Community Health and Eyecare Limited

Leicester Surgical & Cataract Centre & Endoscopy Service

Inspection report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

This is the first time we inspected this service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They generally 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, supported them to make decisions about their care, and had access to good information. The services was open 5 days a week, with on call out of hours.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families, and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- We saw eye drops were given on verbal instructions prior to the consultant signing the drug chart.
- We saw eye drops left in the admissions room unattended, although patients were not left unattended in this area.
- There were some trip hazards with cables from equipment across the floor, potentially where staff and patients would be walking/moving.
- There were potential ligature risks from cables from the eye test charts on the walls in 2 consultation rooms.
- The cleaner's room was open which stored hazardous substances on open shelves.
- We saw 2 sharps boxes that were not labelled in the consultation rooms.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good	We rated it as good see the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Leicester Surgical & Cataract Centre & Endoscopy Service

Leicester surgical and cataract and endoscopy centre is operated by Community Health and Eyecare Limited (CHEC). CHEC was established in 2012 as a provider of NHS eyecare outside of the hospital setting.

The Leicester surgical and cataract and endoscopy centre started operating in January 2022. CHEC is commissioned by NHS organisations to provide ophthalmology services (clinical eye care) for NHS patients.

The service is registered to provide the following regulated activities:

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

All surgery undertaken by the service is adults only, providing day case, ophthalmology surgery under local anaesthesia. There are no overnight patient stays. The ophthalmic team consists of:

- Ophthalmology consultants
- Optometrist
- Registered nurses
- Ophthalmic assistance
- Administration staff
- 1 Driver

Support services are provided from a central team, this includes NHS commissioning, contract management, finance support, governance and policies, IT systems and marketing.

The location had a registered manager who had been in post since the location opened and was first registered with CQC in January 2022.

From October 2022 to September 2023, the service undertook 2095 surgical procedures.

The majority of these patients were seen as part of the cataract surgery pathway or for glaucoma treatment. The main service provided at this location was surgery with the majority of outpatient appointments being provided as part of the surgical pathway. We did not inspect endoscopy services as the provided had not commenced this service at the time of the inspection. We did not inspect the outpatient services separately as part of this inspection as the main service was surgery.

This was our first inspection of this location.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on 19 October 2023. The team that inspected the service comprised of 2 CQC inspectors. During the inspection visit, the inspection team:

Summary of this inspection

- Spoke with the registered manager and 8 members of staff, including registered nurses, a consultant, clinical support staff and admin and human resources staff.
- Spoke with 2 patients.
- Looked at 4 patient medical records.
- Observed care and treatment provided in the centre.
- Looked at a range of policies, procedures, audit reports, notes 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.

Outstanding practice

- We saw an example and were told of an example of outstanding care provided. Nursing staff were kind, caring and compassionate towards patients. Staff paused a surgical procedure and took time to speak to the patient calmly, offering reassurance, support and encouragement both during and after the procedure. We were told and saw evidence of another occasion when a patient was feeling unwell following their procedure and the driver transported the patient home and staff stayed with the patient until a member of the family arrived to support the patient.

- The service has a dedicated driver and minibus that offered free transport to patients for appointments.

Areas for improvement

Action the service SHOULD take to improve:

- The service should ensure all medicines are prescribed correctly prior to administration. (Regulation 12: Safe Care and Treatment).
- The service should ensure that all medicines are locked in stored cupboards when not in use. (Regulation 12: Safe Care and Treatment).
- The service should ensure all equipment is safe and secure to prevent potential trip hazards and ligature points. (Regulation 15: Premises and equipment)
- The service should ensure all hazardous chemicals are stored in line with regulations. (Regulation 15: Premises and equipment)

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
Overall	Good	Good	Good	Good	Good	Good

Good

Surgery

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

Is the service safe?

Good

This was the first time we inspected the service. We rated it as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training. The service provided mandatory training for staff and monitored completion rates. Staff told us they received reminders to complete mandatory training and were also reminded at staff meetings.

The service provided statutory and mandatory training using a combination of 'face to face' training and e-learning. The mandatory training was comprehensive and met the needs of patients and staff.

