Centre for Sight Limited

Centre for Sight Queen Anne Street

Inspection report

38 Queen Anne Street
London
W1G 8HZ
Tel: 02075807660
www.centreforsight.com

Date of inspection visit: 26 November 2021
Date of publication: 02/02/2022

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

Summary of findings

Overall summary

We had not previously rated this location. We rated it as good because:

- 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.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear. 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.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services.

However:

- At the time of inspection the service did have any staff who had completed level three safeguarding training in line with the Royal Colleges intercollegiate guidance on adult and child safeguarding.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Outpatients	Good 	

Summary of findings

Contents

Summary of this inspection

Background to Centre for Sight Queen Anne Street

Centre for Sight Queen Anne Street is a diagnostic and outpatient eye care centre based in Central London. It is part of Centre for Sight Limited, which operates as a single organisation managed centrally from the main location in East Grinstead (there is one other location in Oxshott). The East Grinstead and Oxshott locations serve as the main sites for ophthalmic surgeries, while the Queen Anne Street location mainly provides pre-surgery assessments for new referrals and follow up appointments post-surgery.

Services offered by the provider include refractive lens exchange, cataract surgery, laser vision correction, corneal grafts, implantable contact lens and intraocular implants.

Along with diagnostic and follow up appointments, Centre for Sight Queen Anne Street also offers YAG laser capsulotomies.

The location is open three days a week on Tuesday, Thursday, and Friday. Staff rotate between locations as required with centrally managed rotas.

What people who use the service say
Patients said staff treated them well, treated them with respect, and listened to them. They said the staff were caring and responded quickly when they needed something. They also said staff were supportive and interested in them as individuals.

How we carried out this inspection

This inspection was carried out by one CQC Inspector.

During the inspection the inspector:
• visited the service and looked at the environment.
• spoke with the Operations Manager and Medical Director for the provider.
• spoke with five other members of staff including: the patient coordinator for the location, clinical technicians, and the provider's governance lead.
• spoke to two patients who attended an outpatient appointment.
• reviewed two patient records.
• looked at a range of policies, procedures and other documents relating to the running of the service.

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

Summary of this inspection

Outstanding practice

- The service ran weekly teaching sessions by consultants on various topics for theatre staff and tech staff. Frontline staff were also encouraged to choose a topic to present to their colleagues at these meetings. Staff we spoke with were very positive about this opportunity to learn and develop their skills. Following inspection, the service provided evidence for these sessions taking place.
- The service ran training away days for clinical staff twice yearly. The training days were consultant lead and featured live surgery, seminars, and teaching sessions. The last session was run in October 2021 and was attended by over 100 attendees.
- The service was accredited by a number of quality schemes. We saw evidence that the service had successfully achieved ISO 9001, 14001 and 27001 certification, and the service had also been awarded the Investors in People Silver accreditation.
- Patient seminars had previously been held quarterly at both East Grinstead and Oxshott locations, which patients could attend. Recent seminars were provided through zoom calls which patients and staff could attend, and the recording was uploaded and made available through the website.
- The service collected data on quality standards monthly and reported organisation wide on standards every three months, including the standards set out by the Royal College of Ophthalmologists. Centre for site also collected additional quality standards related to laser vision correction (enhancement rates) as well as top up laser treatments for those undergoing refractive cataract and lens replacement surgery. This was to further ensure patient outcomes were monitored and remained at a high level.
- High performance from the service was recognised by an external body. Centre for Sight was asked to be part of a consumer programme as an example of good practice.

Areas for improvement

Action the provider SHOULD take to improve

- The service should provide the appropriate level of safeguarding training to staff that work with children or vulnerable adults in line with national inter-collegiate guidance. This should include any staff who could potentially contribute to assessing, planning, intervening and/or evaluating the needs of a child or young person, or adults where there are safeguarding concerns.
- The service should embed a consistent process for staff to report fridge temperatures being out of range and actions to take when this is reported.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Outpatients

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

Are Outpatients safe?

