Community Health and Eyecare Limited

Nottingham Cataract and Surgical Centre

Inspection report

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

Ratings

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

Summary of findings

Overall summary

We carried out an inspection of Nottingham Cataract and Surgical Centre, part of Community Health and Eyecare Limited, using our comprehensive methodology on 11 July 2023. This was the first time we inspected the service. We rated it as good because it was safe, effective, caring, responsive and well led.

We have not previously inspected the service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They staff managed medicines effectively. The service managed safety incidents well and learned lessons from them.
- The service provided access to rapid ophthalmological care in the local area. Staff provided good care and treatment and managed pain well. 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 visible person-centred culture. Staff offered care that was kind and promoted people's dignity. Relationships between people who use the service, those close to them and staff were strong, caring, and supportive. Staff treated patients with compassion and 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 service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and received the right care promptly. The service investigated patient's complaints thoroughly.
- 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. Staff were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However;

- The service should ensure staff always wear personal protective equipment correctly.
- The service should ensure that the resuscitation trolley is managed appropriately.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good	See overall summary above.

Summary of findings

Contents

Summary of this inspection

Background to Nottingham Cataract and Surgical Centre

Community Health and Eyecare Limited (CHEC) is an independent provider of NHS ophthalmic and endoscopy care in the community. The ophthalmology service provides the following treatments;

- Cataracts
- YAG Laser
- MECS
- General Ophthalmology
- Minor ops

The service first registered with CQC in October 2021. Nottingham Cataract and Surgical Centre did not have a registered manager in post at the time of inspection, the registered manager was in the process of de-registering. Registered manager cover was being provided by the regional manager of the service. The service registered with the CQC to provide the following regulated activities:

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

The main service we inspected was surgery, which incorporated diagnostic and screening checks of the eyes before and after treatment. We have not reported this aspect separately.

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. 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

This is the first time we have inspected and rated this service. We inspected this service using our comprehensive inspection methodology.

This was an unannounced inspection.

The inspection was carried out by 2 CQC inspectors and 2 specialist advisors on 11 July 2023 with off-site support from a CQC inspection manager.

During the inspection, we spoke with 10 members of staff. We also reviewed a range of policies, procedures and other documents relating to the running of the service.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection.

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

Summary of this inspection

Outstanding practice

We found the following areas of outstanding practice;

- The service improved access to rapid ophthalmological care in the local area by consistently providing care within 2 weeks of referral.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The service should ensure staff always wear personal protective equipment correctly.
- The service should ensure that the resuscitation trolley is managed appropriately.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Is the service safe?

Good

We have not previously inspected the service. We rated it as good.

Mandatory training

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

All staff received and kept up to date with their mandatory training. This included infection prevention, control, fire safety, safeguarding training, basic life support, and information governance. We reviewed the mandatory training modules and saw the training programme supported staff and patient needs. The service had a training matrix which identified the required training for each staff group.

The mandatory training was comprehensive and met the needs of patients and staff. We saw training management records which indicated the rostered staff present on the day of the inspection had a 99.75% completion rate for their mandatory training.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. The service had information on dementia and autism within the mandatory training matrix.

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

Managers monitored mandatory training and alerted staff when they needed to update their training. We were provided with documents that showed that mandatory training compliance was continually monitored, and staff were required to be up to date. All staff we spoke with said they had been given time at work to complete the topics.

Safeguarding

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

Good

Surgery

All staff received training specific for their role on how to recognise and report abuse. Safeguarding training was included in the service's induction and annual mandatory training. Medical staff received mandatory safeguarding training to level 3 for adults and level 2 for children. All other staff members received mandatory safeguarding training to level 2 for adults and level 2 for children The completion rates of these modules met the corporate target of 100% for both staff groups.

The service had an appropriate safeguarding policy and procedure in place. The service had an internal safeguarding lead who had safeguarding level 4 training. 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 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.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

The service had clearly defined recruitment pathways and procedures to help ensure the relevant recruitment checks had been completed for all staff. These included Disclosure and Barring Service checks prior to appointment along with occupational health clearance, references and qualification and professional registration checks.

