

The Cataract Centre Limited

The Cataract Centre - Lincoln Road Medical Practice

Inspection report

Lincoln Road
Enfield
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Tel:

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

However:

- While there were risk assessments in place, we found that medicines management were not robustly adhered to, medicines were kept in an unlocked cupboard in an unlocked room, medicines fridge temperature were not routinely monitored, medicines and cleaning liquids were kept together on the same shelf without any risk assessments been made for their safety.

Summary of findings

Our judgements about each of the main services

Service

Services for children & young people

Rating

Good



Summary of each main service

We rated children and young people as good because:

- The service had enough staff to care for children and young people and keep them safe. Key services were available seven days a week.
- Staff had training in key skills, understood how to protect children and young people from abuse, and managed safety well.
- The service controlled infection risk well. Staff assessed risks to children and young people, acted on them and kept good care records.
- The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Managers monitored the effectiveness of the service and made sure staff were competent.
- Staff worked well together for the benefit of children and young people, advised them and their families on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- 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 children and young people receiving care. Staff were clear about their roles and accountabilities.
- The service engaged well with children, young people and the community to plan and manage services and all staff were committed to improving services continually.

However:

- While there were risk assessments in place, we found that medicines management were not robustly adhered to, the medicines were kept in an unlocked cupboard, medicines fridge temperature were not routinely monitored, medicines and cleaning liquid were kept together on the same shelf.

Summary of findings

Outpatients

Good



We rated outpatients 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.
- The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- 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 did not have to wait too long for treatment.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it.
- Managers monitored the effectiveness of the service and made sure staff were competent. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued.
- They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Surgery

Good



We rated surgery 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,

Summary of findings

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

The main service was surgery. Where arrangements were the same, we have reported findings in the surgery section. We rated this service as good because it was safe, effective, caring and responsive, and well-led.

Summary of findings

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Summary of this inspection

Background to The Cataract Centre - Lincoln Road Medical Practice

The Cataract Centre Ltd is an ophthalmology services provider situated in North London in the Borough of Enfield. The organisation offers services to NHS patients and those who wish to fund their own treatments.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced inspection of the service on 25 June 2022. To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so, we rate services' performance against each key question as outstanding, good, requires improvement or inadequate. Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The service offers a range of full range of outpatients ophthalmic services, including ophthalmology outpatient clinics (new and follow-up), management of long term eye conditions, eye diagnostic assessments, orthoptist clinics, management of age-related macular disease including investigations with high definition optical coherence tomography (OCT) and scanning laser ophthalmoscopy (SLO). The OCT provides a comfortable and rapid scan that may detect glaucoma, macular degeneration, and diabetic macular oedema and SLO is a method of imaging of the eye. It uses the technique of confocal laser scanning microscopy for diagnostic imaging of the retina or the cornea. It is helpful in the diagnosis of glaucoma, macular degeneration and other retinal disorders.

The surgical eye procedure provided included cataract surgery, complex cataract and refractive surgery, glaucoma surgery, adult squint correction, all types of adnexal surgery including complex eye lid surgery and YAG laser procedures. YAG is a laser surgery that is performed to create a small hole in the cloudy lens capsule. This allows light to pass through the membrane to the retina at the back of the eye and restore vision, when a patient develops clouding of the capsule which covers the lens following cataract surgery.

Adults, children and young people were treated at the centre, and are admitted for elective day surgery at the local hospital under the care of The Cataract Centre Eye Surgeons.

The main service provided by this service provider was surgery. Where our findings on surgery – for example, management arrangements – they also apply to other services, we do not repeat the information but cross-refer to the surgical service.

What people who use the service say

Patients we spoke with were all very positive about the service they received and the staff who provided it. Patients we spoke with told us they were offered emotional support during their ultrasound procedure.

How we carried out this inspection

During the inspection, the team visited the clinic and Enfield and the hospital in Highgate and looked at the quality of the environment and observed how staff were caring for patients.

Summary of this inspection

We spoke with members of staff including the registered manager/nominated individual, the operations director, eye technicians, medical and nursing staff. We also spoke with patients who used the service, reviewed care and treatment records. We also looked at a range of policies, procedures and other documents relating to the running of the service.

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

Areas for improvement

Action the service **SHOULD** take to improve:

- The provider should ensure risk assessments were undertaken on their medicine's storage and categorised medicines according to manufacturer's storage indication.
- The provider should consider using temperature logs for all fridges used to store medicines to ensure actions and deviations are recorded, monitored, updated and followed up appropriately.






Our findings

Overview of ratings

Our ratings for this location are:

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|--------------------------------------|----------------------|-------------------------|--------|------------|----------|---------|
| Services for children & young people | Requires Improvement | Good | Good | Good | Good | Good |
| Outpatients | Requires Improvement | Inspected but not rated | Good | Good | Good | Good |
| Surgery | Good | Good | Good | Good | Good | Good |
| Overall | Requires Improvement | Good | Good | Good | Good | Good |

Services for children & young people

| | |
|------------|--|
| Safe | Requires Improvement  |
| Effective | Good  |
| Caring | Good  |
| Responsive | Good  |
| Well-led | Good  |

Are Services for children & young people safe?

Requires Improvement 

We rated safe as requires improvement.

Mandatory training

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

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. The registered manager ensured staff completed their mandatory training. For example, staff had completed infection control and adult basic life support training. Most staff had completed their mandatory training and we noted staff, who were yet to complete their training, had been booked onto future training sessions.

The mandatory training was comprehensive and met the needs of patients and staff. Staff also completed role specific mandatory training. For example, all staff working with children completed paediatric basic life support training.

The registered manager monitored compliance with mandatory training and staff were alerted when they needed to update their training. Staff confirmed they were given enough time to do training. Staff told us they could access online training appropriate for the service.

Safeguarding

Staff understood how to protect children, young people and their families 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 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.

Services for children & young people

Children accessed the service following a referral from their GP. When appointments were booked, this was sent to the appropriate adult. Staff ensured children who missed appointments were followed up, for example by contacting the child's GP or social worker. Staff worked with other professionals so a child could be seen nearer to their homes if this was the reason they missed appointments.

Staff received training specific for their role on how to recognise and report abuse. All staff providing services to children completed safeguarding children level three training. The provider had a safeguarding children's lead who had been trained to safeguarding level three. All clinical staff had completed level two safeguarding children and vulnerable adults training.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff knew the contact details of the safeguarding team at the local authority if they had any concerns.

Staff were able to clearly articulate signs of different types of abuse and the types of concerns they would report or escalate to the registered manager. The safeguarding policy was up to date and contained the necessary information for staff.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect children, young people, their families, themselves and others from infection. They kept equipment and the premises visibly clean.

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment visibly clean. All equipment was wiped down in-between patients.

Clinical areas were visibly clean and had suitable furnishings which were visibly clean and well-maintained. The service followed the provider's cleaning policies which had been updated during COVID-19.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The service employed a cleaning company who completed a daily cleaning log. Cleaning schedules were displayed in some areas of the clinic, for example in the toilets, in line with policy. Staff cleaned equipment and seats after patient contact.

Staff followed infection control principles, including the use of personal protective equipment where necessary. There were appropriate hand washing facilities and sanitising hand gel was available. Staff had their arms bare below their elbows and washed their hands before and after each patient. Personal and protective equipment, such as latex-free gloves and antiseptic wipes, were readily available for staff to use at the service.

In the twelve months before the inspection, there had been no incidences of healthcare acquired infections at the location.

Environment and equipment

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

Services for children & young people

Staff disposed of most clinical waste safely. Each consulting room had a bin for collecting sharps. There was a safe storage area for these in a locked cupboard underneath the stairs. There was also a locked bin at the back of the staff car park where sharps were put awaiting collection. However, the bin in the staff car park for clinical waste awaiting collection was overflowing.

A fridge was used to store medicines that needed to be kept cool. However, there were no records to show fridge temperatures were monitored to ensure medicines were kept at the optimum temperatures.

The service had suitable facilities to meet the needs of children and young people's families. Staff did not visit people in their homes to complete tests. The service had enough suitable equipment to help them to safely care for children and young people. Staff told us the equipment used for eye examinations, such as orthoptic tests, was new. Orthoptic tests detect defects in eye movements and problems with how the eyes work together, called binocular vision.

Staff used age appropriate charts for examining children's vision. For example, children who were able to read the alphabet could use the Snellen Chart. The Snellen Chart has letters of the alphabet in decreasing order of size. It is placed around 20 feet or 6 meters away from the patient. One eye at a time is covered so the correct prescription for the other eye can be determined. For children who could not read the alphabet, a chart containing diagrams of different shapes could be used.

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use equipment. Staff did not routinely risk assess every patient who attended the clinic, unless the patient had mobility difficulties. Staff were able to use one, easy to access room and move equipment to the person if necessary.

There were service contracts for the equipment and a clear process for maintaining them and rectifying any faults. The provider arranged for a specialist organisation to complete the safety checks and these included annual/six-monthly/quarterly checks. There was a process for the safe handover of equipment after maintenance. Records showed other checks, such as electrical equipment tests, fire extinguishers, legionella testing and the fire risk assessment, were all completed.

Staff reported if they became aware of a fault with any equipment, they raised this with the registered manager immediately. The service had enough equipment to be able to decommission any faulty equipment until the fault had been rectified.

Equipment was operated and maintained consistent with the manufacturer's recommendations. The equipment used by the service was serviced quarterly on a preventative maintenance plan. The service had breakdown cover which meant there was a 24-hour response time for breakdowns.

The service had access to a resuscitation trolley from the GP surgery. There was a first aid box available which was within expiration date. Staff were up-to-date with adult and children first aid training. Staff told us in case of an emergency they would call 999.

Assessing and responding to patient risk

Staff identified and quickly acted upon children and young people at risk of deterioration.

Services for children & young people

Patients attending the service for eye tests were mostly in good health. All staff were first aid trained if someone became unwell and could get the support of a doctor on the premises most days. Staff had a policy and procedure to follow in the event of a medical emergency and told us they would respond immediately if a medical emergency occurred. Staff confirmed they would raise the alarm by dialling 999 or if required, the patient would be referred to the local A&E.

Staff shared key information to keep children, young people and their families safe when handing over their care to others.

