

Community Health and Eyecare Limited

Coventry Surgical Cataract Centre

Inspection report

3 Orchard Court
Binley Business Park, Harry Weston Road
Coventry
CV3 2TQ
Tel: 08000151321






Date of inspection visit: 02/08/2023
Date of publication: 08/11/2023

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

Outstanding 

| | |
|--|---|
| Are services safe? | Good  |
| Are services effective? | Outstanding  |
| Are services caring? | Good  |
| Are services responsive to people's needs? | Outstanding  |
| Are services well-led? | Outstanding  |

Summary of findings

Overall summary

We have not previously inspected this service. We rated it as outstanding because:

- The service provided access to rapid ophthalmological care in the local area. There was a clear focus on equity and equality in all aspects of care and used a structured equality impact assessment to ensure they met diverse needs. Staff provided good care and treatment and managed pain well. The systems to manage and share the information that was needed to deliver effective care were fully integrated and provided real-time information across teams and services. The senior team monitored the effectiveness of the service and made sure staff were competent. Consent practices and records were actively monitored and reviewed to improve how people were involved in making decisions about their care and treatment. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.
- There was a strong, visible person-centered culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who used the service, those close to them and staff were strong, caring and supportive. These relationships were highly valued by staff and promoted by leaders. Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. People's individual needs and preferences were central to the planning and delivery of tailored services. The services were flexible, provided choice and ensured continuity of care.
- The service used innovative approaches to providing integrated person-centered pathways of care that involved other service providers, particularly for people with multiple and complex needs. The service was committed to reducing health inequalities and disparities in the regional health economy and implemented strategies to ensure access to care was equitable. The service worked extra hard to meet the needs of people, took account of patients' individual needs, and made it easy for people to give feedback. They had used innovative approaches to ensure people could access the service when they needed it and the senior team were proactive in maintaining substantively shorter waiting times.
- There was a clear focus on equity and equality in all aspects of care. The service benchmarked policies, procedures, and training against a structured equality impact assessment to ensure they met diverse needs. This incorporated the service's obligations under the Equality Act (2010). Staff had implemented a policy to support transgender patients and ensured care was delivered in accordance with best practice.
- There was a clear management structure with defined lines of responsibility and accountability and strong collaboration and support across all functions with a common focus on improving quality of care and people's experiences. The leadership team drove continuous improvement and staff were accountable for delivering change. Leaders ran services well using reliable information systems and supported staff to develop their skills. The strategy and supporting objectives were stretching, challenging and innovative while remaining achievable. 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 with patients and the community to plan and manage services and all staff were committed to improving services continually.
- 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 very good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.

Summary of findings

Our judgements about each of the main services

Service

**Medical care
(Including older people's care)**

Insufficient evidence to rate

Rating



Summary of each main service

We were unable to rate this service because there was not sufficient evidence to support a rating.

- 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 understood how to manage safety well. The service had systems and processes to control infection risk well. Staff assessed risks to patients, acted on them and kept very good care records. They managed medicines well. The service knew how to manage safety incidents.
- Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- There was a clear management structure with defined lines of responsibility and accountability. 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.

Medical service is a small proportion of hospital activity. The main service was Surgery. Where arrangements were the same, we have reported findings in the surgery section.

Endoscopy services were the only medical service provided and had been recently implemented. They had conducted 43 endoscopy procedures since starting the service.

Surgery

Outstanding



This is the first time we have rated this service. We rated it as outstanding because;

Summary of findings

- The service provided access to rapid ophthalmological care in the local area. There was a clear focus on equity and equality in all aspects of care and used a structured equality impact assessment to ensure they met diverse needs. Staff provided good care and treatment and managed pain well. The systems to manage and share the information that was needed to deliver effective care were fully integrated and provided real-time information across teams and services. The senior team monitored the effectiveness of the service and made sure staff were competent. Consent practices and records were actively monitored and reviewed to improve how people were involved in making decisions about their care and treatment. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.
- There was a strong, visible person-centered culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who used the service, those close to them and staff were strong, caring and supportive. These relationships were highly valued by staff and promoted by leaders. Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. People's individual needs and preferences were central to the planning and delivery of tailored services. The services were flexible, provided choice and ensured continuity of care.
- The service used innovative approaches to providing integrated person-centered pathways of care that involved other service providers, particularly for people with multiple and complex needs. The service was committed to reducing health

Summary of findings

inequalities and disparities in the regional health economy and implemented strategies to ensure access to care was equitable. The service worked extra hard to meet the needs of people, took account of patients' individual needs, and made it easy for people to give feedback. They had used innovative approaches to ensure people could access the service when they needed it, and the senior team were proactive in maintaining substantively shorter waiting times.

- There was a clear focus on equity and equality in all aspects of care. The service benchmarked policies, procedures, and training against a structured equality impact assessment to ensure they met diverse needs. This incorporated the service's obligations under the Equality Act (2010). Staff had implemented a policy to support transgender patients and ensured care was delivered in accordance with best practice.
- There was a clear management structure with defined lines of responsibility and accountability and strong collaboration and support across all functions with a common focus on improving quality of care and people's experiences. The leadership team drove continuous improvement and staff were accountable for delivering change. Leaders ran services well using reliable information systems and supported staff to develop their skills. The strategy and supporting objectives were stretching, challenging and innovative while remaining achievable. 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

Summary of findings

engaged with patients and the community to plan and manage services and all staff were committed to improving services continually.

- 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 very good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
-

Summary of findings

Contents

Summary of this inspection

| | |
|---|---|
| Background to Coventry Surgical Cataract Centre | 8 |
| Information about Coventry Surgical Cataract Centre | 9 |

Our findings from this inspection

| | |
|------------------------------|----|
| Overview of ratings | 11 |
| Our findings by main service | 12 |

Summary of this inspection

Background to Coventry Surgical Cataract Centre

The provider, Community Health and Eyecare Ltd, was registered in August 2012 and is a company built by Optometrists and Ophthalmologists to deliver eye services in the community. The patient target group were patients who could be seen in the community, mainly outpatient work for all eye conditions. Services were delivered across the country in purpose built surgical centres, GP surgeries and via mobile units. At the time of the inspection, the provider had registered locations across the country. They had also diversified to provide endoscopy services at 7 of their locations including the Coventry location. The endoscopy service was separated from the ophthalmology service and was located on the first floor of the building. The ophthalmology service and patient waiting areas were located on the ground floor.

The Coventry location is a purpose -built centre which provides surgical services and outpatient ophthalmology appointments for NHS patients under local NHS contracts. Endoscopy services are provided for NHS patients who are referred directly by their GP. The provider was in the process of securing regular NHS contracts with their integrated care board (ICB).

There was a suitable car park which was free for patients and staff, and in addition, the provider ran a minibus service to collect patients and return them home after surgery if they were unable to drive. The provider also had a contract with a local taxi service to transport patients. These services were offered free of charge to patients.

Referrals to the service were managed centrally by a Referrals Management & Bookings Manager (RMBM) from a central Referral & Booking Centre (RMBC) directing patients through choice to various clinics in the UK. The RMBM was supported by a team of patient coordinators and clinicians.

The Coventry centre was managed by a hospital manager supported by a regional manager who was also the Registered Manager, and a team which consisted of:

- Ophthalmology Consultants
- Optometrists
- Registered Nurses
- Ophthalmic Technicians
- Endoscopy Lead
- Endoscopy Nurses
- Administration Staff

They are registered to provide the following regulated activities;

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

Services provided at this location include:

- Outpatient appointments
- Cataract surgery
- YAG laser. (Yttrium Aluminum Garnet is a laser treatment used to correct cloudiness in the eye.)
- Minor procedures around the orbital rim
- Glaucoma monitoring

Summary of this inspection

- Pre assessment for cataract surgery and endoscopy procedure
- Endoscopy procedures

This is the first time we have inspected and rated this service.

We inspected this service using our comprehensive inspection methodology. We carried out a short notice announced inspection on 2 August 2023.

To get to the heart of patients' experiences of care, we ask the same 5 questions of all services: are they safe, effective, caring, responsive to people's needs, and well led.

The main service provided was surgery. All ophthalmology care and treatment including care provided in the outpatients department is reported in the surgery section. We also inspected medical services where endoscopy procedures were carried out.

Where our findings on surgery also apply to other services, we do not repeat the information but cross-refer to the surgery service level.

How we carried out this inspection

The team that inspected the service comprised of 1 CQC inspector, an assistant inspector and 1 specialist advisor with expertise in surgery. The inspection team was overseen by an inspection manager and head of hospital inspection.

During the inspection, we visited all areas within the Coventry surgical centre. We spoke with 14 members of staff including consultants, nurses, optical technicians, optometry assistants, operating department practitioners, administration staff, transport driver and senior managers. We followed 4 patient journeys and observed the environment and care provided to patients and spoke with 8 patients. We reviewed 5 patient records and 5 prescription charts. We also looked at a range of performance data and documents including policies, meeting minutes, audits and action plans.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. This was the location's first inspection since registration with CQC

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 found the following outstanding practice:

- The service substantially improved access to rapid ophthalmological care in the local area by consistently providing care within 2 weeks of referral.
- Surgical outcomes were substantially better than most other locations within the organisation and better than the national average for published data.
- They offered a free patient transport service to patients.