Good

Safe had not previously been rated. 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. Mandatory training was undertaken via a service level agreement (SLA) with an external company, who provided face to face training annually. We reviewed mandatory training records following inspection and found staff were up to date.

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training modules provided to staff included Human Factors, Equality and Diversity, Fire Safety, Safeguarding, Information Governance.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff stated they were informed when they needed to attend and update their mandatory 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. All clinical staff completed level two adult and children safeguarding training in line with national guidance. Administrative staff completed level one adult and child safeguarding training.

The patient coordination lead for the provider had been appointed as the Centre for Sight safeguarding lead following the departure of the previous Operations Director. However at the time of inspection the safeguarding lead had not completed level three safeguarding training, and there were not staff members with up to date level three safeguarding training for working clinical with children or vulnerable adults. This was not in line with the Royal Colleges intercollegiate guidance on safeguarding for healthcare services.

Good

Outpatients

The Queen Anne Street location had not worked with young people under the age of 18 in the last two years and the previous safeguarding lead had left approximately six months prior to the inspection. Following inspection, the service committed to members of staff being trained to the appropriate safeguarding level in the event of needing to work with young or vulnerable patients, in line with national guidance, by February 2022.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff we spoke with were familiar with the safeguarding policy and stated that they knew how to report an issue.

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

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

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 and non-clinical areas were clean and had suitable furnishings which were clean and well-maintained. We inspected communal areas as well as clinic rooms and found them to be visibly clean. Clinical equipment was appropriately cleaned after patient contact and checked daily.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. We reviewed cleaning logs on site which showed that cleaning of public areas were completed daily when the service was open. The service also completed an infection control audit tool, which was adapted from the Infection Control Nurses Association(ICNA) Audit Tool for Monitoring Infection Control Standards. This audit tool included review of both public and clinical areas, with additional focus on waste management practices, disposal of sharps, use of personal protective equipment (PPE), and hand hygiene.

Staff followed infection control principles including the use of personal protective equipment (PPE). All clinical staff on inspection were bare below the elbows and cleaned hands between patient contacts.

Visitors arriving for appointments were asked to sanitise their hands at reception.

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 environment layout was in line with health building notes guidance. All clinical rooms had appropriate space for examination and treatment, and there were handwashing facilities for clinical staff to use between appointments.

Staff carried out daily safety checks of specialist equipment. The managers maintained an equipment maintenance checklist to monitor when it was last maintained and calibrated. The service had agreements with external providers to maintain and risk assess equipment. On inspection we observed that all equipment was within its period of maintenance date and had been recently safety checked.

The service had suitable facilities to meet the needs of patients' families. Families could accompany patients on visits and were able to wait in communal areas or accompany patients to their consultation. We reviewed patient information leaflets which provided information for family members.

All clinical staff had received training on use of equipment. Staff completed training modules in using safe use of equipment (including lasers) and competency evaluation for using equipment formed part of the induction process.

Clinical areas that had medical laser equipment had measures in place for their safe use, in line with legal requirements for laser safety. Only staff directly involved in treating patients with lasers would be in the room for procedures, and there was clear signage showing that lasers were in use.

Staff disposed of clinical waste safely. The service had a waste management policy, and waste was segregated with separate arrangements for general waste and clinical waste. Sharps equipment, such as needles, were disposed of correctly in line with national guidance. Practices for the disposal of clinical waste was reviewed as part of the infection control audit tool.

Review of staff meeting minutes identified environmental and equipment issues were raised in these meetings, to be discuss and addressed.

The service had adapted the environment to respond to the risk presented by COVID-19. The reception desk and reception area had improve protection for patient coordinators with screens and had reduced seating capacity to encourage social distancing.

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 completed risk assessments for each patient on admission / arrival, using a recognised tool and reviewed this regularly. Patients completed a pre-appointment medical questionnaire to identify any potential patients risks, and diagnostic assessments were carried out prior to any surgical appointments.

Staff knew about and dealt with any specific risk issues. Training modules completed annually by staff included recognising emergencies and how to complete follow up calls. Induction processes also included staff being able to demonstrate knowledge of how to activate an emergency call and locate emergency equipment.

