OCL London Limited

OCL Vision

Inspection report

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

Ratings

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

Summary of findings

Overall summary

This was the first time we rated this service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risk to patients, acted on them and kept good care records. They managed medicines well. The service had policies in place to manage incidents well and practice shared learning.
- Staff provided care and treatment based on national guidance and evidence-based practice. Managers monitored the effectiveness of the service and recorded good outcomes for patients. Managers ensured staff were competent in their roles. Patients were given pain relief when required. Staff worked well together for the benefit of patients and supported them to make decisions about their care.
- 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 take account of patient's 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 long for treatment.
- Leaders ran services well using reliable information systems. Staff understood the service's vision and values and demonstrated this in their work. Staff felt respected, supported and valued. They were focused on the needs of the patient receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and all staff were committed to continual improvement.

We found the following outstanding practice:

- Clinical outcomes were consistently better than the national average, specifically the PCR (posterior capsule rupture) rate in patients undergoing cataract surgery which was 0.1%.
- There were no surgical infections to date and the overall complication rates for all procedures were very low.
- There were systems in place including governance structure, policy management, audits and competencies for clinical staff and allied health professionals that were continuously monitored, with any updates and learnings communicated widely amongst staff. Ensuring high quality care in accordance to best practice.
- The service prioritised innovation to ensure they had the latest equipment for treatment and the latest technology to provide patients with a greater service user experience.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	This was the first time we inspected this service. We rated it as good because: • The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. • Staff provided good care and treatment, suitable refreshments, 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 supported them to make decisions about their care, and had access to good information. Key services were available five 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.

Summary of findings

Outpatients

Good 

This was the first time we had inspected and rated this service. 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.

- 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 five 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 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.

Summary of findings

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Summary of this inspection

Background to OCL Vision

OCL Vision is operated by Ophthalmic Consultants of London Limited. The service opened in 2019. It is a private service located on New Cavendish Street in the city of Westminster London. The services treated adults over the age of 18 in line with their statement of purpose and did not see NHS patients.

Ophthalmic Consultants of London Limited is a consultant led and run specialist ophthalmic clinic. OCL Vision offered a range of services such as laser eye surgery, cataract surgery, refractive lens exchange, corneal transplant, corneal collagen crosslinking, iris implant, implantable collamer lens (ICL) surgery, reading vision correction, keratoconus treatment, glaucoma treatments, intravitreal injections, blepharoplasty, ptosis surgery, eyelid laxity surgery, surgery to remove eyelid cysts and retinal procedures including vitrectomy. The number of surgeries between the reporting period of June 2022 and May 2023 was 2524.

Patients self-referred for treatment and all appointments were scheduled ahead of time. The service did not offer walk in appointments. Of the patients attending the service 68% were self-paying and 31% of patients were insured for their procedure, 1% of patients obtained treatment through their embassy. All appointments were outpatient appointments and there were no facilities to stay overnight which was appropriate for this type of service.

The main services provided were surgery and outpatients.

The service had a registered manager in post since January 2019.

How we carried out this inspection

We inspected this service using our unannounced comprehensive inspection methodology on the 20 June 2023. The inspection was carried out by two CQC inspectors and two specialist advisors. We visited all parts of the service including theatres, pre and post operative areas and the laser treatment area. We observed surgical safety procedures taking place in theatres. We interviewed key senior members of staff and spoke with staff from all departments. We spoke with approximately 12 members of staff and three patients. We reviewed records and documentation on site and requested further documents following our site visit.

The inspection was overseen by Catriona Eglington Interim Deputy Director of Operations.

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

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Is the service safe?

Good

This was the first time we inspected this service. We rated it as good because:

Mandatory training

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

Mandatory training was comprehensive and met the needs of patients and staff. Staff received and kept up to date with their mandatory training. Mandatory training included, but not limited to; fire safety, equality, diversity and human rights, conflict resolution, complaints handling and safeguarding adults and children level one and two. Most training modules were completed online, basic life support and immediate life support training was carried out face to face. Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities and dementia.

Mandatory training was monitored regularly by the governance and compliance team, with quarterly updates provided to the integrated governance committee and to the board. Staff reported that they could easily access a computer in order to complete their training. Completion rates for training were monitored and we saw that staff received emails to remind them of upcoming training modules due for completion. Compliance with mandatory training was closely monitored and formed a core part of the annual appraisal process. In December 2022 the organisations mandatory training compliance was 95% across all staff groups. This had decreased to 85.6% in June 2023 for clinical staff, due to four newly recruited staff members and the expiration of training modules for three bank staff members.

Staff supplemented their basic training with additional courses to enhance their skills and knowledge specific for their role. The organisation also promoted patient centred care as part of their training. The additional training included but was not limited to; National Early Warning Signs 2 and a numeracy test. Staff were required to complete annual refresher training and demonstrate their competencies where necessary. We reviewed the competency assessment frameworks for healthcare assistants which was completed in June 2023 and for registered theatre nurses in May 2023. Competencies included but was not limited to; specific questions and assessments around infection control, admission of patients and pre operative care.

We looked at the training matrix and saw that all but two staff members had completed their additional training within the last 12 months.

Good

Surgery

Safeguarding

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

All staff received training specific for their role on how to recognise and report abuse. We saw evidence that the overall compliance rate for safeguarding training for clinical staff was recorded in the training matrix. There was an 86.8% compliance for safeguarding adults and children level two and an 84.8% compliance for safeguarding adults and children level one. The named safeguarding lead had completed training in adult and children safeguarding level three.

All staff had a Disclosure and Barring Service (DBS) check on initial employment.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff could give examples of abuse found in the safeguarding policy and knew the name of the safeguarding lead within the service. Staff told us that they would follow the managerial hierarchy and would initially report safeguarding concerns to their manager. Staff were able to refer to a safeguarding flowchart for additional support and knew where a hard copy of this was located in the building. Patient records were flagged if staff had suspected abuse so that all staff were aware the next time they came into contact with the patient.

We looked at the safeguarding policy at the service which included reference to modern slavery, neglect, bullying and other forms of abuse. The policy did not refer to female genital mutilation or PREVENT. The policy was located the on providers electronic policy library.

Chaperone signs were not seen at the clinic however, the chaperone policy had recently been revised and health care assistants and nursing staff were able to sit in during appointments and surgery to provide comfort to patients. We raised the lack of chaperone signage to senior staff during the post inspection feedback and was told that reception staff and all paperwork sent to the patient informed patients of their right to have a chaperone.

Children were not seen at this clinic.

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.

Patient and treatment areas were visibly clean and had suitable furnishings which were clean and well-maintained. We observed a dust free environment throughout the clinic.

Good

Surgery

Staff cleaned equipment after each patient contact and completed cleaning logs to record when items were last cleaned. Items cleaned included the patient couch, the microscope and the surgical light. Cleaning was observed to be with suitable cleaning wipes between patients. We observed cleaning schedules in each room including the patient contact rooms, the recovery room and the staff room. External contracted cleaners cleaned at the end of each day and for two hours at lunch time.

Staff informed us that highly infectious patients would be treated at the end of the surgical list or on quieter days to allow more time for effective cleaning. Staff were able to look up guidelines for infection prevention control on the intranet.