Training included modules in fire safety, conflict resolution, equality, diversity and human rights, mental health training which included learning difficulties and dementia, infection prevention and control, basic life support and moving and handling. Staff had a list of training they would need to complete dependent on their job role. Compliance with mandatory training was 99%.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. Staff had attended newly implemented training.

Consultants also had access to the training provided by the service.

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.

Good

Surgery

Safeguarding training was provided to level 3 in safeguarding adults and children for all staff working within clinics and theatres. Administrative and support staff received level 2 training in safeguarding adults and children. The central clinical director had safeguarding level 4 training. Staff could access them for support when required. This was in line with national guidance.

Staff knew how to identify adults and children at risk of, or suffering significant harm and, if needed, would work with other agencies to protect them. At the time of the inspection 100% of staff had received relevant safeguarding training.

The service had an appropriate safeguarding policy and procedure in place.

The service had separate safeguarding adults policies which were within review date and referenced relevant legislation and guidance. This contained information for staff on how to identify adults and children at risk. Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had a clear process for reporting safeguarding concerns, using an electronic reporting system. This meant if a safeguarding incident was reported it would be automatically flagged to relevant safeguarding leads. Safeguarding concerns were discussed at monthly quality and improvement meetings, attended by the operational director who shared the learning with staff.

There were no safeguarding incidents reported in the 12 months prior to our inspection.

Clinical staff were trained as chaperones and all patients were offered this service during consultations. Posters were displayed in the clinic reminding patients of the chaperone service.

Recruitment pathways and procedures were in place to ensure relevant recruitment checks had been completed for all staff. These included a Disclosure and Barring Service (DBS) check, occupational health clearance, references and qualification and professional registration checks.

Cleanliness, infection control and hygiene

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

All areas, including clinic and theatre areas were visibly clean, tidy and had suitable furnishings which were clean and well-maintained. There were adequate storage facilities, no items were stored on the floor. Storage areas were tidy and free from clutter. Seamless easy-clean floor coverings were used throughout all clinical areas, waiting rooms and toilets. This made cleaning easier and more effective.

The environmental cleaning was provided by a contractor out of hours. The service carried out spot checks and audits to ensure completion and oversight. Staff carried out daily cleaning of the equipment and environment. We saw cleaning and alcohol wipes were available throughout the clinic.

The service had an up-to-date infection prevention and control policy which included information on hand hygiene, use of personal protective equipment (PPE) and aseptic technique.

Staff followed infection control principles. The service provided staff with PPE such as gloves and masks. Hand-washing and sanitising facilities were available for staff and visitors. We observed staff using hand sanitising gel appropriately during the inspection. All staff we observed and spoke with were complying with ‘arms bare below the elbow’.

Decontamination and sterilisation of equipment was sent to an external company. We saw boxes in the dirty utility room with equipment ready for collection. The service had a driver that would transport equipment to and from the external company. Clean and sterile equipment was stored in a clean storage area. Some single use items were also used.

The service performed consistently to a high standard for infection prevention and control, hand hygiene, waste, and sharps management. Audits undertaken between January and August 2023 for hand hygiene were 100%. We saw evidence of learning from audits following a cleaning and environmental audit carried out in August 2023 some actions were taken which included ensuring the cleaner room was clean and tidy and mop heads to be laundered. On this inspection we saw the cleaners cupboard had recently been moved and was clean and tidy and disposable mops heads were being used.

Most staff wore theatre scrubs including admin staff. Scrubs were laundered by an external company; we saw adequate supply of scrubs. Staff would change on arrival to work and before they left work.

Staff worked effectively to prevent, identify, and treat surgical site infections (SSI). In the last 12 months no SSI had been reported.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The service had suitable facilities to meet the needs of patients. The building had been adapted prior to opening to suit the needs of patients. There was adequate car parking directly outside with access from the front and back of the building.

The building was modern, with the service located on the ground floor, with an administration office on the first floor. The reception area, outpatients, consultation rooms, theatres and the recovery area were on the ground floor. Theatres was designed to allow a smooth patient flow. There was an accessible toilet.

However, we did find equipment with poor cable management that presented potential trip hazards, where staff and patients would be walking/moving. We also identified a potential ligature risk from cables from the eye test charts on the walls in 2 consultation rooms. We raised these risks at the time of the inspection. Following the inspection, the manager told us they had made these safe and were reviewing a permanent solution.

