 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. We reviewed monthly data on staff employed by the service. Staff sickness had increased, and managers told us this was as a result of COVID-19 related absences. Turnover rates in the 12 months prior to our inspection had been high but appeared to be decreasing, managers were concerned about high turnover and had reviewed the reasons for this but had not identified any themes or trends.

Managers tried to limit the use of bank staff where possible and agency staff were not used by the service. Each member of staff was required to undergo a full induction even if they were on a bank or locum contract.

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 14 sets of records for a mixture of pre-operative and post-operative patients. We found consent was completed in those patients requiring it, notes were legible, signed and dated by staff. Where patients were undergoing cataract surgery 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 reviewed audit data from the last year and leaders told us when a gap had been identified in consent completion actions had been implemented to improve this. The improvement was shown in audit data over the subsequent months.

Records were stored securely. When notes were being brought from the administration building 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. 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. We reviewed data for the month prior to our inspection and found no gaps for checks when the building was open.

Surgery

Staff learned from safety alerts and incidents to improve practice. Any safety alerts were shared with all staff during their monthly meetings. We saw a governance 'bitesize bulletin' which was sent to staff included a safety alert. Nationally, Newmedica used an electronic system to share learning from safety alerts and incidents. This included a function for users of the electronic system to acknowledge they had taken action.

Staff completed medicines records accurately and kept them up to date. We viewed four patient records where medications had been prescribed and saw that all medicines 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 saw four patients being discharged from the service who had undergone surgery 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 March 2021 and the 28 February 2022, the service had reported 30 incidents. No serious incidents or never events had occurred during the same time period. Incidents rates were compared to other Newmedica locations nationally and monitored for trends and themes.

Leaders 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 'all stop' day. During these meetings all staff were provided with information on any learning from incidents.

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 of 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 and as part of a wider network there was also an opportunity to learn from other locations. Where post-operative infections had occurred at other locations the learning was shared nationally including changes to investigation processes to improve understanding.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations and kept informed throughout. The service had a policy for incident reporting with guidance on investigated the incident depending on severity. More serious incidents included more input from the national quality and patient safety team.

Surgery

Incident investigations were mostly completed in a timely manner and where incidents were overdue, they were discussed and addressed. For example, governance minutes from December 2021 showed four incidents, of which two had been overdue. Leaders recognised the need for an individual to focus on governance and had recently recruited a governance lead.

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.

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

Staff followed and had access to up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The Newmedica Group were responsible for managing policies, so they were consistent amongst each Newmedica service. We saw evidence of staff being provided updates of changed policies through 'bitesize bulletins' and there was discussion of policies at local and national meetings.

Nutrition and hydration

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

Staff made sure patients had access to food and drink if required. Patients attended for day surgery and were offered tea and biscuits following operations. Water was available in the main reception.

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.

Patient outcomes

Surgery

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.

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 0.38% which was under and therefore better than the expected rate (based on number of procedures) of 1.05%.

We saw evidence that data from Newmedica surgeons 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.

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, scrub tool audit, cleaning, pre-assessment and consent 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 used by managers 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 underwent a 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 they felt their induction was comprehensive and they had been well supported.

Staff had to pass competency assessments in their own area of work before the end of the probationary period. We reviewed competency documents for staff working in the theatre environment and found these were comprehensive.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff told us they felt supported to develop and progress and there were learning opportunities available to them. Most staff had a completed appraisal and where they did not have an appraisal this was mostly because they were new and instead had probation reviews.

Surgery

Managers made sure 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. Staff were supported with regular reviews to identify areas for improvement and there were regular reviews as part of new staff probation periods.

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 patients 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 was limited in when it could provide operations owing to the arrangements around use of the operating theatre in the premises they rented. However, they managed theatre lists well and at provider level there were plans to open another location where they could provide services seven days a week. The use of a satellite location for clinic appointments allowed access on a greater number of days to treatments that did not need an operating theatre.

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 face-to-face 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 where written consent was needed and found all contained consent forms which were signed by the consultant and patient. The service completed audits around consent to ensure compliance. Between March 2021 and February 2022 the service reported compliance rates consistently above their target of 90%

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.