Staff followed infection control principles including the use of personal protective equipment (PPE). We observed wall mounted PPE which was easily accessible and ready for use. Infection Prevention and Control was a mandatory part of training for all staff. We observed all staff using PPE and all staff complied with bare below the elbow guidance. We saw surgical staff wearing scrubs, washable clogs and hair coverings, masks, and gloves whilst in theatres.

We observed wall mounted hand sanitisers for staff and patient use throughout the clinic. We saw staff washing hands between patient contact and using alcohol gel when entering patient rooms and when moving around the hospital. Hand hygiene audits consistently showed positive results, showing 100% compliance for the last two months and 98% compliance in the March. Due to the positive results hand hygiene audits was moved from monthly to quarterly auditing.

Staff used records to identify how well the service prevented infections in align with the infection prevention control policy which was reviewed in May 2023.

There were no surgical site infections in the reporting period of June 2022 and May 2023. Staff worked effectively to prevent, identify, and treat surgical site infections. Theatres were split into sterile and non-sterile sections and staff stayed in their designated sides to reduce infection and cross contamination. Staff used suitable cleaning methods and wipes to clean surfaces that came into contact with patients. There were no cases of Methicillin Resistant Staphylococcus Aureus (MRSA), Clostridium difficile (C.Diff), Escherichia coli (E Coli) or COVID 19 between the reporting period of June 2022 and May 2023.

We observed the decontamination checklist for the laser suite which was well completed, signed and dated.

A regular health and safety walkaround was conducted, part of this assessment included the cleanliness audit. This was led by the senior nurse, a member of the management team, and with the external contracted cleaners. Since the introduction of this new way of auditing the standard of cleanliness had improved over the last two months. Staff reported that patients often commented how clean the premises was.

Environment and equipment

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

The design of the environment followed national guidance. We observed the flooring in theatres which was suitable for effective cleaning and in compliance with Health Building Notes (HBN) 00/10-part A flooring. We observed that patients could reach call bells and staff responded quickly when called. Call bells were located in the toilets and in each clinic room, there were three panels to view the alarms, located in the recovery area, the reception and in the staff room.

Good

Surgery

Staff carried out daily safety checks of specialist equipment. We saw safety daily checks had been carried out on the resuscitation trolley, in theatres and fridge temperatures. We saw theatre daily checklists were well completed and signed. Daily checks were carried out on all equipment including manual calibration, on some equipment calibration was automatically triggered when turned on. We looked at the laser suite logbook which was fully completed with dates and signatures.

We saw laser warning lights outside of treatment rooms were working, this ensured patients and staff were restricted from entering when lasers were in use.

We reviewed the equipment maintenance log and service records which clearly displayed the location site of the equipment, the room, name, serial number, manufacturer, supplier, last service date, service due date, serviced booked, and internal or external service recommendations. The log was fit for purpose and easy to navigate.

Temperatures were monitored and recorded including the humidity, and ambient temperature. We noted these daily checks had been completed well. We saw theatre daily checklists were completed and thorough and included theatre lights and table attachments. We reviewed items on the resuscitation trolley all items were found to be in good condition and in date.

The service had enough suitable equipment to help them to safely care for patients. We looked at a range of medical devices and found that all equipment had been electrical tested. We looked at the complete electrical testing log for all the equipment at OCL Vision and saw that all testing had been completed in March 2023, including equipment in recovery area. We also observed that the service kept an asset register of all the equipment held in OCL Vision in New Cavendish Street. This included the IT equipment and the clinical equipment.

All surgical instruments were single use except for the handpieces. The handpieces were sterilised by staff as part of the decontamination process after each patient. We observed the cleaning of the hand piece and the service demonstrated full compliance with HTM 01/01 management / decontamination of surgical instruments DH 2016. We looked at a range of medical consumables which were found to all be in date and organised neatly on dust free procedure trolleys.

Staff disposed of clinical waste safely. We saw domestic waste being separated from the clinical waste and placed in appropriately labelled bins. We observed the waste contract and all waste bins in the building were fully compliant with HTM 07/01. We observed sharp bins fully in compliance with Health Technical Memorandum (HTM) 07/01. We saw four wall mounted sharp bins correctly assembled, signed and dated in accordance with The Safe Management and Disposal of Healthcare Waste 2013. We looked at the sharps audit for March 2023 and found 100% compliance this was an improvement from previous sharps audit undertaken where action plans had been implemented for improvements.

We observed water safety which was compliant with Safe Water in Healthcare parts A, B and C. Water was last tested in January 2022, and was due for another test in November 2023. All taps in the building were regularly flushed and clearly documented with signatures and dates.

We observed that the ventilation was serviced every six months and the air quality was checked annually.

The service had access to a handyman to maintain premises.

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.

Good

Surgery

Patients had their demographics checked before surgery to ensure the correct patient for surgery. In theatres we observed a large computer screen displaying the patient's information.

The service followed and adhered to an adapted version of the World Health Organisation (WHO) Surgical Safety Checklist. We looked at the WHO observation audit for cataract surgery and found 100% compliance for 23 patients. Each audit assessed 11 items of the WHO check list including correct lens selection and biometry checks.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Staff knew about and dealt with any specific risk issues. The service was looking into introducing a Nation Early Warning Score 2 (NEWS) which is an updated version of NEWS. The service does not monitor Venous Thromboembolism (VTE) due to the minimal amount of the time that patient is required to be immobilised. We observed the patient being monitored during their procedure and vitals such as oxygen saturation was checked.

The service had an in-depth patient transfer policy for deteriorating patients which included instruction on anaphylaxis and resuscitation. The policy stated that staff must call 999 in the event of an emergency and staff we spoke with were aware of this information. The policy had been redrafted in May 2023 and was next due for review in May 2025, training for the latest updates was due in July 2023. The emergency contact person for the service was discussed at team briefings and changed monthly in accordance with availability.

Patients had access to two on call ophthalmologists 24/7 post treatment.

Patients records were audited per surgeon and results showed a thorough checking of allergies and medical conditions during pre-assessment, ensuring patient safety and proper medical care.

The service had recently completed an evacuation training exercise which included a fire drill. Evacuation processes were measured from all three floors of the building.

The service had a standard operating procedure for call bells.

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 staff a full induction.

The service had enough nursing and support staff to keep patients safe and the service was fully staffed. Managers accurately calculated and reviewed the number and grade of nurses, and healthcare assistants needed for each shift in accordance with national guidance. The number of nurses and healthcare assistants matched the planned numbers. This was achieved through the clinic daily allocation schedule which was completed by the theatre lead. The theatre lead could adjust staffing levels daily according to the needs of service.

The service was fully staffed but used bank staff who were familiar with the service regularly. This included two surgical technicians and one scrub nurse. Managers made sure all bank staff had a full induction and understood the service. Bank staff were subject to all pre-employment checks, ongoing compliance, and statutory and mandatory training. All bank staff had access to OCL Vision's wellbeing initiatives and communications.

Good

Surgery

There was a clear robust recruitment process for OCL Vison to follow, this was set out in the recruitment and compliance policy revised in April 2023. All employees were asked to provide a copy of their work history, two references, education, and training certifications, have disclosure and barring service checks, have occupational health assessments and have searches on their professional regulatory body registration.

There was a 2.5% staff turnover, 0.9% sickness and 0% vacancy rates for the reporting period between June 2022 and May 2023.

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.

Medical staff were registered with the General Optical Council which is an organisation that regulates optical professionals in the United Kingdom.