Summary of this inspection

- They worked with a dedicated eyecare liaison officer (ECLO) and the Royal National Institute for Blind (RNIB) to assist people with visual impairment with practical issues such as social and welfare benefits, and other agencies and groups to help improve people's quality of life. Staff helped facilitate meetings and provided a clinic room for patients to meet with their ECLO officer if required.
- The service understood their local population who were generally older than at other locations within the organisation, were less mobile and presented with more health issues affecting vision. They worked with others to ensure patients could attend appointments and receive care by providing transport, arranging appointments to suit patients' needs and worked alongside carers to enable consistent care.
- The service had developed a partnership with an ophthalmologist at hospital in a neighbouring region for patients who required complex surgery. The arrangement ensured that any patients who required this surgery were seen immediately by the senior consultant and transport and accommodation for the patient was arranged and funded by the provider.
- The service was forward thinking in improving access and services for patients with a learning disability. They were committed to ensuring people with a learning disability and autism were able to have a positive experience of care. The provider had reviewed service provision against the criteria of the NHS Learning Disability Improvement Standards. The work resulted in new approaches to care which were driven locally. All staff were involved in the work. They had created a video for people with a learning disability to take a virtual walk around the clinic prior to their visit.
- The involvement of other organisations and the local community was integral to how services were planned and ensured that services met people's needs. The service used innovative approaches to providing integrated person-centered pathways of care that involved other service providers, particularly for people with multiple and complex needs. They liaised with ophthalmologists, care homes and secondary care services to facilitate care and treatment for patients who were receiving ongoing care from other care providers for multiple health problems.
- The service used their transport service out of hours on occasions to bring a patient back to hospital if a serious complication was suspected and enabled a nurse to check on a patient who had not responded to their planned follow up telephone call following urgent follow up care.
- Leaders had an inspiring shared purpose, to deliver and motivate staff to succeed. Comprehensive and successful leadership strategies were in place to ensure delivery and to develop the desired culture. They involved all staff in decisions about the organisation and encouraged ongoing development which was funded by the provider.
- They provided succession planning and comprehensive mentorship enabling new managers to become competent leaders and enabled continued growth of the business.






Our findings

Overview of ratings

Our ratings for this location are:

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Medical care (Including older people's care) | Insufficient evidence to rate | Insufficient evidence to rate | Insufficient evidence to rate | Insufficient evidence to rate | Insufficient evidence to rate | Insufficient evidence to rate |
| Surgery | Good | <div>☆</div> Outstanding | Good | <div>☆</div> Outstanding | <div>☆</div> Outstanding | <div>☆</div> Outstanding |
| Overall | Good | <div>☆</div> Outstanding | Good | <div>☆</div> Outstanding | <div>☆</div> Outstanding | <div>☆</div> Outstanding |

Medical care (Including older people's care)

| | |
|------------|---|
| Safe | Insufficient evidence to rate  |
| Effective | Insufficient evidence to rate  |
| Caring | Insufficient evidence to rate  |
| Responsive | Insufficient evidence to rate  |
| Well-led | Insufficient evidence to rate  |

Is the service safe?

Insufficient evidence to rate 

We were unable to rate safe because there was insufficient evidence.

Mandatory training

Please refer to the surgery service section of this report.

The endoscopy team had received training on new equipment from the product manufacturers as this equipment varies due to a variety of brands used in the NHS and independent health service.

The hospital manager also monitored training compliance and ensured staff had time allocated to completed training.

Safeguarding

Please refer to the surgery service section of this report.

The service had not made any safeguarding referrals at the time of our inspection.

Cleanliness, infection control and hygiene

Please refer to the surgery service section of this report.

Staff worked effectively to prevent infections. Daily and weekly cleaning checklists were used to document cleaning and decontamination in line with the provider's policy. They decontaminated reusable medical equipment in line with national guidance, such as the Department of Health Technical Memorandum on decontamination and management of flexible endoscopes.

Since commencing the endoscopy service there had been no reports of issues relating to infection within the endoscopy service.

Environment and equipment

The design of the environment followed national guidance, including the Department of Health and Social Care Health Building Note in relation to clinical environment design and infection control in the clinical environment. There was a

Medical care (Including older people's care)

dedicated procedure room with appropriate facilities where endoscopy procedures were carried out. The provider had invested in suitable decontamination equipment and safe storage cabinets for their endoscopy equipment. This was located in a dedicated room for specialist washing, drying, decontaminating and storing endoscopy equipment. The adjacent storage and decontamination rooms enabled equipment to flow through the procedure room from 'clean to dirty' (used) which ensured continued infection prevent and control management. The temperature of the storage cabinets was digitally displayed on the outside and there was an automatic alert for any out of range temperatures. Staff checked the temperatures daily and recorded these.

There was a tracking and traceability system for endoscopes which included usage, cleaning, decontamination drying and storing. We saw that staff used a detailed logbook to track each endoscope and associated equipment.

Staff disposed of clinical waste safely and in line with regulations for the safe management and disposal of healthcare waste. Audits were conducted monthly which showed 100% compliance for the last 12 months.

The service had suitable facilities to meet the needs of patients' families. The endoscopy service was located on the first floor. There was a lift which was accessible to wheelchair users, and an accessible toilet. Patient's waiting areas were spacious and comfortable. The recovery area had suitable screening which enabled privacy and dignity.

Assessing and responding to patient risk

All staff were trained in basic life support. Registered healthcare professionals were trained in immediate life support (ILS). Surgeons and 1 of the senior nurses were trained in advanced life support (ALS). The senior nurse was also a resuscitation lead for the service.

Staff used a World health Organisation (WHO) checklist which had been adapted for endoscopy procedures.

WHO checklists were audited each month using a safe surgery checklist. Audits demonstrated consistently good practice.

The endoscopy service conducted a pre-operative assessment by telephone prior to the procedure to ensure patients were fit for the procedure. This sometimes involved arranging for blood tests to check patients were able to take the bowel preparation medicines if they had a kidney disorder. Staff discussed any concerns they had about patients' blood results with the consultant. Patients were assessed again for fitness on the day of the procedure. Following the procedure, patients were cared for in a recovery area by an endoscopy nurse.

The service had appropriate emergency medical equipment on site. This was in date and staff documented daily and weekly checks. This included an automatic external defibrillator, oxygen, airway equipment, and diabetic rescue and anaphylaxis medicines.

Endoscopy is a relatively safe procedure with very few serious complications. Serious complications include bleeding, perforation of the bowel/oesophagus and lung aspiration following sedation. Patients who were at higher risk of complications during endoscopy were not referred to this service. Further screening ensured that only patients thought to be low risk were accepted. This reduced the likelihood of a patient suffering a serious complication. The service had a pre-agreed plan of action in place to safely monitor, stabilise and transfer the patient to the local hospital if this did occur.

The service's procedure for managing a deteriorating patient included a 'transfer out' policy to manage serious complications, such as severe bleeding.

Medical care (Including older people's care)

They had emergency equipment and protocols to follow in the event of a severe bleed whilst awaiting the arrival of 999 services.

There was a procedure and protocols in place for assessing, managing and safe discharge of patients who had received sedation.

Staffing

The endoscopy lead calculated and reviewed the number and grade of staff required for specific endoscopy lists. They adjusted staffing levels according to the needs of patients and planned care. This was overseen by the hospital manager.

There was a minimum number of staff scheduled on theatre days. In the endoscopy service they ensured a team of 7 staff which usually consisted of 4 qualified nurses, 2 healthcare assistants and 1 endoscopist. They used 2 regular endoscopists, 1 of which was a consultant endoscopist and the other a nurse who both also worked in the NHS.

All endoscopy staff had been recently recruited as this was a new service. At the time of our inspection, they had endoscopy staff were receiving training and education so they could support the ophthalmology service where required. They also worked at another location nearby to support endoscopy lists where needed.

Records

Staff sent endoscopy findings including photographs to each patient's referring clinician electronically. Patients also received a copy of the findings.

Medicines

For patients undergoing endoscopy procedure involving the bowel, medicines were prescribed to prepare the bowel in line with national guidance. These were sent to patients by post following a pre-operative telephone consultation where instructions on how and when to take the medicines was discussed. Additional instructions were provided with the medicines.

Staff managed stock control and stored all medicines in locked cupboards or a locked fridge which were located in a designated medicines store room with secure access. This included a locked cupboard for controlled drugs. They documented the temperature of fridges and storage areas daily to ensure medicines were stored within the safe limits established by manufacturers.

The ordering, storage, administration and disposal of controlled drugs was safe and in line with national guidance. The service had an up to date standard operating procedure for controlled drugs which was produced in line with relevant legislation and guidance. Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs legislation. We reviewed the controlled drugs register and found no discrepancies in stock or administration.

Incidents

Please refer to the surgery service section of this report.

There had been no incidents recorded which related to patients treated within the endoscopy unit.

There were no never events.

Medical care (Including older people's care)

Is the service effective?

Insufficient evidence to rate 

We were unable to rate effective as there was insufficient evidence.

Evidence-based care and treatment

Please refer to the surgery service section of this report.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

Pain relief

Staff used a comfort score to monitor patient's level of discomfort during the procedure and administered a strong pain relieving drug intravenously at the start of some procedures where indicated.

Patient outcomes

Staff carried out regular audits to ensure compliance with safety and best practice. These included compliance with WHO checklists which were adapted for endoscopy procedure.

All WHO checklists were reviewed were fully completed and had scored 100%.

They also audited patient comfort and satisfaction.

Competent staff

All members of the endoscopy team were competent and experienced in working within an endoscopy unit locally. The endoscopy lead had extensive endoscopy experience and had been recruited specifically to lead the team. Managers made sure staff received any specialist training for their role and checked they had completed specific competencies in each aspect of the surgical pathway. The endoscopy lead was responsible for checking competencies within their team. Local managers were supported by clinical educators from the senior team who visited regularly. Many staff were trained in dual roles within the ophthalmology service and had recently enabled the endoscopy team to learn about ophthalmology in order to train for roles in that speciality. The endoscopy team also worked at another provider clinic to gain experience of working together as a team. Staff spoke positively about career progression opportunities.

