Optegra UK Limited

Optegra Eye Hospital Newcastle

Inspection report

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

Ratings

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

Summary of findings

Overall summary

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

However:

- Compliance with some medical equipment servicing was not in line with manufacturers guidance. This had been booked in by the provider at the point of inspection and has been carried out following our inspection visit.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Outpatients	Good 	We rated Outpatients as good because: • The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. • Staff provided good care and treatment 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, them to make decisions about their care, and had access to good information. Key services were available seven days a week. • Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers. • The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment. • Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. However • The service did not always ensure that medications and patient records were stored securely at all times.

Summary of findings

- The service had not yet implemented all mandatory training in learning disability and autism awareness. Although there was a plan in place for the service to roll out the training from April 2023 onwards.
- The service did not always ensure that medical equipment was serviced in time with manufacturers guidance.

Surgery

Good

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, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- 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

Summary of findings

accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The service should ensure that medical equipment is serviced in time with manufacturers guidance.

Summary of findings

Contents

Summary of this inspection

Background to Optegra Eye Hospital Newcastle

Optegra Eye Hospital Newcastle is operated by Optegra UK. The hospital provides a range of ophthalmic services to NHS funded adults only. These include cataract surgery and YAG laser capsulotomy. The service is registered to provide surgical procedures and treatment of disease, disorder and injury and diagnostic and screening procedures.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 2 March 2023. The hospital had opened in November 2021 and had not been inspected before. There was a registered manager in post during the inspection.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

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

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

During the inspection we spoke with 11 clinical, nursing and support staff, two managers, 11 patients and we also followed the pathway of three patients in the surgical area. We reviewed ten patient records and five staff and practicing privileges files, including checking the service had completed fit and proper persons checks in line with the regulation.

Areas for improvement

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

Action the service SHOULD take to improve:

Surgery

- The service should ensure that medical equipment is serviced in time with manufacturers guidance.
- The service should ensure all staff receive training in learning disability and autism.

Outpatients

- The service should ensure that medications are stored securely at all times.
- The service should ensure patient records are stored securely at all times to ensure patient confidentiality.
- The service should ensure that mandatory training in learning disability and autism awareness is in place.

Summary of this inspection

- The service should ensure that medical equipment is serviced in time with manufacturers guidance.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Outpatients

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

Is the service safe?

Good

Mandatory training

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

Staff kept up-to-date with their mandatory training. The service target for mandatory training compliance was 90%. Overall staff compliance with mandatory training was 100%.

Managers provided monthly staff training sessions.

Clinical staff received dementia awareness as part of their mandatory training and staff had access to undertake an additional online course in learning disability awareness, autism and attention deficit hyperactivity disorder. Managers told us they were reviewing their mandatory training in line with the Health and Care Act 2022 to ensure all staff receive the training on learning disability and autism that is appropriate to their role. [KK1]

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.

The service had a safeguarding adult's policy that was version controlled and in date. The policy covered expected areas for the type of service and included references to when it might be appropriate to consider safeguarding children or young people in transitional care, as the service only treated adults aged 18 and over. The policy included the training requirements for staff groups, which met the safeguarding intercollegiate guidelines, and included information on completing safeguarding supervision for staff members, and when that might be required.

Staff received training specific for their role on how to recognise and report abuse. The service target for compliance with safeguarding training was 90%. The average training compliance showed that staff who worked in outpatients had a compliance rate of 100%% for safeguarding adults' level 2 and safeguarding children level 2 training.

Staff we spoke with could describe how they would recognise potential abuse and actions they would take. All staff that we spoke to were able to confirm their safeguarding training levels and the name of the safeguarding lead.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff told us what they would do and who they would inform to make a safeguarding referral. Staff knew how to escalate concerns in the service and to external bodies.

The service had not made any adult safeguarding referrals in the previous 12 months.

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.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. The areas were all clean and had minimal furnishings. This meant that the area had plenty of space and was free from clutter for keeping clean

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

We reviewed the most recent hand hygiene audit that the service had completed. The most recent audit was completed in November 2022 and the compliance was 100%, this exceeded the service target of 90%.

The environmental hygiene audit undertaken last in December 2022 and the achieved 100% compliance rates.

Staff followed infection control principles including the use of personal protective equipment (PPE).

Staff cleaned equipment after patient contact, and we observed this happening routinely during the inspection.

Environment and equipment

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

The service had enough suitable equipment to help them to safely care for patients. The equipment used in clinical outpatient rooms was fit for purpose and appropriate to the needs of the patients. Staff ran reports on specialist equipment before each use and escalated any concerns.