When we looked at a sample of 5 staff records, we saw that these were all recorded as completed.

Cleanliness, infection control and hygiene

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

All clinical and waiting areas were clean and had suitable furnishings which were clean and well-maintained. All staff had received mandatory training in infection prevention and control and we saw that all areas were cleaned to a high standard. Flooring and chairs were made from easy clean materials.

The service used an external cleaning company who cleaned all areas each evening. Staff were also responsible for cleaning their own areas between patients and completed a check each morning using cleaning checklists. The service had various audits in relation to cleanliness which were carried out monthly. Staff used records to identify how well the service prevented infections. Cleaning checklists were used to document cleaning and decontamination in line with the provider's policy.

Staff mostly followed infection control principles including the use of personal protective equipment. There was adequate handwashing facilities and hand gel throughout the centre for staff and patient use. We observed consistently good hand hygiene by staff. Staff wore disposable scrubs which were thrown away at the end of each shift. All staff we observed and spoke with were complying with 'arms bare below the elbow'.

During the inspection process staff did not always correctly wear face masks and were observed wearing some jewellery which was not allowed according to the provider's uniform policy. We raised with the manager on site. They told us they would issue a reminder to staff.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. An external contractor was employed to decontaminate reusable equipment. Most surgical equipment was single use only. Staff explained that an immediate clean was undertaken after each procedure by designated staff. Items were labelled for traceability prior to collection by the contractor.

Antimicrobial hand-rub dispensers were mounted on the walls at strategic points in each room as well as at the reception desk. Spill kits were readily available to assist staff to safely clean any fluids from floors or work tops.

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. Clinic and treatment areas were purpose built and well maintained. There was sufficient storage space, and all areas were tidy and unobstructed. There were suitable arrangements to prevent unauthorised patients and staff accessing the laser treatment area when the device was in use.

Clinical facilities included an operating theatre along with 2 diagnostic rooms, consulting rooms, a post-operative room for recovery, and discharge information. There was a large waiting area with refreshments available . The clinical areas were accessible by wheelchair using a lift and stairs were also available.

Fire safety equipment and safety evacuation signs were located at key points. The service had staff trained as fire wardens.

Staff carried out daily safety checks of specialist equipment. Equipment was maintained to manufacturer's recommendations by suitably qualified staff, usually from the manufacturer. A folder contained service logs for the medical devices in the clinic. This was comprehensive, complete and accurate.

Theatre suite lighting, ventilation, equipment, and surgical consumables met national standards. Staff carried out daily safety checks of the clinical areas and equipment. We saw this was carried out as part of the team brief, debrief and daily safety document. We reviewed the document used on the day of the inspection and found all checks and assurances had been completed accurately.

We reviewed the resuscitation trolley and found safety checks were undertaken regularly. However, there were out of date items within the resus trolley. Items had also been removed from the packaging, so it was not clear whether these were new or had been used, the expiry date was also not known. Drawers were also incorrectly labelled. We reported these issues to the manager during the inspection and they told us steps would be taken to rectify these issues.

The service had suitable facilities to meet the needs of patients' families. There were comfortable areas where people accompanying patients could wait and obtain refreshments.

The service had enough suitable equipment to help them to safely care for patients. There was a supply of extra surgical equipment in the event items were damaged or contaminated. This reflected good practice and meant there would be little risk of procedure cancellation due to a lack of equipment.

Staff disposed of clinical waste safely. Waste was correctly separated, and clinical waste disposed of appropriately. We heard how the contract with the waste collection agency was managed effectively and communication was good should collections or changes need to be made.

Good

Surgery

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

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. 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 attended a pre-operative assessment prior to surgery to ensure they were fit enough for surgery.

There was a suitable emergency policy and a resuscitation policy that addressed medical and surgical emergencies. The service undertook unannounced emergency scenarios as a training method for staff, these were both ophthalmic and medical emergency scenarios.

The service had a deteriorating patient policy in accordance with national guidance. Staff told us if there was any deterioration in a patient's condition during their time at the service, they would contact the emergency services so the patient could be transferred to an acute hospital.