The service had enough medical and optical staff to keep patients safe. There was a safe process for granting practicing privileges at OCL vision. All medical associates were required to have completed their mandatory training before having their appraisal which was essential in order to grant their practicing privileges.

The medical staff matched the planned number. The service employed regular staff. The service had granted a familiar anaesthesiologist practising privileges for all three OCL Vision sites based in London which were in close proximity.

The service always had a consultant on call during evenings and weekends.

All medical staff had indemnity insurance and personal insurance, each doctor was sent a reminder to renew their insurance ahead of the expiry date by governance team.

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 stored securely; paper notes were locked away and electronic records were password protected. All paper records were scanned into the electronic record system and paper notes were safely disposed of.

Patient notes were comprehensive, and all staff could access them easily. Records we reviewed included relevant patient assessments such as pre operative assessments and known allergies were clearly documented. All patient files had a clear record of the consultation appointment and the consultation letter. The consent process was documented, and all patients had completed WHO checklists in their records.

Records were audited per surgeon and results showed surgeons were correctly scanning files onto the correct patient file, indicating an organised and efficient record keeping system. Areas of improvement included lack of signature for prescribed medication and non-registered nurses signing patient discharges instead of registered nurse. The clinical governance lead (who was a consultant and chair of the integrated governance committee) completed a discussion with the relevant surgeon to drive improvement. The audit listed two areas for improvement and four actions to take to increase compliance.

Good

Surgery

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Staff routinely performed surgery under local anaesthesia. We observed the prescription sheet in theatre correctly signed and dated. Sedation was available if required using propofol along with basic analgesia. A consultant anaesthetist was always present when using sedation.

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

Staff completed medicine records accurately and kept them up to date, this was observed on inspection in the theatres.

Staff stored and managed all medicines and prescribing documents safely. We observed the drug cupboard and saw that all the eye drops were in date. We saw good practice of medication stock rotation to minimise medical wastage. We looked at the medication in the drugs fridge which were all found to be in date. We observed the end of month medicines checklist for March 2023, April 2023, and May 2023 all checklists were fully completed, signed and dated. The checklist covered expiry dates, medication disposal records, stock rotation, and storage cupboards and fridges cleaned and organised.

We saw maximum and minimum fridge temperatures were recorded daily in line with the medicine management Standard Operating Procedure which was due for review in September 2023. Staff we spoke with knew how to report out of range temperatures to senior members of the clinical team for action.

Controlled drugs (CD) are those medicines which require additional security and recording measures because of their potential for misuse. We observed CDs were safely stored and observed good documentation in the logbook, with no omissions. CDs were checked twice a day if there was a change in anaesthetist on the day, this was in line with the controlled drugs policy. The policy was last revised in November 2022 and due for review in November 2024. The service had a controlled drug accountable officer and a named delegated witness for the destruction of controlled drugs. The controlled drugs audit for January to April 2023 met compliance at 92.5%, the audit listed areas for improvement and actions to take to increase compliance.

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.

Staff knew what incidents to report and how to report them. Incidents were reported electronically, and incident reporting systems were easy to use. There were 57 clinical incidents reported from June 2022 and May 2023. Of the incidents reported 36 were recorded as no harm, 7 were minor harm, 12 were near miss and 2 were moderate harm.

Staff raised concerns and reported incidents and near misses in line with the providers policy. Staff reported a positive approach to incident reporting and said that they were encouraged to do so, staff said that there was a no blame culture in the service.

The service had no never events within the reported period between June 2022 and May 2023.

Staff reported serious incidents clearly and in line with provider policy which was due for review June 2023.

Good

Surgery

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

Managers investigated incidents thoroughly. Incidents were acknowledged within 24 hours and a duty of candour was completed where applicable. Patients and their families were involved in these investigations and consultants often spoke with the patient. Patients were invited into the clinic and the root cause analysis (RCA) report was shared with them. The RCA included the reportability of the incident, the terms of reference, duty of candour reference, sign off by senior members of staff, lessons learnt, and actions monitored.

Lessons learnt were fed back to staff through a variety of ways including, specialty meetings, daily theatre safety huddles, daily administrative huddles, monthly clinical operations meetings, monthly administration operations meetings, fortnightly incident review meetings, informal discussions, emails, and through a learning grid.

Immediate changes to polices were made to avoid repeat incidences, changes had been made to the implementation of lens selection policy and the clinical risk management and theatre guidelines policy.

Is the service effective?

Good

This was the first time we inspected this service. We rated it as good because:

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service worked to guidelines from the National Institute of Health and Care Excellence, Medicines and Healthcare products Regulatory Agency (MHRA) and guidelines from the Royal College of Ophthalmologists (RCO).

Medical staff were members of appropriate associations such as the British and Eire Association of Vitreoretinal Surgeons and the European Society of Cataract and Refractive Surgeons and the British Medical Association. Medical staff had signed up to national guidelines that were appropriate to their job to receive regular updates via email. The medical director would discuss these updates with all clinicians at OCL Vision through governance meetings. Urgent updates were emailed to clinicians straight away.

Policies reviewed were up to date and had gone through the necessary governance processes. The policies were developed in line with national guidance such as RCO. All six policies we looked at had been reviewed in the last 12 months and were up to date.

The service submitted data to Private Healthcare Information Network (PHIN) and was in the process of collecting data for Patient Reported Outcome Measures (PROMs).

Good

Surgery

Managers monitored the effectiveness of the service and had in place a matrix which demonstrated how the organisation assessed compliance with standards, aspects of the patient journey and health and safety (including infection control). Performance monitoring was actively reviewed at relevant committees to drive improvements. Actions were taken swiftly and learning was shared widely.

Clinical teams were assessed on skills required for each aspect of their role. This was completed annually where a supervisor looked at key components to understand if staff were performing effectively.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs. The service made adjustments for patients' religious, cultural and other needs.

Patients waiting to have surgery were not required to be nil by mouth.

Staff made sure patients had enough to eat and drink including those with specialist nutrition and hydration needs. The service provided light snacks such as diabetic biscuits, gluten free biscuits and alternatives to milk such as soy milk to meet the needs of their patients.

Pain relief

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

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. The patients pain was assessed continually throughout the procedure by the anaesthetist. Pain management was also a part of the World Health Organisation (WHO) checklist.

Staff prescribed, administered and recorded pain relief accurately. Pain relief was administered directly into the eye prior to treatment for localised pain relief before treatment

A pain management audit, that formed part of OCL Vision's regular auditing programme, yielded results that showed from March to May 100% of patients assessed had no complaints of pain or discomfort during their surgery.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service was working towards accreditations under relevant clinical accreditation schemes.

The service benchmarked themselves against relevant national and published outcome data. Outcomes for patients were positive, consistent and exceeded expectations, such as national standards. Between the years of 2019 -2022, for cataract surgery the complications rates were amongst the lowest in the country for posterior capsule rupture at 0.1%, compared with the National Ophthalmology Database rate of 1.8%. Of the surgeries completed, 99.66% of cases were performed without complications and there has been no cases of endophthalmitis to date. Of the surgeries completed, 93.12% of patients were within +/-1.00 of the intended outcome in comparison to the benchmark of 85% of patients within +/-1.00. In terms of vision 96.74% of patients achieved a visual acuity of 6/12 or better in comparison to the benchmark of just over 90%. 70.43% of patients achieved 6/6 vision at OCL Vision.