Rooms used for diagnostic testing had signage on doors for when testing was in use.

Fire extinguishers were accessible, stored appropriately and there were clear fire exit signs. The fire alarms were scheduled to be tested weekly. Fire safety equipment was appropriately serviced.

Staff disposed of clinical waste safely. When we observed the department, we saw staff disposed of clinical waste correctly and in line with service policy.

Equipment was not always serviced in a timely way in line with manufacturers guidance. The asset register showed that all equipment required a service in November 2022 but only one piece of equipment had been serviced. This posed minimal risks to patients as equipment was only 16 months old. The manager had also arranged a full equipment service for March 2023.

Good

Outpatients

Assessing and responding to patient risk

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

Staff knew how to respond promptly to any sudden deterioration in a patient's health.

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident.

Staff knew about and dealt with any specific risk issues. Sepsis and venous thromboembolism (VTE) were included in the risk assessments.

Staff shared key information to keep patients safe when handing over their care to other parts of the service.

Staffing

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

The clinic manager planned staffing rotas at least four weeks in advance. The registered manager was on call at all times the clinic was open.

Medical staffing worked between outpatients and surgery. The service had enough medical staff to meet the needs of the patients who were scheduled into clinics.

The service had low vacancy rates. The service had one whole time equivalent (WTE) clinical vacancy. The service was able to schedule clinics based on the available staffing and did not carry out scheduled activity if there were not enough staff.

The service had low sickness rates. The sickness rate for clinical staff was 2.4%, this met the service target which was 2.5%.

Records

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

Patient notes were comprehensive, and all staff could access them easily. We reviewed 3 patients records and these were completed appropriately and in line with service and national guidelines.

When patients transferred to a new team, there were no delays in staff accessing their records. One patient record was used for their entire care pathway throughout diagnostics, surgery (if required) and outpatients. This meant that patients records, and information were shared promptly and safely to ensure all staff had relevant information regarding the patient.

The service completed a records audit in December 2022. The target was 90% compliance, and this was exceeded with 99% compliance.

Good

Outpatients

The service kept electronic diagnostic image records and consent forms.

The service had a data retention policy which managed the privacy, retention period, storage, and disposal of patients' personal data in line with national guidance.

Staff did not always ensure patients confidentiality was maintained. We saw 14 records left in an unlocked assessment room during staff break time. We fed this back to the registered manager who assured us they would feed back to staff to keep records secure at all times as rooms did have the lockable facilities to support this.

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. The service had a medicines management and administration policy. It was in date, version controlled, and its contents included principles and guidelines for the prescription, administering, storage and disposal of medicines as well as competency requirements for staff who are able to handle medicines and information about the use of unlicensed and off-label medications. During the inspection we saw staff administering medication in the surgical department and found they followed the correct national guidelines and practices.

Staff completed medicines records and prescribing documents safely, accurately and kept them up-to-date and audits to monitor this met the target.

There were appropriate facilities in place for medication storage, this included appropriate refrigeration and medication fridge checks had been completed in line with policy. However, during staff break times we saw eye drops left in unlocked assessment room that patients could potentially access incorrectly, we raised this with staff who addressed this immediately.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services.

Staff learned from safety alerts and incidents to improve practice.

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. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Staff were able to describe how to report an incident and provides examples of situations this would apply to. This matched the Incident Policy that the provider had in place.

The service had had no never events in the last 12 months.

Staff raised concerns and reported incidents and near misses in line with provider policy. We reviewed incidents for the service, and they had been reported in line with the provider policy.

Good

Outpatients

Managers shared learning with their staff about never events that happened elsewhere. Incidents were discussed at team meetings.

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. Staff we spoke with described the duty of candour during the inspection well and understood the importance of putting it into practice

Staff met to discuss the feedback and look at improvements to patient care.

There was evidence that changes had been made as a result of feedback, for example, an additional waiting area had been introduced between assessment and diagnostic procedures to improve the patient flow and experience through the service.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

[KK1]Please clarify whether this was in place as mandatory training and if not it may be needs to considered for a Should Do

Is the service effective?

Inspected but not rated

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. We reviewed policies across the service and saw that they reflected national guidance and good practice principles. They were based on evidence, and we saw that the overarching provider completed audits for the whole organisation which were evidence based. They were shared with this service.