Patients had access to a 24-hour emergency line which was staffed by the provider's central clinical services team.

Clinical staff were trained in immediate life support and non-clinical staff were trained in basic life support. We checked staff records, and these were up to date and renewed according to the Resuscitation Council UK Guidelines.

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident. The service had admission criteria to ensure that patients would be safe to receive treatment under the facilities available at the clinic.

The service adhered to the World Health Organisation's 5 steps to safer surgery checklist and was subject to regular audit. Whilst on site we reviewed these processes whilst observing surgery and staff followed these principles. The service audited compliance against the WHO checklist and for the 3 months prior to inspection the service scored 100%.

There was a post-operative checklist that ensured take home medicines were supplied and the patient had an escort home. This was signed by a member of staff and the patient.

Staff shared key information to keep patients safe when handing over their care to others. Patients care and treatment records would be sent electronically to the referrer.

Shift changes and handovers included all necessary key information to keep patients safe.

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.

Good

Surgery

The service had enough nursing, medical and support staff to keep patients safe. Whilst on site we saw the service had enough staff to keep patients safe. Whilst looking at rotas we saw the service always had enough to keep patients safe.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance. The registered manager was supported with staffing needs at provider level. Any leave or absences were covered from within the team, or if safety numbers were not met, by staff in the staff pool. All nurses and staff were clearly identified and recorded by levels of qualification and specialty.

The surgery manager could adjust staffing levels daily according to the needs of patients. Staffing practices were aligned and supported by the service's staffing policy.

The service had 7vacancies within ophthalmology and a vacancy within the registered manager post. All these positions were either under offer or at the interview stage.

The service had low turnover rates.

The service had low sickness rates. Staff received back to work interviews if required.

Managers limited their use of bank staff and staff were familiar with the service. Managers made sure all bank staff had a full induction and understood the service. The service did not use agency staff. The service had used bank staff an average of 2.5 days per week. Staff told us shifts were always covered.

Records

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

Patient notes were comprehensive, and all staff could access them easily. The service had both paper and electronic patient records depending on which treatment a patient was receiving. We reviewed the ten patient records that had been treated and they were comprehensive, clear and up to date. Paper records would be used for consent, patient information booklet and the surgery documentation record used during the surgical procedure.

Staff would document 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.

Records were stored securely.

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. Patients would be prescribed take home eye drops. Patients would be given information about the medicines including side effects and staff would ensure that the patient was able to administer the drops.

Good

Surgery

Staff stored and managed all medicines and prescribing documents safely. The service carried out audits in relation to fridge temperature monitoring and medicines room monitoring. In the 3months prior to the inspection the average results for these audits was 85%.

Staff managed stock control and stored items in locked cabinets or a locked fridge with secure access. They documented the temperature of the medicine storage rooms and refrigerators daily to ensure medicines were stored within the safe limits established by manufacturers.

Medical gases were stored correctly, full and empty cylinders were separated and labelled.

Staff learned from safety alerts and incidents to improve practice. The service did not have any recorded medication errors in the three months prior to the inspection. The service circulated emails and used the staff brief meetings in the morning to highlight any safety alerts and incidents to improve practice.

Incidents

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

Staff knew what incidents to report and how to report them. There have been no never events reported at Nottingham Cataract and Surgical Centre in the three months prior to the inspection. There have been no reported serious incidents reported at Nottingham Cataract and Surgical Centre in the three months prior to the inspection. Managers demonstrated that all incidents were investigated with support of their local policies and following national guidance. We reviewed one incident investigation during the inspection process and saw that a thorough investigation had taken place.

Staff understood the duty of candour. There was a duty of candour process in place which met the requirements of the relevant regulation. There had been no incidents requiring the duty of candour to be implemented at the location. Staff we spoke with were aware of the duty and the provider's processes.

Managers shared learning with their staff about serious incidents that happened elsewhere. Staff met to discuss the feedback and look at improvements to patient care. In the staff monthly meetings and in the daily team briefs feedback from other incidents in the wider service would be discussed. There was also a monthly newsletter where learning would be shared following investigations at other clinics.