The service provided a 24-hour advice line, which patients could telephone following their surgery. Information on the helpline was clearly displayed in patient information leaflets, and we observed staff advising patients to contact the service if they had any complications.

The service had adapted the delivery of care to respond to the risk presented by COVID-19. Newly referred patients completed a COVID questionnaire which screened for patients who may be symptomatic or been exposed to COVID-19. Each patient was also temperature checked on arrival. Patients that were identified as symptomatic would have their appointments rebooked for a later date.

All patients had follow-up for six months to check on their progress and recovery. Patients we spoke with on inspection stated that they felt risk was managed well and gave examples where the hospital had responded to concerns.

Staff shared key information to keep patients safe when handing over their care to others. Outcomes from the surgery and recovery were shared with other relevant healthcare professionals involved with patients.

We saw the Control of Substances Hazardous to Health (COSHH) risk assessment for the service had been completed. The COSHH assessment outlined the risk involved and measures to mitigate the risks and actions to take in the event of an accidental spillage. The provider had cytotoxic spill kits available if needed.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

The service had enough technicians and support staff to keep patients safe. We viewed evidence of staffing rotas on site and found staff was consistently allocated to meet the needs of the service.

Managers accurately calculated and reviewed the number and experience of technicians needed for each shift in accordance with national guidance. We spoke with staff with responsibility for managing the technicians rota (along with the provider human resources team) who stated there was not difficulty in allocating staff.

The manager could adjust staffing levels daily if needed according to the needs of patients. The provider operated three sites across the South East and staff rotated between each of the three sites on a weekly basis. This allowed staff to develop their skills in different areas. Staff we spoke with stated they enjoyed the variety in working across the different sites.

The centre had its own 'bank' of temporary staff that could be called upon when required, so did not use agency staff who were unfamiliar with the provider.

Medical Staffing

The service had enough medical 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 locum staff a full induction.

The service had enough medical staff to keep patients safe. Medical staff at Centre for Sight Queen Anne Street consisted of one consultant, who was also the Medical Director for the provider. The consultant provided consultations for new referrals as well as check-ins for follow up appointments post-surgery.

The Medical Director ran the Medical Advisory Committee (MAC) on a monthly basis for the overall provider. The MAC reviewed practising applications and monitored fitness to practice for medical staff in line with requirements from professional bodies. As part of the inspection we reviewed three sets of minutes from the MAC which evidenced review for disclosure and barring service (DBS), General Medical Council (GMC) and specialist registration, and health screening for medical staff.

Patients we spoke with were positive about the level of consultant input they received throughout their treatment. Patients stated that access to specialist consultant input was available at all follow up appointments, and that the consultant made themselves available to answer any questions or address any issues that patients raised.

Out of hours, patients could access on-call medical support using the 24-hour emergency helpline. This ensured that patients had access to advice and support in the event of a complication.

Good

Outpatients

Records

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

Patient notes were comprehensive and all staff could access them easily. The centre used a mixture of an electronic patient record system (EPRS) and paper records. The EPRS was used to store all of the patients records and any paper records were scanned into the electronic record. Diagnostic data was stored electronically.

Patients could access their record through a patient portal, which also provided access to other healthcare professionals involved in their care if needed.

Records were stored securely. Each staff member had individual log ins to access the EPRS. Paper records that had been scanned were stored in a secure bag and transferred to the main site in East Grinstead at the end of each work day.

Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.

On inspection we identified that the fridge temperatures had been recorded outside of the recommended range on four of the last 15 days of recording. Medicines stored outside of their recommended range can have an impact on the intended treatment. Management for the service had been alerted to this issue by the individual recording fridge temperatures, and the fridge did not store any medications affected by the increase in temperature. Following inspection, the service provided evidence that the medicines policy has been updated to include a process to contact the Operations Director if the fridge temperatures were recorded outside of their recommended range. The policy also included actions to address what to do with medicines that may have been affected. This process was also discussed at the service's weekly staff forum to remind staff of why fridge temperatures are recorded.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Patient information leaflets provided advise on how to use medications and how medicines should be used for. Staff knowledge of ophthalmic medicines also formed part of the competencies in staff induction.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. We reviewed the medicines policy and found it to be in line with national guidance on medicines management. On inspection we also reviewed how medicines was stored and found them to be stored securely and all medicines were within their expiry dates.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. Safety alerts and medication incidents were monitored at a provider level, and any concerns regarding medicated safety were communicated through staff meetings.