Multidisciplinary working

Managers and senior leaders were working with local stakeholders to secure contracts to provide endoscopy services for NHS patients in their locality. They had received referrals directly from GPs which had enabled the team to run some endoscopy lists. They worked together at another local site in the meantime until the endoscopy unit was fully up and running with regular lists. This was dependent on securing a local contract.

Staff liaised directly with patients GPs or referring clinician following endoscopy procedures to share their findings and clinical photographs. Where there was a concerning finding such a cancer, staff escalated their findings to the clinician and alerted the multidisciplinary team which followed up care with the patient within 2 weeks.

Medical care (Including older people's care)

Patients were informed of the findings when awake in a 'breaking bad news' discussion with the endoscopist and the nurse. The discussion took place in a private room and an explanation of what will happen next is given, including the need to attend an appointment with the multidisciplinary team to discuss the results further and likelihood of further tests.

Seven-day services

The endoscopy unit was in its infancy at the time of our inspection and had limited activity to report on. The service planned to run at least 5 days each week once they had finalised some NHS contracts locally.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

The endoscopy service did not accept patients who did not have capacity to understand the procedure. Consent forms were discussed at pre-operative assessment, sent to patients with the pre procedure medicines and signed on the day of the procedure after review by the endoscopy team.

Is the service caring?

Insufficient evidence to rate 

We were unable to rate caring as we did not observe care.

Staff told us they took great care to explain concerning results to patients and took time to ensure they understood what would happen next.

Patients were informed of the findings when awake in a 'breaking bad news' discussion with the endoscopist and the nurse. The discussion took place in a private room and an explanation of what will happen next is given, including the need to attend an appointment with the multidisciplinary team to discuss the results further and likelihood of further tests.

Is the service responsive?

Insufficient evidence to rate 

We were unable to rate responsive as there was insufficient activity and evidence.

Service delivery to meet the needs of local people.

Facilities and premises were appropriate for the services being delivered. The service was a purpose built surgical centre with consulting rooms, treatment rooms a theatre and procedure room. The endoscopy service was on the first floor and accessible via a lift. All of the facilities required for the service were on this floor including the procedure/ theatre room, recovery bays, consultation rooms, patient waiting area, changing facilities, medicines and emergency equipment and annexes adjacent to procedure room for storage, cleaning and contamination.

Patients who underwent endoscopy procedures were followed up by their referring GP.

Medical care (Including older people's care)

Meeting people's individual needs

The endoscopy service was available to adults over the age of 18 years who had been referred for the procedure to diagnose a range of conditions relating to the gastrointestinal tract. Patients from the local population were from a range of age groups.

Access and flow

Access to the endoscopy service was via a referral made by local GPs. Patients were given options of dates for the procedure within 2 weeks of referral.

Learning from complaints and concerns

Please refer to the surgery service section of this report.

The service utilised the same processes and procedures for managing complaints as for the surgery service. This was overseen by local and corporate leaders.

There had been no complaints about the endoscopy service.

Is the service well-led?

Insufficient evidence to rate 

We were unable to rate well led as there was insufficient activity and evidence.

The endoscopy service had been recently implemented at the time of our inspection. The endoscopy team had been recruited for their specialist skills and integrated into the hospital team supported and led by the same local and corporate leadership team as for the surgery service.

Leadership

The endoscopy service was led by an endoscopy lead with extensive experience in endoscopy practice. Leadership of the service was overseen by the hospital manager and there was a clinical leadership with endoscopy experience provided within the corporate team. The service benefitted from the leadership, governance and culture of the ophthalmology service which was already established.

The endoscopy lead was also able to call upon the endoscopy consultants locally who provided the service where required.

Vision and Strategy

Staff had a clear understanding of what the service wanted to achieve and there was a sense of motivation and enthusiasm amongst the team. However, some endoscopy staff had concerns about whether their roles were secure if the provider was unable to secure sufficient NHS contracts to sustain the activity required to run the service to capacity.

Culture

Please refer to the surgery service section of this report.

Medical care (Including older people's care)

The endoscopy team had been newly appointed but were quickly integrated into the hospital team.

Governance

Please refer to the surgery service section of this report.

Governance structure and processes were hospital-wide, corporately led and delivered by local leaders. Governance was managed for the medical service as for the surgery service.

Management of risk, issues and performance

Please refer to the surgery service section of this report.

Risks, issues and performance were managed for the medical service as for the surgery service. The endoscopy team were clear about the specific risks for their patients and knew how to manage and mitigate these.

Information Management

Please refer to the surgery service section of this report.

Engagement

Please refer to the surgery service section of this report.

Learning, continuous improvement and innovation

All staff were encouraged to learn new skills, and this included endoscopy staff who were also encouraged to develop knowledge of ophthalmology.



Surgery

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

Is the service safe?

Good



This is the first time we have rated this service. We rated it as good.

Mandatory training

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

All staff received and kept up to date with their mandatory training which was comprehensive and met the needs of patients and staff. This included infection prevention and control (IPC), fire safety, safeguarding training, basic life support and information governance. Training compliance was 100% at the time of our inspection. Training was a combination of online modules and face to face training. We noted that a life support training update was due for some staff during the month of August, and this was scheduled for the following week as a face to face event.

Staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. The service had updated dementia training in July 2022 in recognition of the increasing needs of patients referred to the service. Staff gave examples of how they would support patients with dementia.

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

Mandatory training was monitored centrally by the senior team who alerted staff when they needed to update their training. The hospital manager also monitored training compliance and ensured staff had time allocated to completed training.

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

All staff received training specific for their role on how to recognise and report abuse. All staff completed training in safeguarding adults and children to level 2 and the hospital manager and clinical staff completed training to level 3. The



Surgery

regional manager and director of clinical services were trained to level 4. This enabled staff to have easy access to a person trained to level 4. This reflected good practice in line with the Royal College of Nursing intercollegiate document on safeguarding. The service did not treat children and young people. However, staff maintained safeguarding training in recognition that children may accompany patients to appointments.

The director of clinical services was the named safeguarding lead and took responsibility for referrals and investigations. All staff knew who the named safeguarding lead was and how to contact them. There were up to date contact details for regional safeguarding teams for staff to use. Protocols were in place for the urgent escalation of safeguarding concerns and staff told us they could access these details quickly.

The service used a chaperone policy to meet the individual needs of patients. Clinical staff were trained as chaperones and all patients were offered this service during consultations. Posters were displayed in the clinic reminding patients of the chaperone service.

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 were visibly clean and had suitable furnishings which were clean and well-maintained.

The service performed well for cleanliness. An external cleaning company cleaned all areas each evening and staff were responsible for cleaning their own areas between patients. Staff completed a check each morning using cleaning checklists. They also conducted a comprehensive clean each week using more in depth cleaning schedules. The daily and weekly checklists were monitored by the hospital manager and action taken where any non-adherence to schedules was found.

Staff followed infection control principles including the use of personal protective equipment (PPE).

There was adequate handwashing facilities and hand gel throughout the centre for staff and patient use. We observed consistently good hand hygiene by staff.

There was an IPC lead who was a member of the senior team. They provided regular IPC audits for all sites and worked closely with an IPC champion at the site and advised of any improvements needed when required. In July 2023, the audit indicated 90% compliance with expected standards, including hand hygiene. Areas where standards had not been fully achieved related to storage, stock and wear and tear on some furniture.

Staff worked effectively to prevent, identify and treat surgical site infections. Daily and weekly cleaning checklists were used to document cleaning and decontamination in line with the provider's policy.

In the previous 12 months the service reported no instances of patient infection, including of endophthalmitis, an inflammation of the eye caused by infection.

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.



Surgery

The design of the environment followed national guidance, including the Department of Health and Social Care Health Building Note in relation to clinical environment design and infection control in the clinical environment. There was a dedicated theatre with appropriate facilities where surgical procedures were carried out.

The service had enough suitable equipment to help them to safely care for patients. Safety and maintenance checks of specialist equipment was carried out by an external company and logs of safety status were logged on the computer system.

The service managed decontamination of reusable surgical instruments in line with the Health Technical Memorandum through a service level agreement with an external provider.

Ophthalmology surgeons used a combination of reusable equipment and single-use equipment. Staff maintained a log of serial numbers of each item in patient records. This was in line with national guidance and meant the service could trace equipment in the event of an infection or incident. Staff disposed of single-use surgical instruments in line with manufacturer guidance and recorded serial numbers in patient records.

There was a supply of extra surgical equipment in the event items were damaged or contaminated. This reflected good practice and meant there was no risk of procedure cancellation due to a lack of equipment. Staff carried out daily safety checks of specialist equipment and recorded their findings.

There was a robust stock rotation process for consumables to ensure items did not become out of date, and an automatic re-ordering system to ensure an ongoing supply.

Staff disposed of clinical waste safely and in line with regulations for the safe management and disposal of healthcare waste. Audits were conducted monthly which showed 100% compliance for the last 12 months.

The service had suitable facilities to meet the needs of patients' families. There was a lift to the upper floor which was accessible to wheelchair users, and an accessible toilet. Patient's waiting areas were spacious and comfortable and took account of the needs of the population they served, which was mostly older people.

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. Staff used The National Early Warning Score (NEWS2) which is a system for scoring the physiological measurements that are routinely recorded on admission and during their treatment. Patients had to be medically fit for surgery before the service could deliver treatment and so deterioration was rare. However, appropriate equipment, training, and protocols were in place. All patients received a pre-operative assessment prior to surgery to ensure they were fit enough for surgery.

All staff were trained in basic life support. Registered healthcare professionals were trained in immediate life support (ILS). Surgeons and 1 of the senior nurses were trained in advanced life support (ALS). The senior nurse was also a resuscitation lead for the service. In the event of a patient deteriorating or collapsing, staff used their resuscitation skills whilst awaiting the arrival of a 999 ambulance.



