

Community Health and Eyecare Limited

New Cross Surgical Centre

Inspection report

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Date of inspection visit: 10 January 2023
Date of publication: 21/02/2023

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

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

Community Health and Eyecare (CHEC) was established in 2012 as a provider of NHS eyecare outside of the hospital setting. Over the past three years, CHEC has expanded to having over 300 employees and servicing 300,000 patients across the country in 2022.

New Cross Surgical Centre is one of the CHEC locations and was registered with CQC on 19/05/2021. The regulated activities undertaken at the location are:

- Surgical Procedures
- Diagnostic and Screening Procedures
- Treatment of disease, disorder or injury

New Cross Surgical Centre provides surgical cataract procedures where patients are referred only from the NHS. It is part of a provider that is situated all over the UK with the head office based in Preston. New cross surgical centre provides consultations, examinations and treatments for patients aged 18 years and above for the treatment of cataracts, they also provide yttrium aluminium garnet laser (YAG) service to a small population of its patients, which assists with post cataract treatment if required.

There has been a registered manager in post since the service registered with CQC in October 2021. We inspected this surgical service using our comprehensive inspection methodology, carrying out an unannounced site visit on 10 January 2023. During the inspection we visited reception areas, waiting areas, treatment rooms and consultation rooms. We spoke with four staff members, including the registered manager and reviewed a range of information provided to us. We were able to speak with four patients and reviewed patient feedback forms.

The key questions we asked during this inspection were, was it safe, effective, caring, responsive and well led. We have not previously inspected or rated this service since it was registered in 2021.

We rated this service Good overall.

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating

Good



Summary of each main service

We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service managed infection risks well. Staff assessed risks to patients, acted on them and kept good care records. Medicines were managed safely. Safety was a priority of the service and lessons learned from incidents were shared with staff.
- Staff provided good care and treatment, gave patients enough to eat and drink and gave pain relief when needed. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people. People could access the service when they needed it and did not have to wait too long for treatment. There were opportunities for patients to feedback on services provided.
- Leaders ran services well, using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

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Summary of this inspection

Background to New Cross Surgical Centre

New cross surgical centre is a clinic located in Goodwood Road, London. The clinic primarily serves the communities of London and south east England area. The clinic has had the same registered manager in post since initial registration with CQC in 2021. This was the first inspection at the clinic, so it had no previous ratings.

How we carried out this inspection

The inspection team consisted of one inspector and one assistant inspector. You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Our findings

Overview of ratings

Our ratings for this location are:

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

Surgery

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

Are Surgery safe?

Good 

Mandatory training

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

Staff received and kept up to date with their mandatory training. There was 100% compliance with mandatory training, as shown through the matrix system used to monitor training records. The mandatory training was comprehensive and met the needs of patients and staff. Staff had completed training both online and face to face in a range of safety related subjects. All Staff completed training on recognising and responding to patients with mental health needs such as dementia. Staff reported that they were able to easily access training online and that they were alerted by their managers via email when training needed to be completed or updated.

Consultants received and kept up to date with their mandatory training. The registered manager explained consultants worked under practising privilege's, which was reviewed through an appraisal process of a responsible officer. During inspection two consultant's portfolios were viewed detailing their credentials, training, background checks and practicing privilege's detailing their compliance and suitability for the role.

The registered manager was responsible for ensuring staff had completed their mandatory training. Training records were available both electronically and onsite within individual staff portfolios.

Staff received both online and face to face training. During inspection the regional trainer was on site providing face to face training and assessing and signing off staff competencies for practical skills.

Safeguarding

Staff understood how to protect patients from avoidable harm and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. All staff were 100% compliant in safeguarding training which included both vulnerable adult and children's training. The registered manager was trained at level 3 as was the safeguard lead for the clinic.

Surgery

Posters were clearly placed in every room of the clinic which explained how to report a safeguarding including contact numbers and named individuals to report to. On the day of inspection staff were able to explain what a safeguarding matter was and what the referral process was.