There was appropriate ventilation in the operating theatre in line with national guidance Health Technical Memorandum 03.01 on specialist ventilation. We were told staff monitor the air flow daily and there was a contract for maintenance, and deep cleaning was carried out quarterly. checks.

The service undertook legionella testing, water outlets and sinks were flushed to reduce the risk of legionella build-up and weekly temperature checks were carried out in line with Health and Safety Executive guidance.

Fire extinguishers had in date service checks and there were signs pointing out fire exits throughout the service. There were dedicated fire wardens who carried out fire and evacuation scenarios.

Substances deemed hazardous to health were locked away inside the medication room which was also locked and controlled by keypad access. However, we saw some cleaning chemicals that were not locked in a cupboard and the cleaners cupboard was left unlocked, although this was not in a patient area. We raised this during our inspection and we were told that the cupboard would be locked, and storage reviewed.

Staff carried out daily safety checks of specialist equipment, such as the resuscitation trolley. Resuscitation equipment was easily accessible and located on a purpose-built trolley in the outpatient's corridor. Resuscitation equipment had been checked daily and an up-to-date checklist confirmed all equipment was ready for use.

There was a dedicated room for YAG (Yttrium Aluminium Garnet) laser procedures (treating cloudiness after cataract treatment). Specific staff were trained to use the equipment required for this procedure. The service had dedicated laser supervisors to ensure safety of the equipment and room. The room had a visual 'in use' warning sign outside the door to show when the room was in use and to alert staff not to enter.

The service had enough suitable equipment to help them safely care for patients and up to 30 minutes of uninterrupted power supply if there was power failure. There was a business continuity plan in place.

Staff disposed of clinical waste safely. We saw bins with appropriate labelling for different kinds of waste. The waste was bagged and stored in a sealed unit until collection outside the building in a dedicated area.

Sharps boxes we saw were not over filled, however during our inspection we saw 2 sharps boxes that had not been labelled, we raised this with the managers.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. The service provided ambulatory care where no general anaesthesia or sedation was used. All treatment was carried out as a day surgery admission under local anaesthetic. The service had clear guidelines for assessment of patients for surgery. Staff completed assessments for each patient at their first outpatient appointment. Checks were made to ensure the patient was suitable to undergo surgery. Patients who did not meet the criteria were referred back to the referrer or local NHS hospital for onward referral. All patients attended a pre-operative assessment prior to surgery to ensure they were fit enough for surgery.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately Patients had to be medically fit for surgery before the service could deliver treatment and so deterioration was rare. However, appropriate equipment, training, and protocols were in place.

All staff were trained in basic life support (BLS). Registered healthcare professionals were trained in immediate life support (ILS). Surgeons were trained in ILS. If a patient deteriorated the service would commence emergency treatment and dial 999 for assistance.

We saw the compliance for BLS and ILS training was 100%. Further updates had been arranged for November 2023.

Good

Surgery

Staff told us of an incident when a patient had deteriorated following surgery, they called 999 and supported the patients until paramedics arrived. The patient was transported to the local NHS trust and later discharged. The service contacted the patient the following day for an update.

World Health Organisation (WHO) checklists were completed in line with the National Patient Safety Agency and surgical safety including the completion of safety checklists. We reviewed 4 patient records and saw WHO checklists were completed correctly. We observed the WHO checklist being completed correctly on 1 patient during surgery. The WHO checklists were audited monthly, and we saw compliance was 100% from January to August 2023.

Patients could access a 24-hour emergency telephone line. A duty manager was on call; they would verbally assess the patients' needs and staff could contact the consultant for advice if required. The registered manager was always available out of hours.

Staff shared key information to keep patients safe when handing over their care to others. Information relating to individuals who had received treatment at the service was passed on to their GP and optician to ensure information was shared. Post operative and follow up appointments were generally carried out by local opticians, but the service also offered appointments to patients and would follow up care if required. We saw a patient was offered an appointment the following week as the surgery was more complex than anticipated.

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, staff a full induction.

The service had enough nursing and support staff to keep patients safe. Staffing levels reflected demand on the service.

The organisation had agreed minimum staffing for the service and surgery would only proceed when the standard staffing levels and skill-mix was confirmed.

