

Teesside Newmedica Limited

Newmedica Community Ophthalmology Service

Inspection report

29 -30 Market Place
North Ormesby
Middlesbrough
TS3 6HR
Tel:

Date of inspection visit: 12 July 2022
Date of publication: 11/08/2022

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

Ratings

Overall rating for this location	Good	
----------------------------------	------	---

Are services safe?	Good	
--------------------	------	---

Are services effective?	Good	
-------------------------	------	---

Are services caring?	Good	
----------------------	------	---

Are services responsive to people's needs?	Good	
--	------	---

Are services well-led?	Good	
------------------------	------	---

Summary of findings

Overall summary

This 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.

We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.
- We also undertook a follow-up inspection for surgery services. We inspected surgery services in March 2022 and told Newmedica Teesside that the service must ensure the expiry dates of emergency medicines were checked in accordance with the provider's policy and these medicines were replaced before the expiry date was reached. We told the service that they must ensure all bank staff had completed mandatory training and safeguarding training, so they had the necessary skills to carry out their role. We found that these areas had improved.

Summary of findings

Our judgements about each of the main services

Service

Surgery

Good



Summary of each main service

During the outpatient service inspection, we undertook a follow-up inspection for surgery services. As we follow-up on specific areas where the service was told they must or should improve, we do not repeat the information provided during the initial inspection.

We inspected surgery services in March 2022 and told Newmedica Teesside that the service must ensure the expiry dates of emergency medicines are checked in accordance with the provider's policy and these medicines were to be replaced before the expiry date was reached. We also told the service that they must ensure all bank staff had completed mandatory training and safeguarding training, so they had the necessary skills to carry out their role. Our overall rating of this service stayed the same. We rated it as good because:

- Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. They managed medicines well.
- Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers supported staff to develop through yearly, constructive appraisals of their work.

Outpatients

Good



We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration
- The service 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.

Summary of findings

- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately.
 - 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 treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
 - The service planned and provided care in a way that met the needs of local people and the communities served.
 - Leaders operated effective governance processes, throughout the service and with partner organisations
 - All staff were committed to continually learning and improving services.
-

Summary of findings

Contents

Summary of this inspection

Background to Newmedica Community Ophthalmology Service	6
Information about Newmedica Community Ophthalmology Service	6

Our findings from this inspection

Overview of ratings	8
Our findings by main service	9

Summary of this inspection

Background to Newmedica Community Ophthalmology Service

Teesside Newmedica community ophthalmic service is an independent provider registered with CQC since 2019, to provide the following regulated activities:

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

The service had a manager registered with CQC.

The service provided a range of ophthalmic treatments for NHS and other funded (insured and self-pay) adults. These included general ophthalmology, cataract surgery and management, ocular hypertension and glaucoma treatment and monitoring, oculoplastics, (which is a broad term for a number of surgical procedures on the eye and the surrounding structures, including the eye socket, eyelids, tear ducts, and parts of the face), medical retina, and yttrium aluminum garnet (YAG) laser treatments. YAG laser capsulotomy is a type of laser treatment that is used to make a hole in the capsule to allow light to pass through to the back of the eye to improve vision.

The service had one dedicated operating theatre with an anaesthetic room, a recovery area, a dedicated YAG laser room, four consulting rooms and three investigation rooms.

Our inspection was unannounced (staff did not know we were coming). This was the second inspection conducted at this service as we had previously visited to inspect surgery services. The outpatient service had not previously been inspected.

How we carried out this inspection

During the inspection we:

- inspected and rated all five key questions and inspected surgery for a second time to check that the service had made improvements.
- visited the outpatient consulting rooms, investigation rooms, post op recovery and consumable storage areas.
- looked at the quality of the environment and observed how staff cared for patients
- spoke with the registered manager
- spoke with nine other members of staff including medical, allied health professionals, nursing and administrative personnel
- spoke with four patients who were using the service
- reviewed 10 patient records
- looked at a range of documents relating to the running of the service.

After our inspection, we reviewed performance information about the service and information provided to us by the service, including policies and procedures.