Managers would debrief and support staff after any serious incident if and when they occur.

Is the service effective?

Good

We have not previously inspected the service. We rated it as good.

Good

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.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Polices and processes were developed and implemented under the guidance of a medical advisory board which advised the provider's clinics across both the UK and internationally.

Guidance was obtained from best practice guidelines from organisations, such as the Royal College of Ophthalmology.

Staff were aware of policies, and they could be accessed through the service's systems. We saw that staff adhered to policies and procedures and this was assured by the service's own audit and quality assurance systems. When a new policy came into place staff signed electronically to state they had read and understood it.

The service planned and carried audits to measure the outcomes of surgery and benchmarked the data with a national partner organisation to compare data and support best practice.

The clinical governance committee was responsible for ensuring policies, risk assessments and standard operating procedures were kept up to date and the clinical services manager monitored updates and changes.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice.

Nutrition and hydration

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

Staff would ensure patients had enough to eat and drink including those with specialist nutrition and hydration needs. Drinks facilities were available in waiting areas. However, during COVID-19 it was decided that staff would not routinely offer patients drinks as they were waiting, or after the surgery. The decision to re-introduce this was currently under review.

As the surgery undertaken was under local anaesthetic, patients were not required to abstain from drinking or eating before their procedure.

Pain relief

Staff would assess and monitor patients regularly to see if they were in pain and gave pain relief in a timely way.

Eye drops containing local anaesthetic would be provided and used during pre-operative assessments and during the surgical procedure. Patients would also be given eyedrops to use at home after discharge.

Staff told us that patients would receive pain relief soon after requesting it. We observed staff routinely assessing patients and staff had access to pain relief medication if it was required.

Staff routinely recorded patients' pain in patient records.

Good

Surgery

Patient outcomes

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

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. Managers and staff used the results to improve patients' outcomes.

Information showed the service offered surgery to between 94 and 96% of patients after the initial consultation. This was significantly higher than the national average which was 6% 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 monitored their complication rate, including posterior capsular rupture rate which was a benchmark set by the Royal College of Ophthalmologists. Community Health and Eyecare (CHEC) Nottingham had a complication rate of 0.48% which was substantially better than the national rate which was 1.1%.

Data showed that between June 2022 and May 2023 there were no 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.

Provider-wide information relating to Yttrium Aluminum Garnett (YAG) laser treatment outcomes showed that the Nottingham service used 50% less energy. YAG capsulotomy is used to treat posterior capsular opacification which is caused by the development of frosting from new cells forming behind a lens implant after cataract surgery and occurs in around 10% of people. The complication may occur a few weeks after cataract surgery, but also could take years before it appears. YAG laser treatment is a low energy laser used to make a small hole in the eye capsule to allow more light to pass to the back of the eye which improves sight. The name YAG refers to the type of crystal used to generate the laser beam.

There is no data to compare within the NHS.

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 was checked and monitored.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients. The service undertook pre-recruitment checks on staff to ensure they were suitable for their role.

Good

Surgery

Managers gave all new staff a full induction tailored to their role before they started work. Managers supported staff to develop through yearly, constructive appraisals of their work. Managers supported nursing staff to develop through regular, constructive clinical supervision of their work.

Managers supported medical staff to develop through regular, constructive clinical supervision of their work. Medical staff were contracted to the service and it was the responsibility of the medical director to supervise and support their appraisals. All doctors were up to date with their appraisals and had the right competencies and registration with their professional bodies to undergo their ophthalmological procedures.

The medical practitioners at this hospital were all experienced and worked regularly within the NHS.

The clinical educators supported the learning and development needs of staff. They met regularly with all staff to discuss training needs and development.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. We saw evidence of minutes from the monthly team meetings. They were comprehensive and detailed. They were distributed to all staff and there was a space for staff to sign that they had read them.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. The senior team encouraged staff to develop their skills and knowledge. This was managed in discussion with the practice education facilitator.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers made sure staff received any specialist training for their role.