Pain relief

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

Staff prescribed, administered and recorded pain relief accurately. Pain relief was administered in the form of anaesthetic eye drops prior to surgery or procedures. Patients were asked about pain levels during and after procedures.

Patient outcomes

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

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Audits included medicine's management, health records, infection prevention and control, patient flow and care and support.

Good

Outpatients

Managers and staff used the results to improve patients' outcomes. They used information from the audits to improve care and treatment.

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 gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff were 100% compliant with having their yearly appraisal.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. We saw examples of information from team meetings and the manager told us about the monthly training days for staff.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. All staff worked across all areas of the hospital and were required to have competencies signed off by an experience staff member or manager. This meant when staff progressed to work in a new area of the service, there was a structured learning available to support them and ensure they were competent to provide the care required. We saw two staff were training to expand their skills and experience to work in all areas of the hospital.

Managers made sure staff received any specialist training for their role.

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.

Patients could see all the health professionals involved in their care at the service.

Seven-day services

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

Staff could call for support from consultant's other disciplines, including diagnostic tests, during opening hours.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in patient areas.

Good

Outpatients

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

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. When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. Staff we spoke with told us about best interest decision meetings that took place in the department when patients did not have the capacity to make decisions about their care.

Staff made sure patients consented to treatment based on all the information available. The service had standardised consent forms for the diagnostic procedures they completed that were in line with guidelines. We observed three patient pathways and saw consent being gained for diagnostic procedures.

Staff clearly recorded consent in the patients' records.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Mandatory training included Mental Capacity Act Deprivation of Liberty Safeguards and dementia awareness modules, and we saw staff met the service target for these modules.

Managers annually monitored how well the service followed the Mental Capacity Act and made changes to practice when necessary.

Is the service caring?

Good

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

Patients said staff treated them well and with kindness. We spoke with three patients in the outpatient area during our on-site inspection, and all comments from these patients were positive.

Staff did not always follow policy to keep patient care and treatment confidential.

Emotional support

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

Good

Outpatients

Staff gave patients and those close to them help, emotional support and advice when they needed it. We observed staff put patients at ease when they were waiting for a surgical procedure and talk to them about their concerns. We spoke to service managers who told us if patients needed additional support, theatre lists could be slowed down; we also heard examples of additional staff holding patients' hands in theatre to provide support when they needed.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. We asked staff how they managed distressed patients, and they told us they had access to offices where they could take patients who needed a private conversation.

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. The service policy made sure that patients did not leave the hospital unattended so that they were not put at risk. Staff told us about an example where they arranged a taxi for a patient who had no support to get to their appointment, and the service paid for this.

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.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary.

Staff supported patients to make informed decisions about their care. We saw that patient consent forms for procedures offered at the service included information about the benefits and risks. This was also verbally explained to patients.

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

Is the service responsive?

Good

Service delivery to meet the needs of local people

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

Facilities and premises were appropriate for the services being delivered.

Managers monitored and took action to minimise missed appointments. Appointments were managed through a central booking team. Staff reviewed theatre lists two weeks in advance to ensure patients were correctly allocated and that any amendments required were made prior to a patient's attendance, and the day before treatment to ensure any amendments required had been actioned, to reduce the likelihood or need for late notice cancellations.

Staff contacted patients who did not attend appointments within an hour to see if the person was still able to attend their appointment. Patients were offered three additional appointments before being directed back to their referrer.

Good

Outpatients

Meeting people's individual needs

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

Patients were able to declare any reasonable adjustments they needed to attend their outpatient appointment safely and comfortably at the booking stage, by telephone or at arrival at the clinic.

Staff had completed equality and diversity training which ensured patients with protected characteristics received and equal quality of care.

The entrance door to the service was on ground level and wide enough for wheelchair and pushchair access. The outpatient rooms were accessible to wheelchairs.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service had access to translation services, chaperones, large print information and a hearing loop.

Access and flow

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

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

The service referral to consultation time was 2 weeks at the time of the inspection. The service was meeting the national standard for referrals taking 18 weeks for non-urgent cases.

Managers worked to keep the number of cancelled appointments to a minimum.

The service kept delays and waiting times to a minimum and we heard from patients that staff communicated any delays. We observed appointments running to time when we inspected.

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 had access to the complaints process on the service's website, however there were no posters or information displayed in the service to help guide patients to the complaint's procedure.

Staff knew the process and could support patients when they were asked.

Staff understood the relevant policies on complaints and knew how to respond to and escalate complaints.