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

Summary of this inspection

Outstanding practice

We found the following outstanding practice:

- The service demonstrated best practice in ensuring access to treatment and care. Patients could choose the day, date, time and surgeon when booking their procedure. This also applied to NHS patients. We heard examples where the service had provided accommodation for patients travelling a long distance, and an occasion when the service funded transport to help a patient. The service worked with pharmacies out of area, to reduce travel for patients. The service would prescribe additional medications and then reclaim the prescription back from the pharmacy to restock. This improved and increased access for people using the service.
- Managers were committed to engaging with staff and supporting a positive culture. Senior management consultation with staff highlighted that permanent staff felt the local sickness policy required a review and there were areas of improvement. Managers listened to staff, and increased the sickness pay from three days to six weeks (for staff employed over 12 months).
- We found examples of quality improvement in the service. Staff were allocated projects to enhance the service, for example, a staff member created standardised packs for patients to read, to help them understand the procedure they were undergoing. All patients received a Newmedica 'pack' so that the information they required was in one place.
- The service engaged well with the local community. The service and staff responded to the needs of the community by supporting local charities both with their time and financially, for example, staff from Teesside Newmedica donated £1,000 to the 2021 Midnight Walk campaign. Charity support had also been provided to the local church. The service selected a local charity to support on a monthly basis.

Our findings

Overview of ratings

Our ratings for this location are:

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

Surgery

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

Are Surgery safe?

Good 

Our rating of safe improved. We rated it as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. All permanent staff received and kept up to date with mandatory training. Training compliance data we reviewed for June 2022 showed 100% compliance by permanent employees, against an annual target of 95% and 85% compliance by bank staff against an annual target of 80%.

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.

During the previous inspection we found that not all bank staff were up to date with safeguarding training. The updated training matrix showed an improved uptake of safeguarding training by bank staff. There was one member of bank staff still to complete their safeguarding training. However, this training was scheduled to take place.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. We observed that the duty lead for the day wore a red badge to identify themselves.

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.

Staff carried out daily safety checks of specialist equipment. The previous inspection highlighted concerns with the resuscitation trolley checks. During this inspection we found that the emergency resuscitation equipment trolley was checked daily in accordance with local policy.

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

During the inspection of surgical service, we had concerns that the service did not ensure correct side of surgery was marked, prior to instilling eye drops, in accordance with national best practice guidance. During this inspection, the service provided evidence showing appropriate marking was in place for patients who needed it.

Medicines

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

Staff completed medicines records accurately and kept them up to date. Staff stored and managed all medicines and prescribing documents safely.

During the previous inspection it was highlighted that staff did not always follow systems and processes when managing medicines. For example, the policy stated medicine expiry dates must be checked monthly and we found three medicines on the emergency resuscitation trolley had expired. During this inspection we found all medicines were in date.

Are Surgery effective?

Good 






Our rating of effective stayed the same. We rated it as good.

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. Managers supported staff to develop through yearly, constructive appraisals of their work. During the previous inspection in March 2022, we found that some bank staff employed did not have a substantive NHS role and did not have an NHS appraisal. During this inspection, we found that bank staff had access to a briefer form of appraisal than permanent staff and these had been completed

Outpatients

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

Are Outpatients safe?

Good 

Mandatory training

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

Staff received and kept up to date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff.

There was a corporate policy for training, experience and qualifications of staff, which applied to all permanent and bank staff employed at the service. The mandatory training was comprehensive and met the needs of patients and staff. For example, staff completed training on recognising and responding to patients living with dementia. Staff accessed training online, with some face to face practical skills sessions.

Training records were uploaded to an electronic database and compliance was monitored corporately and locally.

Consultants received and kept up to date with their mandatory training. Managers we spoke with explained consultants with substantive NHS roles attended mandatory training at their NHS trust, and this was monitored corporately through the appraisal process and at review of practising privileges.

All permanent staff received and kept up to date with mandatory training. Training compliance data we reviewed for June 2022 showed 100% compliance by permanent employees, against an annual target of 95% and 85% compliance by bank staff against an annual target of 80%.

Managers monitored mandatory training and alerted staff when they needed to update their training.

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 and could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Outpatients

The service had safeguarding children and adults and chaperone policies in place, which contained references to appropriate legislation and best practice guidance.

Staff received training specific for their role on how to recognise and report abuse. Compliance for children and adult safeguarding training for permanent staff was 100% for the year against a corporate target of 100%. There was one member of bank staff still to complete their safeguarding training.