Managers identified poor staff performance promptly and supported staff to improve. Managers explained to process that would be followed clearly.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. We observed good teamworking between the different staff groups. The daily briefings involved all the health care disciplines.

Seven-day services

The service would offer appointments to meet the preferences of patients. There was a 24-hour emergency line available to all patients which was staffed by the provider's central clinical services team.

Health promotion

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

We saw posters and leaflet displays that demonstrated the service had relevant information promoting healthy lifestyles and support.

Good

Surgery

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.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff received consent training as a mandatory training module. The compliance rate for the training was 100%.

Staff made sure patients consented to treatment based on all the information available. Nursing staff told us that surgeons have time to spend with patients and ensure they fully understand the treatment to consent to this.

Staff clearly recorded consent in the patients' records. In the records we reviewed patients consent was always clearly recorded.

Clinical Staff received and kept up to date with training in the Mental Capacity Act. Staff received Mental Capacity Act education as part of their mandatory training. Deprivation of Liberty Safeguards training was not provided as it was not relevant to the client group.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.

Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act.

Is the service caring?

Good

We have not previously inspected the service. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed all staff treating patients with kindness, compassion, courtesy and respect. Staff interactions were positive and there was a familiarity with patients who had attended the service for a significant amount of time. 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 use the service and those who were close to them was consistently positive about the way staff treat people. We spoke with five patients during the inspection and all patients were positive about how compassionate the staff were during their procedures.

Good

Surgery

There was a visible person-centred culture. Staff were highly motivated to offer care that was kind and promoted people's dignity. Relationships between people who use the service, those close to them and staff were supportive.

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.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff understood the emotional impact that a person's care, treatment, or condition had on their wellbeing and on those close to them.

Staff demonstrated knowledge of how factors such as age and previous experience of healthcare could impact patient's anxiety and stress. They helped to alleviate their concerns and gave them enough time to discuss what would happen in their procedure. Patients we spoke to who had anxiety about the procedure told us staff were able to calm and re-assure them and allow them to feel comfortable.

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. The service had a private dedicated room for recovery.

Understanding and involvement of patients and those close to them

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

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. We observed staff do this whilst in inspection and patients told us they appreciated this.

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 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 one week after surgery. In the last quarter the patient satisfaction rate was reported via the ratings radar system as 99.4%.

Is the service responsive?

Good

We have not previously inspected the service. We rated it as good.

Good

Surgery

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 was also working with others in the wider system and local organisations to plan care.

Managers planned and organised services, so they met the needs of the local population. The service had local NHS contracts in place with the local integrated care boards.

Patient referrals came in via the local NHS trust or through primary care. The patient then had choice in terms of bookings and could do so online or over the phone to book their surgery.

On attending the appointment, the consultant would have the surgical diary available during the consultation, and a date for surgery would be discussed with the patient. The consultant would explain the procedure to the patient, and on agreement with the patient, will then consent for surgery. The patient's surgical date would be confirmed in the form of a letter sent by post. The patients would then attend for surgery and meet with the consultant who will explain the procedure before commencing with the surgery.

Facilities and premises were of a high standard for the services being delivered. The clinic was in Nottingham and was easily accessible by public transport both locally and nationally. There was public car parking close by.

They service had considered the needs of people within the catchment area and recognised the specific cultural and religious needs of these communities.

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.

Staff would make sure if patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Staff providing patient-centred care that was aimed at the specific needs of each individual patient. For example, at the initial booking, information was sought from the patient to determine any additional needs, such as hearing loss, the need for interpreters or dementia.

The clinic was wheelchair accessible.

The service had information leaflets available in languages spoken by the patients and the local community.

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.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service required interpretation services were provided by a professional interpreter from a subcontractor and not a friend or relative and this was detailed in their interpretation service policy. The service could source British Sign Language interpreters in advance.

Good

Surgery

Access and flow

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

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

Managers monitored waiting times and made sure patients could access emergency services when needed, received treatment within agreed timeframes and national targets. 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 wanted to do so.

Appointments for cataract surgery were within 2 weeks, which the service maintained consistently in the previous 12 months. Referral to treatment time for YAG laser treatment was 2 weeks. This was substantially better than the average wait time at NHS hospitals nationally.