There was a patient identification process to ensure each patient received the test they were supposed to have. This process enabled staff to positively and safely identify patients and ensured the right patient received the right investigation at the right time.

Patients with any urgent findings were escalated immediately. For example, staff completing eye tests can sometimes identify a range of health-related diseases that have gone undetected. If any unexpected findings were identified staff told us their reporting system meant reports were turned around the same day.

Staffing

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

At the time of our inspection, the service had contracts with nine surgeons, three anaesthetists, seven doctors, four orthoptists and one optometrist and 20 nursing and support staff, most of whom were ophthalmic speciality trained. There were also 17 admin and clerical staff. However, these were the total numbers of staff who worked across all the provider's locations.

All Paediatric care was supervised under the medical supervision of consultants who were on the specialist register of the GMC for Paediatric Ophthalmology.

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

The service had enough nursing and support staff to keep patients safe. At the time of our inspection, the service was fully staffed, and we were told there was a low turnover rate.

Managers limited their use of bank staff and requested staff familiar with the service. The registered manager told us the service had their own bank staff and did not use agency staff. Staff would also work additional shifts where necessary.

Managers made sure all bank staff had a full induction and understood the service. Bank staff had a full induction provided by the provider and had a local induction. They were trained to use the machines and had their competencies assessed.

Managers accurately calculated and reviewed the number and grade of staff needed for each shift in accordance with national guidance. The number of staff on duty matched the planned numbers.

Services for children & young people

Records

Staff kept detailed records of children and young people's 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. Staff had access to a records management policy which applied to all records. The policy outlined processes to ensure that record-keeping, records management systems and general practice in handling records complied with relevant legislation and professional and contractual information governance standards.

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Parental choice was clearly recorded. Staff always recorded who attended with the child and how they were related. Staff also had information about who any information should be sent to, such as social workers.

Records were stored securely. An electronic records system was used for the appointment process. The patients' eye examination records were paper-based, these were either written by the practitioner or dictated. Where paper files were used, these were turned face down to prevent anyone other than the member of staff dealing with the patient seeing them. Records, including any tapes, were stored securely. Records were stored in the provider's main office to maintain confidentiality and only those staff with authorisation were able to access them.

When children and young people transferred to a new team, there were no delays in staff accessing their records.

During our inspection, we reviewed two sets of patient records and found them to be fully completed, accurate and legible. Records included patient identity details, consent forms and ocular history.

Medicines

The service used systems and processes to safely prescribe, administer and record medicines. Storage of medicines was not safe.

Medicines were managed by trained members of staff and administered as prescribed for use by individual patients. Staff used topical eye drops to test children's eyes, there was a protocol and patient group directions (PGD) in place for these. Patient group directions (PGDs) are written instructions to help staff supply or administer medicines to patients, usually in planned circumstances.

On the day of our inspection, eye drops containing medicines were not locked away safely. The medicines required for the day had been brought downstairs in large plastic boxes and were left in the corridor. Although patients were escorted to the examination rooms, there was no oversight around who might have had access to the medicines, either to take them away or tamper with them.

Parents were told about any possible side effects of the eye drops, such as being sensitive to light or having blurred vision. Parents were told to contact their GP if the side effects were severe or did not ease after a few hours.

Staff told us if parents brought children on the wrong day, there were no problems accessing the child's records.

Services for children & young people

Staff were considerate of the needs of children with a learning disability. For example, children with a learning disability may become distressed about having someone put their eye drops in, so staff discussed with parents and if necessary, parents could apply the drops at home before coming to the clinic.

Incidents

Staff knew how to recognise and report incidents and near misses.

Staff knew what incidents to report and how to report them. Staff told us there had not been any incidents in the service. Staff told us they felt able to raise any concerns and explained the process to us.

Staff told us there were evacuation plans in place for the building should there be an emergency, but they had never had to evacuate the premises. Staff told us they had not practiced emergency evacuation of the building. However, the provider assured us and records confirmed staff completed fire safety training.

Staff understood the duty of candour. The duty of candour is a statutory (legal) duty to be open and honest with patients or their families when something goes wrong that appears to have caused or could lead to significant harm in the future. The service had not experienced any incidents which met the legal threshold to initiate the duty of candour. However, staff we spoke with clearly understood the duty of candour and their responsibilities within this.

Are Services for children & young people effective?

Good 

We rated effective as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidenced-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of children and young people in their care.

The service provided care and treatment based on national guidance and evidence-based practice. Staff told us communications between staff and parents was key, so parents understood the importance of treatment for their children. Staff saw some children as frequently as every two to three months; they said this helped them to build a rapport.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service followed guidance and policies developed in line with the Health and Care Professions Council (HCPC) and National Institute for Health and Care Excellence (NICE).

Nutrition and hydration

Staff took into account patients' individual needs.

Services for children & young people

The service would not be expected to provide food for patients visiting the centre. However, water was available and there was a kitchen area with refreshments and biscuits available.

Pain relief

Staff checked children were comfortable during their tests.

Staff ensured children and babies were comfortable during their eye examinations. Staff sometimes needed to apply eye drops to dilate patients' pupils before examining them. Staff warned parents and children these might sting and had strategies to help with this. For example, staff told children to blink as fast as they could and see who could blink faster, them or their parent. Staff used distraction techniques effectively.

Patient outcomes

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

The provider conducted regular audits. This included infection prevention and control audits, environment audits, medical records audits and other quality management audits. Learning from clinical audits were fed back to staff via team meetings. We saw evidence that learnings from regular audits were discussed at governance and team meetings.

We were told that outcomes were monitored following discharge through follow up appointments.

The service provided evidence of benchmarking against similar organisations on monitoring patient outcomes. The service had plans to align the service with a local independent hospital to share best practice and compare outcomes.

The service did not submit data to the Private Healthcare Information Network (PHIN). The managing director told us data was submitted to the commissioners through their quality accounts.

The operations director reported that 98% of patients were happy with their treatment in the 12 months preceding the inspection. This number included patients satisfied with treatments that do not fall under our regulation.

Competent staff

The service made sure staff were competent for their roles.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All clinical staff were registered with the Health and Care Professions Council (HCPC). They were required to complete continuous professional development to meet the professional body requirements to ensure delivery of safe and effective services to patients. Training records confirmed staff had completed role-specific training, this was provided by a local eye hospital. For example, staff completed paediatric basic life support.

Services for children & young people

Managers made sure staff received any specialist training for their role. For example, staff were trained to use additional specialist equipment that was not available on the high street, such as hand-held Optical Coherence Tomography (OCT). Hand-held OCT aids the diagnosis and monitoring of optic nerve diseases. Staff competencies were assessed. All new staff were buddied with an experienced member of staff to ensure consistency of practice and for senior staff to be assured that they are competent in role.

Managers did not support staff to develop through yearly, constructive appraisals of their work. Staff working in the children's clinic told us they did not have clinical supervision.

Staff told us they did not have formal team meetings to provide them with updates. However, staff told us a member of staff who also worked in the cataract clinic shared information with them.

Staff rotas were dependent on the number of patients with appointments booked. Staff told us there were always enough staff present.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit children, young people and their families. They supported each other to provide good care and communicated effectively with other agencies.

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide safe care. The team worked well together, with care and treatment delivered to patients in a co-ordinated way. Staff told us communications with patients' GP's and other services, such as hospital consultants, was managed effectively and in line with professional guidance.

Staff told us there was good teamwork within the service. They worked closely with colleagues across the service and felt supported when they needed additional advice and support. They supported each other to provide good care and communicated effectively with referrers. There were weekly team huddles to discuss the patients for that week, any outstanding reports and areas of concern or actions.

Seven-day services

Key services for children were not commissioned to be routinely available seven days a week, but the service was flexible to meet demand. The children's clinics were open at weekends and appointments were pre-booked. With the exception of two months in 2021 and two months in 2022, routine appointments were received and triaged within 48 hours. A doctor triaged appointments. Triage helps recognize the urgency among patients so staff could order eye tests in line with the patient's need.

Health promotion

Staff gave children, young people and their families practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support throughout the building, which was a GP's surgery.

Services for children & young people

Staff gave patients practical support and advice to lead healthier lives. Staff could refer patients to other children's services if necessary. Staff could print leaflets for parents, for example, information about conditions, such as lazy eye and squints. Information could be printed in several different languages.

The clinical team provided targeted health education to patients during their care and treatment. For example, staff tailored health promotion guidance for patients with severe eye conditions.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported children, young people and their families to make informed decisions about their care and treatment. They knew how to support children, young people and their families who lacked capacity to make their own decisions or were experiencing mental ill health.

staff understood how and when to assess whether a child or young person had the capacity to make decisions about their care.

Staff made sure children, young people and their families consented to treatment based on all the information available. Staff clearly recorded consent in the children and young people's records. If the patient's responsible adult refused recommended treatment for their child, they were asked to sign the patient's records to confirm this.

When children, young people or their families could not give consent, staff made decisions in their best interest, taking into account their wishes, culture and traditions.

If children needed eye drops to be administered, staff explained the process to the child and the child's responsible adult. If the child became distressed, staff tried distraction techniques and encouragement. Staff occasionally needed to ask the responsible adult to hold the child to keep them still, this was documented.

Following the procedure, the responsible adult was given information and advice about any aftercare that was needed. Information about any complications and what to do in the event of a complication was provided in a leaflet. They were also given a copy of the letter which was sent to the GP.

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Staff gained consent from patients' responsible adult for their care and treatment in line with legislation and guidance. They explained care and treatment to patients' responsible adult to gain their consent and recognised and respected their choice, if they chose not to have the recommended treatment.

Staff made sure patients consented to treatment based on all the information available. Staff had access to a policy which gave clear guidance. Staff checked patients' details, ensured the safety questionnaire had been completed and signed to say the patient was safe to enter the scan environment. Records we reviewed had scanned copies of the consent form saved to the electronic paper file. The records included details that care was provided with the consent of the patient.

Are Services for children & young people caring?

Services for children & young people

Good 

We rated caring as good.

Compassionate care

Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for children, young people and their families. Staff took time to interact with children, young people and their families in a respectful and considerate way. 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. There was a privacy, dignity and respect policy which provided guidance on the promotion of standards of care to enable the utmost privacy, dignity and respect for people who used the service. Patients were greeted warmly by the receptionist and the staff taking care of them.