The service had a named safeguarding and PREVENT lead trained to level three and their name was displayed on a poster in the main office. The registered manager told us they shared the safeguarding lead role and had been trained to level three, in accordance with the intercollegiate document guidance. All staff we spoke with were clear who the named lead was.

Staff we spoke with knew how to make a safeguarding referral and gave an example of a recent referral made to the local authority safeguarding adults team.

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.

There was a corporate policy in place for infection prevention and control.

Clinical areas were visibly clean and had suitable furnishings which were clean and well-maintained. The service generally performed well for cleanliness. Staff cleaned equipment after patient contact, and we observed this happening routinely during the inspection.

Cleaning records were up to date and demonstrated that all areas were cleaned regularly. Decontamination audits for July 2022 were 100%.

Patient waiting and clinical areas were clean and had suitable furnishings which were clean and well-maintained. For example, patient seating was impermeable and could be wiped clean.

Staff followed infection control principles including the use of personal protective equipment (PPE). We observed staff complied with 'bare arms below the elbows' policy, in accordance with National Institute for Health and Care Excellence (NICE) guidance. We observed staff washed their hands and used hand sanitising gel between patient interactions.

We reviewed monthly Infection control and hand hygiene audits, which showed consistently high compliance rates.

The service participated in mandatory reporting of all alert organisms including methicillin sensitive staphylococcus aureus (MRSA), glycopeptide-resistant enterococci (GRE) bacteria and clostridium difficile infections. The service participated in mandatory surveillance of surgical site infections and these were monitored.

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. The service opened in 2019. Although not purpose built, the premises met the requirements for accessibility for all service users. All clinical areas were in good order.

Outpatients

All fire extinguisher appliances inspected had been serviced within an appropriate timescale. Fire exits and corridors were clear of obstructions. The service had two named leads for fire safety, who had attended appropriate training. The service had up to date fire risk assessment.

The service had suitable facilities to meet the needs of patients' families. There were four consulting rooms and three investigation rooms. The department operated a one-way system to maintain social distancing during the COVID-19 pandemic and promote a smooth transition for patients through the department. There was an assisted toilet for patients living with a disability.

The service had enough suitable equipment to help them to safely care for patients. Staff carried out daily safety checks of specialist equipment. For example, the emergency resuscitation equipment trolley was checked daily in accordance with local policy.

The service had enough suitable equipment to help them to safely care for patients. Most equipment was single use. The exception was re-usable hand pieces which were sent for decontamination off site after use.

Managers could access funds for equipment replacement as and when required.

Staff disposed of clinical waste safely.

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 knew about and dealt with any specific risk issues

Staff shared key information to keep patients safe when handing over their care to others.

The service ensured there was a member of staff trained in immediate life support (ILS) on duty every day. Individual ILS trained staff were allocated a 'red badge' to identify them as emergency responders and staff we spoke with told us they conducted emergency scenario training periodically.

The service also had two suitably trained first aiders.

We saw that patients referred into the service were individually risk assessed (triaged) by a clinician. There was a corporate policy in place which described specific criteria for patients to be returned to the referrer. For example, patients who had complex needs and required a general anaesthetic, were redirected to the NHS trust.

Pre-assessment of patients was conducted face to face and staff conducted follow-up telephone calls after discharge home. If patients could not be contacted after two attempts, there was a process in place to ensure the referrer and patient were contacted by letter.

We obtained patient consent to observe in a follow-up consultation and saw staff introduced themselves and three points of patient identification were checked before commencing the follow-up.

Patients were given instructions to follow and a contact telephone number to call, should they have any concerns. This diverted to an emergency contact number out of hours.

Outpatients

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 agency staff a full induction.

The service had enough nursing, medical and support staff to keep patients safe.

The service was consultant ophthalmologist led. All patients were admitted under a named consultant with practising privileges. The term 'practising privileges' means medical practitioners not employed directly by the service but were approved to practise there.

The registered manager could adjust staffing levels daily according to the needs of patients. Actual staffing numbers matched planned numbers. The service offered pre-booked appointments to patients which allowed for effective planning of staffing, to meet clinical needs.

The service had no current staff vacancies, low sickness rates and low turnover.

Managers made sure all bank and agency staff had a full induction and understood the service.

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.

The service had a patient records policy, referenced to general data protection regulations (GDPR) and data protection act 2018.