Staff were also provided training in extremism and radicalisation awareness, which had been introduced by the provider as part of their core mandatory training. Staff spoken to on the day of inspection were able to identify the safeguarding lead.

Safeguarding policies were accessible to staff via the internal intranet system. Prior to and including the day of inspection no safeguarding incidents had been reported from the clinic since it opened in 2021.

Cleanliness, infection control and hygiene

The service managed infection risks 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.

Areas were visibly clean and had suitable furnishings which were clean and well-maintained. The service provided standards of cleanliness specified in the Royal College of Ophthalmologists Professional Standards. Appropriate bins were labelled correctly, indicating if they were clinical or general waste with the correct colour coded liners in place. Clear guidance regarding Infection Prevention Control (IPC) was displayed on walls such as in clinical areas and in cleaning storage areas.

Sharps bin containers were signed and dated and secured in accordance with IPC policy. The provider was able to demonstrate contracts with general, clinical waste and the company used to provide daily cleaning.

Staff had access to IPC policies and guidance and all staff had up to date training on IPC. The inspection team was told personal protective equipment (PPE) had been reintroduced for non-clinical areas such as face mask wearing in waiting rooms due to the recent national surge in COVID-19 cases. During the inspection all staff and patients wore face coverings. Hand sanitiser was available in every room and in the corridors. Staff were observed prompting patients to use the hand sanitiser provided. Staff were observed washing their hands in between patient contact. Monthly hand hygiene audits showed 100% compliance from staff in undertaking expected hand hygiene practices.

The clinic appeared visibly clean, free from clutter. Cleaning schedules were observed in different rooms and evidence of recent cleaning having taken place. Daily cleaning logs were completed, signed and dated.

Environment and equipment

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

The design of the environment followed national guidance and their own internal policies and procedures. The air exchange and temperature was controlled in the theatre room to ensure optimum level for procedures. This was recorded and documented. If levels were out of range this would be reported to the maintenance team and treatment would be suspended until the issues were resolved. The provider was compliant with local rules relating to laser safety procedures. Clear signage was used outside the room where the YAG laser was used, this was demonstrated during inspection and

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was in working order. The room to the laser treatment room was locked at all times, only those with permission had access. The service had maintenance and service contracts in place with manufacturers including the YAG laser, this was evidenced on inspection. We were able to observe patient clinician contact during the YAG clinic which involved the clinician using the laser register, this was also copied into the patients notes on the internal recording system.

Staff carried out daily safety checks of specialist equipment and evidence was shown of regular maintenance/servicing of mechanical equipment. The service had suitable facilities to meet the needs of patients and visitors. An assisted toilet was available for people living with a disability with a fully functioning call bell for emergency assistance. Resuscitation equipment was available and maintained daily, staff documented daily checks within a folder attached to the resus trolley. In addition to the resus trolley, grab bags were also available within the clinic which contained resus equipment.

The service was well stocked with suitable equipment to support people's safe care and we saw evidence that all equipment maintenance was up to date. There was a maintenance folder which contained evidence of service checks made on all equipment. Electrical equipment had undergone safety testing. Clinical waste was tagged and disposed of safely through an external provider.

Fire testing was conducted once a week by the maintenance team. The fire testing included ensuring all alarms were working, fire exits were not blocked and smoke detectors were working correctly. Fire evacuation sledges were available on the stairs for patients requiring assistance when the lifts were unavailable. Staff had been trained on how to use evacuation equipment in the event of a fire. The service provided clear signage for fire exits and locations of fire extinguishers.

Staff disposed of clinical waste safely; waste was segregated with separate colour coded arrangements for general waste and clinical waste. Sharps, such as needles, were disposed of correctly in line with national guidance. The provider supplied evidence of external cleaning contracts and clinical waste contract, detailing frequency of collection of items such as sharps bin and clinical waste bags.