Good

Surgery

For corneal transplants between 2021 and 2022 the service achieved no operative complications and only two donor dislocations which was measured at 5.22% in comparison to published benchmarks of just under 12%.

The success rate of the macula hole repair was 94% overall compared with published benchmarks of 80% success.

The success rate of primary retinal surgery was 78.87% which compared favourably in comparison to published benchmarks of 75.4%.

In terms of all surgeries completed to date at OCL vision, 13,420 procedures 99.51% proceeded with no complications. The complication rate was measured very low at 0.49%.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Improvement was checked and monitored.

Managers used information from the audits to improve care and treatment. Managers shared and made sure staff understood information from the audits. We saw evidence of findings found in audits to improve practice. We saw that there had been a variable in 'eye marking before unilateral treatment' and communications had been sent out to all consultants to remind them of best practice at OCL vision.

The service did not currently have an International Organisation for Standardisation (ISO) accreditation but was working towards achieving IS0 9001 quality management system.

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. Managers supported staff to develop through yearly, constructive appraisals of their work. All appraisals were up to date and usually took place at the end of every year.

Managers gave all new staff a full induction tailored to their role before they started work. The service developed an induction checklist which included, but was not limited to, introduction to colleagues, policy and procedure review, training and development, health and safety and communication information.

Managers supported nursing staff to develop through regular, constructive clinical supervision of their work. Managers made sure staff attended team meetings or had access to full meeting notes when they could not attend. Managers identified any training needs their staff had and gave them the time and opportunity to undertake the training to develop their skills and knowledge. Staff told us that there was plenty of opportunities and work stations to complete their training.

Managers made sure staff received any specialist training needed for their role. Staff told us that they were trained to use all medical equipment within their expertise. There are different brands of the same machine and the service ensured that all staff were familiar with the brands used at OCL Vision. The service was looking into supporting a new role for a clinical educator to support the learning and development needs of staff. OCL prioritised staff training and set out dedicated time for new training, recently all clinical operations were suspended for a day so that all staff could attend training for their new IT systems.

Good

Surgery

Managers supported medical staff to develop through constructive clinical supervision of their work. Medical staff were observed by senior staff and signed off when competent to use the lasers unsupervised. Medical staff were required to complete core knowledge laser assessment training in order to operate the lasers at OCL vision. Medical staff we spoke with kept up to date with their Clinical Professional Development (CPD) which was actively encouraged. The service had recently hosted a CPD event at one of their sister branches. Revalidation was assessed every five years as per guidance set out by the General Medical Council.

Managers identified poor staff performance promptly and supported staff to improve.

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Staff worked across health care disciplines when required to care for patients. We observed good communication between surgeons, anaesthetist and the scrub nurse in theatres. Medical staff we spoke with spoke highly of the organised multidisciplinary team approach at OCL Vision. Surgeons stated that all staff members knew what they were doing, and tasks were always done in a timely manner. Surgeons reported that the whole operation process was very efficient, communicated well and that the team was well prepared.

Seven-day services

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

The service was opened five days a week and ran a Saturday clinic on alternative weekends. The service operated from 8.30am to 7.30pm on weekdays and 9am to 2pm on Saturdays.

Patients could access support 24 hours a day, 7 days a week from an ophthalmologist.

Health promotion

Staff did not give patients practical support and advice to lead healthier lives.

The service did not have information on health promotion at the service nor on their website. They were however, looking into increasing their social media activity to help drive health improvements for those patients using the service.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to treatment based on all the information available and staff clearly recorded consent in the patients' records. Patients were encouraged to sign the consent form online and at home, the service said that this gave the patient an opportunity to read the consent form properly and make an informed decision without any external pressure. The consent form was also broken down per procedure depending on the nature of the surgery. Some forms required one signature and other forms required multiple signatures to ensure that the patient had read specific sections of the form before submitting the consent form.

Good

Surgery

We observed the consent form was checked during the WHO safety checklist in theatre before surgery commenced.

Medical records were audited per surgeon and results showed 100% completion of consent forms.

Nursing staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.

The service was currently interviewing for a Mental Capacity Act lead which would also develop links to ongoing dementia training and dementia champions.

Is the service caring?

Good

This was the first time we inspected this service. We rated it as good because:

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.

Patients said staff treated them well and with kindness and had an excellent follow up process post treatment.

Staff followed policy to keep patient care and treatment confidential. Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

Patients made comments that they were made to feel comfortable during their procedure and were provided with an ear cover to prevent water entering the ear during the procedure.

The service received positive feedback from patients. Patients survey revealed 97% of patients were likely to recommend OCL Vision to others.

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. Patients reported feeling at ease when they visited the service.

Good

Surgery

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Patients reported that staff had a great team attitude which helped to make their experience easier and less nerve racking.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Patients were invited to bring a family member or friend along to their surgical appointment to assist them after their procedure.

Staff spoke with patients, families and carers in a way they could understand, using communication aids where necessary. We observed good communication by nursing staff as to what was happening and why throughout the surgical procedure.

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

The service thought a lot about their customer service and ensured that a good standard of care was set from the very first member of staff they met at reception. They wanted to set a high standard of the service, and this was evident on inspection and through patient feedback.

Is the service responsive?

Good

This was the first time we inspected this service. We rated it as good because:

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.

Managers planned and organised services, so they met the needs of the local population.

Facilities and premises were appropriate for the services being delivered. The clinic was set up as a one stop service where both consultation and surgery were performed in the same building. The premises were wheelchair accessible. The building had a portable ramp to access the main door and a lift was available inside the clinic.

Patients could access tea, coffee and water in the waiting area. Toilets were available and clearly marked on various floors.

Managers monitored and took action to minimise missed appointments. Patients received email and text reminders three days ahead of their appointment date.

Good

Surgery

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.

The service provided ophthalmic surgery to patients over the age of 18 years old.

The service was surgeon led. The service had a strong continuity of care approach and patients saw the same surgeon throughout their care. All clinical and non clinical staff received mandatory training on communication, complaints handling and conflict resolution to support their roles and the needs of patients during their journey.

Patients living with a disability could access the clinic and suitable measures were put in place for patients with sensory loss.

Vulnerable or complex patients, such as those patients with anxiety or living with dementia were invited to the clinic prior to familiarise themselves with the centre before deciding on treatment to ensure that they were comfortable and feasible for treatment.

Staff had access to interpreters if and when patient required this. Information leaflets could be printed in other languages to meet the needs of the patient. The patient had access to language line and a hearing loop if required.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. There were no waiting lists at the service and appointments were scheduled months in advance. The service aimed to see all patients for their first outpatients appointment within five working days, unless the patient had a preference to be seen at a later date of their choice.

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

Managers worked to keep the number of cancelled treatments and operations to a minimum. This was achieved by asking the patient for a small deposit to hold the appointment time.

Administrative staff called patients on the day of their appointment if they were running late to try and reorganise the day for the patient and for the staff involved. The services 'did not attend' rate was less than 5%. For patients that did not attend their appointment an email was automatically sent to the patient to notify them of their missed appointment and to contact the service to reschedule their appointment.

Patients were encouraged to go home in a taxi and avoid the trains due to increased pressure in underground transport. Taxis could be provided for patients on request.

The cost given to the patients included everything and there were no hidden costs. The cost also included free consultations for a year from the date of surgery date.