Good

Outpatients

The registered manager had overall responsibility for reviewing, investigating, and responding to complaints and feedback. They logged details of the complaint along with any actions taken and reported any identified themes to the central teams for national learning.

Managers shared feedback from complaints with staff and learning was used to improve the service.

Staff could give examples of how they used patient feedback to improve daily practice.

We reviewed the response time of the four complaints in the outpatient's department. These complaints received an acknowledgement within the service target of 2 working days. The service met their target response time for the complaint of 20 days in 3 out of 4 complaints.

Is the service well-led?

Good

Leadership

See surgery section for information under this sub-heading.

Vision and Strategy

See surgery section for information under this sub-heading.

Culture

See surgery section for information under this sub-heading.

Governance

See surgery section for information under this sub-heading.

Management of risk, issues and performance

See surgery section for information under this sub-heading.

Information Management

See surgery section for information under this sub-heading.

Engagement

See surgery section for information under this sub-heading.

Learning, continuous improvement and innovation

See surgery section for information under this sub-heading

Good

Surgery

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

Is the service safe?

Good

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The service target for compliance with mandatory training was 90%. Training compliance showed that staff who worked in surgery had a compliance rate of 100% which exceeded the target.

Managers provided monthly staff training sessions.

Clinical staff received dementia awareness as part of their mandatory training and staff had access to undertake an additional online course in learning disability awareness, autism and attention deficit hyperactivity disorder. Managers told us they were reviewing their mandatory training in line with the Health and Care Act 2022 to ensure all staff receive the training on learning disability and autism that is appropriate to their role.

Managers monitored mandatory training and alerted staff when they needed to update their training. We saw the training tracker was automated and flagged when training was due for completion in the coming month.

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.

The service had a safeguarding adult's policy that was version controlled and in date. The policy covered expected areas for the type of service and included references to when it might be appropriate to consider safeguarding children or young people in transitional care, as the service only treated adults aged 18 and over. The policy included the training requirements for staff groups, which met the safeguarding intercollegiate guidelines, and included information on completing safeguarding supervision for staff members, and when that might be required.

Staff received training specific for their role on how to recognise and report abuse. The service target for compliance with safeguarding training was 90%. Training compliance showed that staff who worked in surgery had a compliance rate of 100% for safeguarding adults' level 2 and safeguarding children level 2 training; this exceeded the target.

The service provided prevent training as part of its safeguarding level 3 mandatory training programme; compliance was 100% which was above the service target.

The service also provided level 3 safeguarding children and adults training for eligible staff which included prevent training; compliance for this module was 100% and met the service target.

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. We talked to staff about safeguarding during the inspection and they knew where to find details for the local safeguarding authority and could describe when they had considered safeguarding and what they would do if they had a concern. This was in line with the service policy.

The service had not made any adult safeguarding referrals in the previous 12 months.

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.

Ward areas were clean and had suitable furnishings which were clean and well-maintained.

The service generally performed well for cleanliness. We observed staff during the inspection and saw they washed their hands between patients and wore gloves when required.

We reviewed the most recent hand hygiene audit that the service had completed. The most recent audit was completed in November 2022 and the compliance was 100%, this exceeded the service target of 90%.

The environmental hygiene audit undertaken last in December 2022 and the latest scrub procedure audit in November 2022, both achieved 100% compliance rates.

Staff used records to identify how well the service prevented infections.

Staff followed infection control principles including the use of personal protective equipment (PPE).

Staff cleaned equipment after patient contact, and we observed this happening routinely during the inspection.

Staff worked effectively to prevent, identify and treat surgical site infections.

As part of the admission and pre-assessment criteria, patients were asked infection control screening questions. This meant any infection risks could be managed, for example patients could be added to the end of a list so that appropriate decontamination could be completed.

The service had a process in place to provide appropriate treatment to patients to prevent surgical site infections. This was being reviewed at the time of the inspection, and the approach was evidence based.

Good

Surgery

Environment and equipment

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

Staff carried out daily safety checks of specialist equipment. We reviewed the resuscitation trolley checks for the previous three months. Checks had been completed regularly and thoroughly.

There was signage in theatres to warn staff and patients that lasers were used in the department.

The service was a purpose-built day care facility. The ward area within surgery lacked privacy for patients at times. Although staff told us that they would take patients into a private room if requested or for any difficult conversations.

The service had enough suitable equipment to help them to safely care for patients.

Staff disposed of clinical waste safely.

The service had a fire safety procedure in place that included roles and responsibilities in the event of a fire. The fire alarms were scheduled to be tested weekly.