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

Patients were assessed for their suitability prior to treatment. Health questionnaires, eye examinations and patient record checks were completed and reviewed by the operating surgeon before the start of treatment. Staff completed risk assessments on each patient prior to treatment commencing.

Staff understood how to respond to any sudden deteriorating patient and how to escalate the situation. In the event of a patient collapse staff told us they would call 999 as per their own policy. Staff told us they would maintain basic life support, which all staff members were trained in until emergency services arrived. Some clinicians were also trained in advanced life support at the clinic. Staff spoken to during the inspection were aware of the location of emergency equipment and were familiar with the contents of the resuscitation kits.

On inspection staff were observed using the World Health Organisation (WHO) five steps to safer surgery checklist prior to treatment. Completed WHO checklist audits were also reviewed in patient records.

The clinic provided emergency contact numbers both in and out of hours for patients to use if required, before discharge patients were explained who to contact and given the information in paper form to take away. Information was also given to the patient regarding the after care of the surgical site.

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Staffing

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

Medical staff worked on practising privileges agreements. The term 'practising privileges' means medical practitioners not employed directly by the service but approved to practise there. On inspection the service was able to provide portfolios evidencing mandatory training, employment checks, practising credentials, background checks, indemnity insurance and appraisals.

The provider had an induction process for newly employed staff which included sign off competencies of practical assessment. Prior to employment, staff had their training credentials and background checks completed. On inspection six personal files were chosen at random which contained evidence of appraisals and background checks such as the Disclosure and Barring Service (DBS).

The service had enough staff to keep patients safe they did use bank staff when required; however, these were regular staff to maintain continuity. Management were able to adjust staffing levels based on the number of clinics due to run on the day. The service offered pre-booked appointments to patients, which allowed for effective planning of staffing to meet clinical needs.

The service was able to evidence low vacancy rates relating to permanent employed staff. There was one nursing and one optometrist vacancy available out of a total 14 positions. The service had a low turnover (two staff members left since opening in 2021) and low sickness rate.

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 records were held on both electronic and paper form. Records were kept in line with the Records Management Code of Practice 2021. Records were kept securely in locked filing cabinets in a room which was also locked. Access to electronic records was via individual secure log in on the company computers.

We reviewed 12 patient notes, all of which were clear and complete. They included consent forms, clinic letters, referral letters, clinical notes, risk assessments and pre and post assessments. When patients transferred to a new team, there were no delays in staff accessing their records. Staff followed internal policy to keep patient records confidential.

Medicines

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

Medicines were stored securely in locked cabinets within a locked room, there was one clinical staff member that would hold the keys to the medicine stock. The key-holders name was documented on a white board on the medicine room door, so all staff were aware who to contact.

Staff followed systems and processes to prescribe, administer medicines and dispose of waste medicines safely in accordance with their policy. Monthly medicine audits were evidenced on the day of inspection.

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A locked fridge was situated inside the treatment room which was monitored daily for temperature checks. Medicines checked on the day of inspection were all labelled and in date. No controlled drugs were stored or administered at the clinic.

Only staff with the required competencies could give medicines, and they had attended a medicines management course. Prescription labels were attached to each medicine package clearly stating the patients name, date and instructions for use. Oxygen cylinders were securely stored on the resuscitation trolley.

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.

There were processes in place to record and manage incidents. The clinic had an up to date incident reporting policy. This detailed how to report near misses and incidents. All incidents were brought to the attention of the registered manager.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the service's policy. All incidents were reviewed by the registered manager and senior management at a clinical governance committee (CGC).

The registered manager gave an example of an incident and how it was dealt with. The incident related to an over filled sharps bin 'above the recommended marked fill line'. The incident was reported on the internal reporting system. It was then shared with staff via huddles and emails to ensure lessons and recommendations were addressed, additional training was implemented for staff awareness. The service provided Incident audits, this data was submitted corporately and shared with commissioners. The annual schedule of clinical audits was described in the corporate policy and oversight was maintained corporately and locally.