Parents said staff treated them and their children well and with kindness. We observed several patient and staff interactions and saw that all staff spoke respectfully and kindly to patients. All parents we spoke with said they were provided with necessary information prior to attending the clinic and were able to ask questions before and after the procedure.

Staff followed policy to keep patient care and treatment confidential. We observed staff talking to parents on the phone to confirm their appointments. They were helpful and provided information in a clear way and repeated pertinent points making sure the patient had understood the necessary information.

Emotional support

Staff provided emotional support to children, young people and their families to minimise their distress. They understood children and young people's personal, cultural and religious needs.

Staff gave children, young people and their families help, emotional support and advice when they needed it. Staff interacted well with children and provided appropriate support, for example by distracting them with engaging conversations about things that were important to the child.

Throughout our observations staff provided reassurance and comfort to children and kept them informed about what was happening and how long the process would take. Patients we spoke with told us staff had been very good at putting them at ease.

Staff understood the emotional and social impact that a child or young person's care, treatment or condition had on their, and their family's wellbeing. Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Understanding and involvement of patients and those close to them

Services for children & young people

Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.

Staff made sure children, young people and their families understood their care and treatment. Parents were provided with information both in writing and from staff directly relating to their appointment and care and treatment.

Staff talked with children, young people and their families in a way they could understand, using communication aids where necessary.

Children, young people and their families could give feedback on the service and their treatment and staff supported them to do this.

Patients gave positive feedback about the service. The provider monitored patient feedback and had a target of 95% of patients rating them good or outstanding. In the year beginning April 2022, patient feedback exceeded this in two quarters, and was 91% in one quarter. Results were still being analysed for the fourth quarter.

Are Services for children & young people responsive?

Good 

We rated responsive as good.

Service delivery to meet the needs of local people

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

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. Service delivery was a collaboration between the centre and other providers which gave local people timely access services. This ensured patients had choice and continuity of care. The provider's website explained the services available to patients.

To offer an increased choice for patients and referrers, the service provided appointments for children. Each appointment was a 25 minutes booking and appointments were flexible to meet the needs of patients.

Facilities and premises were appropriate for the services being delivered. The service was in a GP's surgery. The unit was on two floors and was fully accessible to any patient. There was an adequate amount of seating and space for any patients who used a wheelchair or mobility scooter. Free car parking was available.

The service had systems to care for children and young people in need of additional support, specialist intervention, and planning for transition to adult services.

Services for children & young people

Managers monitored and took action to minimise missed appointments. For example, staff telephoned parents before their appointment to remind them and check they were attending. Managers ensured that children, young people and their families who did not attend appointments were contacted. On the day of our inspection, two children missed their appointments, despite staff telephoning ahead to remind parents and one family having another call to check they were attending. Staff wrote to the children's GP's and, where social workers were involved, they were also written to.

Equality and diversity:

The service had access to information leaflets available in languages other than English. All staff had completed equality and diversity training as part of their mandatory training. Staff understood the cultural, social and religious needs of the patient and were able to describe the reasonable adjustments they might need to make if required.

Meeting people's individual needs

The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help children, young people and their families access services. They coordinated care with other services and providers.

Managers made sure staff, children, young people and their families could get help from interpreters or signers when needed.

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. Staff explained children with learning disabilities often didn't want to stay on the premises for very long and didn't want strangers putting eye drops in. If necessary, parents could apply eye drops to their children's eyes at home. Staff made sure the child spent the minimum time possible in the clinic to reduce their anxiety. Staff coordinated care with other services and providers. For example, parents were given vouchers which they could use in high street opticians.

The service had access to information leaflets available in languages other than English.

Patients' personal preferences and needs were identified at the booking stage or at the time of the appointment.

The clinic's environment was fit for the purpose of service provided. The premises were a modern two storey building and had access suitable for people using wheelchairs. The building comprised a ground floor access through the front entrance, into to the reception area.

A toilet was available off the reception area, with soap, towels and bins. Hand gel was available throughout the premises.

Access and flow

People could access the service when they needed it and received the right care in a timely way.

Managers and staff worked to make sure children and young people did not stay longer than they needed to. People could access the service when they needed it and received the right service promptly. Waiting times for treatment were in line with national standards.

Services for children & young people

There was a structured and effective process for referrals to be processed. The administrators received the referral and entered it into the booking system. It was then triaged by a doctor ready for booking. The team telephoned the patient and an appointment letter was sent in the post or using email.

Managers monitored waiting times and made sure children, young people and their families could access services when needed and received treatment within agreed timeframes and national targets. Records showed everyone had an appointment within two weeks of being referred. Staff told us children's appointments weren't cancelled because the service had a pool of staff which meant someone else could cover.

Staff supported children, young people and their families when they were referred or transferred between services.

Learning from complaints and concerns

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

The service clearly displayed information about how to raise a concern in patient areas. Staff understood the policy on complaints and knew how to handle them. The service had an up to date complaints policy, which outlined procedures for accepting, investigating, recording and responding to local, informal, and formal complaints about the service. The provider's policy outlined the process to learn from complaints and learning was shared across the provider.

It was easy for people to give feedback and raise concerns about care received. Staff were aware of how to manage complaints, but none had been received in the year beginning April 2022.

Staff understood the policy on complaints and knew how to handle them. The registered manager told us they routinely received patient feedback of minor issues raised on the day which were resolved there and then.

Are Services for children & young people 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.

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.

Services for children & young people

The registered manager demonstrated high levels of experience and capability and was passionate about the service. The registered manager had increased the hours the service was open to provide more flexibility within the service and was able to support staff at busy times by filling gaps in their rota when necessary.

There were clear lines of management responsibility and accountability within the organisation.

Staff told us the manager was visible, approachable and supportive and took an interest in their welfare. Staff told us the manager had a full understanding of their roles. Staff told us they were proud to work for the service.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.

Staff said they worked to the ethos of giving care to every patient as if they were a member of their family. Several staff told us patients were human beings, not numbers, and they worked to maintain this work ethic in all aspects of interaction. Staff demonstrably delivered care and treatment according to the provider's mission statement and ethos and were supported to contribute new ideas and ways of working.

The provider had implemented four core values; trust, passion, care and fresh thinking. Staff worked in a way that demonstrated their commitment to make eye healthcare better in line with the provider's vision.

The provider had a vision to make eye care easier to access, by working with hospitals, clinicians and commissioners across the NHS and the Independent sector. The provider aimed to meet some of eye health's most pressing challenges; reducing waiting times, speeding up diagnoses, saving money and improving the overall patient experience. All staff we spoke with were committed to the values of the provider of improving overall patient experience.

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 informed us there was a positive culture within the service. They felt respected, supported and valued. Staff had opportunities for training and career development. The service had an open culture where staff could raise concerns without fear. Staff recognised they needed to be open and transparent with patients when something went wrong in line with the duty of candour requirements. Patients we spoke with were positive about the culture of the service and did not have any concerns to raise.

Staff felt they were able to raise concerns if necessary. The service had a diverse team of staff, and staff we spoke with felt they worked in a fair and inclusive environment. There was a culture of learning and sharing, including from incidents, complaints and other feedback. Staff considered any feedback they received to be valuable and shared this with the rest of the centre, so colleagues could build on it.

Staff worked within and promoted a culture that placed patient care at the heart of the service and recognised the power of caring relationships between people. Dignity and respect were intrinsic elements of the culture and all staff we observed and spoke with clearly demonstrated this.

Services for children & young people

During the inspection, we were assured the culture encouraged openness and honesty in response to incidents. Staff understood the importance of recording incidents to learn and prevent recurrence. Staff understood being open and honest with service users when things go wrong with care and treatment.

Staff could access an employee assistance scheme to get independent support for personal problems such as financial advice and counselling.

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.

Leaders operated effective governance processes throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. There were regular staff meetings where clinical issues, patient feedback, staffing, complaints and incidents were discussed and reviewed. The clinical leadership oversaw clinical governance issues, key policies and guidance and monitored patient outcomes.

Governance arrangements within the service included an oversight of patient incidents, documentation errors, lessons learnt, clinical audits and patient experience. All staff we spoke with understood the governance structure of the service.

Monthly staff meetings were held where workload, staffing, quality, safety and governance issues were discussed. We reviewed three sets of minutes and saw that items discussed included audit results, patient satisfaction, policy and procedure updates, incidents and complaints in addition to those mentioned above. The operations director was responsible for quality and governance of the service.

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.

There were assurance systems at the centre. Managers escalated performance issues through clear structures and processes. Senior leaders met weekly to discuss any serious incidents, complaints, governance and safeguarding issues.

The service kept a risk register. We viewed risk registers for the service. We found some alignment between issues we had identified on the inspection and what was on the risk register. The risk register recorded the location of risks, a brief analysis, a description, the severity and likelihood rating, any mitigation measures, a responsible person and a target date to review. There was a policy for risk management and the service undertook various risk assessments. We saw risk assessments for fire safety, health and safety and infection control. The management were responsible for improvement and took immediate actions to rectify risks identified during the inspection, such as unlocked medicines and the implementation of fridge temperature monitoring schedule. Following the inspection, comprehensive risk assessments were submitted to us.

Information Management

Services for children & young people

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

There was General Data Protection Regulation (GDPR) policy that staff followed. All staff had received information governance awareness training. All new patient information held by the provider was stored in a computer system. There was a system to ensure all paper records held, such as old patient records and written consent forms, were stored in a lockable filing cabinet.

Systems were in place to record and collate complaints and incidents. However, the service had not received any complaints and no incidents had occurred from May 2021 to May 2022. The service received compliments from families through messaging and recorded this information in their performance dashboard.

Staff spoke positively about communications between teams and levels of seniority. They said this helped patients to access specialist services quickly and meant discussions between teams were focused and effective. All staff subscribed to the provider's information governance code to support appropriate handling of confidential data. The code consisted of nine directives for data handling and included verbal handling of personal information.

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.

We observed staff actively engaging with patients about their care and treatment. Patient surveys were carried out annually towards the end of the year, although this had been impacted by the pandemic. Staff told us they felt engaged with the provider and had opportunities to feed back and be involved in improvements through staff survey and staff feedback and comment forms.

