

Community Health and Eyecare Limited

Head Office & Preston Cataract Surgical Centre

Inspection report

Star Building
Olivers Place, Fulwood
Preston
PR2 9WT
Tel: 0800151321
www.communityeyecare.org.uk

Date of inspection visit: 5 September 2022
Date of publication: 27/01/2023

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?

Inspected but not rated 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings



Overall summary

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- 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. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions.
- The service planned care to meet the needs of 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 the senior team were proactive in working to reduce waiting times.
- 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 with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	We have not previously inspected this service. We rated it as good because it was safe, effective, caring, responsive, and well led. Please see our main summary.
Outpatients	Good 	We have not previously inspected this service. We rated it as good because it was safe, effective, caring, responsive, and well led. Please see our main summary. Where arrangements were the same between core services, we have reported findings in the surgery section.

Summary of findings

Contents

Summary of this inspection

Background to Head Office & Preston Cataract Surgical Centre	5
Information about Head Office & Preston Cataract Surgical Centre	5

Our findings from this inspection

Overview of ratings	7
Our findings by main service	8

Summary of this inspection

Background to Head Office & Preston Cataract Surgical Centre

Head Office & Preston Cataract Surgical Centre is operated by Community Health and Eyecare Limited. It is an independent health provider delivering cataract surgery and ophthalmic consultations. The service uses YAG (yttrium aluminium garnet) laser treatment as part of some cataract surgery as a non-invasive approach to improving vision and for diagnostics.

Eye care and treatment is provided for both NHS patients under a contract with an integrated care board (ICB). This is one of several ICB areas in which the provider delivers care across England. The service occasionally delivers care to private patients.

The centre is registered to provide the following regulated activities:

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

Clinical services are delivered from a purpose-built unit located on a business park that is co-located with the provider's head office. There are dedicated areas for outpatient consultations, diagnostic imaging, and surgery. Outpatient services operate four days per week, diagnostic services operate three days per week and surgical theatre procedures are offered two days per week. Diagnostic laser treatment is offered one or two days per week.

The provider registered this location in February 2021, and we have not previously inspected it.

The previous registered manager had left their post and a senior member of the team had submitted their application to CQC to fill this role.

Between April 2022 and September 2022, 3549 patients received care in the service, of which 1987 patients were first appointments and 1560 patients received a follow-up. The service reported an average of 538 monthly referrals across all types of clinical care, of which 23% were for cataract surgery.

Where our findings on outpatients – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the surgery service.

How we carried out this inspection

We carried out an unannounced inspection of the service using our comprehensive methodology. During our inspection we spoke with six members of staff, reviewed policies and procedures in the clinic, and looked at a sample of patient records. After our inspection the provider sent us a range of supporting evidence to help us come to our ratings.

On the day of the inspection there was no clinical activity taking place. Clinical services did not always take place every day and was arranged based on clinician availability and planned in advance with patients.

Our inspection team consisted of a lead inspector and a specialist advisor.

Summary of 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>.

Outstanding practice

We found the following outstanding practice:

- The service materially improved access to rapid ophthalmological care by using innovative approaches. This included introduction of an app-based booking platform, a region-wide research project to assess the choices patients were given in treatment location, and targeted work to improve access for those living with a learning disability.
- The team was demonstrably committed to reducing health inequalities and disparities in the regional health economy. Through audits, national benchmarking against legislation and best practice, and significant engagement, staff implemented evidence-based strategies to ensure care access and delivery was equitable.

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:

Surgery

- The service should ensure that learning from audits is always documented with documented actions for learning.






Our findings

Overview of ratings

Our ratings for this location are:

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

Surgery

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

Are Surgery safe?

Good 

We rated safe as good.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. It included common modules across all staff roles and specific modules for each role. All staff completed infection prevent and control (IPC), fire safety, and safeguarding training. At the time of our inspection compliance with mandatory training was 99%.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, and dementia. The service had updated dementia training in July 2022 in recognition of the increasing needs of patients referred to the service.

The senior team monitored mandatory training and alerted staff when they needed to update their training.

Staff who operated laser equipment and other diagnostics equipment had specialist competencies and mandatory training.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. All staff completed training in safeguarding adults and children to level two and the hospital manager and senior clinical staff completed training to level three. This reflected good practice in line with the Royal College of Nursing intercollegiate document on safeguarding.

The service did not treat children and young people. However, staff maintained safeguarding training in recognition that children may accompany patients to appointments.

Surgery

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act (2010). They undertook training in equality and diversity and the hospital manager supported the team to develop their skills.

Staff knew how to identify patients at risk of, or suffering, harm and worked with other agencies to protect them. If a referrer noted safeguarding concerns or needs on a patient's record, staff worked with them in advance to make arrangements for their care.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service made no safeguarding referrals to statutory authorities in the previous 12 months although staff proactively discussed minor concerns with senior colleagues. We saw evidence of this during our inspection. Senior staff said this reflected good practice and meant they could work with individuals to learn from their reports and help them identify significant concerns that met referral thresholds.

Staff acted quickly to protect people from harm when they had safeguarding needs. For example, staff secured emergency care when a patient disclosed suicidal intent. In another instance staff coordinated communication with a GP and translator when a patient attended confused and disoriented with multiple high-risk vulnerabilities. They ensured the patient reached home safely and, in both cases, followed up with crisis teams and other services.