Surgery

Staff shared key information to keep patients safe when handing over their care to others. Information was shared with GPs and other health care workers electronically. This included information about the procedure, medicines or eye drops prescribed and follow-up care plan.

Shift changes and handovers included all necessary key information to keep patients safe. Staff used the World Health Organisation (WHO) surgical safety checklist specially adapted for cataract surgery. We reviewed examples of completed checklists and found that staff were thorough in their assessment and included checks of lens prescriptions and the expiry dates of implants. They used a dedicated theatre runner to log the batch number and expiry date of every consumable and piece of equipment used in the procedure.

WHO checklists were audited each month using a safe surgery checklist. Audits demonstrated consistently good practice. Monthly audits showed 100% compliance over the last 6 months.

In the previous 12 months the ophthalmology service reported no unplanned return to theatre episodes. This reflected consistently good standards of safety, including a complication rate of 0.5% which was lower than the national average of 1.6% and lower than most other sites within this organisation.

All patients underwent a pre-operative assessment around 3 days prior to surgery. This ensured the treatment was appropriate and safe. Staff worked with patients to help them understand risks during post-operative recovery periods. During pre-assessment procedures staff carried out comprehensive reviews of patients' medical history and current medicines. Where patients took certain medicines for blood pressure, or blood thinning medicines, staff liaised with the operating surgeon to ensure the correct advice was given. A further pre-operative assessment was carried out on the day of surgery by the surgeon who checked medical history and conducted any further risk assessments required. This occasionally meant that a procedure was postponed. For example, where there was concern over whether a patient with dementia had the mental capacity to make decisions about their care on that day, even though there had previously been no concerns. The service found that cancellations were often due to patients taking antibiotics for other reasons on the day of surgery and had taken steps to reduce this by adding additional instructions during the pre-assessment appointments whereby patients needed to contact the service as soon as they started antibiotics within a specific timeframe prior to their procedure date.

Patients were checked by the surgeon for immediate complications and cared for post-operatively in the recovery area before moving to the discharge room where they received a hot drink and a snack. The nurse provided them with instructions about eye drops and information about the recovery process, possible complications and follow up care.

The service had appropriate emergency medical equipment on site. This was in date and staff documented daily and weekly checks. This included an automatic external defibrillator, oxygen, airway equipment, and diabetic rescue and anaphylaxis medicines.

The service maintained good fire safety processes. The team had completed simulated evacuations and training, which included use of evacuation equipment. Designated staff were responsible officers. The education team coordinated a simulated medical emergency exercise every 2 months to assess staff knowledge and actions. The exercise involved staff at all levels.

Staffing

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



Surgery

The hospital manager calculated and reviewed the number and grade of staff required for specific consultation lists and clinics. They adjusted staffing levels according to the needs of patients and planned care.

There were 19 substantive staff who delivered care in the clinic, including the hospital manager, ophthalmology staff, endoscopy staff and 2 consultant ophthalmologists who provided the outpatient consultations[DS2] . The teams included qualified and non-qualified staff. In addition, the service had 2 ophthalmic surgeons who rotated between clinics within the organisation and carried out weekly theatre lists. They limited their use of locum consultants for the clinics to ensure locum staff were familiar with the service. In the last 6 months they had used 1 locum consultant for 31% of their clinic lists.

There was 1 part-time vacancy for an optometrist.

Some staff were dual trained. For example, a registered nurse was the theatre lead and optical assistants carried out clinical support duties. Bank staff provided additional capacity and support.

There was a minimum number of staff scheduled on theatre days which included, an admissions nurse, the surgeon, 2 scrub nurses, a circulating nurse (runner), an escort nurse and a discharge nurse.

Staff worked flexibly and supported teams at other regional locations to ensure continuity of care. Where staff absences occurred, a suitably trained staff member from a nearby location would fill the gap. Staff with dual roles also flexed across different roles within the hospital to cover absences where appropriate.

The service usually had extremely low rates of sickness and low rates of staff turnover. However, in the last 6 months, 3 non-qualified members of staff had left and 8 had been recruited which included staffing the endoscopy service.

Other than the endoscopy team who had been recently recruited, most staff had worked for the service for a number of years.

The service had 2 consultant cataract surgeons who worked substantively in the NHS and rotated to provide surgical procedures and consultations for NHS patients referred to this clinic. Locum surgeons were used on occasions to cover sickness. The service adhered to required practices regarding employment of staff on temporary contracts in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This meant the senior team followed safer recruitment processes.

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, legible and all staff could access them easily. Records were stored securely with restricted access. Clinical staff completed paper records of care and shared these with referring professionals. The service used a combination of electronic and paper based records which included an online ophthalmology administration system. Staff shared medical records based on agreements within care pathways, such as with GPs, NHS services, or independent health services. These were electronically transmitted within agreed data sharing policies. The provider was in the process of upgrading their system to a portal to enable them to share photographs, scans and other relevant information more effectively with stakeholders.



Surgery

Staff consistently documented patients' referral and medical history, pre-operative assessment information, special requirements, medicine administration, safety checks during surgery and all batch numbers of all accountable items used during a procedure. Perioperative and discharge information was also recorded. The service conducted a monthly audit of patient records which indicated consistent standards of practice and compliance of between 90% and 100% in the last 6 months. Where compliance fell below 100% actions were taken to rectify this. For example, in June 2023 the service scored 90% due to 1 record being written in blue ink and so staff were reminded of the need to write in black ink. In February 2023, 2 batch numbers had not been recorded for medicines provided, so an action plan was created for this. Theatre records were paper-based, and staff scanned them after treatment to create a digital record that was archived. They included an admissions and theatre checklist, and a medical history. Monthly audits of WHO checklists showed 100% compliance over the last 12 months.

Staff sent discharge outcome letters to each patient's GP. Staff audited a monthly sample of 20 integrated care pathway documentation to ensure key information was included, such as medication information. In the last 6 months, audits showed staff achieved 100% compliance with expected standards for each month apart from February 2023 where 2 batch numbers were missing on medicines provided. They achieved 90% compliance in February.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely, and completed medicines records accurately and kept them up-to-date. Staff documented eye drops given at all stages of care. Staff carried out surgery using local anaesthetic eye drops which were dispensed by the surgical team under instruction from the surgeon recorded in the patient's notes during procedures.

Medicines and eye drops to take home were planned and surgeons documented their conversations with patients regarding instructions. All medicine doses and batch numbers were recorded in patient records. Details of post-operative medicine instructions given to patients were also recorded in patients records and included information on who to contact for support.

Staff reviewed each patient's medicines and provided advice to patients and carers. Surgeons prescribed post-operative antibiotics on an individual basis in line with Royal College of Ophthalmology guidance. The service treated a high number of Asian patients within the local population and had amended their post-operative antibiotics regime to suit the specific needs of Asian people. The senior provider team monitored antibiotic prescribing to ensure national standards were maintained.

Staff managed stock control and stored all medicines and eye drops in locked cupboards or a locked fridge which were located in a designated medicines store room with secure access. This included a locked cupboard for controlled drugs. They documented the temperature of fridges and storage areas daily to ensure medicines were stored within the safe limits established by manufacturers.

The ordering, storage, administration and disposal of controlled drugs was safe and in line with national guidance. The service had an up to date standard operating procedure for controlled drugs which was produced in line with relevant legislation and guidance. Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs legislation. We reviewed the controlled drugs register and found no discrepancies in stock or administration.



Surgery

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 how to report incidents and raised concerns and reported incidents and near misses in line with provider's policy. The service reported 112 incidents in the last 12 months which equated to 0.8% of their overall activity. Most incidents reported were due to surgery which had been postponed for clinical reasons such as the patient being unwell and taking antibiotics on the day or presented with higher than acceptable blood pressure. Staff were encouraged to report any faults or issues identified as incidents.

None of these resulted in harm to patients and no investigation or duty of duty of candour was required.

The incident reporting system was electronic and linked with the patient records system. This enabled incidents to be recorded specific to patients, appointments, and their care. Incidents were reviewed weekly by the director of clinical services. The senior team reviewed incidents to identify themes and staff met to discuss the feedback and look at improvements to patient care.

The senior team planned to replace their current reporting system and implement the Patient Safety Incident Response Framework (PSIRF) which is used in NHS hospitals. The senior team were providing training for staff to use PSIRF system and were communicating with their local integrated care board (ICB) to enable a joined up approach.

There was evidence that changes had been made as a result of feedback. Although there had been no serious incidents at the service, learning was shared with staff about incidents that happened at other services. The service had made changes to their pre-operative assessment as a result of an increase in incidents where patients had been cancelled on the day of surgery due to being on a course of antibiotics. They had added instructions on what to do if they were prescribed antibiotics within a specific timeframe prior to their surgery date. This usually meant that the surgery would be cancelled but with more notice and an alternative date would be offered.

The service had no never events in the last 12 months. Managers shared learning with their staff about never events that happened elsewhere.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if things went wrong. The provider had an up to date policy that defined how and when the senior team should trigger a duty of candour response. There had been no such incidents in the previous 12 months.

Managers investigated incidents thoroughly and involved patients and their families. They also debriefed and supported staff after any serious incident.

Is the service effective?



This is the first time we have rated this service. We rated it as outstanding.



Surgery

Evidence-based care and treatment

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

The systems to manage and share the information that is needed to deliver effective care were fully integrated and provided real-time information across teams and services and allowed for rapid access to ophthalmological care in the local area. The referral process was substantially quicker than other local NHS facilities.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The senior team used guidance from NHS England, the National Institute for Health and Care Excellence (NICE), and the Royal College of Ophthalmologists to inform policies and practices. Policies and standard operating procedures (SOPs) were stored electronically, and staff had easy access to them. All staff were required to sign tracking documentation that provided assurance they had read and understood the policy.