Staff followed current national practice to check patients had the correct medicines. Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines.

The service did not hold any controlled medications on site.

Good

Outpatients

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 had an incident reporting and investigation policy, which staff we spoke to were aware of. This outlined staff responsibilities around incidents and how to report them. Staff also understood how to report incidents on the services electronic reporting system.

Managers investigated incidents thoroughly. Following inspection the service provided evidence of of two incidents that were investigated at the location in the last 18 months. These incidents evidenced that actions had been taken, learning had been identified, and the outcome had been reviewed and discussed in team meetings.

Staff received feedback from investigation of incidents, both internal and external to the service. We reviewed minutes of team meetings such as the MAC and staff forum which evidenced discussion of incidents. Staff we spoke with stated they had an opportunity to discuss feedback from incident investigations and that actions were taken to make improvements to patient care.

Staff reported incidents clearly and in line with the provider policy. The service had no never events or serious incidents reported. The service had reported no never events in the last year. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at national level, and should have been implemented by all healthcare providers. They have the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong. The incident policy included support for patients and their families to be involved in incident investigations.

Are Outpatients effective?

Inspected but not rated

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service monitored the latest guidance to ensure policies and procedures were up-to-date. The service monitored compliance with latest guidance such as National Institute for Health and Care Excellence (NICE) and The Royal College of Ophthalmologists (RCoO). Policies on the system we reviewed were current and version-controlled, and service managers stated they were in the process of identifying and deleting out of date policies.

Centre for Sight's Medical Director was a committee member of the RCoO Refractive Surgical Standards Working Group (RSSWG) who developed and produced the standards published and accepted by the General Medical Council (GMC).

Good

Outpatients

Centre for Sight undertook innovative and pioneering care and treatment within vision correction. Patients often sought a second opinion at the service or sought treatment after a failed procedure at another organisation. Latest techniques and technologies were used to support the delivery of high quality care.

High performance from the service was recognised by an external body. Centre for Sight was asked to be part of a consumer programme as an example of good practice.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other needs.

Staff made sure patients were offered refreshments when arriving for appointments. Patients we spoke with stated they were offered their choice of refreshments when they arrived.

Pain Relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice.

Patients received pain relief soon after requesting it. We spoke with patients on site who felt that their access to pain relief was well managed. Staff prescribed, administered and recorded pain relief accurately.

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 had been accredited under relevant clinical accreditation schemes.

The service participated in clinical audits. Outcomes for patients were positive, consistent and met expectations, such as national standards. Managers and staff used the results to improve patients' outcomes. Clinical audits related to the surgeries provided at the other locations, however progress for patients in their recovery were monitored through follow up appointments at the Queen Anne Street site.

The service collected data on quality standards monthly and reported organisation wide on standards every three months, including the standards set out by the Royal College of Ophthalmologists. Centre for site also collected additional quality standards related to laser vision correction (enhancement rates) as well as top up laser treatments for those undergoing refractive cataract and lens replacement surgery. This was to further ensure patient outcomes were monitored and remained at a high level.

The service had an audit programme which monitored patient outcomes and the effectiveness of procedures and policies in place. Results from audits were reviewed as part of the monthly MAC meetings to discuss if any changes could be made to improve service delivery and outcomes for patients.

Quality accounts are required for all health care organisations and the Royal College of Ophthalmologists had recommended a minimum data set. The provider added more quality parameters to the data set to enhance their overview of patient outcomes. This included review of enhancement rates after refractive lens exchange and complication rates for more common surgeries, which may be identified post-surgery in follow up appointments.