Good

Surgery

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. The service displayed information about how to raise a concern on the providers website. The service was currently in the process of redesigning a patients information leaflet for complaints.

Staff understood the policy on complaints and knew how to handle them. Staff knew that the service had two days to acknowledge a complaint and 20 days to respond to a complaint. If a response was going to take over 20 days this was communicated to the patient.

Managers investigated complaints, there were very few complaints received in the reporting period June 2022 to May 2023 and as a result there were no clear themes on complaints. The service did not belong to an external body for a complaint dispute resolution but was able to source an independent second opinion if required. Managers shared feedback from complaints with staff and learning was used to improve the service. The medical director would inform medical staff of any complaints that directly affected them. Verbal negative and positive feedback was discussed every day during the morning huddle.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. We were given examples of when the service had included patients in the investigation of their complaint.

Staff could give examples of common complaints that the service received such as complaints regarding the waiting room being too packed. Staff reported no major complaints, as noted in the complaints log.

Staff could give examples of how they used patient feedback to improve daily practice. Staff gave examples of feedback received from patients regarding the volume of consent information, the service used the feedback and developed a digested version of the consent form for patients to go over at home in their own time.

Is the service well-led?

Good

This was the first time we inspected this service. We rated it as good because:

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.

The service was a consultant led and run specialist ophthalmic clinic with four consultant founders. Leaders had the experience, capacity and capability to ensure that the strategy could be developed, and risks performance were addressed. Leaders at all levels were visible and approachable. The Chief Executive Officer delivered a bi-annual presentation to all staff, providing high level updates of the last six months.

Good

Surgery

Leaders were visible and approachable, Staff we spoke with were clear on who their line managers were and saw them regularly. There was a clear chain of command and staff we spoke with knew their direct line manager and who to report to. The leadership was knowledgeable about issues and priorities for the quality and sustainability of services, understood what the challenges were and took action to address them. Leadership scored highly amongst the staff survey results with 80% of staff feeling confident in their leadership.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. Leaders and staff understood and knew how to apply them and monitor progress.

There was a clear statement of vision and values which had been translated into a robust and realistic strategy with well-defined objectives that were achievable and relevant. The vision, values and strategy had been developed through a structured planning process in collaboration with people who use the service and with staff. The strategy was aligned with local risks within the industry. Strategic objectives were supported by quantifiable and measurable outcomes throughout the service. Staff knew, understood, and supported the vision, values and strategic goals of the service and knew how their role helped in achieving this.

Culture

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

Staff reported seeing the Chief Executive Officer (CEO) regularly and other senior members of the senior leadership team. Staff informed us that all senior staff members would introduce themselves and say hello.

All staff we spoke with described a good working dynamics between all staff members. Staff we spoke with spoke highly of the surgeons and of their working environment. Staff felt comfortable in calling or seeking for help and felt at ease speaking or picking up the phone to the various members of the senior leadership team. Staff said that senior staff were very clear and polite in their instructions. Staff commented how flexible the leadership team was, and that changes were made quickly and were responsive to the service's needs.

The service was tailored to the needs of the patients. We observed the culture of the service was one of transparency and honesty.

Equality and diversity were actively promoted, and the service was proud to have a diverse workforce at all levels. All staff had completed equality and diversity training which was reviewed annually. Staff we spoke with had good awareness of patients and each other's different needs and respect for different religious and cultural needs. Diversity and Inclusion scored highly amongst the staff survey results with 88.15% of staff agreed that OCL Vision had equal opportunities, was a diverse place to work where respect was shown to all.

There was a whistleblowing policy for staff to follow. The whistleblowing policy came to effect in April 2023 and was due for review in April 2025.

We were given examples where behaviour and performance inconsistent with the vision and values was acted upon regardless of seniority.

Good

Surgery

OCL Vision provided staff with wellbeing sessions that included massages, manicures, pedicures and paid lunches once a month. Staff were able to pick time slots that suited them in their working day and pick from a large menu for their paid lunch.

Governance

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.

The board and other levels of governance within the organisation functioned effectively and interacted with each other appropriately. Structures, processes and systems of accountability were clearly set out. All staff were clear about their roles and accountabilities.

The service had leads for infection prevention control, medicine management, safeguarding and governance and each understood their role.

There was a clear integrated governance strategy which set out clear streamlined committee structures with clear lines of reporting and explicit terms of reference. Integrated governance committee meetings were held monthly. The service had developed information systems and dashboards which enabled easy interpretation of information that were evidence based.

Senior management meetings took place to discuss all aspects of the business. Board meetings had a set agenda and were held monthly, we saw all four directors had attended the last three meetings and there was strong attendance from the senior leadership team. Items discussed included actions from previous meetings, finance and performance, operational and IT updates, governance updates, business development updates, marketing and digital updates, strategic growth and any other business.

We reviewed the minutes for the monthly clinical operations team meeting in June 2023 which was chaired by the theatre team leader. We saw useful information shared to clinical staff such as clinical updates, audit results, incidents trends, training updates and much more.

Daily admin huddles were minuted and we saw staff had discussions on operational capacity, patient feedback, and staffing limitations. We also saw measure of call activity recorded and staff being praised for 98% of calls being answered in one day. Useful information and reminders were shared with team and there was also an opportunity for staff to ask for support from senior staff members.

The service had an external pharmacist advisor that chaired the medicine management meeting. They reviewed medicines audits, provided advice, discussed safety concerns and risk assessed medicines management at the service.

The provider had a learning grid which was an easy-to-read table which focused on learning as part of their incident management and learning outcome process. The learning grid was simple and included what the issue was, the risks this presented, changes requires and who was responsible for making this change.

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.

Good

Surgery

The service had processes in place to manage current and future performance identified in the services strategy.

There was an effective and comprehensive process to identify, understand, monitor and address current and future risks. We saw in date risk assessments for Control of Substances Hazardous to Health, fire, manual handling and slips trips and falls. Each risk assessment was Red, Amber or Green (RAG) rated with the additional colour of yellow having each risk rated either low, moderate, significant or high. Each risk was given a risk score and clear instructions were followed depending on the RAG rating and the score. High risk levels were over seen by the registered manager, and the managing director accepted the risk and reported the risk to the board.

Performance issues were escalated to the appropriate committees of the board through clear reporting structures and processes. Clinical and internal audits processes functioned well and had a positive impact on in relation to quality governance, with clear evidence of action to resolve concerns. We saw audit schedules were in place and all audit actions and follow ups were completed within four weeks of the original audit. Audits were assigned to different staff members to complete to ensure objectivity when scoring the audits. Results of the audit resulted in changes to the audit programme and specific questions asked during the audit process, changes to practice for the WHO checklists, amendment of policies and feedback through the learning grid. Additionally, the head of governance performed monthly health and safety walk around audits for the service looking at patient confidentiality, the resuscitation trolley and cleaning checklists. The provider had set a 90% target compliance rate but audit results for May 2023 showed 84% compliance, downfalls included cleanliness and clutter near and around fire exits. Actions had been put in place to mitigate this.

Senior staff members were aware of the risks posed to the business and recorded this in the risk register. We spoke to the head of operations who informed us that recruitment of staff was on the risk register due to the high competition in the London market and recruitment agencies. Retention schemes had been well thought of and managed well to retain staff at OCL Vision to mitigate this risk. We reviewed the risk register, which was easy to navigate, concise and RAG rated. Where risks were still pending control measures had been implemented to mitigate the risk as much as possible.