Staff had access to information about the service through electronic systems and at team meetings. We observed the staff notice board highlighted relevant clinical information and guidelines. Staff told us they felt engaged in the day to day operations of the service and could influence changes. They had regular staff meetings which they used to share information related to incidents or complaints and examples of good practice.

Learning, continuous improvement and innovation

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

The service had systems to monitor staff training and development. Staff had taken advantage of the opportunities available to learn, develop and improve their skills. All staff were committed to improving patient access to the service by minimising delayed appointments. The service had implemented a new system of booking patient appointments to reduce waiting times.






Senior staff demonstrably and persistently encouraged and empowered staff to develop professionally by facilitating opportunities and providing the resources needed for growth.

Services for children & young people

Clinical staff were research-active and proactively attended network meetings and conferences as part of a strategy to ensure continual professional development and provide patients with care based on the latest knowledge. Staff spoke highly of this and said opportunities for training and networking were particularly valuable to their work.

The operations director and the lead clinician were committed to continual learning. Although they had not received any complaints or recent incidents, they could provide examples where they have made changes to practice to improve safe and effective care. For example, the provider changed the pre-assessment questions following an audit of patient care records.

Outpatients

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

Are Outpatients safe?

Requires Improvement 

We rated safe as requires improvement.

Mandatory training

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

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. The registered manager ensured staff completed their mandatory training. For example, staff had completed infection control and adult basic life support training. Most staff had completed their mandatory training and we noted staff who were yet to complete their training had been booked onto future training sessions.

The mandatory training was comprehensive and met the needs of patients and staff. Staff also completed role specific mandatory training. For example, infection control, basic life support and prevent training.

The registered manager monitored compliance with mandatory training and staff were alerted when they needed to update their training. Staff confirmed they were given enough time to do training.

Staff told us they could access online training appropriate for the service.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Staff completed safeguarding adults' level two and safeguarding children level two training. The provider had a safeguarding children's lead and they had been trained to safeguarding level three.

Outpatients

Staff knew how to make a safeguarding referral and who to inform if they had concerns. There was a local safeguarding policy which the action staff were to take should they suspect any patient was at risk from abuse. Staff knew the contact details of the safeguarding team at the local authority if they had any concerns.

Staff were able to clearly articulate signs of different types of abuse and the types of concerns they would report or escalate to the registered manager. The safeguarding policy was up to date and contained the necessary information for staff.

Cleanliness, infection control and hygiene

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

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment visibly clean. All equipment was wiped down in-between patients.

Clinical areas were visibly clean and had suitable furnishings which were visibly clean and well-maintained. The service followed the provider's cleaning policies which had been updated during COVID-19.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The service employed a cleaning company who completed a daily cleaning log. Cleaning schedules were displayed in some areas of the clinic, for example in the toilets, in line with policy. Staff cleaned equipment and seats after patient contact.

Staff followed infection control principles including the use of personal protective equipment where necessary. There were appropriate hand washing facilities and sanitising hand gel was available. Staff had their arms bare below their elbows and washed their hands before and after each patient. Personal and protective equipment such as latex-free gloves and antiseptic wipes were readily available for staff to use at the service.

In the twelve months before the inspection, there had been no incidences of healthcare acquired infections at the location.

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.

Staff disposed of most clinical waste safely. Each consulting room had a bin for collecting sharps. There was a safe storage area for these in a locked cupboard underneath the stairs. There was also a locked bin at the back of the staff car park where sharps were put awaiting collection. However, the bin in the staff car park for clinical waste awaiting collection was overflowing.

A fridge was used to store medicines that needed to be kept cool. However, there were no records to show fridge temperatures were monitored to ensure medicines were kept at the optimum temperatures.

Outpatients

The service had suitable facilities to meet the needs of children and young people's families. The service had enough suitable equipment to help them to safely care for children and young people. Staff told us the equipment used for eye examinations, such as orthoptic tests, was new. Orthoptic tests detect defects in eye movements and problems with how the eyes work together, called binocular vision.

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use equipment. Staff did not routinely risk assess every patient who attended the clinic, unless the patient had mobility difficulties. Staff were able to use one, easy to access downstairs room and move equipment to the person if necessary.

The service had suitable facilities and had enough suitable equipment to meet the needs of patients. Staff did not visit people in their homes to complete tests.

There were service contracts for the equipment and a clear process for maintaining them and rectifying any faults. The provider arranged for a specialist organisation to complete the safety checks and these included annual/six-monthly/quarterly checks. There was a process for the safe handover of equipment after maintenance. Records showed other checks, such as electrical equipment tests, fire extinguishers, legionella testing and the fire risk assessment, were all completed.

Staff reported if they became aware of a fault with any equipment and raised this with the registered manager immediately. The service had enough equipment to be able to decommission any faulty equipment until the fault had been rectified.

Equipment was operated and maintained consistent with the manufacturer's recommendations. The service had access to a resuscitation trolley from the GP surgery. There was a first aid box available which was within expiry date. Staff were up-to-date with adult and children first aid training. Staff told us in case of an emergency they would call 999.

Assessing and responding to patient risk

Staff identified and quickly acted upon patients at risk of deterioration.

Patients attending the service for eye tests were mostly in good health. All staff were first aid trained if someone became unwell, and could get the support of a doctor on the premises. Staff had a policy and procedure to follow in the event of a medical emergency and told us they would respond immediately if a medical emergency occurred. Staff confirmed they would raise the alarm by dialling 999 or if, required the patient would be referred to the local A&E.

There was a patient identification process to ensure each patient received the test they were supposed to have. This process enabled staff to positively and safely identify patients and ensured the right patient received the right investigation at the right time.

Staff shared key information to keep patients safe when handing over their care to others. Patients with any urgent findings were escalated immediately. For example, staff completing eye tests can sometimes identify a range of health-related diseases that have gone undetected. If any unexpected findings were identified, staff told us their reporting system meant reports were turned around the same day.

Staffing

Outpatients

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

At the time of our inspection, the service had contracts with nine surgeons, three anaesthetists, seven doctors, four orthoptists and one optometrist and 20 nursing and support staff, most of whom were ophthalmic specialty trained. There were also 17 admin and clerical staff. However, these were the total numbers of staff who worked across all the provider's locations.

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

Managers limited their use of bank staff and requested staff familiar with the service. The registered manager told us the service had their own bank staff and did not use agency staff. Staff would also work additional shifts where necessary.

Managers made sure all bank staff had a full induction and understood the service. Bank staff had a full induction provided by the provider and had a local induction. They were trained to use the machines and had their competencies assessed.

Managers accurately calculated and reviewed the number and grade of staff needed for each shift in accordance with national guidance. The number of staff on duty matched the planned numbers.

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. Staff had access to a records management policy which applied to all records. The policy outlined processes to ensure that record-keeping, records management systems and general practice in handling records complied with relevant legislation and professional and contractual information governance standards.

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Parental choice was clearly recorded. Staff always recorded who attended with the child and how they were related. Staff also had information about who any information should be sent to, such as social workers.

Records were stored securely. An electronic records system was used for the appointment process. The patients' eye examination records were paper-based, these were either written by the practitioner or dictated. Where paper files were used, these were turned face down to prevent anyone other than the member of staff dealing with the patient seeing them. Records, including any tapes, were stored securely. Records were stored in the provider's main office to maintain confidentiality and only those staff with authorisation were able to access them.

When children and young people transferred to a new team, there were no delays in staff accessing their records.

During our inspection, we reviewed four sets of patient records and found them to be fully completed, accurate and legible. Records included patient identity details, consent forms and ocular history.

Outpatients

The registered manager told us if patients' left the practice, staff waited two months after the patient had left, then scanned and saved their record. Paper records were then shredded. The provider had their records for the past nine years.

Medicines

The service used systems and processes to safely prescribe, administer, record medicines, however, the storage of medicines were not in line with current legislation and guidelines.

On the day of our inspection, eye drops containing medicines were not locked away safely. Medicines were stored on top of the fridge and some were next to chemical agents, such as Hibiscrub. There were no records of fridge temperatures, this was important to ensure medicines were kept at the correct temperature. Some tablets were not stored in their original boxes. The room where the medicines were kept was not locked. Although patients were escorted to the examination rooms, there was no oversight around who might have had access to the medicines, either to take them away or tamper with them.

Medicines were managed by trained members of staff and administered as prescribed for use by individual patients. Staff used topical eye drops to test patients' eyes, there was a protocol and patient group directions (PGD) in place for these. Patient group directions (PGDs) are written instructions to help staff supply or administer medicines to patients, usually in planned circumstances.

Patients were told about any possible side effects of the eye drops, such as being sensitive to light or having blurred vision. Parents were told to contact their GP if the side effects were severe or did not ease after a few hours.

Staff were considerate of the needs of people with a learning disability. For example, people with a learning disability may become distressed about having someone put their eye drops in, so staff discussed with the patient's carers and if necessary, carers could apply the drops at home before coming to the clinic.

Incidents

Staff knew how to recognise and report incidents and near misses.

Staff knew what incidents to report and how to report them. Staff told us there had not been any incidents in the service. Staff told us they felt able to raise any concerns and explained the process to us.

Staff understood the duty of candour. The duty of candour is a statutory (legal) duty to be open and honest with patients or their families when something goes wrong that appears to have caused or could lead to significant harm in the future. The service had not experienced any incidents which met the legal threshold to initiate the duty of candour. However, staff we spoke with clearly understood the duty of candour and their responsibilities within this.

Are Outpatients effective?

Inspected but not rated 

We did not rate effective

Outpatients

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. The registered manager ensured they followed up to date guidance.

Up-to-date policies to plan and deliver high quality care according to best practice and national guidance were followed. The registered manager implemented policies developed by the Ophthalmic Association and adapted these to the service. This ensured the policies were relevant and based on national and most up to date guidance. Staff told us communications between staff and parents was key so parents understood the importance of treatment for their children. Staff saw some children as frequently as every two to three months; they said this helped them to build a rapport.

We saw that staff used the Royal College of Ophthalmologists Standards for Eye Surgery examination, the National Institute for Health and Care Excellence guidance and the General Medical Council guidance when assessing patients' needs and planning their care and treatment for eye surgery.