Good

Outpatients

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. Staff completed a comprehensive competency framework as part of induction, which included signoff from clinical leads and managers. The induction checklist included competencies in infection control, safety, using equipment, and documentation among others

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff had a monthly one to one with their manager as part of their supervision which included discussions on personal development. All staff also had an appraisal. Staff we spoke with stated that this was a positive process.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. The service had weekly team forums to discuss current issues and workload. Meetings were minuted with action points for staff who could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. The clinical educators supported the learning and development needs of staff. Staff received an annual training package as part of their employment which included mandatory and specialist training. Staff also participated in weekly training presentations from other staff members or visitors to share skills and knowledge.

Managers made sure staff received any specialist training for their role. We reviewed the training modules staff undertook for their roles and found it included learning in ophthalmic care and service delivery to improve staff's specialist knowledge. Staff also stated they were encouraged and supported to attend national conferences to ensure they were well informed on the latest developments in the industry.

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 held regular and effective multidisciplinary meetings to discuss patients and improve their care. Staff held weekly meetings to discuss service delivery and any issues of quality and safety, as well as service leads, medical staff and managers attending the Medical Advisory Committee (MAC).

Staff we spoke with were very positive about the working culture and the team working across disciplines. Staff stated they felt well supported by managers and colleagues, and that there was a well developed atmosphere of teamworking. Patients we spoke with stated that they felt staff worked well together.

Seven-day services

Key services were available to support timely patient care.

The service was open three days a week: between 9am and 5pm Tuesday and Friday, and between 9am and 2pm on Thursday. Out of these hours patients could contact the other two locations of the provider, or the 24 hour emergency patient helpline

Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests, 24 hours a day, seven days a week.

Good

Outpatients

Health Promotion

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

The service had relevant information promoting healthy lifestyles and support on wards/units. Patient information leaflets included after-care advice for patients following surgery. Patients we spoke to were positive about the quality of information they received regarding their after care.

Consent

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. The service had a consent policy which was in date and was compliant with the Mental Capacity Act and Deprivation of Liberty Safeguards legislation. The policy set out staff responsibilities for seeking and obtaining informed consent, including the type of consent (verbal or written) needed for procedures undertaken at the centre.

Staff gained consent from patients for their care and treatment in line with legislation and guidance and staff clearly recorded consent in the patients' records. The consent process followed the 'New standards and patient information guidelines' published by the Royal College of Ophthalmologists. We reviewed examples of patient records and found that they included consent forms.

Staff made sure patients consented to treatment based on all the information available. Consent forms we reviewed included comprehensive information on the procedures, the possible risks and effects of the treatment, and alternatives to the treatment. We also observed staff discussing consent with patients in line with best practice.

The patient pathway for treatments included a "cooling off period", to allow patients time to decide if they would like to proceed with the treatment following their consultation. We observed this being discussed with the patients in detail.

Are Outpatients caring?

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 all staff were caring and compassionate in interactions with patients. Staff treated patients with kindness, dignity, and respect, and interacted in a positive, professional, and informative manner.

Patients said staff treated them well and with kindness. We spoke with two patients on inspection who stated staff were very friendly, kind, and considerate throughout their treatment. Following inspection the service provided evidence of patient feedback through thank you cards, patient feedback and online reviews that were positive about the quality of treatment received and the care delivered by the staff.

Centre for sight had appointed patient co-ordinators to work in clinic with consultants. The specific role of the coordinator was to provide individualised support and information to patients, and to give patients a single point of contact from their first visit. Patient coordinators were in attendance during the initial consultation and could answer any additional questions patients may have.

All patients receive a follow up call two weeks post-surgery to check on their progress and ensure there are no concerns. Patients we spoke with felt their care was well monitored post-surgery and felt they could bring any concerns to the service if they needed to.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Patients we spoke to felt their individual needs had been well met and that the care they received was person centred.

Emotional Support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients we spoke with felt they had been well supported throughout their treatment, and felt able to ask questions as and when they needed. Patient satisfaction questionnaires also included questions asking if patients felt supported with any worries they may have had about their treatment.