Incidents were reviewed every two weeks and learnings identified were uploaded onto a learning grid quarterly.

The provider had 32 service level agreements to provide support services such as electrical testing of equipment, commercial waste management and IT support.

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.

Systems were integrated and secure. Staff described information technology systems as fit for purpose. The service was in the process of going paper light, the service used an electronic patient record management system, which centralised all patient data in one place. The service was currently in the process of updating their computer systems.

Correspondence with patients were often electronic as opposed to paper based to achieve quick and safe communications. Patients had access to a patient portal which could be accessed remotely and log in information was personalised to each patient. Patients could access information such as their appointment times, treatment information and guidance. Patients were also invited to use a specific mobile phone application to remind them to administer their eye drops post treatment.

Good

Surgery

Staff had limited access to patient and company data, information available to them was tailored to their role. High profile clients were given a pseudonym name to protect their privacy.

Staff were reminded to complete training on General Data Protection Regulation (GDPR) via email and staff were able to do this via E-learning.

Staff could find the data and information they needed. They had access to the policy library that held information relating to policies, procedures, professional guidance, and training. Staff told us that they were informed of any changes to policies and processes by email or at meetings.

The service had not sent any notifications to the CQC in the last 12 months, as they had not had any episodes which required CQC notification.

All electronical devices were password protected and had individual user IDs, reminders to change passwords were regular to ensure data protection. All computer screens had privacy screens to protect sensitive patient data.

Entry to the building was secure and required a key fob to disable the alarm and an access code to enter. There was restricted access to the code. If the alarm was activated unintentionally the head of operations was notified as well as the police.

Engagement

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

Patient surveys were conducted to engage with patients and drive improvements. We reviewed the reviews left on the providers website and observed that patients had left honest and accurate recommendations.

OCL Vision had a variety of communication tools to deliver messages to staff but also for staff to give feedback to the senior leadership team. Newsletters were used to communicate with staff about updates and interesting news. The service used staff feedback surveys as a method to communicate up the chain. Staff had recently fed back that there was a lack of coffee making facilities in the lower ground floor, this was taken on board and space was rearranged to facilitate a coffee making machine to be installed on the lower ground floor. The senior leadership team took this suggestion to all three OCL Vision sites and included the idea in the planning and design of the lower ground floor for both the buildings.

OCL vision engaged well with their staff and had incentives for staff working for them. This included bonus schemes, Christmas and summer parties, employee of the month with an award and cash voucher of £50, and birthday acknowledgements. Staff were initially treated to a birthday cake on their birthday, but staff felt cash vouchers were more appreciative. Senior staff respected these suggestions and switched to cash vouchers to celebrate staff birthdays.

Learning, continuous improvement and innovation

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

The service had recently worked with an external marketing agency to look at all the patient touch points. The agency was looking at patient information leaflets and redesigning them into a one page easy to read leaflet with Quick Response (QR) codes to other useful pages of information. The service was also looking into having some patient information in the form of videos to be more accessible to a wider audience and patient group.

Good

Surgery

OCL Vision developed a mobile phone application to support patients on their post operative journey and the management of eye drops after their surgery. This had been in place since 2019. The application contained information about the most common surgical procedures and had set templates for eye drops.

OCL Vision invested in the latest Biometry machines for each site. These are devices used to help calculate lens powers for patients undergoing cataract surgery. The Hill-RBF formula (an artificial intelligence driven algorithm) was incorporated as standard within these devices, and this was widely accepted now as one of the most accurate formulas in terms of determining lens powers for patients.

OCL Vision invested in a Laser system which was delivered last year. They were the only clinic in London offering the latest in small incision lenticule extraction for vision correction with this laser and were the first in the country to carry out SmartSight laser vision correction (a minimally invasive laser treatment). The service plans to present their results at the four European Society of Cataract and Refractive Surgery Meeting in September this year.

Good

Outpatients

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

Is the service safe?

Good

This was the first time we had inspected and rated this service. 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. Staff told us they had completed mandatory training and data provided showed 95% completion rate for clinical staff.

Mandatory training was comprehensive and met the needs of patients and staff. Mandatory training included courses covering fire safety, equality, diversity and human rights, conflict resolution, complaints handling and safeguarding adults and children level one and two. In December 2022 the organisations mandatory training compliance was 95% across all staff group.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities and dementia. Managers monitored mandatory training and alerted staff when they needed to update their training. The service monitored mandatory training for doctors working under practising privileges and recent data showed they had met the target of 100% completion rate.

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 adults' level two was included in mandatory training for all staff who had direct patient contact including administration staff and level one for non-patient contact staff. There was an 86.8% compliance for safeguarding adults and children level 2 and an 84.8% compliance for safeguarding adults and children level one.

Staff knew how to identify adults and children at risk of, or suffering, significant harm. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Good

Outpatients

Staff we spoke with were able to describe what would constitute a safeguarding concern and could give examples of situations that would require a safeguarding referral. Staff knew who the safeguarding lead was and how to make a referral. The contact details for the local authority were clearly visible on the control room noticeboard.

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 outpatient's area were visibly clean and had suitable furnishings which were clean and well-maintained. The service had robust cleaning schedules in place which included all areas.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff followed the provider's policy on infection prevention and control (IPC), which included being 'bare below the elbow'. There were adequate supplies of PPE at the clinic. Numerous hand gel dispensers were available, and staff were observed using them. There were hand washing facilities in the clinical rooms. The service had an up to date COVID-19 infection control policy. The service had a COVID-19 risk assessment in place which described the mitigating actions that had been taken to reduce the risk to patients and staff coming into the clinic.

The service carried out various audits, including hand hygiene audits, clinical sharps audit and infection prevention audits, audit reports provided showed staff were 95% compliant.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. We saw that cleaning records were up-to-date to maintain safety and hygiene standards and demonstrated that all areas were cleaned regularly to address the additional risks presented by COVID-19.

Environment and equipment

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

The design of the environment followed national guidance. The laser room had an illuminated warning sign outside the room and a lockable door. This ensured patient and staff safety to avoid accidental exposure to the laser. We observed the door was kept locked when not in use and the keys for the laser were kept in a locked cupboard to prevent unauthorised use.

The service had enough suitable equipment to help them to safely care for patients. All equipment conformed to the relevant safety standards and was serviced annually. Staff told us they had enough equipment to do their job properly. We were told equipment and other stock were ordered through a central operations team within the organisation and deliveries were prompt.

Staff disposed of clinical waste safely. There were adequate arrangements for handling, storage and disposal of clinical waste, including sharps. The service had a waste management policy, and waste was segregated with separate bins for general waste and clinical waste.

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.

There was sufficient access to hand gel dispensers, handwashing, and drying facilities. Hand washing basins had sufficient supplies of soap and paper towels.

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.

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.

Assessing and responding to patient risk

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

Patients attending the service for eye tests were mostly in good physical 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 and if required the patient would be taken to the local accident and emergency department (A&E) by emergency services.

Staff used a recognised tool to identify deteriorating patients and escalated them appropriately. Staff completed risk assessments for each patient on arrival, using a recognised tool. This included identifying potential risks such as allergies and assessing patients' suitability for specific procedures.

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

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

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 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 medical staff who worked under practicing privileges to meet the needs of the patients who were scheduled into clinics. There were plans in place to increase the clinical staff capacity as they pursue growth with the opening of new location.