The manager could adjust staffing levels daily according to the needs of patients. All theatre lists were pre-planned so the number of staff required for each shift could be pre-determined. Surgery was always consultant led. As a minimum there were 2 registered nurses and 1 optical assistant, this was in line with guidance from the Association for Perioperative Practice. The registered manager advised us that if there were not enough staff the list would not go ahead.

One optometrist was employed, and they mainly managed the glaucoma services.

Managers limited their use of bank staff and used regular staff familiar with the service. All staff had a period of induction, and supervision where required, on commencing work at the service.

Nursing staff had completed their Nursing and Midwifery Council re-validation checks and updates to develop their competencies.

The service regularly reviewed staff absence and recruitment and retention information. At the time of our inspection there were no vacancies. The service was recruiting additional staff to work in the endoscopy unit once this was opened.

Good

Surgery

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. There was 1 consultant appointed full time and 1 consultant with practicing privileges. Both were registered on the general medical council. Any training and appraisals were shared with the service. They had access to the online training.

Assessments of applications for medical staff were carried out by the central medical advisory committee. Consultants generally had fixed days when they would work at the service and activity was split between outpatients and surgery.

Records

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

Patient notes were comprehensive, and all staff could access them easily. We reviewed 4 patient records. They contained patient's consent forms, pre-operative assessment, procedure records and discharge information.

We found consent was completed in those patients requiring it, notes were legible, signed and dated by staff. Where patients were undergoing cataract surgery the cataract care pathway was completed in full in line with the WHO safety recommendations. All labels for lenses and equipment sets were attached.

Records were stored securely in the administrative area in locked cabinets. Only authorised staff had access to them. Patients records were passed between staff and departments safely and not left unattended. Some patient records and tests were available electronically. Computer systems were password protected.

Medical record audits were carried out monthly and we saw compliance was 100% from January to August 2023.

Medicines

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

Staff generally followed systems and processes to prescribe and administer medicines safely. The service had a medicines management policy, which ensured staff practices were in line with national guidance.

Checks were made to ensure any out-of-date medicines were disposed of. No controlled drugs were used within the service.

Medicines were prescribed by consultants, although we observed eye drops being administered on verbal instructions before the consultant had signed the prescription chart, we raised this with the managers. Following the inspection, we were informed that medicines prescribing was being reviewed centrally.

Staff generally stored and managed all medicines and prescribing documents safely. Medicines were stored neatly and generally securely within locked cupboards. However, during the inspection we found drugs in the admissions room were not stored safely in locked cupboards when staff were not in the area, we raised this with the managers. Following the inspection, we were informed that a lock for the door had been ordered.

Fridge temperatures were monitored electronically, and staff checked to ensure these were within the required range. We saw evidence these were monitored and recorded daily when the building was open. Audits were carried out monthly and we saw compliance was 100% from January to August 2023.

Staff completed medicines records accurately and kept them up to date. We viewed 5 patient records where medicines had been prescribed and saw that all medicines prescribed were signed for by a consultant. Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Patients were given verbal and written advice when discharged.

Optical assistants were trained to dispense eye drops to patients and completed specific competencies for this role. They also prepared drugs and eye drops to take home, which were checked by the registered nurse or consultant prior to dispensing.

A medicines management audit was carried by an external company in October 2022. Following this action plans were developed. These included, ensuring eye drops contained the wording 'for external use only', and all emergency drugs and equipment, should be in line with the company policy. Both these actions had been completed. No medicines errors had been reported in the last 12 months.

Incidents

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

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

From October 2022 to September 2023, the service had reported 66 incidents. No serious incidents or never events had occurred during this time. Themes included surgery suspended, surgical complication and premises or facilities issues.

Leaders described a good reporting culture amongst staff and staff felt happy to raise concerns. Learning included ensuring patient use the bathroom prior to surgery, encouraging patients with anxiety to visit their GP prior to surgery for advice and any treatment and track damaged instruments and report to suppliers.

Patient safety alerts were shared with staff, they were reviewed by the clinical director and shared with the hospital managers to act upon and disseminate to staff.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if things went wrong. All staff we spoke with were clear in their understanding of the duty of candour and felt the service was open and honest.

Good

Surgery

Is the service effective?