Policies were readily available to staff along with standard operating procedures and clinical staff we spoke with could tell us how they would access them. Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service followed guidance and policies developed in line with the Health and Care Professions Council (HCPC).

Nutrition and hydration

Staff took into account patients' individual needs.

The service would not be expected to provide food for patients visiting the centre. However, water was available and there was a kitchen area with refreshments and biscuits available.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain or discomfort.

Staff ensured patients were comfortable during their eye examinations. Staff sometimes needed to apply eye drops to dilate patients' pupils before examining them. Staff warned parents these might sting and everyone we observed was comfortable with this.

Patient outcomes

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

The outpatient services conducted regular audits. This included infection prevention and control audits, environment audits, medical records audits and other quality management audits. Learning from clinical audits were fed back to staff via team meetings. We saw evidence that learnings from regular audits were discussed at governance and team meetings.

Outpatients

The service provided evidence of benchmarking against similar organisations on monitoring patient outcomes. The clinical services manager had plans to align the service with a local independent hospital to share best practice and compare outcomes.

The service monitored patient outcomes and experience through their monthly clinic audits and patient satisfaction surveys.

The clinic did not submit data to the Private Healthcare Information Network (PHIN). The managing director told us data was submitted to the commissioners through their quality accounts.

The operations director reported that 98% of patients were happy with their treatment in the 12 months preceding the inspection. This number included patients satisfied with treatments that do not fall under our regulation.

Competent staff

The service made sure staff were competent for their roles.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All clinical staff were registered with the Health and Care Professions Council (HCPC). They were required to complete continuous professional development to meet the professional body requirements to ensure delivery of safe and effective services to patients. Training records confirmed staff had completed role-specific training, this was provided by a local eye hospital.

Managers made sure staff received any specialist training for their role. For example, staff were trained to use additional specialist equipment that was not available on the high street such as hand-held Optical Coherence Tomography (OCT). Hand-held OCT aids the diagnosis and monitoring of optic nerve diseases. Staff competencies were assessed. All new staff were buddied with an experienced member of staff to ensure consistency of practice and for senior staff to be assured that they are competent in role,

There was a robust system for monitoring and managing staff; all permanent clinic staff received monthly one to one meeting with the clinic manager in which they could discuss any issues, concerns and performance. In addition, annual appraisals were also carried out for all staff and we saw that compliance rate for appraisals was 100%. Part of the appraisal process for medical and nursing staff included ensuring all professional registrations were current and appropriate.

Staff rotas were dependent on the number of patients with appointments booked. Staff told us there were always enough staff present.

Multidisciplinary working

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

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide safe care. The team worked well together, with care and treatment delivered to patients in a co-ordinated way. Staff told us communications with patients' GP's and other services such as hospital consultants was managed effectively and in line with professional guidance.

Outpatients

Staff told us there was good teamwork within the service. They worked closely with colleagues across the organisation and felt supported when they needed additional advice and support. They supported each other to provide good care and communicated effectively with referrers. There were weekly team huddles to discuss the patients for that week, any outstanding reports and areas of concern or actions.

Seven-day services

Key services were not commissioned to be routinely available seven days a week, but the service was flexible to meet demand.

Key services were not commissioned to be routinely available seven days a week, but the service was flexible to meet demand. Clinics were open on Mondays, Tuesdays, Thursdays and Fridays and appointments were pre-booked. Routine appointments were received and triaged within 48 hours. A doctor triaged appointments. Triage helps recognize the urgency among patients so staff could order eye tests in line with patients' need.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support throughout the building, which was a GP's surgery. Staff gave patients practical support and advice to lead healthier lives. Staff could refer patients to other services if necessary. Staff could print leaflets for patients giving them information about their eye condition. Information could be printed in several different languages.

The clinical team provided targeted health education to patients during their care and treatment. For example, staff tailored health promotion guidance for patients with severe eye conditions.

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 gained consent from patients for their care and treatment based on all the information available and in line with legislation and guidance. Staff understood their responsibility to gain consent from patients before continuing with the examination. They explained care and treatment to patients to gain their consent and recognised and respected patients' choice.

Staff clearly recorded consent in the patients' records. Patients were given information about aftercare and leaflets were available to help patients understand their conditions. Staff had access to a policy which gave clear guidance on consent and obtaining consent.

Outpatients

Are Outpatients caring?

Good 

We rated caring 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. There was a privacy, dignity and respect policy which provided guidance on the promotion of standards of care to enable the utmost privacy, dignity and respect for people who used the service. Patients were greeted warmly by the receptionist and made to feel welcome and offered a complimentary hot or cold drink from a machine in the reception area.

Patients said staff treated them well and with kindness. We observed several patient and staff interactions and saw that all staff spoke respectfully and kindly to patients. Patients we spoke with said staff were kind and helpful during their scan. All patients said they were provided with necessary information prior to attending the clinic and were able to ask questions before and after the procedure.

Staff followed policy to keep patient care and treatment confidential. We observed staff talking to patients on the phone to make their appointments. They were helpful and provided information in a clear way and repeated pertinent points making sure the patient had understood the necessary information.

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 interacted well with patients and provided appropriate support. For example, we observed one person with complex needs having their eyes examined. The doctor performing the examination was very reassuring and engaged the patient in general chat to relax them. The patient's relative told us, "It's a dream coming here."

We saw that staff were trained to provide a positive, compassionate and supportive care. During the initial consultations, we saw that staff took the time to ask patients about any specific cultural or social needs they may have had in relation to the treatment.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand the procedure they were having and make decisions about their care and treatment.

Outpatients

Staff made sure patients understood their care and treatment. Parents were provided with information both in writing and from staff directly relating to their appointment and care and treatment.

Staff talked to patients in a way they could understand, using communication aids where necessary.

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

Patients gave positive feedback about the service. The provider monitored patient feedback and had a target of 95% of patients rating them good or outstanding. In the year beginning April 2022, patient feedback exceeded this in two quarters, and was 91% in one quarter. Results were still being analysed for the fourth quarter.

Are Outpatients responsive?

Good 

We rated responsive as good.

Service delivery to meet the needs of local people

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

Managers planned and organised services so they met the changing needs of the local population. The provider's website explained the services available to patients.

To offer an increased choice for patients and referrers, the service was able to provide weekend appointments during busy times to meet increasing demand during the summer months. Appointments were flexible to meet the needs of patients.

Facilities and premises were appropriate for the services being delivered. The service was in a GP practice. The unit was on two floors and was fully accessible to any patient. There was an adequate amount of seating and space for any patients who used a wheelchair or mobility scooter. Free car parking was available.

Managers monitored and took action to minimise missed appointments. Patients were able to choose how they wanted their information, either by email or post.

Equality and diversity:

The service had access to information leaflets available in languages other than English. All staff had completed equality and diversity training as part of their mandatory training. Staff understood the cultural, social and religious needs of the patient and were able to describe the reasonable adjustments they might need to make if required.

Meeting people's individual needs

Outpatients

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.

Patients' personal preferences and needs were identified at the booking stage or at the time of the appointment. Staff told us reasonable adjustments, such as extending appointment times were made for some patients. This included those with autism, limited mobility or learning disabilities. The service was accessible by people using a wheelchair.

In response to patient feedback, the provider changed clinic times to start earlier, this was to accommodate older patients who wanted to be home before dusk.

The service had suitable facilities to meet the needs of patients' families. Patients' significant others were able to wait in the waiting room, where they had access to drinking water.

A toilet was available off the reception area, with soap, towels and bins. Hand gel was available throughout the premises.

Access and flow

People could access the service when they needed it and received the right service promptly. Waiting times for treatment were in line with national standards.

People could access the service when they needed it and received the right care in a timely way. Patients could self-refer and were able to access the service by booking an initial appointment by telephone or on the provider's website.

Managers and staff worked to make sure people did not stay longer than they needed to. People could access the service when they needed it and received the right service promptly. Waiting times for treatment were in line with national standards.

There was a structured and effective process for referrals to be processed. The administrators received the referral and entered it into the booking system. It was then triaged by a doctor ready for booking. The team telephoned the patient and an appointment letter was sent in the post or using email. Staff supported patients when they were referred or transferred between services.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. Records showed everyone had an appointment within two weeks of being referred. Staff told us appointments weren't cancelled because the service had a pool of staff which meant someone else could cover.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. Staff were aware of how to manage complains but none had been received in the past twelve months.

Outpatients

The service clearly displayed information about how to raise a concern in patient areas. Staff understood the policy on complaints and knew how to handle them. The service had an up to date complaints policy, which outlined procedures for accepting, investigating, recording and responding to local, informal, and formal complaints about the service. The provider's policy outlined the process to learn from complaints and learning was shared across the provider.

It was easy for people to give feedback and raise concerns about care received. Staff were aware of how to manage complaints, but none had been received since April 2022. One formal complaint was received in the year April 2021 to March 2022, this had been dealt with in line with the provider's policy.

Staff understood the policy on complaints and knew how to handle them. The registered manager told us they routinely received patient feedback of minor issues raised on the day which were resolved there and then.

Are Outpatients well-led?

Good 

We rated well-led as good.

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.

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. Senior members of staff we spoke with had been in post for several years and had good knowledge of the service and its systems and processes.

The registered manager demonstrated high levels of experience and capability and was passionate about the service. The registered manager had increased the hours the service was open to provide more flexibility within the service and was able to support staff at busy times by filling gaps in their rota when necessary.

There were clear lines of management responsibility and accountability within the organisation. Staff told us the manager was visible, approachable and supportive and took an interest in their welfare. Staff told us the manager had a full understanding of their roles. Staff told us they were proud to work for the service.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on the sustainability of services.

Staff said they worked to the ethos of giving care to every patient as if they were a member of their family. Several staff told us patients were human beings, not numbers, and they worked to maintain this work ethic in all aspects of interaction. Staff demonstrably delivered care and treatment according to the provider's mission statement and ethos and were supported to contribute new ideas and ways of working.

The provider had implemented four core values; trust, passion, care and fresh thinking. Staff worked in a way that demonstrated their commitment to make eye healthcare better in line with the provider's vision.

Outpatients

The provider had a vision to make eye care easier to access, by working with hospitals, clinicians and commissioners across the NHS and the Independent health sector. The provider aimed to meet some of eye health's most pressing challenges; reducing waiting times, speeding up diagnoses, saving money and improving the overall patient experience. All staff we spoke with were committed to the values of the provider of improving overall patient experience.