The director of clinical services and the company director were safeguarding leads and took responsibility for referrals and investigations. They maintained up to date contact details for regional safeguarding teams, including in referring NHS trusts and local authorities. Protocols were in place for the urgent escalation of safeguarding concerns and staff demonstrated they could access these details quickly.

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

Cleanliness, infection control and hygiene

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

All patient areas were clean and had suitable furnishings which were clean and well-maintained. Staff used cleaning checklists to document cleaning and decontamination in line with the provider's policy. Environmental cleaning audits demonstrated good attention to detail, with improvements made quickly after issues were found.

The service performed well for cleanliness. Staff cleaned clinical areas between patients and external cleaners worked outside of public hours to maintain cleanliness. In the previous 12 months, IPC audits indicated 100% compliance with expected standards.

Staff followed infection control principles including the use of personal protective equipment (PPE). Audits demonstrated consistently good standards of hand hygiene. In the previous 12 months the results showed 99% compliance with expected standards. The auditor worked with staff to make improvements where issues were found.

Staff used World Health Organisation (WHO) guidance to structure hand hygiene practices. However, the guidance on display in handwashing areas was not the most recent available. We discussed this with staff at the time of our inspection who replaced the material with the most up to date available.

Surgery

Staff labelled equipment to show when it was last cleaned. The provider's policy required staff to clean equipment after patient contact.

A national IPC nurse worked at provider level and supported local teams. An IPC champion was based at each location and met with the lead weekly. This system reflected good practice and meant staff and patients benefited from a coordinated approach. The lead and local champion carried out a rolling programme of audits and monitored national emerging risks. For example, they ensured national guidance in relation to monkeypox was implemented in clinical environments.

Staff worked effectively to prevent, identify and treat surgical site infections. In the previous 12 months the service reported no instances of patient infection, including of endophthalmitis, an inflammation of the eye caused by infection.

Staff carried out a monthly spot check of scrub practices using a national audit tool. Results from the last 12 months showed a track record of good practice with staff following expected sterile and decontamination standards consistently.

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 clinical environments followed national guidance, including the Department of Health and Social Care (DHSC) Health Building Note (HBN) 00/09 and 00/10 in relation to clinical environment design and infection control in the clinical environment.

Surgical services operated from a dedicated theatre. The service was compliant with Department of Health and Social Care health technical memorandum (HTM) 01/01 in relation to the management and decontamination of surgical instruments. Surgeons used a combination of reusable equipment and single-use equipment. They maintained a log of serial numbers of each item in patient records as part of a chain of custody system. This was in line with national guidance and meant the service could trace equipment in the event of an infection or incident. The provider had a service level agreement with a medical equipment company for the decontamination of reusable surgical equipment.

Staff disposed of single-use surgical instruments in line with manufacturer guidance and recorded serial numbers in patient records. The service managed decontamination and reprocessing of reusable surgical instruments in line with Health Technical Memorandum (HTM) 01/01 through a service level agreement with a nearby hospital sterile services unit. The service maintained a stock of extra surgical equipment in the event items were damaged or contaminated. This reflected good practice and meant there was no risk of procedure cancellation due to a lack of equipment.

Staff carried out daily safety checks of specialist equipment. The senior team used a planned and preventative maintenance programme to ensure equipment was safe. They checked water supplies for Legionella on a monthly basis, which was good practice because some water outlets were not used daily.

The service was compliant with the DHSC and the Health and Safety Executive Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 in relation to sharps waste. Staff disposed of clinical waste safely and in line with HTM 07/01 (2013) in relation to the safe management and disposal of healthcare waste.

Trained staff used the diagnostic suite and followed published guidance in the use of equipment.

Surgery

The provider had a programme of planned preventative maintenance for laser equipment. Staff said the equipment was new to the service and had proved reliable. Maintenance records were up to date and showed no systems failures or problems. Staff used an electronic, illuminated safety sign above the diagnostics room entry door when the laser was in use. This was in line with national standards.

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.

Staff used the World Health Organisation (WHO) surgical safety checklist adapted for cataract surgery. We reviewed examples of completed checklists during our inspection. Staff were thorough in their assessment and included checks of lens prescriptions and the expiry dates of implants. The service audited correct use of the checklist every month and checklist reminders for time in and time out were displayed in theatre. Audits demonstrated consistently good practice although it was not always evident learning was implemented where gaps in documentation were found. For example, one audit found the theatre team had not documented the 'time out'. Another audit found the surgeon had not correctly documented consent. The audits did not include evidence of learning or follow-up.

All staff were trained in basic life support. Registered healthcare professionals were trained in immediate life support (ILS). Surgeons were trained in advanced life support (ALS).

Good triage and escalation processes were in place for patients who experienced post-operative pain, complications, or unexpected side effects. The hospital manager maintained oversight of the process and a consultant was always available on call for patient review.

In the previous 12 months the service reported one unplanned return to theatre for a corneal resuture and administration of intravitreal antibiotics. This was a very low number and reflected consistently good standards of safety, including a complication rate of 0.8%.

Surgeons carried out a medical history and risk assessment of each patient before minor surgery or laser treatment. This ensured the treatment was appropriate and safe.

Staff worked with patients to help them understand risks during post-operative recovery periods.

During pre-assessment procedures we observed, staff carried out comprehensive reviews of patients' medical history and current medicines. Where patients took alpha blockers (for high blood pressure) or warfarin, staff liaised with the operating surgeon to ensure planned procedures were safe.

Surgeons reviewed patients post-operatively in the recovery area to check for immediate complications. HCAs led the discharge process after surgical review.