Patient notes were comprehensive. For example, we saw an integrated cataract pathway document, which covered administration and bookings, pre-operative assessment, consultant assessment, consent, operation notes, prescribed medicines and follow up arrangements.

Records were on paper and staff could access them easily.

Records were audited monthly and benchmarked against other Newmedica providers. Compliance scores were high.

We reviewed ten patient records. They were detailed, with appropriate risk assessments and care plans.

Records were stored securely in a lockable cupboard or lockable room, when not in use.

Medicines

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

There was a corporate medicine management policy in place, in date and last reviewed in December 2021. Storage and disposal of medications was appropriate. Sharps were disposed of correctly. Consultants prescribed in line with policy and had to seek approval from a director to sign out medications. Prescription books were stored securely, and prescriptions signed out appropriately. The service did not hold any controlled drugs.

Outpatients

We saw medicines management audit results for July 2022 and noted compliance scores of 100%.

We saw staff competency documents for administration of eye drops under patient group directions (PGDs). PGDs allow appropriately trained, nominated healthcare professionals to supply and administer specified medicines to pre-defined groups of patients without a prescription.

Cylinder oxygen was stored securely on the emergency equipment trolley.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

We saw diligent recording of medicine fridge temperatures.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. 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.

The service had not had any never events.

Staff reported serious incidents clearly and in line with the service's policy. They were open and transparent and gave patients and families a full explanation when things went wrong.

Staff we spoke with knew what incidents to report and how to report them on the electronic incident reporting system. They gave specific examples of learning from incidents and changes in practice, which improved patient safety.

Staff raised concerns and reported incidents and near misses in line with the provider's incident reporting policy.

Staff reported one serious incident in the last 16 months. Managers debriefed and supported staff afterwards. Managers investigated the incident thoroughly and the patient was involved in the investigation. Staff we spoke with told us how practice had changed as a result of learning.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong. The service recorded a duty of candour log, to monitor compliance with each stage of the process.

Staff received feedback from investigation of incidents. Investigations were also reviewed externally to ensure a 'fresh eyes' approach.

Staff met at monthly departmental team meetings to discuss the feedback and look at improvements to patient care. The meeting minutes were shared afterwards with all appropriate staff.

Are Outpatients effective?

Outpatients

Inspected but not rated 

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 followed up to date policies to plan and deliver high quality care according to best practice and national guidance. Policies were cascaded from the corporate team and held locally on computer and in files as hard copies. Staff we spoke with knew how to access them.

Clinical policies we reviewed were referenced to best practice guidance, for example Royal College of Ophthalmologists guidance and NHS England guidance.

Compliance against policy was monitored throughout the year using a corporate audit schedule. Audits were completed on an electronic platform. We saw areas that required improvement were clearly identified and the system allowed the addition of action plans which were shared locally and corporately.

Staff we spoke with explained how they accessed the most current best practice guidance online and intranet, for example NICE guidance and up to date COVID-19 guidance.

Nutrition and hydration

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

Staff made sure patients had enough to eat and drink. For example, patients attending for same day surgery, were advised to bring their own packed lunch but food and beverages were also provided if patients required them.

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 patients using suitable assessment tools and gave additional pain relief to ease pain.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. For example, on the cataract surgery pathway documentation we saw pain scores were monitored using a one to ten assessment scale. Staff also assessed patient pain levels during follow up phone calls and if pain was not controlled with simple pain killers, they were asked to return to clinic within 24 hours for review.

Patient outcomes

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

The service participated in relevant national clinical audits. For example, monthly submissions to the National Ophthalmology Database (NOD).

The annual schedule of clinical audits was described in the corporate policy and oversight was maintained corporately and locally.

Outpatients

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

Audit data was submitted corporately and shared with commissioners monthly.

Managers and staff carried out a comprehensive programme of repeated local audits to check improvement over time. These included for example, hand hygiene, consent, WHO safer surgery checklists and biometry quality audits. All audit results we reviewed showed high levels of compliance.

Managers shared and made sure staff understood information from the audits.

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.

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

We reviewed the updated corporate performance and development review (appraisal) policy. This described the requirement for annual appraisals and regular feedback for all employed staff and bank staff were required to provide the date of their last appraisal from their substantive NHS employer.