Face-to-face Mental Capacity Act training had last been provided to staff in July 2019. Due to the COVID-19 pandemic and restrictions on gatherings, training had not been delivered. However, staff had received UK Core Skills Training Framework (UK CSTF) Safeguarding training which included base level Mental Capacity Act training. All staff, including consultants, were scheduled to undertake face-to-face Mental Capacity Act training in July 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 throughout the service.

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 used the service in the week 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. Patients we spoke to told us they thought staff were excellent and could not do more, with one saying everyone was "so considerate" and another describing them as "exceptional".

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. We saw one member of staff take time to support a patient to contact a relative via phone whose eyesight making this difficult for them to do independently.

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. We saw how staff genuinely shared the joy some patients experienced when their sight was immediately improved after cataract surgery.

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. Patients we spoke to who had undergone surgery with the service told us they felt involved in their care and understood what their treatment would entail and the effects of surgery. Feedback posted online included that staff were "very re-assuring during the pre-op discussion which continued throughout the procedure, keeping me abreast of everything that was going on".

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. 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 'all stop' meetings.

Patients gave positive feedback, in the January 2022 patient feedback 100% of people who responded stated they were extremely likely or likely to recommend the service to friends and family. We saw no negative responses to the recommendation question in the same survey. The service used the NHS website for patients to give feedback on their care, the service had a high number of five-star reviews. Comments from one patient said, "I couldn't have been treated any better by both the medical and the support staff".

Staff supported patients to make informed decisions about their care. 88% of patients who responded to the service's post treatment questionnaire rated the service four or five stars in relation to feeling able to make decisions about their care.

Are Surgery responsive?

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.

Surgery

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 seen an increase in demand and there were plans to open a new location in 2022. The service had contracts with local clinical commissioning groups and worked closely with them to understand demand.

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.

Service leaders felt their facilities and premises limited what they could deliver. However, we saw that they managed this well and this had been recognised with plans for an additional location. The service was based within a shared complex with other healthcare providers and offered the facilities required to carry out consultations and surgery.

Meeting people's individual needs

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

The service supported patients 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.

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.

Managers made sure staff and patients could get help from interpreters. Staff had access to a telephone interpreting service, we saw posters advising staff how to access this. 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 on request.

Parking facilities were limited with one disabled space available close to the main entrance for patients with a disability. For those travelling with someone they were able to be dropped off directly outside the main entrance. The service was provided over two floors and adaptations had been made to assist those with reduced mobility, there was also a lift between floors.

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.

Surgery

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The waiting times for NHS patients were within the required 18 week referral to treatment time target. 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.

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. On the day of our inspection appointments were running to time. 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.

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 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 four formal complaints between 1 March 2021 and 28 February 2022. Of the four formal complaints logged all had been responded to within 20 working days.

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

Managers shared feedback from complaints with staff at monthly governance meetings and learning was used to improve the service with the whole team. Staff could give examples of how they used patient feedback to improve daily practice. Feedback was discussed at 'all stop' days allowing for reflection and consideration of ways to improve.

Are Surgery well-led?

Surgery

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 and a partner, two clinical directors who were partners and consultants within the service, a regional service manager, a theatre manager and clinic service lead. The clinical directors split their focus between surgery and clinic.

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 they had already taken action to address this by planning to open a new location and recruiting a governance lead.

The registered manager was the operational director for the provider and also sat on a number of committees within the national Newmedica group. Staff spoke highly of the registered manager and directors and their ability to lead the team. One member of staff said the support of the registered manager was “second to none” and another said they felt they could “call on any directors if there were problems”. There appeared to be a cohesive working relationship between leaders in the service.

The nominated individual for the service was one of two consultant partners and worked clinically within the service. They were involved in national calls with the wider Newmedica group focusing on service planning and provision, including growth. The nominated individual spoke of their pride at being able to continue through the COVID-19 pandemic and being able to support the NHS to reduce the backlog of patients awaiting treatment.