Culture:

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

Staff informed us there was a positive culture within the service. They felt respected, supported and valued. Staff had opportunities for training and career development. The service had an open culture where staff could raise concerns without fear. Staff recognised they needed to be open and transparent with patients when something went wrong in line with the duty of candour requirements. Patients we spoke to were positive about the culture of the service and did not have any concerns to raise.

Staff felt they were able to raise concerns if necessary. The service had a diverse team of staff, and staff we spoke with felt they worked in a fair and inclusive environment. There was a culture of learning and sharing, including from incidents, complaints and other feedback. Staff considered any feedback they received to be valuable and shared this with the rest of the centre, so colleagues could build on it.

Staff worked within and promoted a culture that placed patient care at the heart of the service and recognised the power of caring relationships between people. Dignity and respect were intrinsic elements of the culture and all staff we observed and spoke with clearly demonstrated this.

During the inspection, we were assured the culture encouraged openness and honesty in response to incidents. Staff understood the importance of recording incidents to learn and prevent recurrence. Staff understood being open and honest with service users when things go wrong with care and treatment.

Staff could access an employee assistance scheme to get independent support for personal problems, such as financial advice and counselling.

Governance

Leaders operated mostly effective governance processes throughout the service. However, there was a policy and some procedures relating to non-medical referrers which was not clear. 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.

Leaders operated effective governance processes throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. There were regular staff meetings where clinical issues, patient feedback, staffing, complaints and incidents were discussed and reviewed. The clinical leadership oversaw clinical governance issues, key policies and guidance and monitored patient outcomes.

Outpatients

Governance arrangements within the service included an oversight of patient incidents, documentation errors, lessons learnt, clinical audits and patient experience. All staff we spoke with understood the governance structure of the service.

Monthly staff meetings were held where workload, staffing, quality, safety and governance issues were discussed. We reviewed three sets of minutes and saw that items discussed included audit results, patient satisfaction, policy and procedure updates, incidents and complaints in addition to those mentioned above. The operations director was responsible for quality and governance of the service.

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.

The service kept a risk register. We viewed risk registers for the service. We found some alignment between issues we had identified on the inspection and what was on the risk register. The risk register recorded the location of risks, a brief analysis, a description, the severity and likelihood rating, any mitigation measures, a responsible person and a target date to review. There was a policy for risk management and the service undertook various risk assessments. We saw risk assessments for fire safety, health and safety and infection control. The management were responsible for improvement and took immediate actions to rectify risks identified during the inspection, such as unlocked medicines and the implementation of fridge temperature monitoring schedule. Following the inspection, comprehensive risk assessments were submitted to us.

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.

There was General Data Protection Regulation (GDPR) policy that staff followed. All staff had received information governance awareness training. All new patient information held by the provider was stored in a computer system. There was a system to ensure all paper records held, such as old patient records and written consent forms, were stored in a lockable filing cabinet.

Systems were in place to record and collate complaints and incidents. However, the service had not received any complaints and no incidents had occurred from May 2021 to May 2022. The service received compliments from families through messaging and recorded this information in their performance dashboard.

Staff spoke positively about communications between teams and levels of seniority. They said this helped patients to access specialist services quickly and meant discussions between teams were focused and effective. All staff subscribed to the provider's information governance code to support appropriate handling of confidential data. The code consisted of nine directives for data handling and included verbal handling of personal information.

Engagement

Leaders and staff actively and openly engaged with patients and staff to plan and manage services.

Outpatients

We observed staff actively engaging with patients about their care and treatment. Patient surveys were carried out annually towards the end of the year, although this had been impacted by the pandemic. Staff told us they felt engaged with the provider and had opportunities to feed back and be involved in improvements through staff survey and staff feedback and comment forms.

Staff had access to information about the service through electronic systems and at team meetings. We observed the staff notice board highlighted relevant clinical information and guidelines. Staff told us they felt engaged in the day to day operations of the service and could influence changes. They had regular staff meetings which they used to share information related to incidents or complaints and examples of good practice.

Learning, continuous improvement and innovation

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






The service had systems to monitor staff training and development. Staff had taken advantage of the opportunities available to learn, develop and improve their skills. All staff were committed to improving patient access to the service by minimising delayed appointments. The service had implemented a new system of booking patient appointments to reduce waiting times.

Senior staff demonstrably and persistently encouraged and empowered staff to develop professionally by facilitating opportunities and providing the resources needed for growth.

Clinical staff were research-active and proactively attended network meetings and conferences as part of a strategy to ensure continual professional development and provide patients with care based on the latest knowledge. Staff spoke highly of this and said opportunities for training and networking were particularly valuable to their work.

The operations director and the lead clinician were committed to continual learning. Although they had not received any complaints or recent incidents, they could provide examples where they have made changes to practice to improve safe and effective care. For example, the provider changed the pre-assessment questions following an audit of patient care records.

Surgery

| | |
|------------|--|
| Safe | Good  |
| Effective | Good  |
| Caring | Good  |
| 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 staff. Most staff had completed their mandatory training and we noted staff, who were yet to complete their training, had been booked onto future training sessions.

Mandatory training included basic life support and adult immediate life support, health and safety, infection control, manual handling, national early warning score (NEWS 2), safeguarding adults and safeguarding children. Managers monitored mandatory training and alerted staff when they needed to update their 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. Safeguarding children and adults formed part of the mandatory training programme for staff. The safeguarding lead had completed level two safeguarding children and vulnerable adults training. All clinical staff had completed level two safeguarding children and vulnerable adults training.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff gave examples of concerns they would report and knew the contact details for the agencies they would report to. This included the clinical commissioning group safeguarding team and local authorities.

Surgery

The service had an up-to-date safeguarding policies, one for children and one for adults. Each policy included details of how to escalate concerns. All staff we spoke with knew how to access the safeguarding policies. They were aware of who the safeguarding lead was. There were no safeguarding incidents in the previous 12 months. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff followed safe procedures for children receiving outpatient's or surgical care at the 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.

Clinical areas were visibly clean and had suitable furnishings which were clean and well-maintained. Staff were 'bare below the elbow' and adhered to infection control precautions throughout our inspection, such as hand washing and using hand sanitisers when entering and exiting the unit and wearing personal protective equipment (PPE) when caring for patients.

Staff had easy access to PPE such as masks, gowns and gloves. There was sufficient access to antibacterial hand gels, as well as handwashing and drying facilities. Staff cleaned equipment after patient contact. They used disposable paper towel to cover the examination couch when in use. They cleaned the couch and changed the towel in-between patients. Disposable curtains were labelled with the date they were last changed. This date was within the last six months, in line with the provider's guidelines. Staff worked effectively to prevent, identify and treat surgical site infections.

Environment and equipment

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

The service had processes in place to ensure equipment was maintained and tested for electrical safety, to ensure they were fit for purpose and safe for patient use.

The service had enough suitable equipment to help them to safely care for patients. The service had suitable facilities to meet the needs of patients' families. Staff carried out daily safety checks of specialist equipment and disposed of clinical waste safely.

There were housekeeping staff responsible for cleaning all areas and we found all areas were maintained to a good standard of cleanliness. Patients and relatives told us they were satisfied with the level of cleanliness at the centre and at the hospital where surgical procedures were provided. Areas we visited were tidy, clean and uncluttered.

There was sufficient access to hand gel dispensers, handwashing, and drying facilities. Hand washing basins had sufficient supplies of soap and paper towels. Services displayed signage prompting people to wash their hands and gave guidance on good hand washing practice.

Personal protective equipment, such as disposable gloves and aprons were readily available in all areas. Clinical and domestic waste bins were available and clearly marked for appropriate disposal. We noticed information explaining waste segregation procedures and waste segregation instructions.

Staff carried out daily safety checks of specialist equipment. This included daily checks of the eye test machines used at the service. There were environmental risk assessments in place, including those to minimise the risk associated with fire.

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Assessing and responding to patient risk

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

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Staff were trained in the recognition and treatment of sepsis and used the national early warning score (NEWS2) to help them identify deteriorating patients and all staff were trained in basic life support.

Staff completed risk assessments for each patient and reviewed this regularly, including after any incident. Staff were supported by senior medical staff. If concerns were identified, they could speak to the consultant at any time. If a patient needed further escalation, the process was to call 999 and request an emergency ambulance to transfer patients to the nearest accident and emergency department.

Staff shared key information to keep patients safe when handing over their care to others. Shift changes and handovers included all necessary key information to keep patients safe. Patient pathways were in place for the referral and transfer of patients to local NHS hospitals in the event of an emergency.

Staff shared key information to keep patients safe when handing over their care to others. Staff arranged follow up calls with the initial call arranged on the day after the surgery to ensure aftercare arrangements were reviewed, and the patient's questions answered.

The service used the World Health Organisation (WHO) surgical safety checklist for patients throughout the perioperative journey, to prevent or avoid serious patient harm.

Nurse staffing

The service had enough nursing and support 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 agency staff a full induction.

Staffing levels were compliant with recommendations from the Association for Perioperative Practice (AfPP) and Royal College of Nursing (RCN) guidance. For example, the theatre staff had implemented the five steps to safer surgery, surgical skin preparation and perioperative warming improvement.

The manager could adjust staffing levels daily according to the needs of patients. Rotas were planned in advance and any gaps could be filled at short notice if staff became unavailable.

Surgical staffing levels were based on the number of patients on that day's lists and the procedures they were going to undertake. All the staff we spoke with were happy with the current nursing staffing levels in the centre. They felt there were appropriate numbers and skill mix for the patients that were being treated.

Medical staffing

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

Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction. All staff we spoke with felt the staffing levels were sufficient to cover the work required. Procedures would be cancelled if needed, for

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example, if the lead doctor was unwell. There was a formal induction process for new staff, which we saw documented. The provider carried out staff checks at the time of recruitment or hiring a technician. Disclosure and Barring Service (DBS) checks were undertaken on all staff members. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Consultants were required to be available for suitable follow-up with patients and to be contactable whilst the patient was still in hospital. If they were not going to be available, they had to arrange for their own cover. The ward staff said they could contact consultants about patients' condition following procedures, including at nights and weekends. Two contact numbers were taken for all consultants and anaesthetists.