Good

Outpatients

The service had planned staffing levels to keep patients safe. The team was small and did not need the use of a staffing tool to plan staffing numbers. The registered manager and the nominated individual worked full-time across three OCL Vision Clinic's.

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.

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update. Records were stored securely. Results from patient examinations were recorded in the patient's electronic record. The electronic notes system was accessed by individual staff log in. When staff left computers unattended, we saw they locked them to restrict access.

Patient records were comprehensive, and all staff could access them easily. Patient records were predominantly electronic. Patient consent forms were in a paper format and were scanned onto the electronic patient record system after completion of the patient treatment.

Records were stored securely. Patients paper records were stored securely at the clinic site in line with the clinic's policies and procedures. Electronic records were only accessible to staff who were authorised to access them.

Medicines

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

Staff followed systems and processes to safely prescribe, administer, record and store medicines. Medicine records were complete and contained details about any patient allergies, dose of medicines and when patients received them.

Medicines were stored securely in locked cupboards and temperature-controlled rooms. Fridge temperatures were monitored and audited by the service.

We saw allergies were recorded in the patient record which included the prescription chart. Only staff who had completed competencies in the management of medicines, dispensed and administered medicines to patients.

Following treatment, patients were given eye drops to take home for self-administration. We saw the expiry dates of the eye drops were checked by two members of staff before they were given to the patients. Patients were provided with verbal and written information about their eye drops before they left the clinic.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. 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 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.

Good

Outpatients

Staff knew what incidents to report and how to report them. Staff we spoke with told us they were encouraged to report incidents and incidents were discussed at morning briefing sessions before surgery and during team meetings. Team meeting minutes reviewed showed incidents had been discussed. Staff received feedback from the investigation of incidents. They met to discuss the feedback and look at improvements to patient care.

There had been no serious incidents and no never events during the 12 months prior to our inspection. A never event is a serious incident that is largely preventable, and of concern to both the public and health care providers for public accountability.

The registered manager and staff were aware of the duty of candour and their responsibilities for this. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or their relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. There had been no incidents that met the threshold for the duty of candour in the 12 months prior to our inspection.

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 duty of candour and used these as training and development opportunities.

Is the service effective?

Inspected but not rated

We do not currently rate effective.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Policies were developed in conjunction with national guidance and best practice, such as the Royal College of Ophthalmologists, National Institute for Health and Care Excellence (NICE). All the guidelines were easily accessible on the intranet and were up to date.

The provider cascaded any training learnt from external stakeholders to staff in the service. In addition to this, we were told that any changes or new practices within the field of ophthalmology would be brought into the service to ensure patient and staff safety was maintained through training in new technology and treatment modalities.

Patients were supported by staff to understand the various treatment options available to them, including the risks and benefits of the procedures. This was in line with the National Institute of Health and Care Excellence (NICE) Quality Statement 15, statement five on understanding treatment options and the Royal College of Ophthalmologists professional standards for refractive eye surgery.

Staff ensured that patients undergoing treatment at the clinic had an appropriate pre-operative assessment and an opportunity to discuss their care and treatment option as set out in the General Medical Council guidance for doctors who offer eye surgery service.

Good

Outpatients

Nutrition and hydration

Staff gave patients hot and cold drinks and biscuits to meet their needs.

Patients were present in the service for a very short time but were offered a hot or cold drink if they wanted one. There was water cooler fountain available in the patient waiting area.

See surgery core service report for more information.

Pain relief

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

Staff assessed patients' pain at outpatient appointments and gave pain relief in line with individual needs and best practice.

Patients received pain relief soon after requesting it. Pain relief was given at pre surgery consultations using anesthetic eye drops.

Staff prescribed, administered, and recorded pain relief accurately. There were labels on medicines to remind patients how to administer these, staff also gave a verbal explanation. This was documented on the patients' medical record.

Patient outcomes

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

The service contributed their patient's outcome data with the Private Healthcare Information network (PHIN). See surgery report for more detail.

The service audited itself against national standards and managers used the results to improve patients' outcomes. Outcomes for patients were positive, consistent and met expectations. Findings from audits were shared at team meetings and during team brief sessions.

Managers and staff carried out a comprehensive program of clinical audits to check improvement over time. Managers used information from the audits to improve care and treatment. Managers shared and made sure staff understood information from the audits.

See surgery report for more detail.

Competent staff

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

All new staff had a full induction tailored to their role. The provider's induction policy set out what staff were required to complete, commencing on their first day at work and throughout their probationary period.

Nursing staff told us there were opportunities for learning and development. Nursing staff competencies were reviewed at least every two years. Nursing staff also had opportunities to take on lead roles for example resuscitation, infection control and medication.

Managers supported staff to develop through yearly appraisals of their work. The service reported all their staff had an up-to-date appraisal for the period January to August 2022.

The provider had a service provider agreement/practising privileges policy for individual consultants who worked under practising privileges. Consultants with practising privileges were required to provide evidence of appraisals, revalidation, and professional registrations. Data provided showed all the consultants and anaesthetists had an annual appraisal in the last 12 months.

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

Multidisciplinary working

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

Managers, 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. Staff supported each other to provide good care and communicated effectively with all their stakeholders. There were daily team huddles to discuss the patients for that day, any outstanding reports and areas of concern or actions.

Staff held regular and effective multidisciplinary meetings on a weekly and monthly basis to discuss patients' treatment and improve their care.

Seven-day services

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

The service was opened five days a week and ran a Saturday clinic on alternative weekends. The service operated from 8.30am to 7.30pm on weekdays and 9am to 2pm on Saturdays.

Patients had access to support and advice from the service 24 hours a day 7 days a week following their outpatients' consultation and treatment.

Health promotion

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

Good

Outpatients

Information leaflets about what to expect, how to prepare for their outpatient's appointment, what to expect on the day and the aftercare processes were sent to patients prior to their appointment. However, there were no further patient information to support healthy lifestyle.

See surgery report for more detailed information.

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 made sure patients consented to treatment based on all the information available. The service had a standard consent form for the procedures they provided in line with NICE guidelines. The consent forms provided information on procedure, including the main benefits and risks associated with the procedure. Staff made sure patients consented to treatment based on all the information available. Information about the refractive laser eye surgery procedure, risks and alternative treatments were offered to patients, to enable them to make informed choices.

The final consent for treatment was the responsibility of the operating surgeon on the day of surgery. We observed a consultation between the ophthalmologist and a patient about risks and benefits of the treatment and after care. This was a detailed conversation, and the patient was encouraged to ask questions and sought clarifications.

We observed three patient journeys through diagnostic and outpatient appointments, and we saw staff ensuring patients fully understood the information provided; we did not have any concerns relating to the practice of staff.

Staff received and kept up-to-date with training in Mental Capacity Act and Deprivation of Liberty Safeguards. Mandatory training included Mental Capacity Act Deprivation of Liberty Safeguards.

Is the service caring?

Good

This was the first time we had inspected and rated this service. We rated safe 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.

Good

Outpatients

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 conversation 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.

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.

Is the service responsive?

Good

This was the first time we had inspected and rated this service. We rated safe 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.

The service planned and provided care and treatment in a way that met the needs of local people and the communities served. The clinic was easily accessible from the town centre and close to public transport links.