The service provided care to patients medically fit to be seen in a community setting. Staff carried out risk assessments before providing treatment such as minor surgery and checked each patient's medical history for any contraindications to care. We saw this in all eight of the patient records we looked at.

Surgery

The service had appropriate emergency medical equipment on site. This was in date and staff documented daily and weekly checks. This included an automatic external defibrillator, oxygen, airway equipment, and diabetic rescue and anaphylaxis medicines. The most recent Resuscitation Council UK guidelines were stored with the equipment.

The service maintained good fire safety processes. The team had completed simulated evacuations and training, which included use of evacuation equipment. Designated staff were responsible officers and records indicated consistent checks of fire safety systems.

The education team coordinated a simulated medical emergency exercise in spring 2022 to assess staff knowledge and actions. Staff performed well and followed standard procedures with evidence of good practice in line with training.

Staffing

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

The service had enough nursing and support staff to keep patients safe. Nine substantive staff delivered care in the clinic. The team included the hospital manager, a registered nurse, three patient coordinators, three optical assistants, and a consultant ophthalmologist. Most staff were dual trained. For example, the registered nurse was the theatre lead and patient coordinators and optical assistants carried out clinical support duties. Bank and locum staff provided additional capacity and support.

The service had low rates of sickness. In the previous 12 months, the sickness rate was 3%.

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

The service had low rates of staff turnover. An optical assistant and a clinical coordinator recently joined the team and there were no vacancies at the time of our inspection.

Staff worked flexibly and supported teams at other regional locations to ensure continuity of care.

One employed surgeon worked across sites in the provider. Two cataract surgeons worked in the clinic under a locum arrangement. Both surgeons worked substantively in the NHS and provided surgical procedures for NHS patients referred to this clinic. The service adhered to required practices regarding employment of staff on temporary contracts in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This meant the senior team followed safer recruitment processes.

A registered nurse was the theatre lead. Two scrub nurses and operating department assistants supported surgery. A team of five mobile scrub nurses worked across the provider's north region to provide capacity support.

The service employed optometrists who provided diagnostic care. One locum optometrist supported capacity.

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.

Surgery

Patient notes were comprehensive, and all staff could access them easily. The examples we reviewed included a medical history, allergies, and details of the referral. Records were stored securely with restricted access. Clinical staff completed paper records of care and shared these with referring professionals. Staff used a hybrid electronic and paper based system to manage records. This included an online ophthalmology administration system.

Staff shared medical records based on agreements within care pathways, such as with GPs, NHS services, or independent health services. These were electronically transmitted within agreed data sharing policies.

Staff consistently documented allergy checks, medicine histories, and safety checks during care and treatment. The hospital manager carried out a monthly audit of a random sample of patient records. All 20 of the audits we reviewed indicated consistent standards of practice across 14 key requirements.

The clinical audit lead supplemented records audits with an annual GP referral letter audit. This checked clinicians sent discharge letters to each patient's GP using the secure electronic system within the appropriate time frame. The audit found consistent practice.

Theatre records were paper-based, and staff scanned them after treatment to create a digital record that was archived. They included an admissions and theatre checklist and a medical history.

Staff sent discharge outcome letters to each patient's GP.

Staff audited a monthly sample of 20 integrated care pathway documentation to ensure key information was included, such as medication information. The most recent three audits showed staff consistently achieved 100% compliance with expected standards.

Medicines

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

The provider had a contractual arrangement with a third party pharmacy to manage medicine delivery and disposal.

Eye drops, local anaesthetic and simple pain relief were the only medicines stored in the clinic. Staff managed stock control and stored items in locked cabinets or a locked fridge with secure access. They documented the temperature of storage areas daily to ensure medicines were stored within the safe limits established by manufacturers.

Staff followed systems and processes to prescribe and administer medicines safely. Ophthalmologists prescribed routine medicines.

Staff carried out surgery using local anaesthetic. They used a national standard medicines administration chart during procedures and scrub practitioners dispensed medicines under instruction from the surgeon. To take away (TTO) medicines were planned in advance and surgeons documented their conversations with patients regarding instructions.

Staff completed medicines records accurately and kept them up-to-date. They documented eye drops given at all stages of care. Staff documented medicine doses and batch numbers in patient records.

Patient records included details of post-operative medicine instructions given to patients and who to contact for support. For example, many patients were already under the care of district nurses and surgeons provided post-operated prescription information to the team to ensure patients received continuous care.

Surgery

Staff reviewed each patient's medicines and provided advice to patients and carers.

Surgeons prescribed post-operative antibiotics on an individual basis in line with Royal College of Ophthalmology guidance. The senior provider team monitored antibiotic prescribing to ensure national standards were maintained.

Incidents

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

Staff knew what incidents and near misses to report and did so in line with the provider's policy. In the previous 12 months, staff reported 198 incidents. Of these, 195 incidents resulted in no or low harm and three incidents resulted in medium harm. Incidents that resulted in medium harm were caused by a failure of the out of hours telephone system used by patients to seek support in the event of pain or an unexpected change in their condition. The senior team implemented more reliable systems as a result of learning from the incidents.

The incident reporting system was electronic, and the director of clinical services reviewed incidents weekly.

The incident reporting system was linked with the electronic patient records system. This enabled incidents to be recorded specific to patients, appointments, and their care. Staff audited the effectiveness of links between these systems by reviewing standards of patient care documentation during incident and complaint investigations between January 2022 and June 2022. The audit found staff updated 70% of records to meet the needs of investigations. The senior team worked with staff to improve accuracy and consistency as a result and planned to repeat the audit in early 2023.