Are Surgery effective?

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up to date policies to plan and deliver high quality care according to best practice and national guidance. The service was able to demonstrate policies that were specific to the service. These were available in a clearly identified folder on the staff electronic systems.

The service was able to evidence use of specific national guidelines for example, policies had been developed in line with the Royal College of Ophthalmologists Professional Standards and the National Institute for health and Care Excellence (NICE) guidance.

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Most policies we checked were within date, version controlled and accessible to staff on the internal electronic system. The registered manager informed us that there was a corporate wide policies update in progress; therefore, not all corporate policies were up to date. The local policies for the provider were updated. Staff we spoke with were able to tell us where to find individual policies.

Nutrition and hydration

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

As procedures and consultations were short, patients were not generally supplied food. Water was available, which patients could access independently in all waiting areas via a water dispense machine. The registered manager informed us patients were given hot drinks and biscuits if requested.

Pain relief

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

Anaesthetic eye drops were used prior to treatment and this was documented within the patients care record detailing type, batch number, amount, expiry date and site of administration. We reviewed 12 patients records that showed patients were asked if they had any discomfort throughout their procedure.

On inspection we observed patients being given information regarding after care of their treatment, the information was thorough and there was opportunity for the patients to ask any questions upon discharge. The service carried out clinical audits to monitor care, treatment and implement improvements.

Patient outcomes

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

The service carried out clinical audits to monitor care, treatment and implement improvements. Care records, hand hygiene, consent, WHO safer surgery checklists were examples of clinical audits used. The service had a record of patients who returned for further treatment and who had been recommended to use the service. The service was able to evidence regular scheduling of clinical audits including appropriate actions put in place to monitor and review the quality of the service.

Patients were offered an opportunity to fill out a questionnaire on their satisfaction of the service provided.

Regular meetings were held to ensure staff understood the information from the audits and how to improve future care, audits included clinical waste handling and disposal, medications storage, care records and infection control.

Audit data was submitted corporately and shared with commissioners monthly. The annual schedule of clinical audits was detailed in the corporate policy and oversight was maintained corporately and locally.

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.

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Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The service was able to demonstrate appropriate recruitment checks on its staff, this included evidence of DBS, references, photo identification and professional registration where required.

The service ensured that all new employed staff members had a full induction specific to their role as part of their employment. Specific qualifications relating to the job role was evidenced in staff's portfolios, for example certificates detailing Nursing and Midwifery Council (NMC) membership and General Medical Practice (GMC) memberships.

We saw evidence of staff supervision and appraisal. Records showed all staff had received an appraisal within the last twelve months. Staff identified learning and development needs and agreed an action plan of how to achieve these. Staff felt supported to attend additional training courses relevant to their job. The registered manager was able to provide evidence of how staff are supported to up skill and encouraged to attend additional courses.

Multidisciplinary working

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

During inspection four members of staff were interviewed, all reported that team working was well established within the service and they were encouraged to discuss any issues or concerns with their colleagues. Staff reported that they were well supported which was reflected in their recent staff survey where the location scored 87% on 'great places to work' questionnaire, which was the highest score across all company sites.

There was evidence of effective multidisciplinary team (MDT) approach when providing patient care, for example the service referred onto other healthcare professionals and authorities when needed.

Seven-day services

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

The service was operated on Tuesday, Wednesday and Thursday, with room to increase access to support growing demand.

Health promotion

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

The service provided health questionnaires for patients to complete as part of their consultation process. The service provided an eye care liaison officer who offered support to patients and families relating to their health and wellbeing, information for this service was available to patients around the clinic. Further information was available in leaflets and posters detailing contact numbers and point of contact if patients required further support, these were visible in waiting and consultation areas on the day of our inspection.

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.

The service had in place an up to date policy for consent. Staff gained consent from people for their care and treatment in line with legislation and guidance. The service ensured all relevant information was given to the patient to enable them to make an informed decision regarding their care and treatment.