The clinical governance committee was responsible for ensuring policies and SOPs were kept up to date and the director of clinical services monitored updates and changes. These were in the process of being transferred to a new electronic system when we visited. We looked at 5 policies and found these were in date.

There was a clinical audit lead from the senior team who ensured audits and quality processes reflected evidence-based practice. The hospital manager ensured audits were conducted according to the schedule.

There was a clear focus on equity and equality in all aspects of care. The senior leaders and hospital manager benchmarked policies, procedures, and training against a structured equality impact assessment to ensure they met diverse needs. This incorporated the service's obligations under the Equality Act (2010). Staff had implemented a policy to support transgender patients and ensure care was delivered in accordance with best practice. The policy guided staff in affirmative communication and understanding of care adaptations they might consider under the Gender Recognition Act (2004).

The patient record system included patient's protected characteristics so they could ensure people with a protected characteristic had been included in patient surveys.

The service used specific pathways to guide post-operative care instructions given to patients. For example, staff used pathways for patients living with diabetes and unstable glaucoma. These were amended for people with specific ethnicity where required. For example, people from an Asian background were prescribed antibiotics for 2 weeks longer due to their increased risk of infection. This helped ensure follow-up care was evidence based and appropriate for individual medical conditions.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools.

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

Staff prescribed, administered and recorded pain relief accurately.



Surgery

Records indicated consistent pain monitoring and pain relief during and after procedures. In the endoscopy service, patients comfort scores were recorded during the procedure. The service used the patient-reported outcome measures system to monitor patient's experience of pain during treatment. Pain scores were audited by the senior team.

Patient outcomes

Outcomes for people who use services were consistently better than expected when compared with other similar services.

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 relevant national clinical audits.

Outcomes for patients were positive, consistent and met expectations, such as national standards. The service based planned outcomes on the UK Vision Strategy 2020, which included efficient care, equitable access, and integrated services across the regional health economy.

Health inequality analysis showed the local population were 2.6% more likely to be smokers and 13% more likely to have severe mobility issues. Macular Degeneration was 8% more common in the location population compared to the other provider locations. Macular degeneration is an age-related problem which can limit the potential visual improvement following cataract surgery.

Information showed that in the last 12 months, the service offered surgery to 96% patients after consultation. This was significantly higher than the national average which was 61 to 78%. Managers said this was due to the clinical assessments conducted prior to cataract consultation, ensuring that patients were thoroughly and effectively assessed prior to preparation for surgery.

The service used the NHS Outcomes Framework, Royal College of Ophthalmology and NHS getting it right first time (GIRFT) standards to measure clinical outcomes. This included contributing data to the National Ophthalmology Database regarding post-operative vision outcomes.

The service measured visual improvement using a Snellen Chart which is method of measuring vision whereby a person stands a specific distance away from a chart with a series of letters that get gradually smaller as they progress down the lines. Each line corresponds to a fraction. For example, 6/18, 6/12, 6/9, 6/7.5. The lower the second number (18,12, 9 and 7.5) the smaller the letters are and therefore, the better a person's vision is.

Visual acuity can be affected by many factors, including comorbidity that affects vision, type of cataract and complication rates. At the Coventry location patients were generally older with 29% aged between 80 and 89 years which was 5% higher than the average across the organisation. There were 3% of patients aged over 90 years compared to the organisation average of 2%. The provider told us that health inequality analysis showed that patients from the Coventry location showed macular degeneration was 8% more common in the local population than nationally. Macular degeneration is an age-related eye condition which affects a person's fine vision and can limit potential visual improvement following cataract surgery.

The service were proud of their achievements in improving visual acuity for their local population in spite of the challenges they faced with co-morbidities and health inequalities.



Surgery

Data from the Coventry location showed that over the last 6 months, the average vision before cataract surgery was 6/12, compared to 6/7.5 after cataract surgery. This equated to an improvement of 2 lines on the vision chart. This was the same as the average improvement across the provider organisation. This was significantly better than the national average for visual improvement.

The National Ophthalmology Database (NOD) report states that 89% of patients had greater than 1 line improvement on the vision chart.

They reported that in the last 12 months 90% of patients had achieved the driving vision standard after cataract surgery and 40% of patient had achieved 20/20 vision compared to 3% before surgery.

Almost all (99.8%) patients were very satisfied with their overall vision improvement.

The service monitored their complication rate, including posterior capsular rupture rate which was a benchmark set by the Royal College of Ophthalmologists.

The service reported a complication rate of 0.5% for cataract surgery which was significantly better than the national rate which was 1.1% and better than the average complication rate for the provider organisation which was 0.7% across all its hospitals.

The service treated patients with a laser procedure to improve the vision in the eye for people who had previously had cataract surgery and a membrane in the eye had become cloudy. The laser treatment (Yttrium Aluminum Garnet) is commonly known as YAG treatment. They reported an average complication rate of 2.5% over a period of 6 months between January and June 2023. This was significantly better than the provider organisation average over the same period which was 11.2%.

The service completed an average of 300 cataract surgeries each month and had no unplanned returns to theatre in the last 12 months.

Data showed that between 1 January and 31 July 2023 there were 0% onward referrals to secondary care for glaucoma patients. This demonstrated a safe effective pathway for glaucoma patients at the service. All patients referred to the service were seen within 2 weeks of their glaucoma monitoring appointment.

This service were very proud of their consistently good outcomes.

Managers carried out a programme of 16 clinical audits, repeated to check improvement over time. Staff supplemented these with corporate and non-clinical audits as part of a wider programme to assess the effectiveness of the service. The clinical audit lead maintained oversight of outcomes. Managers used information from the audits to improve care and treatment. They shared outcomes of audits at team meetings and made sure staff understood information and any improvements required. Improvement is checked and monitored. Where compliance was less than 100% an action plan was created to inform changes where required.

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.



Surgery

The continuing development of staff skills, competence and knowledge was recognised as being integral to ensuring high quality care. Staff were proactively supported to acquire new skills and share best practice.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The director of clinical education supported staff across all the provider's locations to develop their skills and competences and provided bespoke specialist training with support from the education team. All staff had protected study days to support their development. The senior team ensured all new staff completed a full induction tailored to their role before they started work followed by a supervised probation period.

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff had completed an appraisal in the previous 12 months and said these were constructive and beneficial.

The medical director and director of ophthalmology supported medical staff to develop through regular, constructive clinical supervision of their work. This included observation of their work and a review of their individual outcomes at NHS and other facilities where they performed surgery.

They had recently implemented the Medical Practitioners Assurance Framework (MPAF) to provide additional assurance when monitoring surgeons continued competence. MPAF is a national initiative which was developed to improve consistency around effective clinical governance for medical practitioners across the independent sector and to raise the bar in medical leadership. This was implemented across all their locations including at the Coventry clinic.

Clinical educators supported the learning and development needs of staff at all levels. They worked with colleagues to develop their competencies, which enabled them to progress to more senior roles and to learn new skills to work in dual roles. For example, in pre-operative assessment and as a scrub nurse. Nonclinical staff could progress to the optical assistant role or a management position. Many staff were trained in dual roles within the ophthalmology service and had recently enabled the endoscopy team to learn about ophthalmology in order to train for roles in that speciality. Staff spoke positively about career progression opportunities.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Team meetings reflected consistent attendance and engagement across staff roles. Notes were easily available for anyone who couldn't attend.

Managers made sure staff received any specialist training for their role and checked they had completed specific competencies in each aspect of the surgical pathway. The endoscopy lead was responsible for checking competencies within their team. Local managers were supported by clinical educators from the senior team who visited regularly.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. The senior team encouraged staff to develop their skills and knowledge. This included access to national vocational qualification (NVQ) level 4 to enable nurses to provide theatre scrub duties.

Staff said the education team regularly provided them with training and development opportunities and role development programmes to support staff to progress. They also provided follow up support for new roles by checking achievement and maintenance of role competencies.

Managers identified poor staff performance promptly and supported staff to improve. Where serious issues were identified, senior leaders took necessary action. For example, following audits where compliance was less than 100%.



Surgery

Multidisciplinary working

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

The service held contracts with the integrated care systems (ICS) and worked with GPs and ophthalmology services in the area to provide care for NHS patients. Care and treatment pathways were multidisciplinary by nature.

There was a holistic approach to planning people's discharge or transfer to other services, which was done at the earliest possible stage. Arrangements fully reflected individual circumstances and preferences. For example, for some patients, follow up care was arranged with a local optician of their choice and a report sent to the service, whereas other patients received follow up care which was tailored to their specific needs.

Staff held regular and effective multidisciplinary meetings to discuss patients with co-morbidities to coordinate their care when required. Staff worked across health care disciplines and with other agencies when required to care for patients. This included with GPs, opticians, district nurses and the social care team.

Staff routinely worked across roles in the clinic and with the senior team. Where team members worked different shifts, staff held briefings and handovers. This contributed to effective and cohesive working practices.

Seven-day services

Key services were only available 5 days a week.

The service was open 5 days a week from Monday to Friday. Theatre days operated 3 days each week and other ophthalmology services occurred on any of the days.

There was an on call rota whereby patients could contact 1 of the surgeons out of hours if they had any concerns following surgery.

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.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle.

Staff provided patients with individualised guidance and support to help them make the most of their improved eyesight after care. This included guidance on how to maintain healthy eyes and how to avoid damage in sports or other activities.

There was a dedicated sight loss health promotion area in the patient waiting area. This included information and contact details for sight loss charities and a support group.

Staff worked with an eye clinic liaison officer (ECLO) from the Royal National Institute of Blind People (RNIB) to ensure patients had access to specialist health promotion support. This was part of a strategic care improvement plan and RNIB promoted the service in the clinic and patients were able to self-refer if they preferred.