The senior team reviewed incidents to identify themes and staff met to discuss the feedback and look at improvements to patient care. A recent incident theme reflected a miscommunication with patients who misconstrued the address of the booking centre for the clinical address. The team reviewed communication and letter templates as a result.

The director of clinical services monitored national patient safety alerts and implemented new policies where changes affected the service. There was a system in place to ensure all clinical staff reviewed safety updates before delivering care.

Staff understood the duty of candour. The provider had an up to date policy that defined how and when the senior team should trigger a duty of candour response. There had been no such incidents in the previous 12 months.

Theatre staff made changes to post-operative care as a result of learning from incidents. For example, they changed the prescribing system for eye drops as a result of patients being unable to access their GP for extended prescriptions.

Are Surgery effective?

We rated effective as 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 followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The senior team used guidance from NHS England, the National Institute of Health and Care Excellence (NICE), and the Royal College of Ophthalmologists to inform policies and practices.

Policies and standard operating procedures (SOPs) were stored electronically and staff had easy access to them. All staff were required to sign tracking documentation that provided assurance they had read and understood the policy. The provider had a particular focus on ensuring staff who worked on casual contracts and substantively for another organisation maintained a good level of understanding of local procedures.

The clinical governance committee was responsible for ratifying policies and SOPs and the director of clinical services monitored updates and changes. The national clinical audit lead ensured audits and quality processes reflected evidence-based practice.

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

The service used specific pathways to guide post-operative care instructions given to patients. For example, staff used pathways for patients living with diabetes and unstable glaucoma. This helped ensure follow-up care was evidence based and appropriate for individual medical conditions.

Pain relief

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

Theatre records indicated consistent pain monitoring and pain relief during and after procedures.

The service used the patient-reported outcome measures (PROMs) system to monitor patient's experience of pain during treatment. In the previous 12 months over 99% of patients said their operation was painless.

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 based planned outcomes on the UK Vision Strategy 2020, which included efficient care, equitable access, and integrated services across the regional health economy.

Outcomes for patients were positive, consistent and met expectations, such as national standards. Staff 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.

Surgery

The service used the NHS Outcomes Framework, Royal College of Ophthalmology and NHS getting it right first time (GIRFT) standards to measure clinical outcomes. This included contributing data to the National Ophthalmology Database regarding post-operative vision outcomes. In the previous 12 months, 98% of cataract patients achieved their planned vision improvement after surgery. This was slightly better than the national average of 97%.

The service monitored the posterior capsular rupture (PCR) rate. This was a benchmark set by the Royal College of Ophthalmologists and reflected significantly better outcomes than the national rate. For example, in the previous 12 months, the PCR rate was 0.3%, against the national benchmark of 1%.

The service measured patient outcomes by comparing pre-operative planned vision improvements with post-operative results. In the previous 12 months all surgeries had achieved the planned goal. In the same period the service recorded one post-operative complication. This did not result in patient harm and the overall track record reflected effective care.

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 director of clinical education supported staff across all the provider's locations to develop their skills and competences and provided bespoke specialist training with support from the education team. All staff had protected annual study days to support their development.

The senior team ensured all new staff completed a full induction tailored to their role before they started work followed by a supervised probation period. They supported staff to develop through yearly, constructive appraisals of their work. All staff had completed an appraisal in the previous 12 months.

The director of clinical education supported the learning and development needs of staff at all levels. They worked with junior colleagues to develop their competencies, which enabled them to work progressively across more senior roles and functions. For example, an administration assistant had successfully completed training to move into an optical assistant role. Staff spoke positively about such opportunities.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Team meetings reflected consistent attendance and engagement across staff roles.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff said the director of education and their team regularly provided them with training and development opportunities.

The education team provided opportunities and support for staff to progress. They developed a training programme that enabled optical assistants to train as scrub assistants

Staff completed specific competencies to be able to work in each aspect of the surgical pathway. For example, the education team had developed practical competency assessments for staff to be able to work in the surgical admissions clinic and to coordinate theatre discharge.

The senior team encouraged staff to develop their skills and knowledge. This included access to national vocational qualification (NVQ) level four to enable nurses to work theatre scrub duties.

Surgery

Optometrists completed practical and theoretical laser competencies before they could provide care.

Multidisciplinary working

Healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff promoted continuity of care through the regional health system. This reflected the nature of care, in which this service provided specific treatment within a wider care pathway with another organisation, such as an NHS trust, responsible overall.

Staff held ad-hoc multidisciplinary meetings to discuss patients with co-morbidities to coordinate their care. This included with GPs, opticians, and district nurses.

Staff worked across health care disciplines and with other agencies when required to care for patients. Care and treatment pathways were multidisciplinary by nature.

Staff routinely worked across roles in the clinic. Shift briefings and handovers included the theatre team, administration team, and other healthcare workers present at the time. This contributed to effective and cohesive working practices across a team made up of staff who worked to varying times and days in the clinic.

Seven-day services

The service was open five days a week from Monday to Friday. The senior team planned to expand the service to six day working when capacity could be increased through recruitment.

Health promotion

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

The service had relevant information promoting healthy lifestyles in printed format for patients.

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

Staff had prepared a dedicated sight loss health promotion area in the clinic. This included targeted information and contact details for Galloways sight loss charity and a regional peer support group.