Surgery

Staff were able to explain the process of gaining consent and showed they had good understanding of the local policy. The 12 patient records we viewed all had completed consent forms.

We were able to observe the interaction between clinician and patient regarding consent. All relevant information was given to the patient to enable them to make an informed decision regarding their care and treatment.

The service completed consent audits.

Are Surgery caring?

Good 

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We spoke with 4 patients, all of whom reported they were very happy with their treatment and care from staff and that they would recommend to friends and family.

The service collected data from patient surveys which we were able to view from the past month. Feedback was positive, comments included “friendly staff”, “experience very good”, “definitely recommend” and “clean clinic, would recommend”.

Emotional support

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

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. We observed large printed cards for patients and family to contact a nominated person eye care liaison officer (ECLO) for wellbeing support, this was a service offered to anyone experiencing sight loss. The service was in partnership with the Royal National Institute of Blind (RNIB), which offered various support to patients such as emotional and financial support.

The service encouraged family or carers to accompany patients to maximise their experience. The service was aware of cultural and religious needs, the registered manager explained the procedures were very short and patients did not spend lengthy time in the clinic. They were sensitive to individual patients needs and could meet these as required.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment to enable them to make an informed decision regarding their care. We observed patient discussions between clinicians and patients, time was given to ensure patients understood treatments and opportunity was given for questions to be asked.

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Staff were able to use a translation service for patients and families to ensure effective communication was maintained throughout their care and treatment at the clinic. Patients and families were encouraged to complete questionnaires relating to their treatment at the clinic, these were usually given to patients in paper form.

Are Surgery responsive?

Good 

Service delivery to meet the needs of local people

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

Facilities and premises were appropriate for the services being delivered. The service had a large seated waiting area for patients to use prior to staff collecting them for their consultation or treatment. Wheelchair access was available via ramps and internal lifts. The service provided patient toilets including a disabled toilet with supporting equipment and call bell in situ.

The service worked closely with other clinicians within the community to provide patient centred care. The service only provided NHS services; no privately funded patients used the clinic. The registered manager ensured a positive working relationship was maintained with local ophthalmologists and clinicians to maximise patient outcome. The registered manager explained that research of the local population had enabled the service to adapt and address gaps providing a better service focusing on patient needs. An example of this was providing complementary patient transport as it was recognised that many using the service struggled with transport and access. The service provided a time period of four weeks post procedure prior to discharging back to the original referral source.

Meeting people's individual needs

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

The registered manager was able to evidence their exclusion criteria for patient treatments for example this service did not provide any services for children or complex needs. If patients were assessed as not suitable for the service they were referred to secondary care. The service offered a complementary taxi service to and from the clinic to support patients accessing the service.

Lifts were available within the clinic which were large enough to facilitate wheelchair access and a family member or carer. Leaflets were available to patients at the clinic which were also available in audio format and in large print.

The registered manager informed us that a complementary transport service was offered to all patients attending the clinic to ensure accessibility to the community. Patients had given feedback to the clinic to express how they valued the transport facility as it reduced stress and anxiety of travelling to the clinic for procedures.

The service had access to a language line to support with communication if English was not their preferred language.

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Access and flow

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

Patients were referred to the clinic from local NHS services, GPs or community optometrists. Initial face to face appointments were made via the central booking system before being allocated to the clinic location. Further appointments were then made by the clinic.

The registered manager reported that there was no patient wait times or delays in treatment. The service had capacity to operate additional days if needed, we were told the service was increasing its operating days to meet increasing demand.

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns, this was evident from talking to patients on the day of inspection. There was clear policy in place for dealing with complaints detailing written response times. All complaints raised would initially go to the corporate team then filtered to the specific clinic location. The registered manager reported that no complaints had been raised since opening in 2021.