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

The senior team worked to keep the number of cancelled appointments, treatments and operations to a minimum. CHEC nationally had a do not attend (DNA) Rate of 4.3% whereas CHEC Nottingham had a DNA Rate of 3.8% This was a result of local processes implemented which entail courtesy calling patients prior to their appointments.

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 patients and carers understood the importance of caring for the operated eye after treatment and were careful to ensure patients or carers would be able to administer prescribed eye drops.

Learning from complaints and concerns

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

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. Complaints leaflets were prominently in the reception area of the clinic as well as in consultation rooms.

Staff understood the policy on complaints and knew how to handle them. Processes were in place for informal and formal complaints the service received. Additionally, the service had a complaints policy which was in date, reviewed regularly and set out the expectations from staff and managers when investigating any complaints. CHEC Nottingham have received one complaint within the ophthalmology service since July 2022 which had been fully investigated.

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff told us that despite being a separate service all learning was shared across the organisation from other clinics nationally. We saw evidence of this from monthly newsletters, team briefings and staff meeting minutes.

Good

Surgery

Is the service well-led?

Good

We have not previously inspected the service. We rated it as good.

Leadership

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

There was a clear management structure with defined lines of responsibility, accountability, 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.

The 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 executive team.

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 leaders were well respected, very visible, approachable and supportive. This included both managers currently covering this service. 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 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.

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.

Good

Surgery

The vision had been developed with involvement from staff and linked to delivering the service's values. We saw the vision and values was publicly displayed throughout the service. Staff 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.

The Nottingham clinic was one of 18 locations developed across the country to deliver the provider's vision, to which staff were clearly dedicated. 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.

Staff told us they felt supported and inspired by both local managers who were covering and those with a national role. There was a positive atmosphere and staff were complementary of their local leaders.

There were high levels of staff satisfaction across all staff groups. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff felt respected, supported and valued.

The service promoted equality and diversity in daily work and had an open culture where patients their visitors and staff could raise concerns without fear.

Staff told us they felt confident to raise concerns with the leadership team and felt listened to. They were updated on all organisational service developments. Despite the current situation with managers covering from other locations staff felt able to approach them with any issues they had.

There was strong collaboration, team-working and support across the service and a common focus on improving the quality of care and of people's experiences.

Staff were relaxed and open with the inspection team. They were proud of the service and were honest about the occasions when things had not gone well and keen to tell us how changes had been made to the services provided as a whole.

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.

Good

Surgery

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 Ltd. 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, an Independent Expert Advisory Group, 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 3 months and saw the executive team maintained a clear view of service provision and issues impacting patient care.

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 one-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.

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 17 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 then 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.

Good

Surgery

The service had processes in place to ensure fit and proper persons were employed, including background checks, reference checks, and disclosure and barring 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 recently implemented the Medical Practitioners Assurance Framework 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 information systems were integrated and secure.

The service had a data protection policy which outlined the purpose for processing personal data and retention periods and disposal methods.

Information security was managed in line with national guidance. There was an information governance committee that was responsible for information security.

Staff completed training in data protection and information governance as part of their mandatory training, compliance was 100%.

Health and safety risk assessments were comprehensive and detailed and covered the general environment, medical devices as well as other aspects, such as security.

Any safety alerts from the Medicines and Healthcare products Regulatory Agency and the Central Alerting System were reviewed at provider level in line with the established governance processes and cascaded to the appropriate services or service managers.

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.

Staff had regular engagement with the registered manager at team meetings and by email. Staff told us they felt fully involved in the service.

The service encouraged patients to provide feedback using survey forms provided, as well as social media reviews or directly by phone or email.

We saw positive examples of feedback that was consistent with comments made by patients to us.

Good

Surgery

There were consistently high levels of constructive engagement with patients and staff. Staff engagement within the team was encouraged and participation and contribution to team discussions had been established as a way of working following.

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

The leadership drove continued improvement with staff accountable for delivering change. There was a proactive approach to seeking out and embedding new and more sustainable models of care.

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.