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. We observed staff speaking empathetically with patients on inspection, and review of the Medical Advisory Committee (MAC) minutes showed staff were open and supportive with patients throughout their treatment.

Understanding and involvement of patients and those close to them

Staff supported and involved 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. Information leaflets and consent forms provided comprehensive information on treatments, risks and benefits or treatments, and what to expect when visiting the service. We also found patient information leaflets and the information on the website was readable and easy to access.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients gave positive feedback about the service. Patients were asked to complete a patient feedback form following their surgery. The responses were collected, compiled and reviewed regularly. We also saw examples of positive patient stories on the website.

As part of the inspection we reviewed patient feedback data for 2021, broken down by month. The feedback showed that scores for "recommending the service" ranged between 79% to 96%, and was over 90% most months. Feedback on the patient experience of staff, procedures, and the overall quality of the service was also positive.

Comments and feedback from the patients were used to improve the service. We saw evidence that patient satisfaction and comments were reviewed in the monthly Medical Advisory Committee (MAC) and recommendations from feedback put into practice.

Good

Outpatients

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.

Managers planned and organised services so they met the changing needs of the local population. The Queen Anne Street site was opened with a view to providing improved access for London based patients to diagnostic and outpatients appointments.

The service minimised the number of times patients needed to attend the service, by ensuring patients had access to the required staff and tests on one occasion. Any diagnostic tests and the patient consultation were completed in one visit. Patients we spoke with stated this was efficient and meant they could receive their treatment quickly.

Facilities and premises were appropriate for the services being delivered. The environment was appropriate, and patient centred. Toilet facilities were clean and accessible for all. The service was on the ground floor and the environment was wheelchair access friendly.

The service was difficult to identify from the outside as there was no clear signs for the service, which meant this could be confusing for new visitors. Managers stated that this lack of explicit signage was a condition of their leasing agreement with the building, and that any new patients were contacted by phone to provide them directions.

Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted and followed up with.

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.

Managers made sure patients with visual impairments could get help when needed. Patient information was available in large font if required for patients, and the website included a font re-sizer to make text more readable.

Patients were provided with a comprehensive information booklet when beginning their treatment. This included information on common ophthalmic procedures, information on surgeons, pricing, frequently asked questions, and what to expect from appointments. The service also provided video links on common ophthalmic procedures. Patients we spoke with were positive about the information they received.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Patients could be provided with an induction hearing loop in the reception area. A hearing loop is a sound system for use by people with hearing aids.

Managers made sure staff, patients, loved ones and carers could get help from interpreters or signers when needed. The centre had access to a telephone or face-to-face interpreting service. Consent forms included a section to be signed by any interpreter involved in a patient's care. Staff we spoke with knew how to access the interpreting service for patients.

Patients were given a choice of food and drink to meet their cultural and religious preferences. Patients we spoke with stated that their individual and cultural preferences were considered and had been met.

Appointments could be arranged at short notice (at Queen Anne Street or at one of the other provider locations) if needed. Emergency slots were available in outpatient clinics at the other sites in case of the need for a patient to see a consultant urgently.

The premises offered free car parking at the service. Patients we spoke with said that they were aware of this amenity.

The centre had accessibility for wheelchair users through the parking area and a wheelchair available for patients if required. There was a lift for wheelchair users to use.

Access and Flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets.

Appointments and clinics generally ran to time, and reception or nursing staff advised patients of any delays on arrival. Patients we spoke with said they were seen on time.

Managers worked to keep the number of cancelled appointments or minor operations to a minimum. The service moved staff around sites or bank staff to mitigate staff sickness and keep the number of cancelled appointments to a minimum. However, if 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.

Following completion of surgery patients had a check in call with the location the day after surgery, two weeks after surgery, six weeks after surgery, and then a final follow up call with the consultant. This follow up allowed the team to routinely check in with patients to identify any complications and assess the progress of recovery.

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 we spoke to stated they were confident they could raise a complaint to the service and that it would be taken seriously.

The service clearly displayed information about how to raise a concern in patient areas. We observed complaints leaflets and information available in the main communal areas. Complaints documents were also available through the website.