All consultants had substantive NHS roles and had an annual whole practice appraisal at their NHS trust. They were required to provide evidence of their appraisal, scope of practice report, medical indemnity insurance, an enhanced disclosure and barring service (DBS) check, occupational health status and relevant specialist training. We reviewed an appraisal log which indicated consultant NHS appraisals were mostly up to date with 13 completed and two underway.

Managers supported permanent staff to develop through yearly, constructive appraisals of their work. We reviewed an appraisal log for April 2022 which indicated appraisals were up to date.

We were advised that staff were to choose two objectives at the start of the year and were expected to have completed these personal objectives by their appraisal date. A bonus incentive scheme was in place which promoted compliance. The registered manager confirmed bank staff were required to provide the date of their appraisal in their substantive NHS role. We found that bank staff had access to a briefer form of appraisal than permanent staff.

We saw documented competencies and probationary documentation with objectives identified. In addition, we observed that trainees worked under direct supervision of a consultant.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. For example, several staff we spoke with described how they had been supported to progress their career.

We found that poor staff performance was addressed promptly and staff were to improve. We saw examples of additional objectives set for staff to achieve, which were reviewed in accordance with agreed timescales.

Outpatients

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 of different disciplines worked together as a team to benefit patients. Staff supported each other to provide good care and flexed their working hours to accommodate the needs of patients.

Seven-day services

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

Consultant ophthalmologist-led services were operational 8.30am to 5.30pm, seven days a week.

There was also on call support 24 hrs per day, seven days per week. The service directors and senior managers rotated the on-call role.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support. For example, patients could access informational video clips on the service's website.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The consent policy described consent as a two-stage process.

Patients we spoke with told us they were provided with enough verbal and written information, to enable them to give informed consent.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. For example, all referrals were triaged by clinical staff and patients were contacted to discuss any special requirements. Consultants completed mental capacity assessments and documented this on the consent form. Patients could bring carers to support them during consultations.

Are Outpatients caring?

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Outpatients

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

We spoke with four patients during the inspection. All said staff treated them with kindness and were helpful. This was further supported by several thank you cards in the staff kitchen area which highlighted that staff were courteous, helpful and supportive towards their patients.

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

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs, for example religious music was available and was offered for patients during their procedures, to help provide a calm environment and to help put patients at ease.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. For example, we were told of a practice where patients were asked if they would like background music or religious recitations to be played to help them relax during procedures. We heard examples of additional staff holding patients' hands in theatre to provide support when they needed.

A patient thank you card said, "Thank you for all your kindness and help for a very anxious patient".

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. All patients we spoke with told us that they were treated with privacy and dignity.

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 made sure that patients did not leave the service unattended so that they were not put at risk.

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.

Staff talked with patients, families and carers in a way they could understand.

Staff involved patients in decisions about their care and treatment. Patients we spoke with told us they felt fully informed about their treatment plans and arrangements for discharge.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. For example, by a satisfaction survey undertaken by email, friends and family questionnaire, comments on the social media page, NHS choices (search for the service and leave a review) and directly by freepost to the corporate Newmedica governance team.

Outpatients

Satisfaction feedback was consistently positive. It was reviewed monthly by the service and quarterly corporately.

Patients gave positive feedback about the service. One patient stated they had experienced the “best treatment [they had] ever received” and another said that they had “already encouraged a family member to use the service”.

Are Outpatients responsive?

Good 

Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met the changing needs of the local population.

The service had plans to develop and extend the facilities to create more space for both staff and patients. The plan aims to extend the surgical area, create a larger outpatient clinic and enable the reception area to be separated.

The registered manager worked hard to promote a positive working relationship with other health providers in the area. For example, a range of services were available for NHS patients where commissioners had identified capacity shortfalls or for patients who wished to exercise their rights of flexibility and choice, under the NHS e-referral system (previously known as choose and book).

The service worked with pharmacies out of area to reduce travel for patients. The service would prescribe additional medications and then reclaim the prescription back from the pharmacy to restock. This improved better access for the elderly.

Facilities and premises were appropriate for the services being delivered.

The service was near a public car park which provided free parking spaces.

Managers monitored and took action to minimise missed appointments.

Managers ensured that patients who did not attend appointments were contacted.

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.