The registered manager explained that complaints were reviewed on an individual basis, trends and themes identified would be discussed with staff during patient feedback groups and huddles. Complaint leaflets were available in patient waiting areas and in consultation clinics. On the day of inspection, patients reported that clinicians had signposted them to the leaflets and advised them to use them if they had any concerns. Patients were also able to access the complaints team via the company website.

Are Surgery well-led?

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

There was a clear management structure in place which identified lines of responsibility and accountability. The registered manager was responsible for the daily running of the clinic. We found the clinic to be managed by an experienced, knowledgeable and passionate registered manager, with a clear vision and focus on continuous improvement.

Staff spoken to on the day of inspection had clear understanding of their roles and who they reported or escalated matters to. They expressed feeling well supported and stated leaders were visible and approachable. Staff had clear understanding of corporate structure as well as those at the clinic location.

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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.

There was clear vision and strategy within the service specifying their vision, mission and values. The vision and strategy contained a framework which supported the NHS with patient capacity and demand, such as reducing pressures in acute settings. The service had established priorities based around providing a high-quality service, these were outlined within their business strategy and future growth plans.

Culture

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

Staff reported that they felt able to raise concerns and were well supported from the service to do this. The service was focused on the needs of the patients, this was managed by regularly reviewing patient feedback and assessing and responding to incidents and complaints.

Yearly appraisals were conducted for staff, these discussions consisted of training and development needs for current roles along with future career development. During inspection we spoke to 4 staff members who had been supported in professional development in the past 12 months. They stated feeling supported and encouraged to develop their skills. Staff spoken to during inspection expressed the culture of the service was one which encouraged openness, honesty and teamwork.

Governance

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

The service had a clear organisational structure in the form of a flowchart which was available on the internal system for staff to access. Staff were clear about their roles and understood what they were accountable for and who to report to.

Clinical governance committee (CGC) meetings were held quarterly, the service was able to provide minutes of these meetings on our visit. These meetings discussed topics such as incidents, complaints, service performance and audits. The CGC meetings included the attendance of the medical director, clinical services director and ophthalmology director to assist with discussions and reporting. During these meetings the clinic was able to measure outcomes against the rest of the clinics corporate wide to ensure compliance.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The service had an up to date risk register, which identified specific risks and the potential impact on the service patient. Risks were regularly discussed at all governance meetings and actioned appropriately.

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Regular audits were completed to maintain quality of care, for example some audits we viewed were infection prevention control, consent, clinical waste, duty of candour and sharps handling disposal. Performance data was collected to identify any trends and themes.

The incident reporting system provided an opportunity to capture, investigate and learn from adverse events or near misses. Issues would be addressed through the internal processes and any learning from data, would be shared with the relevant teams.

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.

Staff were able to access patient electronic records using their individual unique login details and password. Staff understood the storage of personal data as set out in the General Data Protection Regulation (GDPR).

Data such as sensitive medical documents were sent via both secure NHS email accounts and encrypted software if outside the NHS. Patient information was available in paper and electronic form, both were stored safely in accordance with GDPR. All staff were compliant with GDPR training.

Engagement

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

The service had engagement with existing NHS commissioners to ensure continuous improvement and high-quality care. The service had clear vision of supporting and collaborating more with the NHS and their partners to increase patient outcome and experience.

Patients were encouraged to leave feedback about their experience of their service via a patient satisfaction leaflet left in communal areas. These were then collated and any areas for improvement, as well as areas of excellence were highlighted to all staff at monthly team meetings. The service provided staff meetings and feedback sessions to assist with improving treatment and care. During these meetings patient feedback was discussed, and any learning was identified and implemented.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation.

The service held monthly team meetings identified opportunities for staff members to contribute towards ideas for improvement within the clinic. Clinic objectives, data systems and processes were discussed. Learning was also discussed on a corporate level relating to other locations as case studies. Staff told us they had plenty of opportunity to discuss improvement ideas with senior managers.

The service regularly checked and updated policies in line with national guidelines and evidence based practice.