Staff understood the policy on complaints and knew how to handle them. The service had a system for handling complaints and concerns and followed the organisation's complaints policy. We reviewed this policy and process and found it to be in date and in line with national guidance.

Good

Outpatients

Managers investigated complaints and identified themes. The Operations Director led on identifying who would lead on investigating complaints, based on the need for clinical input and the nature of the complaint. We reviewed the Medical Advisory Committee (MAC) minutes and found complaints were discussed in these meetings

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Complaints were acknowledged within 48 hours and responded to within a maximum of 28 working days. We reviewed the most recent complaint example from the service and found that it included the patient in the process and provided a response from the outcome.

All staff received annual training in handling complaints with the focus on trying to resolve complaints informally at the time of the complaint.

The service provided information on complaints received in 2021 following inspection. Across all three centres the service had received 22 complaints, with one relating to the Queen Anne Street site (which had been resolved).

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 service was led locally by the Medical Director, with operational support provided from the main East Grinstead site by the Operations Director. The service leadership team was experienced, skilled and knowledgeable.

Staff we spoke with talked positively about the leadership for the service. Staff said the leadership were understanding, supportive and invested in developing their staff. Staff also stated that leaders were visible around the service and were approachable if staff needed anything.

There was clear leadership from managers. Staff knew their reporting responsibilities and who issues needed to be escalated to. Staff stated they felt comfortable bringing issues to managers and felt they would be taken seriously.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The provider had a clear strategic direction and annual business plan which tied in with their values. Evidence provided by the service in relation to the strategic direction showed that the Operations Director discussed the service's vision with frontline staff.

The service had clear priorities based around providing a high-quality service. The service reported on quality measures as part of the monthly governance meeting to monitor them against the services priorities. Staff were kept informed of challenges to quality and sustainability through the MAC and locally at team meetings.

Good

Outpatients

Culture

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

Staff said they felt supported, respected and valued. Staff consistently told us they were proud to work for the service and enjoyed their work. There was a strong emphasis on the safety and well-being of staff; for example, the service had given significant consideration to the management of staff wellbeing during the pandemic all staff had access to an employee assistance program for support and advice.

Staff worked in a collaborative and cooperative team. The service had a culture which was centred on the needs and experience of people who use services and had robust mechanisms to gain patient feedback and improve services as a result.

The services' culture encouraged openness and honesty at all levels within the organisation, including with people who use services, in response to incidents and complaints. Staff we spoke with felt they were encouraged to have ownership of the service. Staff were supported to raise concerns and stated that they felt they would be listened to. The service also had a whistleblowing policy which outlined how staff could speak up.

The service's complaints policy was well publicised, and patients were supported to raise concerns and complaints. Patients and families were involved in investigation of incidents and received feedback on complaints. The service complied with the duty of candour and was open and transparent in communication with patients.

The service had mechanisms for providing all staff at every level with the development they needed. For example, staff had appraisals and career development conversations yearly. Where staff had development plans the service encouraged and supported them to achieve them. The service provided a package of additional training to support staff with their continuing professional development. Staff we spoke with were positive regarding the opportunities to develop and learn within post.

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.

The service had effective levels of governance and management structures that interacted with each other. Staff at all levels were clear about their roles and understood what they were accountable for, and to whom.

If departmental issues for escalation arose these were reviewed as part of the monthly Medical Advisory Committee (MAC). The MAC was also supplemented by weekly operational meetings (where information and learning could be disseminated) and a quarterly health and safety committee which had been recently introduced.

The service had service level agreement contracts, and patient referral agreements with third-party providers. The service met with third-party providers regularly to discuss governance arrangements, assurance of quality standards and to ensure the agreements were being adhered to. For example, there was a service level agreement in place with a third party to cover the role of laser protection advisor (LPA).

Good

Outpatients

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 comprehensive assurance systems to monitor safety performance. Where the outcome of performance measures was below expected performance, issues were escalated appropriately through clear structures and processes. The process would be to add this as a risk to the risk register for the relevant department. Risks were regularly discussed and reviewed in defined team meetings.