The service provided services for NHS, private-insured and self-funded patients. Patients were referred to the surgeon of their choice where possible and according to their individual clinical needs. Patients were then followed up in outpatients by the same surgeon. Patients could choose the day, date, and time when booking their procedure. This also applied to NHS patients.

Outpatients

Staff supported patients living with dementia and learning disabilities. Where possible, appointment and treatment times were undertaken at a time suitable to patients and carers. For example, operating lists were flexible to accommodate patients that travelled from out of area. There were dementia leads in post and the service held fortnightly dementia care meetings. We were also advised that all patients could choose the day, date, time and surgeon for their procedure.

We heard examples where the service had provided accommodation for patients travelling a long distance, and an occasion when the service funded transport to help a patient.

Areas were accessible for patients with limited mobility and people who used a wheelchair. Toilet facilities were available for patients, carers and relatives including those living with a disability.

Managers made sure staff, patients, and carers could get help from interpreters or signers when needed. Pre-assessment staff identified individual needs such as hearing, sight or language difficulties or disabilities. Translation services were available by telephone for patients where English was not their first language. There was a poster displayed in different languages to explain this.

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.

Patients were referred to the service by their GP, optician, or NHS referral.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. We found that most patients were seen within four weeks of a referral.

When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance.

Managers and staff worked to make sure patients did not stay longer than they needed to.

Staff supported patients when they were referred or transferred between services.

Learning from complaints and concerns

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

The service clearly displayed information about how to raise a concern, in patient areas. There was also a guide to making comments and complaints on the provider's web site, which could be downloaded. This signposted NHS and self-pay patients to the next steps should they remain dissatisfied with the response from the service.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. The service included patients in the investigation of their complaint.

Outpatients

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. According to the service's complaints report 2021-2022, the service received three formal complaints. We reviewed the documentation for the complaints and saw all were managed in accordance with policy. The responses were thorough and addressed the issues raised by the complainants.

Managers shared feedback from complaints with staff and learning was used to improve the service.

Are Outpatients well-led?

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 met the Fit and Proper Persons Requirement (FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014). This regulation ensures that directors are fit and proper to carry out this important role.

A poster showing the organisational structure was displayed. The service was led by two consultant ophthalmologists (clinical lead and nominated individual) and the operational director, who was also the registered manager. The senior leaders had extensive healthcare management and clinical leadership experience.

The service operated as a joint venture model and was supported by Newmedical Systems Ltd corporate management team, which included a medical advisory committee (MAC).

All staff we spoke with considered the leadership team to be visible. For example, they attended departmental meetings, regularly walked round the service and spoke with patients and staff.

Staff we spoke with told us how management had supported them to take on more senior roles and develop their careers, with a view to succession planning. For example, three staff attended an external leadership skills course.

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.

Managers we spoke with described their plans for the service. For example, to extend the building to accommodate administrative functions and improve staff rest areas. They also aspired to expand the business to reach community groups and introduce new procedures for the treatment of glaucoma.

The service had a five-year business plan and strategy for what it wanted to achieve and workable plans to turn it into action, which the senior leadership and heads of departments shared with staff.

Outpatients

Staff we spoke with understood the organisational vision and we saw this displayed in the public waiting area.

There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against strategy and plans.

Culture

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

All corporate policies we viewed included a completed quality impact assessment.

Equality, diversity and human rights was included in the mandatory training modules.

All staff we spoke with were proud of the organisation as a place to work and spoke highly of the culture. They told us they were given opportunities to attend further training to develop their career. All staff said they felt part of a team, valued and supported.

Staff we spoke with told us they were actively encouraged to speak up and raise concerns. Staff we spoke with described an 'open' culture. All staff felt confident and comfortable to approach a manager if they had concerns relating to the service.

Managers worked to ensure the service had a positive culture. Staff advised that their birthdays were always remembered and that they received flowers from the service. Staff stated that they also received gifts at Easter and Christmas.

Patients we spoke with told us they felt confident and comfortable to raise any concerns with staff.

We saw evidence of staff health and wellbeing measures in the staffing area. Staff had access to 'WeCare' which provided guidance and assistance with health, mental health, wellbeing, financial assistance and legal support. There was also a 'ride to work' initiative and free eye care vouchers for staff.

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.

There was a corporate policy for safer recruitment and staffing.