Surgery

Established referral pathways were in place for each organisation and staff referred patients for holistic care, including support with medical equipment, financial and welfare support and emotional needs.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Consent processes were in place at each stage of care and treatment. Staff clearly recorded consent in the patients' records. We found good standards of documentation in patient records in relation to consent and capacity. For example, staff documented their discussions with referrers and patients about levels of confusion and anxiety and assessed the extent to which patients could understand their care. Staff told us they could access the appropriate level consent form for patients who lacked capacity if required.

Staff gained consent from patients for their care and treatment in line with legislation and guidance and based on all the information available.

Staff received and kept up to date with training in the Mental Capacity Act. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act 1983 and the Mental Capacity Act 2005.

Where patients living with dementia or reduced mental capacity were referred for treatment, staff worked with referrers in advance to understand their level of need. Staff involved the patient and their carer in decision-making and ensured care was clinically appropriate. Where patients could not provide consent, such as due to a mental health condition, the service worked with regional providers to identify a service equipped to care for people living with more complex needs.

Ophthalmologists carried out pre-operative consent and consent for further investigations and surgeons consented patients again on the day of surgery. Staff ensured patients understood the risks and potential benefits of surgery before asking for consent. After their consultation, patients were given a booklet to take home which described the procedure and aftercare and provided a copy of the consent form. Consent was checked again during pre-assessment appointment and then on the day of surgery by the surgeon.

Consent practices and records were actively monitored and reviewed to improve how people were involved in making decisions about their care and treatment. Staff carried out monthly audits of consent documentation. In the previous 12 months audits showed 100% compliance against a provider target of 95%. Staff made sure patients consented to treatment based on all the information available. They adapted communications to help people fully understand care options and treatment risks. Posters explaining the consent process and how patients were involved in this were displayed in the clinic.

Is the service caring?

Good



This is the first time we have rated this service. We rated it as good.



Surgery

Compassionate care

People are truly respected and valued as individuals and are empowered as partners in their 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. They told us they really cared about the patients and how they experienced care at the clinic.

We observed all staff treating patients with kindness, compassion, courtesy and respect. Staff asked patients how they wished to be addressed and recorded this in the electronic record system at the time of booking.

Feedback from people who used the service and those who were close to them was consistently and overwhelmingly positive about the way staff treated people. People consistently said their experience was easier than they expected, and staff went to a great effort to help alleviate their anxieties. Patients said staff treated them well and with kindness. For example, we observed a patient in theatre who became distressed and stated they couldn't manage even though they knew what to expect. The staff were extremely kind, patient and considerate. The surgeon stopped the procedure immediately and helped the patient out of the theatre into the recovery room where they explained alternatives and reassured the patient about the next steps to getting the surgery. Staff remained with the patient and their relative until they were calm enough to go home.

There was a strong, visible person-centered culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who used the service, those close to them and staff was strong, caring and supportive. Staff said they always tried to go that extra mile to provide care for patients. For example, when a patient was unable to obtain their prescribed eyedrops from any of the pharmacies in the area, they contacted the service and staff sourced them from a pharmacy outside the area and arranged for the medicines to be collected from the pharmacy and transported them free of charge to the patient at home.

Staff told us about a time when a patient contacted them shortly after a procedure with sign of a complication. The service arranged for the minibus driver to transport a nurse to the patient's address and brought them back to the clinic for review with the consultant. Staff also called on the patient next day to check on their welfare.

They told us they saw many patients regularly as they attended for monitoring of their eye condition and had become a familiar face for many patients and their families.

Staff tried to ensure that patients using transport were taken home as soon as possible after they had been discharged following their procedure to avoid them having to wait around for too long.

The service provided free transport and taxi services to around 60 patients each month. This was higher than most other locations for the provider. Staff said this was because there was a high proportion of patients who had no means of transport or unable to manage the bus in this area.

Staff were fully committed to working in partnership with people, so they were active partners in their care. Staff encouraged patients to have a voice. People's individual preferences and needs were reflected in how care was delivered. There was an advocacy policy to support staff, patients and their families, which was used alongside the services



Surgery

safeguarding policies. The need for an advocate was identified on booking the appointment and noted on the special requirements area of the patient record. All staff were determined to ensure patients understood their condition and their care options. We saw examples of clinical staff demonstrating patience and kindness when explaining about conditions and treatment and addressed patients concerns.

All staff at every stage of the treatment journey introduced themselves to the patient. Staff supported patients to understand relevant treatment options including benefits, risks and what to expect after surgery. Some patients returned frequently to the service for aftercare appointments and the familiarity of staff with individual patients was warm and welcoming.

Staff followed policy to keep patient care and treatment confidential. Consultations took place in private rooms with doors closed to maintain the dignity and privacy of all patients.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Staff took extra care with patients with dementia and those with a learning disability and autism. Patients special requirements were identified and discussed at the booking stage and taken into consideration during their visit.

The service used a video for people with a learning disability to take a virtual walk around the clinic prior to their visit. They were also given a double appointment to allow more time to adjust to their surroundings.

All staff had received training on communicating with patients who had dementia and there was a dementia champion onsite. There were dementia sensory kits available to keep patients occupied and reduced anxiety.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs, and took these needs into account.

Emotional support

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

People's emotional and social needs were highly valued by staff and were embedded in their care and treatment.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff told us that many patients were initially anxious about undergoing some procedures. Staff demonstrated extensive knowledge of how factors such as age and previous experience of healthcare could impact patients' anxiety and stress. They helped to alleviate their concerns and gave them enough time to discuss what would happen in their procedure. Patients who were particularly distressed were offered a pre-visit to the clinic where staff showed them around and explained what would happen and how they would be supported.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Staff planned for people who they knew to have a special emotional need. If someone became distressed whilst in the clinic, staff spoke calmly to them and gave them time to recover away from others.

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.



Surgery

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary to help them understand their treatment. They made sure they had a clear understanding of the proposed treatment before consenting to a procedure. This was checked again at the pre-operative stage and again on the day of the procedure. Staff also explained how they would be supported by a nurse in theatre as this helped reduce their anxieties.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this.

Posters in the clinic and details on the service website directed patients to feedback options. The receptionist encouraged patients to give feedback on their way out and reminded them to say if there was something they could improve. A suggestion box was provided for this purpose. Patients could also use the NHS Choices website to leave feedback.

The service used a number of methods to monitor patient satisfaction. Patients were able to use a tablet to record their satisfaction before they left their appointment, and survey requests were sent to patients to complete at home 1 week after surgery. In the last quarter their patient satisfaction rate was reported via the ratings radar system as 99.9%.

Patients were encouraged to give feedback via the NHS Choices website. Out of the 46 reviews posted for 2022/23 we saw that almost all had rated the service as 5 stars out of 5. Feedback about the service was overwhelmingly positive. Patients commented on the service being 'amazing' and having an 'astonishing improvement'. Many patients commented on how their lives had been changed.

They received numerous thankyou cards and messages which were positive about the care they had received, and the kindness shown to them.

Is the service responsive?

Outstanding



This is the first time we have rated this service. We rated it as outstanding.

Service delivery to meet the needs of local people.

Services were tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care.

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.

People's individual needs and preferences were central to the planning and delivery of tailored services. The services were flexible, provided choice and ensured continuity of care. Although surgery was generally scheduled on the same days each week to enable consistency with regular surgeons, additional days were sometimes planned where required.

The involvement of other organisations and the local community was integral to how services were planned and ensured that services met people's needs.



Surgery

The service understood the demographic area which they served and planned and organised services so they met the needs of the local population. They were aware of social and economic inequalities that existed within the area and had worked to improve access for all patients. There was a higher number of elderly patients within the local population compared with other locations within the organisation. 29% of patients were aged 80-89 years and 3% of patients aged over 90 years. This was higher than the organisation averages which were 24% and 2% respectively.

They had listened to what patients said and responded by adjusted services accordingly;

- Staff recognised that some patients had difficulty getting to the premises if they lived far away or were unable to manage the bus journey. Leaders had purchased a minibus and recruited an experienced driver to transport patients to and from the clinic if they had no one to bring them. This had been trialled in another location and following its success, had implemented the minibus service at the Coventry location. This was because the staff identified that a substantial proportion of the local population experienced difficulty sourcing their own transport to the centre. The service was free and picked them up from their door. Patients and staff said the minibus driver was extremely professional, friendly and helpful and thought the service was excellent.
- The service also had a contract with a community taxi service to ensure patients with no other option could attend the site for an appointment and be taken home safely afterwards. This had been used on days where the minibus was not available for some journeys and where a patient lived out of area. The provider paid for the taxi so there was no financial cost to patients.
- They had implemented a scan-on-the-day pathway for eligible patients so that they could have their scan on the day of appointment rather than having to make a separate appointment. This helped patients to manage their care with less appointments.
- The service had developed a partnership with an ophthalmologist at a hospital in a neighbouring region for patients who required complex surgery. The arrangement ensured that any patients who required this surgery were seen immediately by the senior consultant and transport and accommodation for the patient was arranged and funded by the provider.
- They had an arrangement with a local Eye Care Liaison Officer (ECLO) to meet with patients who need additional help and support with vision loss or problems resulting from reduced vision. ECLOs are an external organisation and act as an important bridge between health and social services and are central to the support and wellbeing of patients in eye clinics. They can provide help and advice with welfare benefits as well as practical and social advice. The service provided on-site facilities for patients to meet with an ECLO officer and were supported by familiar staff if required. The Director of clinical services met monthly with the ECLO to discuss activity. Patients were also encouraged to self-refer to the service if they preferred. The arrangement received excellent feedback from patients and carers.
- The provider created a video which enabled people with autism to see the clinic and patient flow prior to their appointment. Appointments were also offered at a time which suited the person best to help allay their anxiety. Staff worked extended hours when needed to accommodate people.
- They provided free parking at the clinic after listening to patient feedback.
- The service introduced a booking app so that people could access services in a way and at a time that suited them.
- The service introduced a translator tablet for patients to help make their consultation easier.
- The service provided special dropper bottles for patients who had difficulty administering eye drops. This also meant that district nurses didn't need to attend to administer the eye drops and allowed patients to administer their own without assistance.
- Sensory kits were available to patients with dementia to help them to remain focused and stay calm whilst waiting to be seen.