Staff worked with eye clinic liaison officers from the Royal National Institute of Blind People (RNIB) to ensure patients had access to specialist health promotion support. This was part of a strategic care improvement plan and RNIB promoted the service in the clinic and patients were able to self-refer if they preferred. Established referral pathways were in place for each organisation and staff referred patients for holistic care, including support with medical equipment and emotional needs.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Surgery

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Consent processes were in place at each stage of care and treatment.

We found good standards of documentation in patient records in relation to consent and capacity. For example, staff documented their discussions with referrers and patients about levels of confusion and anxiety and assessed the extent to which patients could understand their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff carried out monthly audits of consent documentation. In the previous 12 months, audits found 100% compliance. This was better than the provider's standard of 95%.

Staff made sure patients consented to treatment based on all the information available. They adapted communications to help people fully understand care options and treatment risks. Posters explaining the consent process and how patients were involved in this were displayed in the clinic.

Staff clearly recorded consent in patients' records. They received and kept up to date with training in the Mental Capacity Act.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act and the Mental Capacity Act 2005. Where patients living with dementia or reduced mental capacity were referred for treatment, staff worked with referrers in advance to understand their level of need. Staff involved the patient and their carer in decision-making and ensured care was clinically appropriate. Where patients could not provide consent, such as due to a mental health condition, the service worked with regional providers to identify a service equipped to care for people living with more complex needs.

Ophthalmologists carried out pre-operative consent and consent for further investigations and surgeons consented patients again on the day of surgery. Staff ensured patients understood the risks and potential benefits of surgery before asking for consent.

Are Surgery caring?

Inspected but not rated 

We inspected caring but as care was not being delivered at the time of our inspection, we are unable to rate it.

Compassionate care

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

We did not observe patient care during our inspection. However, we saw evidence of how staff ensured privacy and dignity by looking at patient records. For example, where patients had mental health needs or were living with dementia, staff documented additional details about their care. In one example we saw the theatre team had spoken with the patient in advance about how they would like to be positioned and draped during surgery. This reflected a specific need highlighted by the patient who felt self-conscious about the procedure.

Surgery

Staff described how they were discreet when caring for patients, such as by learning in advance how patients preferred to be addressed and ensuring they had the level of formality with which they felt comfortable. Staff showed us how they made the most of the clinical environment by utilising private spaces for discussions and ensuring patients had access to waiting areas that met their preferences.

The service had received dozens of positive survey comments, cards, and letters in the previous 12 months. Patients consistently referred to the kindness and professionalism of staff and treatment with dignity. Comments included, “Lovely, friendly, and efficient,” “I came away feeling very confident that things will be okay,” and, “All the staff were so kind to me and the rest of the patients...everyone was very caring.” The provider’s survey asked patients if staff had treated them with dignity and respect. Respondents agreed in 100% of surveys in the previous 12 months.

Staff demonstrated understanding of the provider’s policy to keep patient care and treatment confidential.

Emotional support

Staff demonstrated how they provided emotional support to patients to minimise their distress.

Staff told us they gave patients and those close to them help, emotional support and advice when they needed it. They understood ophthalmological care often causes anxiety and worry and described how they worked with patients to alleviate their concerns. For example, staff offered time to discuss care and investigations in advance and used printed and digital material to show patients how care was delivered. Patients commented positively about this in feedback. One recent carer noted, “[Patient] was very apprehensive but you managed to put him at ease...you are wonderful people and I look forward to bringing him back to his next appointment where you’ll look after him.” Another patient noted, “[Staff] put you at ease as soon as you arrive...I would like to thank you all for everything you have done for me.”

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. Staff demonstrated extensive knowledge of patient feedback and understood how individual factors such as age and previous experience of healthcare could impact their anxiety and stress. They gave examples of how they worked to alleviate these issues.

Understanding and involvement of patients and those close to them

The service provided evidence of how staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff said they made sure patients and those close to them understood their care and treatment. They made sure patients had a clear understanding of plans before they proceeded to consent and treat.

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.

Patients gave positive feedback about the service. A recent patient noted, “Everything was fully explained, [I] felt at ease straight away. Excellent staff – they answered all my questions.” Another patient wrote, “I came away feeling very confident that things will be okay. The clinician patiently listened to and plainly answered all my questions.”

The service used the patient-reported outcome measures (PROMs) system to identify how well patients felt involved in their care and treatment. The clinic performed consistently well. In the previous 12 months, over 99.5% of patients said surgeons explained procedures thoroughly and gave them time to ask questions.

Surgery

In January 2022 the quality, risk, and compliance administrator surveyed patients to find out if surgeons had involved them in care decisions. Of the sample, 92% of patients said surgeons had discussed risks and benefits of surgery and gave them time to make the best decision. The same proportion of patients felt surgeons had answered their questions fully. After the audit, the senior team implemented a more detailed information booklet given to patients and arranged for the audit to be carried out annually.

Are Surgery responsive?

Good 

We rated responsive as good.

Service delivery to meet the needs of people

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

The location was a hub in the region and staff referred patients to other independent and NHS services where the most appropriate care could not be provided in house.

Staff provided follow-up care to meet individual needs. For example, all patients received a follow-up phone call and post-operative review. Staff offered additional in-person and remote appointments on demand where patients had questions or needed additional care.

Facilities and premises were appropriate for the services being delivered. All clinical facilities had step-free access. Refreshments were available in waiting areas.

Patients could access post-operative consultant health support 24 hours a day 7 days a week.