Good

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. The service followed National Institute for Health and Care Excellence (NICE) guidelines. Policies we reviewed were up to date and had been approved by the appropriate governance processes. The policies were referenced and developed, in line with the Royal College of Ophthalmologists standards. There were standard operating procedures and established pathways to support staff available on the organisation's intranet and staff knew how to access the documents. Policies were monitored at a corporate level to ensure consistency amongst each CHEC services.

The service recently introduced National Safety Standards for Invasive Procedures (NatSSIPS). NHS England recommends use of NatSSIPS as best practice to improve patient care and safety. At the time of our inspection an audit was not available due to the recent implementation.

Nutrition and hydration

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

The service provided treatment under local anaesthetic so there was no restriction on diet or fluids before surgery. Staff made sure patients had access to drinks if required. Cold drinks were available in the waiting areas.

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 and managed the pain of patients well. Surgery was undertaken using local anaesthetic. Staff monitored for signs of pain or discomfort throughout the patients care and treatments. Eye drops containing local anaesthetic would be provided and used during pre-operative assessments and during the surgical procedure. Patients would also be given eyedrops to use at home after discharge.

We observed staff asking patients about pain, during and after surgery and offering additional pain relief and advice for when they went home.

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

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. Managers and staff used the results to improve patients' outcomes. All staff were actively engaged in activities to monitor and improve quality and outcomes.

Good

Surgery

The service participated in relevant national clinical audits. They submitted data to the National Ophthalmology Database Audit (NODA) run by the Royal College of Ophthalmologists. NODA measures the outcomes of cataract surgery, outcomes showed that 97% had visual improvement, there was an action plan to improve the quality of the post-operative data collection.

Thes service monitored the complication rates following surgery. From October 2022 to September 2023 the complication rates were 0.95%, which was below the national average of 1.10%.

Then service offers vitreo-retinal surgery for complex ophthalmic cases following a complication.

Managers used information from the audits to improve care and treatment. Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Managers shared and made sure staff understood information from the audits. We saw evidence of audits completed on for example in December 2022 on accuracy of clinical triage process, which showed overall good compliance with an action plan implemented to improve clinical judgement and uploading patient details.

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. A number of checks were carried out by the organisation before staff commenced employment. We saw staff files which demonstrated when each individual employee had completed a clear Disclosure and Barring Service (DBS) check, references had been taken and checks on qualifications had been made. For consultants this also included general medical council membership, revalidation and appraisal dates. For nursing staff information collected included DBS issue number, references and nursing and midwifery council pin numbers.

Managers provided a full induction to all new staff tailored to their role. All staff underwent a 3-month probationary period when they started working within the service. Staff were expected to have an oversight of all areas of the service and spent time in each part of the service as part of their induction. Staff told us they felt their induction was comprehensive and they had been well supported.

Staff had to pass competency assessments in their own area of work before the end of the probationary period. They had a regular one to one meeting with a manager during their probation period and regularly thereafter.

Managers appraised staff's work performance and held supervision meetings with them to provide support and development. Annual appraisals took place where staff could discuss training and development needs. At the time of our inspection 100% of staff had completed an annual appraisal.

Daily briefing and de briefings took place took place to review staffing and raise any concerns.

Staff who undertook YAG (Yttrium Aluminium Garnet) laser procedures (treating cloudiness after cataract treatment) were trained to use this equipment. The service had dedicated laser supervisors to ensure safety of the equipment and the environment.

Good

Surgery

Newly appointed consultants were given a reduced theatre list to enable them time to become familiar with the environment, equipment, and processes. The theatre lists were increased gradually to allow them time to become familiar with the service.

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

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff worked effectively with referring partners such as community opticians and shared information to ensure continuity of care. GPs and opticians were contacted to share information about patients and their treatment with the provider to ensure all agencies could care for patients safely and effectively.

We observed positive communication taking place amongst staff and staff told us they worked well together and felt part of a team.

Seven-day services

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

The service was open Monday to Saturday from 8:30am to 5:30pm.

Following surgery patients had access to a central emergency contact number which was accessible 24 hours a day 7 days a week. A manager was on call to provide advice and guidance should a patient have concerns following surgery.

Health promotion

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

The service supported that national priorities to improve the populations health. We saw a poster for helplines available in the waiting room.