The service had a systematic programme of clinical and internal audit to monitor quality and compliance with operational processes. For example, the service completed audits on infection prevention and control, environment and patient records. Managers stated that if results fell below expectations the service developed an action plan to address the issues and the learning and actions were shared with the team through operational meetings.

The service had robust arrangements for identifying, recording and managing risks. The service had weekly operations meetings and monthly governance meetings where the risk register was a standard agenda item. The service had separate sections on the risk register to improve oversight of risks based on the location and area of the business. For example, there was an individual section for risks to Queen Anne Street.

The main risks for the Queen Anne Street site were not having a fire warden on site and the need for a fire drill. Each risk had an associated action as well as timelines for completion. Following inspection we were informed that a fire warden had been appointed and fire drill was due for completion in January 2022.

All risks on the risk register had mitigating actions and controls to reduce their impact. The Operations Director had redeveloped the structure of the risk register in August 2021 to improve overall visibility of risk. We reviewed the risk register following inspection and found it considered mitigating actions and controls. We also found there was alignment between the recorded risks and what staff identified as the main concerns on inspection.

Managers and clinical leads had structured discussions with input from safety, quality and performance data from various assurance processes within the service. For example, audit data, risk management and patient experience were reviewed regularly as part of MAC meetings and weekly meetings included discussion of operational issues.

When considering developments to services the impact on quality and sustainability was assessed and monitored. The service ensured that change processes were reviewed continuously and that they did not lead to any compromise in the quality of care delivered.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

The service had a holistic understanding of performance. This integrated people's views of the service with information the service had on care quality. This was evidenced through minutes from MAC meetings we viewed, responses to complaints, and staff feedback.

The information systems were integrated and secure. The service had robust arrangements to ensure confidentiality of identifiable data, records and data management systems, in line with data security standards.

Staff had access to the electronic patient record system, which was restricted to individuals by their own login and passwords. Patient coordinators also had access to patient information and scheduling across all three Centre for Sight locations. Staff completed and were up-to-date with their information governance training.

The service had effective data and notifications arrangements to ensure they were consistently submitted to external organisations as required (for example, notifications to the Care Quality Commission).

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 asked friends and family questions using their own questionnaire and results were discussed at team meetings and processes adjusted as required to better meet the needs of patients.

Patient seminars had previously been held quarterly at both East Grinstead and Oxshott locations, which patients could attend. Recent seminars were provided through zoom calls which patients and staff could attend, and the recording was uploaded and made available through the website.

The service was visible in publicly engaging with patients and visitors through the website and social media. The website included links of interest for readers on developments in Ophthalmology and response to events in the industry and media.

Learning, continuous improvement and innovation

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

The service ran weekly teaching sessions by consultants on various topics for theatre staff and tech staff. Frontline staff were also encouraged to choose a topic to present to their colleagues at these meetings. Staff we spoke with were very positive about this opportunity to learn and develop their skills. Following inspection, the service provided evidence for these sessions taking place.

The service ran training away days for clinical staff twice yearly. The training days were consultant lead and featured live surgery, seminars, and teaching sessions. The last session was run in October 2021 and was attended by over 100 attendees.

The service was accredited by a number of quality schemes. We saw evidence that the service had successfully achieved ISO 9001, 14001 and 27001 certification, and the service had also been awarded the Investors in People Silver accreditation.

The service collected data on quality standards monthly and reported organisation wide on standards every three months, including the standards set out by the Royal College of Ophthalmologists. Centre for site also collected additional quality standards related to laser vision correction (enhancement rates) as well as top up laser treatments for those undergoing refractive cataract and lens replacement surgery. This was to further ensure patient outcomes were monitored and remained at a high level.

Good

Outpatients

The Medical Director for the service has been part of driving innovation and setting standards for ophthalmic surgery in the UK. This included being part of the Refractive Surgery Standards Working Group for the last five years, and involvement in the development of the quality standards set out by the Royal College of Ophthalmologists and accepted by the General Medical Council. He is also the founding editor of the industry publication Cataract and Refractive Surgery Today.