Administration staff contacted patients in advance of each appointment to ensure they planned to attend and minimise the risk of a missed appointment. Staff contacted patients who did not attend (DNA) a booked appointment to find out if they wanted to continue with treatment. Between April 2022 and September 2022, the DNA rate was 1%. This was significantly better than the 9% target implemented by the integrated care board.

The service had a contract with a community transport provider to ensure patients with no other option could attend the site for an appointment and be taken home safely afterwards.

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.

Meeting people's individual needs

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

Surgery

Staff supported patients living with dementia and learning disabilities by using adapted documents and patient passports. They worked with referring professionals to understand patients' level of need and made arrangements in advance for safe care.

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

Staff arranged language translators to support patients. They arranged this in-person or by phone depending on the nature of care and the level of need. The service sourced British Sign Language interpreters in advance.

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

Staff documented how they worked to meet individual needs in patient records. For example, they used the referral to establish what each patient wished to achieve from their care, such as reduce discomfort or improved night vision for driving.

The electronic patient records system, which staff used to process referrals, included a flagging system for staff to identify needs relating to learning disabilities, language support, or mental health needs.

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

The service was forward thinking in improving access and services for patients with a learning disability. In February 2022 a team of staff reviewed service provision against the criteria of the NHS Learning Disability Improvement Standards. The work resulted in new approaches to care that aimed to reduce inequalities and ensure appointments were accessible for everyone. This was a significant piece of work that demonstrated staff commitment to enhancing person-centred, flexible care.

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

Access and flow

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

The service provided care to patients in a community setting and worked with referring practitioners to ensure patients were fit to be seen in this setting. A central referral and booking team and a team of coordinators worked to ensure patients were seen in the most appropriate location. Staff at this location worked closely with the provider's Blackpool clinic and staff ensured patients could attend the site most convenient for them.

The average NHS referral to treatment time for cataract surgery was two weeks, which the service maintained consistently in the previous 12 months.

Surgery

The senior team monitored service utilisation rate as part of access requirements stipulated in the local NHS contract. Between April 2022 and September 2022, the service operated a 93% utilisation. The contract required the provider to monitor utilisation but did not state a target rate.

The senior team worked to keep the number of cancelled appointments to a minimum. In the previous 12 months there were no clinical cancellations.

The service received an average of 538 referrals per month. Many patients had already exceeded the national target of 18 weeks to be seen in an NHS service and the team coordinated care to reflect the need for quick access.

The provider had introduced a booking app that enabled patients to manage their appointments themselves. In the previous 12 months 48% of new appointments were booked using the app, which offered patients efficient access to specific appointment dates and times.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas, including on the service website.

Staff understood the policy on complaints and knew how to handle them. They received training on handling complaints and maintained an understanding of the provider's policy.

The senior team investigated complaints and identified themes. The complaint rate for the previous 12 months was 0.03%, which equated to six formal complaints. Three of the complaints related to administration errors and three related to other issues not connected by a theme.

The regional operations manager investigated and resolved each complaint within the provider's timescale. They documented clear learning outcomes and distributed these to all staff. For example, one complaint related to a lack of communication from a consultant about a delay in the clinic. In response the team implemented improved communication expectations.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers shared feedback from complaints with staff and learning was used to improve the service.

Are Surgery well-led?

We rated well-led 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.

Surgery

The service had undergone recent changes in leadership, which reflected a bedding-in period after clinical treatment commenced in February 2021. The regional operations manager was in the process of becoming the registered manager. They usually spent one day per week in the clinic as they were also the registered manager for another location in the provider's network. Staff said this worked well for the level of activity in the clinic and that they could always reach the manager by phone, online chat, or e-mail.

The hospital manager had day-to-day responsibility for the clinic and deputised for the regional operations manager. The clinical operations manager for the provider was based on site at the head office and carried out regular clinic visits. The three managers had significant experience in clinical ophthalmology environments and their professional track record was appropriate for this service.

Leaders promoted development amongst the team. The hospital manager had previously worked as part of the education team and the regional operations manager had started with the provider as a healthcare assistant. This was evidence of a culture of promoting development.

A new medical director had recently taken up post and along with the director of clinical services they worked with staff to promote and develop local services.

The provider board of directors was multidisciplinary and reflected medical and leadership expertise. The directors met monthly and had open lines of communication into senior operational and clinical teams.

Staff spoke positively of leadership visibility and support. They said senior staff were readily available and empowered them to develop professionally and contribute to the development of the 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 improving access to care and aligned with plans in the wider health economy.

The provider was created by a team of optometrists and ophthalmologists to improve access to quality eye care in the community. The Preston clinic was one of seven locations nationally developed 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. The senior team were working with opticians and NHS services increasingly further away to address capacity shortages in the north west. They had mapped other providers in the region and referred patients elsewhere if they could not be seen quickly, reflecting a focus on patient need.

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 and staff could raise concerns without fear.

The provider had a set of values that guided the working culture. This was focused on professional development and wellbeing. Staff spoke positively of working for the provider. They described feeling looked after, treated with respect, and said there was a positive working environment. Staff said they felt confident to raise concerns with any member of the senior team as part of a good safety culture.

Surgery

The provider had considerable focus on equality, diversity, and equity. Senior staff worked across staff teams to ensure everyone had a voice and felt able to contribute to the success of the service.

Governance

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

The governance framework was based on a provider-level accountability structure that included the board, the corporate risk group, the clinical governance committee, and the information governance steering group. Governance systems were focused on patient safety and governance records demonstrated consistency and good practice.