Surgery

Facilities and premises were appropriate for the services being delivered. The service was a purpose built surgical centre with consulting rooms, treatment rooms and a theatre. It was built over 2 floors and had lift access which was accessible to wheelchairs, ample waiting areas and a large car park which was free. The ophthalmology service operated on the ground floor and the endoscopy service on the first floor.

The service had systems to help care for patients in need of additional support. Staff discussed people who had special requirements and how to assist them before their appointment. Details of any special requirements were recorded in patient notes and discussed at team brief.

The provider operated a patient advocacy policy that guided staff in providing independent advocates for those who needed support. This meant patients without family or friends to accompany them or help them understand care and treatment had access to advocates on their behalf who could accompany them to appointments and help them navigate their care options.

Staff provided follow-up care to meet individual needs. All patients received a follow-up phone call and post-operative review. Some patients received their follow-up at their local optician whilst others received a tailored follow up plan according to their individual needs. Staff offered additional in-person and remote appointments on demand where patients had questions or needed additional care.

The service provided a surgeon on-call service for patients who needed post-operative advice before their follow up appointment. This was available 24 hours a day, 7 days a week. An emergency telephone number was provided in the discharge instructions for patients to call if they had an urgent concern. The telephone number was printed in very large red text to make it easier to find. When patients called the number, they received a message which included the number of the on-call surgeon who they needed to call. The surgeon would assess the problem by telephone and arrange for the patient to come into the clinic for a face to face assessment.

The service prioritised appointment slots each day for patients who had concerns so they could be seen promptly. This meant that serious complications could be averted. Staff told us about examples where they had opened a clinic on a Saturday to accommodate patients who had contacted them out of hours and required follow up next day. When this occurred the hospital manager would attend as well as relevant staff including the consultant.

Managers monitored and took action to minimise missed appointments. Administration staff contacted patients in advance of each appointment to ensure they planned to attend and minimise the risk of a missed appointments.

Managers ensured that patients who did not attend appointments were contacted. Staff contacted patients who did not attend (DNA) a booked appointment to find out if they wanted to continue with treatment. In the last 12 months the DNA rate was 4%. This was significantly better than the 9% target implemented by the integrated care board (ICB).

The service relieved pressure on local NHS ophthalmology services by providing cataract surgery for around 4,000 patients each year who would otherwise remain on waiting lists. They also provided laser treatment and monitored around 1,000 patients per month with ongoing eye conditions. This freed up time for local NHS hospitals to treat more complex ophthalmology cases.

Meeting people's individual needs

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



Surgery

There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met these needs to promote equality. This included people who were in vulnerable circumstances or who had complex social needs.

Staff made sure patients living with learning disabilities and dementia, received the necessary care to meet all their needs. The electronic patient records system, which staff used to process referrals, included a flagging system for staff to identify needs relating to learning disabilities. They used adapted documents and worked with referring professionals to understand patients' level of need and made arrangements in advance for safe care.

Staff understood and applied the policy on meeting the information and communication needs of patients living with a disability or sensory loss.

The provider had developed a booking app that enabled patients to book or change appointments, 24/7, from their mobile device. Staff worked with patients who were unfamiliar with app systems and helped them navigate the process to improve access.

The provider was forward thinking in improving access and services for patients with a learning disability and autism, and committed to enhancing person-centred, flexible care. In 2022 the senior team worked with hospital managers to review service provision against the criteria of the NHS Learning Disability Improvement Standards. The hospital manager selected standards which they wanted to implement. The work resulted in new approaches to care aimed at reducing inequalities and ensure appointments were accessible for everyone. This included flexing the time of appointments, providing longer appointments and allowing patients to preview the clinic area before visiting. They also ensured feedback from patients was continually used to make changes.

The provider was committed to providing the best possible care for all, including difficult to reach patient groups. As part of their programme of embracing diversity and inclusivity staff were supported by a policy for supporting transgender patients.

The service had a significant local Muslim population and introduced a poster campaign during Ramadan where they tailored posters 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 fasting.

Staff documented how they worked to meet individual needs in patient records. This included what each patient hoped to achieve from their care, such as reduce discomfort or improved night vision for driving.

Staff coordinated care with other services in the region which included NHS consultants, GPs, and community ophthalmologists and optometrists. They worked with adult social care services to coordinate safe care and treatment, such as if a patient lived in a residential or nursing care home.

The service had information leaflets available in languages spoken by the patients and local community. Staff arranged language translators to support patients. They arranged this in-person or by phone depending on the nature of care and the level of need.

Staff made sure patients, loved ones and carers could get help from signers when needed. The service sourced British Sign Language interpreters in advance. Staff also had access to communication aids to help patients understand their care and treatment.



Surgery

Patients who were frail or who needed additional support were able to bring a carer or other person with them in the clinic.

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 service provided care to patients in a community setting and worked with referring practitioners in the local area to ensure patients were fit to be seen in this setting.

All referrals from the local ophthalmology services went directly to a central booking team at Head Office where a team of coordinators contacted patients with an appointment. Patients were then able to change the appointment by telephone or mobile app if they wished. Appointments for cataract surgery were within 2 weeks, which the service maintained consistently in the previous 12 months. Referral to treatment time for YAG treatment was 2 weeks. This was substantially better than the average wait time at NHS hospitals nationally.

The senior team worked to keep the number of cancelled appointments, treatments and operations to a minimum. In the previous 12 months there were 104 cancellations on the day. Most were as a result of cancelling 2 theatre lists due to consultant sickness and because of technical issues causing the theatre to be too cold for patients. The remainder were due to patients being unwell on the day or because they had started antibiotics recently. Managers told us when this happened they rescheduled an extra theatre day so that patients didn't wait too long for their surgery.

Managers and staff worked to make sure patients did not stay longer than they needed to. Staff planned patients' discharge carefully, particularly for those with complex social care needs. Post-operative care was discussed at the pre-operative assessment appointment where staff explained what to expect and discussed who would be at home to care for them. Staff made sure that 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. The service had purchased special eye droppers which were easier to use for people with reduced vision.

The service had received 4,232 referrals for ophthalmology services in the last 5 months. Many patients had already exceeded the national target of 18 weeks to be seen in an NHS service and the team coordinated care to reflect the need for quick access. The provider had introduced a booking app that enabled patients to manage their appointments themselves.

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. The service clearly displayed information about how to raise a concern in patient areas, including on the service website.

Staff knew how to acknowledge complaints and how to handle them. They received training on handling complaints and maintained an understanding of the provider's policy. Staff said that complaints were usually minimal and were usually resolved verbally at the time.



Surgery

The regional manager investigated and resolved each complaint within the provider's timescale and shared themes. There were 3 complaints raised for the previous 5 months. This equated to 0.04% of patients seen in the clinic. The hospital manager took all complaints seriously and sought to resolve any concerns quickly. They gave an example of changes made following a complaint about not having enough time to decide between distance and intermediate lenses. The service ensured that the pre-operative assessment appointment allowed more time for patients to make this choice.

Staff and patients received feedback from managers after the investigation into their complaint. Managers shared feedback from complaints with staff and learning was used to improve the service. They documented clear learning outcomes and shared these to all staff across the organisation.

Staff could give examples of how they used patient feedback to improve daily practice. For example, when patients said they were unhappy about having to pay to park their car, the service took action and provided free parking.

Is the service well-led?

Outstanding



This is the first time we have rated this service. We rated it as outstanding.

Leadership

The leadership, governance and culture were used to drive and improve the delivery of high quality person-centred care.

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. They used succession planning to support future leaders.

There was a clear management structure with defined lines of responsibility and accountability and strong collaboration and support across all functions with a common focus on improving quality of care and people's experiences.

Senior leadership was provided corporately and included a medical director, director of clinical services, clinical director of ophthalmology, chief operations officer, human resources director and finance director. The senior leadership team provided a central approach which was consistent across all locations. They had recently developed their organisational structure to provide an additional level of governance and assurance required to meet the needs of the recent growth within the organisation. The new regional structure provided an increased support service function at regional level and an identified operational team that reported to the senior leadership team and was responsible for clinical operational delivery.

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



Surgery

There was an ethos of 'growing your own' within the organisation. Staff had often started in the organisation in a junior role and had been supported to grow into a leadership role. This applied to clinical and non-clinical staff. The hospital manager had progressed into their role and was soon to become the registered manager following a period of mentorship support from the current registered manager.

Staff spoke positively of leadership visibility and support. They said senior staff empowered them to develop professionally and contribute to the development of the service, and that leaders were well respected, very visible, approachable and supportive.

Managers with a clinical background often worked clinically and provided cover for sickness and absence when required. Local managers were passionate about the service they led and worked well with the team of staff in their hospital. Staff told us they attended regular monthly staff meetings and that they felt that their views were heard and valued. All staff we spoke with were motivated and positive about their work.

The hospital manager had day-to-day responsibility for the clinic 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. The director of clinical services was based at the head office and carried out regular clinic visits to meet with staff. Other senior clinical managers were available by phone and visited occasionally. The medical director worked closely with the director of clinical services to promote and develop local services.

All managers and senior leaders had significant experience in clinical ophthalmology environments and their professional track record was appropriate for this service.

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 organisation was originally created by a team of optometrists and ophthalmologists to improve access to quality eye care in the community.