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.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. The service had an up-to-date consent and mental capacity policy which included information on general consent and the Mental Capacity Act (MCA) 2005. Compliance with MCA training was 100%.

Consultants assessed patients for their suitability for surgery. When patients could not give consent, staff made decisions in their best interest, considering patients' wishes and liaising with their carer's and relatives, although staff told us this was very rare. Consultants provided patients with information on their treatment. Leaflets were provided to patients relating to specific eye conditions that would be treated by the service. The providers website also provided patients with information about eye conditions and treatment.

Good

Surgery

We saw staff clearly recorded consent in patient records. They provided information on the potential risks, intended benefits and alternative options before each treatment. We reviewed the records of 4 patients who had been for surgery, we found consent had been recorded appropriately.

Consent audits were carried out monthly. From January to August 2023 the compliance was 100%.

Is the service caring?

Good

This was the first time we inspected the service. We rated it as good.

Compassionate care

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

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

Patients said staff treated them well and with kindness. One patient told us staff 'had been kind and caring' another told us 'All staff and reception were perfect. Made me feel very comfortable'.

We saw examples of good care provided. We observed staff speaking politely and with respect to patients attending the service. They spent time to support the patient during and after surgery.

Staff followed policy to keep patient care and treatment confidential. We saw doors were closed when treatment and conversations occurred. We witnessed staff knocking on doors before entering a room and staff introduced themselves.

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

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. Patients told us staff explained clearly what to expect following treatment and they knew who to contact if they had any concerns.

Nursing staff were kind, caring and compassionate towards patients. We observed staff pausing a surgical procedure and take time to speak to the patient calmly, offering reassurance, support and encouragement.

We were told and saw evidence on another occasion when a patient was feeling unwell following their procedure and the driver transported the patient home and staff stayed with the patient until a member of the family arrived to support the patient.

Good

Surgery

To reduce anxiety, patients were offered the opportunity to have a pre-treatment visit to view the hospital and meet the staff. Patients are also asked if they wish to have their relative or carer or hospital chaperone stay with them throughout 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.

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. The service provided patients with information on their procedure, and this was also available on the service website.

We spoke with 2 patients, and they told us they felt involved in their care. One patient told us they had sufficient information for what was happening before, during and post-surgery. They also knew who to contact if they needed anything. We observed that staff took time to explain everything, and patients could ask questions.

Patients gave positive feedback about the service in various ways such as via NHS friends and family, on the day of surgery or via an app at their convenance. Patients who responded stated they had a positive experience.

Is the service responsive?

Good

This was the first time we inspected the service. We rated it as good.

Service delivery to meet the needs of local people.

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

Managers planned and organised services, so they met the needs of the local population. The service had local NHS contracts in place with the local integrated care boards. Patient referrals came in via the local NHS trust or through primary care.

The organisation managed patient referrals on an electronic patient administration system. Patients could choose to attend the service including a time and day suitable for them, 67% of patients' self-book appointments at a time convenient to them. This was monitored and adjusted in line with patients' needs.

The service had a bookings application which enabled patients to book or change appointments, 24 hours a day from their mobile device.

Managers monitored and took action to minimise missed appointments. From January to July 2023, 3% of patients cancelled or did not attend appointments, this was below the CHEC national average of 4%. The service contacted patients to make further appointments if required.

Good

Surgery

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.

The service was fully accessible to patients with limited mobility and wheelchair users. There were disabled parking bays and accessible toilets.

Managers made sure staff, and patients, loved ones and carers could access interpreters or signers when needed. Information on interpreting services was readily accessible and there were information leaflets available in different languages. Staff had access to a telephone interpreting service, we saw posters advising staff how to access this.

The service provided an application that read letters out loud in different languages for patient to access. They also had a translator device to help make their consultation easier.

British sign language interpreters could be booked in advance. Staff had access to communication aids to help patients understand their care and treatment.

Information booklets on how to care for cataracts pre and post-surgery were available

The service could identify if a patient had any learning disabilities, autism, or both on their electronic record to alert staff and a designated quiet area for patients if required.

Dementia sensory kits were available, and the service had a local dementia champion also on site.

The service has an eye liaison officer that offers support to patients with practical issues such as welfare and benefits and support patients to complete the certification visual impairment process.