The director of clinical services and medical director led and coordinated clinical governance. They met monthly and worked with other senior colleagues to manage outcomes from incidents and other areas of compliance.

The director of ophthalmology oversaw the medical staffing system for locum doctors, which was driven by the human resources team.

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 five months and saw the executive team maintained a clear view of service provision and issues impacting patient care.

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 19 active 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. While this was an overarching system for the service, most clinical markers related to the surgery service.

The senior team used a live dashboard to monitor the service monthly. 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.

Multidisciplinary staff were members of a provider-level combined clinical effectiveness group (CEG) and clinical governance committee (CGC). The group met quarterly and 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 nationally to support consistent care and ensure staff had access to the latest information available.

The service was accredited to ISO27001 and ISO9001 standards, reflecting achievements and good practice in information governance, risk, and quality management.

Surgery

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

Surgeons working under locum arrangements were contactable by the senior team to support incident and complaint investigations. The service had processes in place to ensure fit and proper persons were employed, including background checks, reference checks, and annual appraisals. This was a contractual obligation and meant the provider was assured of reliable communication.

The quality and performance dashboard included 11 surgery-specific outcomes that staff measured to monitor the service in line with contractual obligations.

An external laser accountable officer provided oversight in line with national requirements.

Information Management

Staff could find the data they needed to understand performance, make decisions and improvements. The information systems were integrated and secure.

The service had data sharing and security agreements with referring organisations. Appropriate data protection arrangements were in place, including secure data storage with access controls and back-up in the event of systems failure. The provider retained key surgical data to support future access requests, audits, or complaint investigations.

The provider had a considerable commitment to information governance. They maintained compliance with the national data security and protection toolkit and the government's Cyber Essentials programme. A team of five senior professionals held contributing roles to data integrity and security and an information governance champion was in post at each location. During our inspection staff demonstrated their understanding of information governance systems and their role in ensuring consistency.

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

Engagement

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

The senior team proactively sought new relationships and care pathway development opportunities with other providers in the region. This reflected high levels of demand for ophthalmology and helped reduce pressure on acute services. For example, the senior team had surveyed patients across the region referred by opticians for specialist care to find out if they had been offered an appropriate range of independent providers with which to seek an appointment. In the sample of 234 patients, 84% said they had been given an appropriate range of choices. The service used such data to better plan appointment availability and booking processes.

The service monitored patient satisfaction as part of service level agreements with the integrated care board (ICB). Results were consistently good, with over 99.5% satisfaction reported in the previous 12 months. Recent comments included, "The best medical experience – 100% excellent", and, "Always get super service."

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

Surgery

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

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

Learning, continuous improvement and innovation

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

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






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

Staff at all levels were proactive in seeking opportunities for development and improved ways of working through improvements in the governance framework. For example, members of the clinical effectiveness group and clinical governance committee improved efficiency and removed duplication of work by combining the two groups. This helped streamline clinical governance and performance processes and enabled staff from a wider range of roles to contribute to service monitoring and development.

Staff from across the provider joined clinical governance workshops as part of a transformational approach to improved governance. The workshop reflected staff commitment to patient care and the organisation's vision. Actions, such as streamlined performance monitoring processes, demonstrated how staff collaborated continuously to drive positive change.

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

Outpatients

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

Are Outpatients safe?

Good 

We rated safe as good.

For mandatory training, cleanliness, infection control and hygiene, environment and equipment, records, medicines, and incidents, please see surgery.

Safeguarding

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

Staff worked between surgery and outpatient services and undertook overall mandatory training for safeguarding. Staff we spoke with were able to identify the safeguarding risks specific to the outpatient setting, such as patients with limited clinical history and those previously unknown to this service and provider.

Staff recognised the potential vulnerabilities of some patients, such as the elderly and those living in care homes. They worked with community colleagues such as district nurses and care home staff to ensure patients were safe and protected from harm. This reflected the demographics of patients referred for care and treatment and was good practice.

Staffing

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

The clinic team were trained to support both surgery and outpatients and the registered nurse coordinated the outpatient service. The service operated on a pre-planned basis and the hospital manager scheduled staff cover in advance. For example, most outpatient care was consultant led and the service ensured the registered nurse, or an optical assistant was always available to provide support.

Outpatients

Minor surgery took place in outpatients and the hospital manager arranged the team in advance, which always included support from the registered nurse. Care and treatment were provided flexibly, and patients could choose to attend another of the provider's clinics within its network. Staff communicated well to ensure they coordinated staffing needs based on demand.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks.

Outpatient care took place in dedicated consulting rooms for non-emergency conditions. This meant deterioration was rare although staff had easy access to emergency equipment. The consultant escalated care in the event of medically significant findings, either to the referrer or to a specialist or urgent service.

Consultants used a version of the World Health Organisation (WHO) surgical safety checklist adapted for minor surgery in outpatients. Examples of completed checklists demonstrated consistently good practice.

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. Consultants completed review and diagnostic letters for referring professionals that included next steps in treatment, such as progression to surgery or community management. Staff documented when they liaised with referring doctors to discuss the most appropriate care. Where such records were shared with other healthcare providers, such as GPs, this service maintained a secure record of care and decisions. This enabled them to carry out reviews in the event of future queries or complaints.

Are Outpatients effective?

Inspected but not rated 

We do not currently rate effective for outpatients.

For evidence-based care and treatment, pain relief, and seven-day services, please see surgery.