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.

Records were clear, up-to-date, stored securely and easily available to all staff providing care. We reviewed the records for six patients and found staff completed documentation in line with General Medical Council (GMC) best practice. For example, notes were contemporaneous, dated and signed. Staff detailed each patient's medical history and prescription medicine history along with a clear plan of the next steps in their treatment.

Patient notes contained a copy of patients consent forms. The consent forms we saw were legible and included the risks and benefits of the procedure the patient was undergoing. Patient records were stored appropriately. Access to the computers and patient confidential information was password protected, with staff having access via passwords. Copies of peri-operative treatment plans were recorded in patient notes. These included the five-step surgical safety check list and details of any surgical aids used during surgery. Theatre registers were comprehensive and included details of patient procedures and consultant operations.

Medicines

The service used systems and processes to safely prescribe, administer, record medicines, the storage of medicines in surgery was in line with current legislation and guidelines.

Staff followed systems and processes when safely prescribing, administering, and recording of medicines. Medicine records were complete, contained details on dose and when patients received them. Medicines were stored safely in a locked cupboard in theatre's and in the recovery areas.

The service did not use control drugs at the clinic; however, these were used at the hospital where surgical procedures takes place, and these were kept safe and in line with current legislation on safe storage of medicines.

All medicines were within the manufacturer's expiration date, including effective cold chain monitoring.

Medicines were only managed by clinically trained members of staff and administered as prescribed for use by individual patients. The provider told us all staff had a formal training for medicines management. Staff checked and monitored fridge temperatures in theatre's and the recovery areas.

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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.

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. The provider had an incident management policy which referenced 'duty of candour'. Managers ensured that actions from patient safety alerts were implemented and monitored.

There was a culture of open sharing of learning and outcomes from incidents across the provider. Staff demonstrated knowledge of incidents in other locations in which staff had used the DoC and used these as training and development opportunities.

Staff received feedback from the investigation of incidents. They met to discuss the feedback and look at improvements to patient care. For example, senior staff had implemented a new system of booking patient appointments to reduce waiting times.

Are Surgery effective?

Good 

We rated effective as good.

Evidence-based care and treatment

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

Surgical staff followed national and international guidelines when undertaking procedures. Examples included the British Ophthalmology Council guidelines on cataract surgery. Each consultant had their own preference for which surgical guidelines to follow and these were adapted by the service.

Staff followed up-to-date policies to plan and deliver high quality care according to evidence-based practice and national guidance. At handover meetings, staff routinely referred to the psychological, emotional or social needs of patients, their relatives and carers.

Clinical guidelines and policies were available for staff reference. All the provider's policies we reviewed were compliant with current guidance and best practice and were in date.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods. The service made adjustments for patients' religious, cultural and other needs.

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Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.

Staff made sure patients had enough to eat and drink post surgery. All patients were offered drinks and biscuits when in recovery following their procedure.

All early admission surgical patients were 'nil by mouth' from midnight the night before their procedure. Patients who were scheduled late on the morning list were given sips of water to ensure that they remained hydrated.

Staff told us that patients were not generally offered food during their OPD attendance and consultation; however, the OPD waiting area had a drinks machine and water for patients and their carers/relatives attending the department.

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Patients received pain relief soon after requesting it. Staff prescribed, administered and recorded pain relief accurately.

Anaesthetists were responsible for pain management immediately after procedures and then the consultant would take over from them afterwards. Nurses that we spoke with confirmed that most anaesthetists wrote up appropriate post-operative pain relief medication prescriptions. Patients we spoke with said that they had adequate pain relief.

The service did not generally provide pain relief to patients who attended outpatients' consultations, but during a minor procedure it could be prescribed and administered by the nursing staff if needed. Staff informed us they made sure patients were comfortable throughout their appointment.

For patients who had a minor procedure in the department, there were patient information leaflets which explained what to do when in pain.

Patient outcomes

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

The outpatient services conducted regular audits as per the hospital audit schedule. This included infection prevention and control audits, environment audits, medical records audits and other quality management audits. Learning from clinical audits were fed back to staff via team meetings. We saw evidence that learnings from regular audits were discussed at governance and team meetings.

We were told that outcomes were monitored following discharge through follow up appointments and physiotherapy sessions. Patients were given the option to receive a follow up telephone call soon after surgery to review progress.

The service provided evidence of benchmarking against similar organisations on monitoring patient outcomes. The clinical services manager had plans to align the service with a local independent hospital to share best practice and compare outcomes.

Surgery

The service monitored patient outcomes and experience through their monthly clinic audits and patient satisfaction surveys.

The clinic did not submit data to the Private Healthcare Information Network (PHIN). The managing director told us data was submitted to the commissioners through their quality accounts.

The operations director reported that 98% of patients were happy with their treatment in the 12 months preceding the inspection. This number included patients satisfied with treatments that do not fall under our regulation.

Patients underwent an eye surgery consultation, assessment and a medical review before treatment. Outcomes from each of these stages were used to identify how successful it was likely to be for the intended outcomes to be achieved for each individual patient.

Treatment outcomes were measured in terms of the individual ophthalmologist success rate and the patient satisfaction with their treatment journey. The treatment outcomes for all eye surgeons working for The Cataract Centre were monitored. This data was used to conduct a yearly audit of the individual surgeon's outcomes, which was discussed with the ophthalmologist at their appraisal. We reviewed an example of an appraisal which confirmed this.

Outcomes for patients who had undergone eye surgery were positive, consistent and met expectations, such as national standards. Out of 346 treatments recorded in the last year at the clinic, there had been no reported complications. Out of the 346 treatments within the last 12 months, the provider told us that there were no patients requiring visual enhancements.

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 according to their role. Consultant expertise and competence was checked through review of the main employers' annual appraisal; this was held within their personal file.

All new starters received a formal induction which included an induction course, mandatory training completion and study of the provider's policies and procedures. All probations were signed off by the director of operations. Staff were then placed on a six-month probationary period which was overseen by the clinic manager and competency checklists were used. We reviewed one completed induction and probation file and saw that it was comprehensive, completed correctly and showed a good standard of training and support.

There was a robust system for monitoring and managing staff; all permanent clinic staff received monthly one to one meetings with the clinic manager in which they could discuss any issues, concerns and performance. In addition, annual appraisals were also carried out for all staff and we saw that compliance rate for appraisals was 100%. Part of the appraisal process for medical and nursing staff included ensuring all professional registrations were current and appropriate.

Staff we spoke with during our inspection told us that the induction and probation process had been robust, supportive and well structured. One member of the medical staff we spoke with had worked for the provider for 23 years and described the company as "supportive and inclusive".

Surgery

Multidisciplinary working

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

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide safe care. The team worked well together, with care and treatment delivered to patients in a co-ordinated way.

Staff told us they had good working relationships with all disciplines of staff and that they worked hard as a team. Patients gave consent for their GP to be contacted when required. All patients were given a letter to give to their GP's post procedure; it was the patients' responsibility to ensure that the GP received this letter.

Staff told us there were effective working relationships with staff at the clinical commissioning group including doctors and specialist commissioners.

We observed close working relations between clinical and non-clinical staff within the outpatient department. Staff told us that everyone worked together well as a team.

We observed nursing staff working in partnership with consultants, healthcare assistants and administration staff. Staff were seen to be supportive of each other to provide the best care and experience for the patient.

Seven-day services

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

The service offered appointments seven days a week to accommodate the needs of the patients.

The registered manager was responsive to families who needed additional advice and support, responding to messages and calls seven days a week.

Health promotion

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

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. This included providing reference materials and signposting to other services.

A wide range of bespoke printed health promotion leaflets were available in the centre. These were evidence-based and tailored to common eye conditions.

The clinical team provided targeted health education to patients during their care and treatment. For example, staff tailored health promotion guidance for patients with severe eye conditions.

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. They used agreed personalised measures that limit patients' liberty.

Surgery

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The service had a consent policy which was up to date. Patients told us that the consultants had discussed the benefits and risk of surgery before they signed consent forms. In all the records we reviewed, consent forms had been completed correctly.

Staff knew how to access policies and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards. All staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

Staff had access to the consent to examination or treatment policies and knew where to find them on the intranet.

Are Surgery caring?

Good 

We rated caring 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. Patients reported that staff were polite, courteous and attentive. Patients told us staff introduced themselves and treated them with kindness and respect.

Staff were seen to be considerate and empathetic towards patients. During our inspection, we spoke with three patients, who were all very positive about their care and treatment. They told us the staff were kind, caring and listened to their concerns.

Patients informed us that staff were attentive, helpful and responsive to their requests. Patients told us call bells were answered quickly. Patients were encouraged to tell staff if they required any assistance or pain relief. One patient told us staff had been helpful and kind and they had not had any significant pain at any stage.

In theatres, we observed staff interacted with patients in a professional and pleasant manner. At all stages, patients were treated with dignity and respect. Staff made sure patients were comfortable and had the opportunity to air any concerns.

Staff followed policy to keep patient care and treatment confidential. The privacy and dignity of patients was maintained by ensuring patients' information was kept secure, and privacy curtains and doors were closed.

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 emotional support and advice when they needed it. Staff in all areas showed sensitivity and support to patients and understood the emotional impact of them having to be admitted for surgery. Patients we spoke with told us their consultant had carefully explained the procedure and alternatives they felt well informed and not rushed in making decisions.

Surgery

Patients told us staff regularly checked on their wellbeing and to ensure their comfort. Patients were able to telephone the ward after discharge, for further help and advice.

Patients reported that if they had any concerns, they were given the time to ask questions. Staff made sure that patients understood any information given to them before they left the hospital.

Understanding and involvement of patients and those close to them

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

Patients felt fully informed about their care and treatment. All the patients we spoke with had a good understanding of their condition and proposed treatment plan, as well as where to find further information

We observed and were told by the patients that they were given time to ask questions about their care and treatment. We observed staff introduced themselves and communicated well to ensure that patients and their relatives/friends fully understood about care.

Staff spoke with patients sensitively and appropriately dependent on their individual needs and wishes. Patients we spoke with following their consultation told us that they felt they had been fully informed of upcoming treatments, test results and their next appointment.