The service's governance structure and arrangements were clearly described in the corporate governance structure and processes policy. The service was supported by Newmedical Systems Ltd corporate MAC, which met monthly. These meetings included, for example, review of complaints, clinical incidents, audit activities and the provision of potential new services. Meeting minutes we reviewed followed a fixed agenda and were thorough.

There was a corporate policy in place for management of consultant practising privileges. Reviews included General Medical Council (GMC) registration, appraisals, indemnity insurance, and disclosure and barring service checks prior to practice privileges being granted and continued. The MAC reviewed all applications.

Outpatients

At the time of inspection, there were 14 consultants with practising privileges. Consultants with practising privileges for ophthalmology were on the GMC specialist register.

In addition, there were monthly quality management, information governance committee and procurement meetings. The service's management team dialled in to a corporate meeting with directors for two hours each week.

Staff met monthly at the team meeting. They discussed, for example, patient feedback, training compliance, incidents, audit activities, operational business and minutes from corporate meetings.

The provider was a members of the Independent Sector Complaints Adjudication Service (ISCAS), a nationally recognised organisation in the management of complaints in the independent health sector and followed their code of conduct.

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 had a risk management policy.

We saw most relevant risks were reviewed monthly and escalated appropriately, on a risk register.

The service had a business continuity plan (BCP).

There was a full audit plan for the year. These audit plans were in line with the wider group requirements. Audit results were presented to staff at departmental meetings. Individual areas for focus were highlighted with general findings and learning that had taken place.

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.

Important information such as policies and minutes of meetings were accessible to all staff.

Health records, referrals and diagnostic results were held on paper. The appointment booking system was electronic and uploaded from a paper appointments record. This meant staff could still access theatre lists and clinic appointments in the event of IT system failure.

NHS patient files were colour coded to ensure staff could identify the NHS trust contract that had commissioned their treatment.

Staff completed mandatory data security awareness training and the service achieved high compliance rates for local information security audits.

Outpatients

Discharge letters and communications to referrers were sent electronically within two days of treatment.

The service submitted data to external organisations, for example, the National Ophthalmology Database (NOD).

Engagement

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

The service engaged well with patients, staff, the public and NHS trusts to plan and manage appropriate service and collaborated with partner organisations effectively. It developed services with participation of staff and patients and demonstrated commitment to acting on feedback.

The service's website provided a wide range of information about the referral process, clinical services available and how to leave feedback.

Patient feedback was displayed in the waiting area. Feedback received indicated high patient satisfaction.

Managers were visible in the departments, which provided patients and visitors with opportunity to express their views and opinions face to face.

Staff we spoke with told us managers engaged with them and were very supportive. Staff said they were encouraged to voice their opinions and speak with managers if they had any concerns. They told us they felt appreciated by their clinical colleagues and service managers.

We saw staff were encouraged to share ideas to improve practice, for example, theatre lists were version controlled and printed in different colours to alert staff when the list order was changed. We found that staff were allocated projects to enhance the service, for example, a staff member created standardised packs for patients to read, to help them understand the procedure. All patients received a Newmedica 'pack' so that all the information they required was in one place.

Senior management consultation with staff highlighted that permanent staff felt the local sickness policy required a review and areas of improvement. Senior management listened to their staff, and increased the sickness pay from three days to six weeks (for staff employed over 12 months).

The provider's strategy included a focus on building long term partnerships with stakeholders, which included local NHS hospital trusts and community.

The service and staff responded to the needs of the community by supporting local charities both with their time and financially, for example, staff from Teesside Newmedica donated £1,000 to the 2021 Midnight Walk campaign. Charity support has also been provided to the local church. The service selected a local charity to support on a monthly basis.

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.

Outpatients

The service closed on the first Tuesday of every month, for a whole team meeting. This included planned training sessions from the training lead and learning seminars presented by clinicians.

This was also used as an opportunity to discuss local policies to help embed them more effectively

The service was committed to improvement by learning from when things went well or wrong, promoting training, and innovation. For example, staff were asked to contribute ideas for improvements to the service, as part of their performance reviews. Staff we spoke with said they were supported to attend external training, to develop their career.

The service had an agreement with the local NHS deanery to take post-graduate ophthalmology trainees on clinical placement. They worked under direct supervision of a Consultant Ophthalmologist and worked in accordance with a deanery-approved training programme.