Equipment was not always serviced in a timely way in line with manufacturers' guidance. The asset register showed that all equipment required a service in November 2022 but only one piece of equipment had been serviced. This posed minimal risks to patients as equipment was only 16 months old. The manager had also arranged a full equipment service for March 2023.

Assessing and responding to patient risk

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

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately.

The service had a policy for managing a deteriorating patient. It was in date and version controlled. The policy followed national guidance and best practice and provided staff with the appropriate tools to monitor patients and manage potential deterioration. There was also an overview of the policy on a page to assist staff.

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident. The service had an admission and pre-assessment policy in place that was based on national guidelines. This detailed patients who could and could not be treated at the service and described how staff could escalate queries about the suitability of patients for the service. Specific exclusions were listed, and the policy used a nationally recognised scoring system to assess the suitability of patients.

Staff knew about and dealt with any specific risk issues. Sepsis and venous thromboembolism (VTE) were included in the risk assessments and observations recorded while patients were being treated in the service. The service also had a separate policy for endophthalmitis treatment procedures.

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

Good

Surgery

Staffing

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

The service had enough nursing and support staff to keep patients safe. The service was able to schedule clinics and surgeries based on the available staffing and did not carry out scheduled activity if there were not enough staff.

Medical staffing worked between surgery and outpatients.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance.

The ward manager could adjust staffing levels daily according to the needs of patients and the surgery lists that had been scheduled.

The service had low vacancy rates. The service had one whole time equivalent (WTE) clinical vacancy.

The service had low sickness rates. The sickness rate for clinical staff was 2.4%, this met the service target which was 2.5%.

Records

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

Patient notes were comprehensive, and all staff could access them easily.

When patients transferred to a new team, there were no delays in staff accessing their records. We saw staff moving paper records between the outpatients, diagnostic imaging and surgical areas of the service in a timely way.

The service completed a records audit in December 2022. The target was 90% compliance, and this was exceeded with 99% compliance.

During the inspection we reviewed five sets of records across the surgical areas. We saw they were all completed appropriately and in line with the service and national guidelines.

Records were stored securely.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. The service had a medicines management and administration policy. It was in date, version controlled and its contents included principles and guidelines for the prescription, administering, storage and disposal of medicines as well as competency requirements for staff who are able to handle medicines and information about the use of unlicensed and off-label medications. During the inspection we saw staff administering medication in the surgical department and found they followed the correct national guidelines and practices.

Good

Surgery

Staff completed medicines records accurately and kept them up-to-date and audits to monitor this met the target.

Staff stored and managed all medicines and prescribing documents safely. We reviewed the storage of medicines and had no concerns, this included appropriate refrigeration of medicines that required it. Medication fridge checks had been completed in line with policy.

Staff followed national practice to check patients had the correct medicines when they were admitted or they moved between services.

Staff learned from safety alerts and incidents to improve practice.

Incidents

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

Staff knew what incidents to report and how to report them. Staff were able to describe how to report an incident and provides examples of situations this would apply to. This matched the Incident Policy that the provider had in place.

Staff raised concerns and reported incidents and near misses in line with provider policy. We reviewed incidents for the service, and they had been reported in line with the provider policy.

The service had no never events in the last 12 months.

Managers shared learning with their staff about never events that happened elsewhere. Incidents were discussed at team meetings.

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. Staff we spoke with described the duty of candour during the inspection well and understood the importance of putting it into practice.

Staff met to discuss the feedback and look at improvements to patient care.

There was evidence that changes had been made as a result of feedback. There were recommendations and lessons learned from an incident we reviewed which resulted in changes in practice within the service as well as shared wider organisational learning.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Good

Surgery

Is the service effective?

Good

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We reviewed policies across the service and saw that they reflected national guidance and good practice principals. They were based on evidence and we saw that the overarching provider completed audits for the whole organisation which were evidence based. They were shared with this service.

Staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. Best interest meetings took place for patients who had additional needs, and this was in line with guidelines.

Patients had risk assessments completed at the preassessment stage, which included venous thromboembolism (VTE). Patients who have had a VTE event within three months of a surgery date were not seen at the hospital to reduce the risk. This was part of the hospital patient criteria that we reviewed. The service planned to complete audits on a monthly basis that included VTE; we saw the last three audits met the service target compliance of 100%.

At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. Staff told us that meetings were held at the beginning of every day to discuss patients ahead of opening in order to provide the best care and treatment required for each patient.