Independent advocacy support for patients was available to help them understand care and treatment.

The service had a policy for supporting transgender patients.

CHEC Leicester had a significant local Muslim population, a Ramadan poster was displayed around the hospital to advise Muslim patients who take part in this religious event how to continue using prescribed drops appropriately whilst maintaining their fast.

Pictorial books and posters had been ordered to support patients with communication difficulties in addition to the use of hearing loops when required.

Special dropper bottles for patients who had difficulty administering eye drops were available and staff demonstrated how to use these.

The service has a dedicated driver and minibus that offered free transport to patients for appointments. If the transport schedule was full, taxis would be used as an alternative.

Patients could request a chaperone to accompany them to their appointments. Information on chaperones was displayed in the waiting area.

Good

Surgery

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The waiting times for NHS patients were within the required 18-week referral to treatment time (RTT) target. From October 2022 to September 2023 the service completed 2095 surgical procedures, the majority were cataracts. The average RTT for the last 12 months was 6.3 weeks.

The service monitored waiting times and ensured no one waited too long for treatment. Referral could be made directly from a GP or an optician. Appointment times were flexible, and we saw patients were given a choice of dates and times. 95% of patients were offered surgery.

Surgery times were staggered so patients did not have to wait too long before they were seen, and the waiting area did not become crowded. On the day of our inspection appointments were running a little over time due to a complex case in theatre, all patients were informed of the delay.

There was a pre-operative assessment to reduce risks and complications. This ensured the patients were fit for surgery and reduced delays to their treatment pathway. Staff made sure patients and carers understood the importance of caring for the operated eye after treatment and were careful to ensure patients or carers would be able to administer prescribed eye drops.

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.

Patients, relatives and carers knew how to complain or raise concerns. Information on how to make a complaint was available at the service. We saw posters and leaflets in the main reception area clearly advertising how a patient could raise concerns or make a formal complaint.

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

Managers investigated complaints and identified themes. The service had received 2 complaints from October 2022 to September 2023, both had been responded to within 20 working days.

Managers shared feedback from complaints with staff and learning was used to improve the service. Learning included improving communication and providing detailed information.

Complaints were monitored by the central quality team and discussed at the clinical governance committee.

Is the service well-led?

Good

Surgery

Good

This was the first time we inspected the service. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They generally understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

There was generally effective leadership at all levels. Leaders demonstrated the required levels of experience, integrity, capacity, and capability needed to manage and lead the service. Leaders understood the challenges to quality and sustainability and took proactive action to address them. Managers demonstrated leadership and professionalism.

Senior leadership was provided corporately. The senior leadership team provided a central approach which was consistent across all locations.

The service was led on a day-to-day basis by the hospital manager, who was also the registered manage. They were based full-time within the service and reported to the regional manager who visited the site weekly.

Managers told us there were effective working relationships across sites and senior leader support was readily available.

Local managers attended a monthly meeting with the senior leadership team. They received updates on site specific data, audits, complaints, gave an update on their areas and shared learning from other sites.

Staff spoke positively of the registered manager, they told us the managers were accessible, visible, and approachable.

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.

The service had a clear vision and strategy. The vision was known as “The CHEC Way”. ‘They represent who we are and what we stand for, guiding our behaviours and influence the way we work and interact and the way we serve of commissioners’.

These were focused on delivering safe, high quality, patient centred eyecare in the community offering patients greater choice, flexibility and reduced waiting times. The values were set out as

CARING – for the health of the people in our local communities, treating the patient as we would want our dearest relative. Caring for our patients/families, colleagues, and communities. Making life better

PASSIONATE – about what we do, providing high, quality and safe care for our patients and families. Sharing our strengths, recognising team engagement, and being willing with our time, knowledge and skills. A willingness to give our best.

Good

Surgery

TOGETHERNESS – recognising the diversity, individuality of our patients, treating patients and ourselves with respect and dignity. One inclusive team, all different, united behind a shared vision of an inclusive culture, and delivering 'strong-patient centred services. Celebrating what brings us together every day.

LISTENING – to our patients and team members, showing compassion, empathy, honesty, and integrity. Taking ownership, responsibility and committing to the promises we make to patients and each other. Being the best, we can be.