Staff told us leaders were visible and approachable and leaders told us they made an effort to make sure they were visible. We saw evidence that when visibility had been raised as an issue at the satellite site, leaders were responsive and made plans to address this. Staff we spoke with stated they worked well as a team and had no issues with raising concerns, working relationships we saw appeared pleasant. Relationships between the national Newmedica group and the local operational team were described as being tight and like being one big team. We saw evidence of involvement of the national Newmedica group in governance meetings and decisions.

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.

Surgery

There was a clear vision and a set of values including quality and sustainability. There was a realistic strategy for achieving the priorities and delivering good quality sustainable care. The vision, values and strategy had been developed using a structured planning process in collaboration with staff, people who used services, and external partners. Staff knew and understood what the vision, values and strategy were, and their role in achieving them.

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 was planning to open another location and recruit more staff to 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 provided opportunities for career development. The service had an open culture where 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.

The culture encouraged openness and honesty at all levels within the organisation. Staff told us they felt able to raise concerns and they were listened to by the leaders of the service. Staff described a “no-blame culture” which empowered them to raise any concerns. One staff member told us where disagreements did occur there was mutual respect for other people’s opinions. In a recent staff survey 84% of staff said they felt they have an open relationship with their team and could openly discuss improvements.

A staff survey from November 2021 had been completed which identified some areas for improvement. Staff were given feedback on the results of the survey with a plan of action on how leaders would respond to the feedback. Following the staff survey leaders had introduced an employee forum called “Your Voice Forum”. Several employees had been selected as champions from different areas of the service. The forum reviewed the results of the survey and had been tasked to review key areas and how they thought improvements could be achieved, it was supported by leaders in the service.

The Newmedica group had a Freedom to Speak Up Guardian who could be contacted should there be any concerns staff wanted to discuss. 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.

Staff and leaders spoke of their pride at the excellent care they provided. The service had a rewards and recognition scheme which recognised staff who had performed well.

Staff told us about development opportunities that were available to them. Some staff had been sent on a leadership course to enhance their leadership skills. We saw evidence of opportunities to progress to more senior roles and several staff had been promoted in the last year.

Leaders were keen to support wellbeing. We were told of an example of leaders providing mental health goodie bags during world mental health day. The bags contained items and activities that could support mental health wellbeing. There was also a hosted reflection session to consider positive things in people’s lives.

Governance

Surgery

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

On a local level the governance structure included daily safety meetings and monthly governance meetings. Each month an operations and governance meeting would take place where the whole team came together for an 'all stop' day.

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

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 brought together individuals from Newmedica services nationally, this assisted in ensuring learning was shared throughout the organisation where similar incidents could occur.

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. Discussion took place around a standing agenda. Items of discussion were current 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 service leaders and the national Newmedica group. The system allowed information to be sent to the national Newmedica group but also sent back to the service.

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.

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

Surgery

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. Leaders within the service told us about incidents they would report to external bodies if required.

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.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services.

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 saw complaints had been reviewed by service leaders and responses given to patients. Patients were given the opportunity to talk through their complaints with the manager if they wanted to.

Patient feedback was sought in a number of ways including feedback through the NHS website and a post treatment questionnaire. Most feedback was extremely positive and of the 100 reviews available on the NHS website, most were five stars (out of five). The questionnaire information was collated, and comments discussed at the monthly governance day with all staff.

Staff views were sought and recorded. We saw the results of a recent staff survey and this had highlighted both positive areas and areas for improvement. Where areas for improvement had been identified, action plans had been made and a response given to staff. Participation rate was good with a 74% response rate.

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 'all stop' day on a monthly basis where information was provided on the performance of the service and areas needing improvement.

Junior doctors from a local NHS trust were being supported to undertake placements within the service to attend surgery sessions each week. During our inspection we saw a junior doctor being supported by a consultant in the service to perform surgery.

Surgery

Leaders were passionate about service improvement and sought out opportunities for development. The service participated in national Newmedica strategies for improvement. For example, the service was trialling a new method for ordering stock and a new rostering system.