Are Surgery responsive?

We rated responsive as good.

Service delivery to meet the needs of local people

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

The service planned and provided care in a way that met the needs of the patients it served. • Services provided were elective and pre-planned procedures only. There was no emergency eye surgery service provided.

Services were provided for the immediate local population, surrounding areas and patients were also accepted from further afield. Staff informed us that services were planned and delivered for all persons who wished to use the service with the exception of those deemed medically unsuitable.

Patients who required surgery that could not be accommodated at the clinic; for example, lens replacement surgery, were supported to access one of the other provider clinics which performed that specific surgery.

Services were planned to cater for different patient groups and ensured flexibility in their appointment booking system. The hospital was able to offer an array of appointment times and days to suit the needs of each patient. Services were planned to ensure continuity of care.

Surgery

The service offered a choice of procedures and choice of consultants, to best meet patient needs. This ensured patients had access to a flexible service with a good amount of choice and continuity of care.

The service had systems to help care for patients in need of additional support or specialist intervention. Staff had access to the trust specialist team, including learning disability and dementia teams.

Meeting people's individual needs

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

The service took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. Patients with mobility difficulties could access the clinic through the use of the patient lift to the first floor where the clinic was held. There was an accessible toilet with an emergency alarm for wheelchair users.

The service had a strict criteria with regards to the patients that could be treated at the clinic. The clinic was designed to provide low risk procedures under local anaesthetic only. Patients who required surgical procedures were offered this at a local hospital.

Patients were provided with information about aftercare and a post-operative appointment. This included contact details.

Services were tailored to each individual patient's needs; without exception. This included amending and reassessing the patient's needs and expectations at each stage of the pre-assessment process.

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.

The service had an admission policy, which set the criteria for admission. The service had a clear exclusion criteria and these included patients requiring critical care level two or three, infectious conditions, mental health conditions and patients under the age of 18. The service only admitted patients they had the facilities and expertise to care for.

Patients we spoke with told us that they had not had to wait long to get their appointment and when they arrived at their appointment, they were seen within 5 – 10 minutes of their arrival. Consultants worked flexibly and offered extra clinics and ad-hoc appointments to meet individual needs.

A proactive and holistic approach to pre-operation assessments meant discharge planning began in the outpatient's department before a patient had been admitted for surgery. This proactive approach ensured patients had the right support and equipment in place to support and facilitate safe discharge, which meant the risk of delayed surgical discharges was reduced.

Staff supported patients when they were discharged and during their after care. We observed how staff supported patients' post-surgery providing information and advice relevant to their procedure and also encouraging them to contact the service should they have any questions or concerns.

Surgery

It was the responsibility of staff at the operating hospital to provide patients with discharge information which included phone numbers that they could use to contact the clinic after their operation. The consultants at the Lincoln Centre were responsible for their own patients and were contactable over the phone.

All patients were contacted within 24 hours of their surgery to review how they were recovering. Patients would then be reviewed in a follow up appointment which was arranged as soon as possible following the procedure.

Patients could contact the operating consultant outside of normal working hours. For example, the operations director told us the clinic gave all patients their emergency line for making out of hours contact. The lead consultant told us, they telephone patients on the day of their telephone appointment on the same day following the procedure to speak to them about how they felt.

Learning from complaints and concerns

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

Staff understood the policy on complaints and knew how to handle them. The service complaints policy was available online. Acknowledgements were sent within three working days of receiving a complaint.

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. Staff informed us they tried to resolve complaints informally. However, if patients wanted to raise it further, they escalated complaints to the patient experience manager.

Staff understood the policy on complaints and knew how to handle them. We spoke with staff who were able to identify how to support a complainant, be it informal or formal, and how it was escalated and managed by senior managers.

Managers regularly reviewed feedback received through search engines, social media and feedback forms. They shared feedback with staff and learning was used to improve the service. We saw evidence of this resulting in the improvement of aftercare monitoring calls, following an informal complaint and feedback via social media posts.

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff said they regularly heard from senior colleagues with information about learning opportunities as a result of feedback.

Staff could give examples of how they used patient feedback to improve daily practice. For example, they briefed patients before they arrived on what to expect in relation to COVID-19 measures after finding patients presented with a range of different expectations and tolerance levels for safety measures.

Are Surgery well-led?

We rated well-led as good.

Surgery

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.

Leaders had the experience, 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.

We saw that the leadership was visible, approachable and well respected by the staff within the service. The operations director told us that the service had an open-door policy and staff confirmed that this was the case.

All staff we spoke with were positive about the leadership structure and their relationships with the senior team. Staff knew the senior leadership team by name and could tell us when they last visited the location and confirmed that when they came, they spoke with all staff.

The clinic leadership team were experienced and demonstrated a good understanding of the performance challenges and risks within the services. Senior members of staff we spoke with had been in post for several years and had good knowledge of the service and its systems and processes.

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.

Staff said they worked to the ethos of giving care to every patient as if they were a member of their family. Several staff told us patients were human beings, not numbers, and they worked to maintain this work ethic in all aspects of interaction. Staff demonstrably delivered care and treatment according to the provider's mission statement and ethos and were supported to contribute new ideas and ways of working.

The provider had implemented four core values; trust, passion, care and fresh thinking. Staff worked in a way that demonstrated their commitment to make eye healthcare better in line with the provider's vision.

The provider had a vision to make eye care easier to access, by working with hospitals, clinicians and commissioners across the NHS and the Independent sector. The provider aimed to meet some of eye health's most pressing challenges; reducing waiting times, speeding up diagnoses, saving money and improving the overall patient experience. All staff we spoke with were committed to the values of the provider of improving overall patient experience.

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.

Surgery

Staff informed us there was a positive culture within the service. They felt respected, supported and valued. Staff had opportunities for training and career development. The service had an open culture where staff could raise concerns without fear. Staff recognised they needed to be open and transparent with patients when something went wrong in line with the Duty of Candour requirements. Patients we spoke with were positive about the culture of the service and did not have any concerns to raise.

They felt they were able to raise concerns with staff if necessary. The service had a diverse team of staff, and staff we spoke with felt they worked in a fair and inclusive environment. There was a culture of learning and sharing, including from incidents, complaints and other feedback. Each staff considered any feedback they received to be valuable and shared this with the rest of the centre, so colleagues could build on it.

Staff worked within and promoted a culture that placed patient care at the heart of the service and recognised the power of caring relationships between people. Dignity and respect were intrinsic elements of the culture and all staff we observed and spoke with clearly demonstrated this.

During the inspection, we were assured the culture encouraged openness and honesty in response to incidents. Staff understood the importance of recording incidents to learn and prevent recurrence. Staff understood being open and honest with service users when things go wrong with care and treatment.

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.

Leaders operated effective governance processes throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. There were regular staff meetings where clinical issues, patient feedback, staffing, complaints and incidents were discussed and reviewed. The clinical leadership oversaw clinical governance issues, key policies and guidance and monitored patient outcomes.

Governance arrangements within the service included an oversight of patient incidents, documentation errors, lessons learnt, clinical audits and patient experience. All staff we spoke with understood the governance structure of the service.

Monthly staff meetings were held where workload, staffing, quality, safety and governance issues were discussed. We reviewed three sets of minutes and saw that items discussed included audit results, patient satisfaction, policy and procedure updates, incidents and complaints in addition to those mentioned above. The operations director was responsible for quality and governance of the service.

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.

There were assurance systems at the centre. Managers escalated performance issues through clear structures and processes. Senior leaders met weekly to discuss any serious incidents, complaints, governance and safeguarding issues.

Surgery

The service kept a risk register. We viewed risk registers for the service. We found some alignment between issues we had identified on the inspection and what was on the risk register. The risk register recorded the location of risks, a brief analysis, a description, the severity and likelihood rating, any mitigation measures, a responsible person and a target date to review. There was a policy for risk management and the service undertook various risk assessments. We saw risk assessments for fire safety, health and safety and infection control. The management were responsible for improvement and took immediate actions to rectify risks identified during the inspection, such as unlocked medicines and the implementation of fridge temperature monitoring schedule. Following the inspection, comprehensive risk assessments were submitted to us.

Information Management

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

There was General Data Protection Regulation (GDPR) policy that staff followed. All staff had received information governance awareness training. All new patient information held by the provider was stored in a computer system. There was a system to ensure all paper records held, such as old patient records and written consent forms, were stored in a lockable filing cabinet.

Systems were in place to record and collate complaints and incidents. However, the service had not received any complaints and no incidents had occurred from May 2021 to May 2022. The service received compliments from families through messaging and recorded this information in their performance dashboard.

Staff spoke positively about communications between teams and levels of seniority. They said this helped patients to access specialist services quickly and meant discussions between teams were focused and effective. All staff subscribed to the provider's information governance code to support appropriate handling of confidential data. The code consisted of nine directives for data handling and included verbal handling of personal information.

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.

We observed staff actively engaging with patients about their care and treatment. Patient surveys were carried out annually towards the end of the year, although this had been impacted by the pandemic. Staff told us they felt engaged with the provider and had opportunities to feed back and be involved in improvements through staff survey and staff feedback and comment forms.

Staff had access to information about the service through electronic systems and at team meetings. We observed the staff notice board highlighted relevant clinical information and guidelines. Staff told us they felt engaged in the day to day operations of the service and could influence changes. They had regular staff meetings which they used to share information related to incidents or complaints and examples of good practice.

Learning, continuous improvement and innovation

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

Surgery

The service had systems to monitor staff training and development. Staff had taken advantage of the opportunities available to learn, develop and improve their skills. All staff were committed to improving patient access to the service by minimising delayed appointments. The service had implemented a new system of booking patient appointments to reduce waiting times.

Senior staff demonstrably and persistently encouraged and empowered staff to develop professionally by facilitating opportunities and providing the resources needed for growth.

Clinical staff were research-active and proactively attended network meetings and conferences as part of a strategy to ensure continual professional development and provide patients with care based on the latest knowledge. Staff spoke highly of this and said opportunities for training and networking were particularly valuable to their work.

The operations director and the lead clinician were committed to continual learning. Although they had not received any complaints or recent incidents, they could provide examples where they have made changes to practice to improve safe and effective care. For example, the provider changed the pre-assessment questions following an audit of patient care records.