FOCUS – on what we do, how we do it and what makes a difference to us all. Being accountable, believing in ourselves, and having resilience to meet daily challenges, improve now and in the future.

Always striving for a better tomorrow.

The vision had been developed with involvement from staff and linked to delivering the service's values. We saw the vision and values was publicly displayed throughout the service. Staff we spoke with were committed to providing safe care and improving patient experience.

Culture

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

Managers supported an open and honest culture by leading by example and promoting the service's values. All staff we spoke with felt supported, respected, and valued. The culture was centred on safety and the needs and experience of patients. The culture encouraged openness and honesty at all levels within the organisation. Staff told us they felt able to raise concerns and they were listened to by the leaders of the service. Staff described a 'no-blame culture' which empowered them to raise any concerns.

The service encouraged feedback from patients and their carers and reviewed these and shared any comments and learning with staff.

All managers and staff worked collaboratively to improve care, treatment outcomes, quality and patients experience throughout the entire service.

Governance

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

The governance framework was based on a provider-level accountability structure that included the board, an executive committee, the medical advisory group (MAC), the clinical governance steering group, complaints and incidents and sub committees and forums reported into these meetings. Hospital managers met monthly.

The MAC met bi-monthly and provided clinical and professional oversight and a review of all medical practitioners, including optometrists and endoscopy nurse practitioners. The executive committee met monthly to review national performance and supplement governance outcomes with a wider view of the organisation.

The local governance structure included daily safety meetings, monthly staff meetings and monthly staff bulletins.

Good

Surgery

Staff were clear about their roles and accountabilities and timely information was provided on key performance indicators.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

Systems were used well to monitor and manage performance. The service had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service.

Performance and risks were discussed at all levels within the governance system. A systematic programme of clinical and internal audit was undertaken to monitor quality, operational processes, and systems to identify where action should be taken. Records showed audits were discussed at various management and staff meetings.

There were arrangements for identifying, recording and managing risks and monitoring mitigating actions. The service had a risk register which used a tool to identify the impact of the risk on the service and assigned a level of risk. Examples of risks included staffing, supplies, clinical waste bins and slips, trips and falls. The risk register included mitigations and was regularly reviewed by hospital managers as part of the governance structure. Staff were aware of the risk register, and this was discussed at local meetings.

The service had a business continuity plan that could operate in the event of an unexpected disruption to the service.

Information Management

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

There were arrangements to ensure data or notifications were submitted to external bodies as required. The information used in reporting, performance management and delivering quality care was consistently accurate, valid, reliable, timely and relevant. The service had an electronic quality management system, which monitored the performance of the service through data collection on all aspects of the service including incidents, complaints, mandatory training, and audits. Integrated reporting supported effective decision making. All staff had access, with secure logins, to the organisation's intranet to gain information relating to policies, procedures, national guidance and e-learning. All staff were able to demonstrate the use of the system and retrieve information.

Staff knew to log out of computers when they were left unattended.

The service had arrangements and policies to ensure the availability, integrity, and confidentiality of identifiable data. Records and data management systems were in line with data security standards. The service provided information governance training for staff.

Engagement

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

The service engaged well with patients and staff to ensure people's views and experiences were gathered and acted upon to improve services. Complaints had been reviewed by service leaders and responses given to patients.

Good

Surgery

Patient feedback was sought through different ways including feedback from the NHS Friends and Family questionnaire and the NHS website. Most feedback was positive, and results and comments were shared with staff. We saw comments and suggestions from patients and actions were taken, for example, patients requested tables in the waiting area to put drinks on and these were ordered, patients suggested the water machine was too close to seating and this was moved.

The service worked with community organisation and developed a patient journey video for patient living with a learning disability and are continuing to work with them on other organisational projects.

Staff feedback was sought via a staff survey, staff said they were proud to work for the organisation and felt they made a difference to patients care. We saw an action plan which included having regular one to ones with staff, to increase communication and organise training.

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.

There was a focus on continuous improvement and quality. Leaders were responsive to any concerns raised and performance issues and sought to learn from them and improve services. Local engagement teams continuously sought feedback from patients to improve services.

The provider had plans to open an endoscopy service, some ventilation work had commenced, and staff recruitment was in progress.