Good

Outpatients

The service ensured all patients received the necessary information and clear explanations of what to expect before the day of surgery. Patient information leaflets were given with instructions on what to do before, during and following treatment.

Patients' individual needs and preferences were central to the planning and delivery of the service. Services were flexible and provided choice. The service provided refractive laser eye surgery for patients at their convenience. We observed patients being offered different appointment times to meet their social and work/life commitments.

Facilities and premises were appropriate for the services being provided. The facilities at the clinic reflected the profile of the service and were designed to ensure a good patient experience. The recovery room had comfortable chairs for patients to relax on following their surgery. The room had low lighting as patients would be sensitive to light following the procedures. The service had systems to help care for patients in need of additional support or specialist intervention.

We saw the service made provisions to meet patient needs through access to magazines and newspapers. The clinic environment was appropriate and patient centred. There was a comfortable seating area, cold water facilities, availability of hot beverages and toilet facilities for patients and visitors. Patients were seen promptly and could book the next available appointment with ease and flexibility.

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.

The service was inclusive and took account of patients' individual needs and preferences. We saw in patient records each patient was treated individually. Consultations were performed by the ophthalmologist and treatment was tailored towards the patient's needs and desired outcome. Staff recognised patients had choice around their treatment and care and had other commitments. Staff were flexible and supported patients to change scheduled treatment times as needed. The service opening hours reflected service demand and patient appointment choice.

Waiting areas within the clinic were bright, spacious and comfortable. Treatment areas were arranged to enable patient journey from admission in reception to discharge from the consultant flowed easily.

All staff completed an equality and diversity course as part of their mandatory training. The service had an up-to-date discrimination prevention policy which was compliant with the Equality Act (2010) and ensured staff delivered care without prejudice to protected characteristics. There was a clear care and treatment ethos based on individualised care. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff understood and applied the equality policy in meeting the information and communication needs of patients with a disability or sensory loss. Staff had access to communication aids to help patients become partners in their care and treatment. Patients told us staff took time to explain their care and treatment. The service could access information and leaflets in other languages and different formats such as large prints, to meet the needs of the community they served.

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.

Good

Outpatients

People could access the service when they needed it and received the right care and treatment promptly. Access to the service was timely and flexible. Appointments were available during the week, evenings and at weekends to ensure the service was accessible to all patients who needed their services.

Staff minimised waiting times for patients in the clinic. Appointments were staggered to coincide with patients appointed surgery time this minimised waiting times for patients in the clinic. Patients we spoke with told us they were offered a choice of appointment time according to their need and availability. Staff told us patients were seen promptly following referral and there were no waiting lists.

There were no cancelled appointments, treatments and operations at the clinic. Managers and staff worked to make sure patients did not stay longer than they needed to when they attended the clinic.

Patients were provided with a general discharge information sheet which included phone numbers they could use to contact the clinic after their operation. All patients having specific procedures were also provided with an advice sheet with more specific aftercare advice.

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.

The clinic ran on time and staff informed patients when there were disruptions to the service. During the inspection, there were no delays observed and patients were seen on time or before their scheduled appointment.

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 provider had its own complaints policy which included signposting patients to other organisations should they remain unhappy, if their complaint was not resolved by the provider. There were three formal complaints received by the provider in the last 12 months.

The head of governance and head of operations explained how they would lead an investigation into any complaint. A formal written response would be made and if required, a meeting set up with the complainant. Informal complaints were dealt with by staff at the clinic and endeavoured to resolve them before they became a formal complaint. There were rooms available to allow privacy to discuss the patient's concerns.

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.

Is the service well-led?

Good

Outpatients

Good

This was the first time we had inspected and rated this service. We rated safe 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.

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 senior management team demonstrated high levels of experience and capability and were passionate about the service. Staff were clear on the organisational structure and although they worked at various locations, all staff we spoke with understood how the leadership structure worked and who they reported to.

The senior management team knew the challenges and issues of the service. They supported the clinical staff in the operational delivery of the service. Staff knew who the senior leaders were and told us they felt well supported by the managers of the service. Staff were aware of their reporting structures and said managers were visible and approachable. Clinical staff said they had support at a clinical and managerial level.

There were clear lines of management responsibility and accountability within the service. Staff told us senior managers were visible, approachable and supportive and took an interest in their welfare. Staff told us the management had a full understanding of their roles. All the staff we spoke with 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.

The vision and strategy were planned to support the wider health economy. The service aimed to provide high quality and safe patient-centred care and treatment with the help of latest technologies and employing world leading professionals in cataract and laser surgery.

There was a clear vision with quality and sustainability as the top priorities. There was a documented strategy for achieving their priorities and delivering good quality sustainable care. The management told us it was about delivering high quality care to patients.

There was an overarching strategy focused on delivering exceptional patient care, outstanding clinical outcomes and continued investment in people and technology. The provider aimed to meet some of eye health's most pressing challenges, providing better quality eye care, speeding up diagnoses and improving the overall patient experience. All staff we spoke with were committed to the values of the service of improving overall patient experience.

The service monitored progress against the vision and strategy though the use of clinical audits, risk management committee meetings and monthly board meetings.

Good

Outpatients

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 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 service, 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 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.

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 clinical governance lead was responsible for quality and governance of the service.

Good

Outpatients

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.

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 had a local risk register. Risks contained within the register were found to be within review date, scored appropriately in line with the provider's policy and had relevant action plans to mitigate the risk. There was good oversight of incidents, issues, risks, and performance by the management team. All information about risks, issues and performance were held electronically.

Clinical audits were carried out on a monthly basis. We saw evidence of a robust rolling audit schedule which detailed all audits planned, these were held electronically to enable senior managers to have access and oversight of them. We saw the results of clinical audits were discussed at team meetings where learning was shared.

Senior managers monitored performance nationally, for all the provider's clinic sites and we saw evidence that feedback was given to clinic managers and relevant staff on a regular basis. The provider monitored various aspects of performance, for example, conversions from consultation to surgery, treatment results, retreatment rates and unplanned re-attendances to surgery. We saw themes and trends were identified and when required investigation was undertaken.

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.

Service performance measures were reported and monitored, these included data and notifications that required submission to external bodies.

Information technology systems were used effectively to monitor and improve the quality of care. For example, the incident and complaints recording system provided the service with a platform to monitor and assess risks and assess trends.

Staff had secure access to the service's intranet, which gave them access to a range of policies, procedures and guidance, as well as their training and personal development records.

The provider was registered with the Information Commissioners Office (ICO). The service had an up-to-date information governance policy. Information governance awareness training was part of the mandatory training programme with 100% of surgical staff having completed the training.

Systems were in place to record and collate complaints and incidents. The service received compliments from patients 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.

Good

Outpatients

Engagement

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

We observed staff actively engaging with patients about their care and treatment. Patient surveys were carried out monthly and staff surveys carried out biannually. 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. 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.

Consultants were positively involved in the development of the service through regular consultant ophthalmologist meetings with the senior management team. The service had procedures in place for staff to raise 'whistleblowing' concerns outside of their line management arrangements and staff had access to confidential counselling and support services. The service gathered patients' feedback through patient satisfaction questionnaires, which were completed post-surgical procedure.

Learning, continuous improvement and innovation

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

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 senior leadership team were committed to continual learning. For example, the provider changed the pre-assessment questions following an audit of patient records and had invested in external specialist advisors for infection control, medicines management and a clinical educator to support the organisation in decision making and staff development.