Patient outcomes

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

Staff used the UK Vision Strategy 2020 to monitor outcomes across all care in the service, including outpatients. This was an integrated approach across health services in the region and meant staff liaised with referring professionals, such as GPs, to plan outcomes that met individual patient needs.

The clinical audit lead maintained oversight of outcomes and worked with consultants to ensure care was tailored to medical needs. An ophthalmologist audited minor surgery practices to ensure these met expected standards. A recent audit of procedure success and condition recurrence for involutional entropion (eyelid malposition) found no treatment failures and a recurrence rate of 4%. This was significantly better than the national benchmark of 21%.

Outpatients

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The director of clinical education supported staff to develop skills and knowledge specific to the outpatient setting, such as in supporting consultations and developing skills in minor surgery. Staff spoke positively about development opportunities across clinical services and said the senior management team worked with them to identify the best ways to enhance and develop the service.

The director of clinical education was proactive in supporting the cross-training skills of staff to enable them to work between roles and different clinics in the provider's network. For example, staff supplemented their mandatory training with additional modules and courses to help them support services such as minor surgery.

Multidisciplinary working

Healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff promoted continuity of care through the regional health system and coordinated care with GPs, community healthcare services, and other professionals. Staff recognised that many patients attending outpatient services had co-morbidities and a complex range of needs, including those relating to frailty. Consultants worked with colleagues in other services, including in care homes, to plan care and ensure it was always in the patient's best interest.

Health promotion

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

Staff used outpatient consultations as opportunities to discuss patients' holistic health needs that could contribute to improved eye health. For example, they made sure patients used their glasses or contact lenses safely and understood how to support good vision through areas such as nutrition.

Staff used referral pathways to secure specialist or on-going support for patients from community-based organisations, such as non-profit groups that provided eyecare to elderly people. This helped patients to secure a wide range of support needed to maintain health.

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 undertook Mental Capacity Act training as part of their mandatory programme and understood how to apply this when providing care to patients living with needs such as dementia or reduced mental capacity. Patients consented to outpatient consultations at the point of referral and consultants in this service obtained and documented consent for each stage of care.

Consultants ensured each patient had a cooling off period in advance of minor surgery in line with national standards. They obtained consent from patients at the start of the cooling off period and again just before the procedure.

Outpatients

Are Outpatients caring?

Inspected but not rated 

We inspected caring but as care was not being delivered at the time of our inspection, we are unable to rate it.

For understanding and involvement of patients and those close to them, please see surgery.

Compassionate care

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

The service had a consistent track record of positive feedback from patients. While the provider did not separate feedback between services such as surgery and outpatients, all written comments received in the previous 12 months were positive. Key themes included the friendliness of staff and their ability to put patients at ease. Staff said they tailored this to individual patients and recognised some groups often presented with anxieties and concerns about care and treatment, which they worked to reduce by providing a comforting environment.

Emotional support

Staff demonstrated how they provided emotional support to patients to minimise their distress.

Staff had built an understanding of the common anxieties and emotional needs with which patients often presented. For example, they recognised many patients attended the clinic from a care home or support living and were worried about consultations and minor surgery. Staff provided each patient with a supportive environment in which they were encouraged to ask questions and talk about their worries.

Are Outpatients responsive?

Good 

We rated responsive as good.

Please see surgery.

Service delivery to meet the needs of people

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

Staff planned and organised services to meet the needs of the region. They recognised pressures on the health economy and the lack of capacity for ophthalmology. They worked with private opticians and NHS services to prioritise care for those with the greatest urgency of need.

Patients could access consultant health support after minor surgery 24 hours a day 7 days a week.

Outpatients

The service had a contract with a community transport provider to ensure patients without access to transport could attend consultations and be taken home safely afterwards.

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 supported patients living with dementia and other needs. They worked with referring professionals to plan to meet individual needs in advance, such as by working with carers and ensuring patients had an appropriate chaperone.

Staff provided patients with printed information about their care. This included how to prepare for minor surgery and how much time they should expect to be in the clinic. Printed information for after treatment was specific to clinical pathways and included follow up contacts, including for urgent support.

All patients could access the electronic booking app to make and change consultations.

Access and flow

People could access the service when they needed it and received the right care.

The service provided care to patients in a community setting and worked with referring practitioners to ensure they could safely meet patients' needs. be seen in this setting.

The senior team monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The average NHS referral to treatment time in outpatients was two weeks and four weeks for the laser service. However, the service often performed better than this and in the month before our inspection, outpatient appointments were offered within one week of referral.

The senior team worked to keep the number of cancelled appointments to a minimum. In the previous 12 months there were no clinical cancellations in outpatients.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received.

The service received no complaints for outpatients in the previous 12 months.

Are Outpatients well-led?

We rated well-led as good.

For culture, management of risk, issues and performance, information management, engagement, and learning, continuous improvement and innovation, please see surgery.

Outpatients

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced.

The hospital manager had day-to-day responsibility for outpatients and worked closely with consultants to ensure the service met demand. They had experience in the ophthalmology environment and understood the pressures on the specialty in the region. The manager worked with staff in the clinic to ensure they had the support they needed to run outpatients effectively.

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 improving access to care and aligned with plans in the wider health economy.

Staff understood the role of outpatient care within the wider vision and strategy, which focused on improving access. The team worked with other providers and organisations in the region to address the key challenges in the sector and ensure patients had a choice of location and types of care.

Governance

Leaders operated effective governance processes.

The governance framework was in place across all clinical services offered, which included outpatients. Please see surgery for details of the governance systems, teams, and coordination.