The strategy and supporting objectives were stretching, challenging and innovative while remaining achievable. This was reviewed at monthly senior leadership meetings and shared with staff at team meetings and in their annual quality report which was published for everyone to read. They also provided a strategy-on-a-page document which was shared with staff and discussed at team meetings.

The service had a clear vision and set of priorities, which were aligned to local plans within the wider health economy, and focused on delivering safe, high quality, patient centred eyecare in the community offering patients greater choice, flexibility and reduced waiting times. The vision and strategy aimed to reduce pressure on the local NHS hospitals by reducing referral to treatment times.

The vision had been developed with involvement from staff and linked to delivering the service's values. We saw the vision and values were publicly displayed throughout the service. Staff knew and understood the vision, values and objectives for their service, and their role in achieving them and were committed to providing safe care and improving patient experience.



Surgery

A key focus was building capacity and ensuring care standards were grounded in quality.

Staff had a clear understanding of what the service wanted to achieve and there was a sense of motivation and enthusiasm amongst the team.

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.

Leaders had an inspiring shared purpose, to deliver and motivate staff to succeed. Comprehensive and successful leadership strategies were in place to ensure delivery and to develop the desired culture. The hospital manager was highly motivated in the delivery of this.

There were high levels of staff satisfaction across all equality groups. Staff were proud of the organisation as a place to work and spoke highly of the culture. There were consistently high levels of constructive engagement with staff, including all equality groups. Staff at all levels were actively encouraged to raise concerns.

Staff were welcoming, friendly and passionate about their work. They were proud to work at the clinic and were committed to providing the best possible care to their patients.

The service had a caring culture. Staff told us that they enjoyed their work and described the team as a “happy family”. Some staff described how they had come from a highly pressurised environment at an NHS trust and how they felt more highly valued working at the service. Managers were very proud of their team and all they had achieved.

Relationships were cooperative, supportive and appreciative among all staff. They worked collaboratively and shared responsibility. We observed positive and supportive relationships between the leaders, consultants and staff at all levels and from all departments.

Staff felt they were kept up-to-date and were made aware of changes needed within practice. The culture encouraged openness and honesty at all levels.

Staff, patients and families were encouraged to provide feedback and raise concerns without fear of reprisal. Staff confirmed there was a culture of openness and honesty and they felt they could raise concerns without fear of blame.

All staff said they felt that the senior leadership team and their managers were very approachable and felt they could raise any concerns. The hospital manager was highly praised and highly valued by staff at the service. The safety and wellbeing of staff was promoted.

The provider had considerable focus on promoting equality, diversity, and equity. Senior staff worked across staff teams to ensure everyone had a voice and felt able to contribute to the success of the service. Policies were assessed to ensure guidance and standard operating procedures did not discriminate because of race, ethnic origin, nationality, gender, culture, religion or belief, sexual orientation and/or age. This was actively promoted at local level by the hospital manager and staff.

Processes and procedures were in place to meet the duty of candour. Where errors had been made or where a patients' experience fell short of what was expected, apologies were given, and action was taken to rectify concerns raised.



Surgery

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.

Governance and performance management arrangements were proactively reviewed and reflected best practice.

The governance framework was based on a provider-level accountability structure that included the board, the corporate risk group, the clinical governance committee, and the information governance steering group. The director of clinical services and medical director led and coordinated clinical governance which was focused on patient safety, outcomes and compliance.

Governance records demonstrated consistency and good practice.

The medical director had recently transformed the governance meeting structure to form a clinical governance steering group (CGSG). The CGSG was the main clinical governance meeting and was chaired by the Medical Director and met monthly. The membership comprised of the executive leads from all areas of clinical governance. The CGSG reported to the Board through the Executive Committee which comprised of all the executive directors for Community Health and Eyecare Limited. The CGSG had created a leaner way of working for senior leaders who had previously attended separate sub committees and whose work overlapped with other governance meetings. Part of the agenda was given over to representatives from the sub committees to present their work to a wider audience. Sub committees included a medical advisory committee (MAC), an Independent Expert Advisory Group (EAG), and the committee for Staff Communication and Engagement Channels.

The executive committee met monthly to review national performance and supplement governance outcomes with a wider view of the organisation.

We reviewed meeting minutes for the previous 2 months and saw the executive team maintained a clear view of service provision and issues impacting patient care. We also reviewed their annual Quality Report for 2023 which outlined their many achievements and successes. These included: continued low complication rates, improved clinical governance structure, implementation of improved digital technology to analyse quality data, introduction of the Patient Safety Incidence Response Framework (PSIRF) and improving the patient safety culture.

Staff attended monthly staff meetings locally which were led by the hospital manager or the regional manager. Information was shared from the governance meetings and staff learned about performance at other locations as well as their own. All staff were encouraged to participate and said they found staff meetings valuable.

Hospital staff also received a monthly bulletin which was a 1 page overview of performance, achievements, updates and accolades.

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.



Surgery

The registered manager maintained a risk register for the service alongside a provider-level corporate risk register. They reviewed risks regularly and the directors maintained oversight of this. At the time of our inspection there were 33 risks, none of which were rated as extreme. Each risk had an accountable member of staff who documented updates and mitigating strategies.

The senior team used a quality and performance dashboard to monitor performance of the service which local managers had access to. This provided oversight of incidents, complaints, risks, and patient outcomes. They shared the dashboard widely amongst all staff to ensure they understood the position of the organisation.

A quarterly organisation-wide clinical governance meeting was held where senior leaders and hospital managers reviewed clinical practice against guidelines, best practice, and new research. The group reviewed known and emerging risks, audit outcomes, quality markers, and patient and staff feedback. The group shared outcomes and findings across all clinics within the organisation to support consistent care and ensure staff had access to the latest information available. Representatives from other staff groups were also invited to attend in turn.

Leaders worked to a business continuity plan that included a director on call procedure in the event of a major incident or interruption to the service.

Surgeons working under locum arrangements were contactable by the senior team to support incident and complaint investigations.

The service had processes in place to ensure fit and proper persons were employed, including background checks, reference checks, and DBS checks.

There was a reliable system in place to check surgeons' annual appraisals and performance. The director of ophthalmology oversaw the medical staffing system for locum doctors, which was driven by the human resources team. Medical appraisals were overseen by the medical director and the director of ophthalmology.

They had implemented the Medical Practitioners Assurance Framework (MPAF) to provide additional assurance when monitoring surgeons continued competence.

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 data sharing and security agreements with referring organisations. Appropriate data protection arrangements were in place, including secure data storage with access controls and back-up in the event of systems failure.

The provider retained key surgical data to support future access requests, audits, or complaint investigations.

The provider had a considerable commitment to information governance. They maintained compliance with the national data security and protection toolkit and the government's Cyber Essentials programme.



Surgery

The provider leadership team had five senior professionals who managed data integrity and security and an information governance champion was in post at each location. During our inspection staff demonstrated their understanding of information governance systems and their role in ensuring consistency.

All staff undertook training in information governance and application of the General Data Protection Regulations (GDPR)

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, [NH4] the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The senior team proactively sought new relationships and care pathway development opportunities with other providers in the region. This reflected high levels of demand for ophthalmology and helped reduce pressure on acute services. The provider was in discussion with local NHS stakeholders to reduce pressure on endoscopy services within the NHS.

Various approaches were used to gather feedback from people who use services and the public, including people in different equality groups. They had made changes to ensure people with a learning disability and autism were included in opportunities to provide feedback.

Equality groups were at provider level and encouraged within the local centre.

The service monitored patient satisfaction as part of service level agreements with the integrated care board (ICB). Results showed satisfaction levels were consistently very high.

The senior team had good relationships with NHS business development managers to build capacity and ensure services met regional demand.

The provider carried out an exercise in summer 2022 to better understand the proportion of carers that completed feedback through engagement formats such as the patient survey. This found 1% of care feedback was submitted by carers.

The service conducted annual staff surveys. The most recent one conducted in September 2022 showed 77% satisfaction rate. The top 5 scores at 100% were the following statements;

- People here are treated fairly regardless of their race. 100%
- When you join the company you are made to feel welcome. 100%
- When I look at what we accomplish, I feel a sense of pride. 100%
- People here are treated fairly regardless of sexual orientation. 100%
- People here are treated fairly regardless of their gender. 100%

The provider held a series of colleague engagement events nationally that gave staff opportunities to meet new colleagues and different teams. This was supplemented with the staff intranet, which provided staff information on provider developments and a fortnightly message from the chief executive officer. This was part of wider wellbeing work in which senior staff sought to understand the wellbeing of clinic teams. As a result of a wellbeing survey, the senior team provided changes and improvements to staff communication and engagement.



Surgery

The committee for Staff Communication and Engagement Channels held quarterly workshops for all staff to attend where staff views were sought about aspects of the organisation. The events included learning and development opportunities for staff.

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 leadership drives continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new and more sustainable models of care.

The senior team had a forward-thinking approach to sustainability and were working with regional education providers to explore clinical apprenticeship opportunities.

The provider was working towards environmental, social and governance objectives that focused on a corporate 'green plan'. This was an inclusive strategy in which staff contributed proactively and was in line with the NHS national green agenda, such as by improving efficiencies in carbon emissions and power usage.

The hospital manager had implemented on-the-day scans for ophthalmology patients, so they didn't need to make an additional appointment for this, and to reduce DNAs.

Staff at all levels were proactive in seeking opportunities for development and improved ways of working through improvements in the governance framework. For example, transforming the governance structure to streamline clinical governance and performance processes and enabled staff from a wider range of roles to contribute to service monitoring and development.

Staff from across the provider organisation joined clinical governance workshops as part of their approach to improved governance. The workshop reflected staff commitment to patient care and the organisation's vision.

The provider was working towards achieving Investor in People status in 2023 and staff were involved in benchmarking exercises to establish the likely level of achievement.