The service included national clinical audits in their audit plan, and this included national benchmarking. When we asked managers about benchmarking, they told us they also benchmarked their performance against other services in the region and that this service performed well.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.

Staff made sure patients had enough to eat and drink including those with specialist nutrition and hydration needs. Hot drinks, water and snacks were available in the department and we saw patients were routinely given their choice of drinks and snacks following surgical procedures.

Patients waiting to have surgery were not left without food or drinks for long periods.

Pain relief

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

Staff prescribed, administered and recorded pain relief accurately. Pain relief was administered in the form of anaesthetic eye drops prior to surgery or procedures. Patients were asked about pain levels during and after procedures.

Patients were given advice on pain relief and recovering at home during discharge. They were given a 24-hour helpline number and were told if they were in severe pain to attend their local accident and emergency department.

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 participated in relevant national clinical audits.

Outcomes for patients were positive, consistent and met expectations, such as national standards. Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time.

The service had an audit plan for 2022/2023. We reviewed the plan and saw it was split into three sections; audits relating to guidelines, national clinical audits and improvement audits. The audits we reviewed were in line with the audit plan. It was clear to see when an audit was due for completion and the service evidenced they planned participation in national audits. It was good practice to include improvement audits in the audit plan.

Managers and staff used the results to improve patients' outcomes. They used information from the audits to improve care and treatment.

The service compared their performance across the national organisation for patient outcomes. We reviewed the performance report for January 2022 to December 2022 relating to monofocal intraocular lenses. The results were split into type of correction or surgery and showed results against industry benchmark. Out of 2398 procedure results across the year, the service achieved 99% with no operative complications, all in the monofocal intraocular lens (cataracts) procedures. The service met all industry benchmarks standards across the year.

Improvement was checked and monitored.

The service had an electronic performance dashboard that gave managers oversight of unexpected outcomes from surgeries. This meant that leaders could be responsive to any concerns or issues relating to individual cases.

We saw that the provider had low complication rates in cataract surgery and were continuing to complete audits to evidence that care and treatment provided good outcomes for patients and to monitor performance.

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 gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers had completed 100% of appraisals for all staff in the service and all staff had set objectives and had a half year review.

Good

Surgery

Managers made sure staff attended team meetings or had access to full notes when they could not attend. We saw examples of information from team meetings and the manager told us about the monthly training days for staff.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. All staff working in each area were required to have competencies signed off by an experienced staff member or manager. This meant if staff wanted to progress to work in a new area of the service, there was a structured offer available to support them and ensure they were competent to provide the care required. We saw during our inspection that two staff were training to expand their skills and experience to work in all areas of the hospital.

Managers made sure staff received any specialist training for their role.

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.

Patients could see all the health professionals involved in their care at the service.

Seven-day services

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

Staff could call for support from doctors and other disciplines, including diagnostic tests, during opening hours.

Senior staff were on call until all patients had left the hospital and patients were given access to a 24-hour telephone line to gain clinical advice if they needed it following surgery which was available service wide.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in 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. They knew how to support patients who lacked capacity to make their own decisions.

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. When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. Staff we spoke with told us about best interest decision meetings that took place in the department when patients did not have the capacity to make decisions about their care.

Good

Surgery

Staff made sure patients consented to treatment based on all the information available. The service had standardised consent forms for the procedures they completed that were in line with guidelines. The consent forms provided information on procedure, including the main benefits and risks associated with the procedure. We observed three patient pathways and saw consent being gained for surgery; we did not have any concerns relating to the practice of staff.

Staff clearly recorded consent in the patients' records.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Mandatory training included Mental Capacity Act Deprivation of Liberty Safeguards and dementia awareness modules, and we saw staff met the service target for these modules.

Managers annually monitored how well the service followed the Mental Capacity Act and made changes to practice when necessary.

Is the service caring?

Good

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

Patients said staff treated them well and with kindness. We spoke with five patients in the surgical area during our on-site inspection, and all comments from these patients were positive.

Staff followed policy to keep patient care and treatment confidential.

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. We observed staff put patients at ease when they were waiting for a surgical procedure and talk to them about their concerns. We spoke to staff who told us if patients needed additional support, a private room could be offered to speak to them in. We also heard examples of additional staff holding patients' hands in theatre to provide support when they needed.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. We asked staff how they managed distressed patients and they told us they would use a private consulting room and take patients who needed a private conversation in there.

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. The service policy made sure that patients did not leave the hospital unattended so that they were not put at risk. Staff told us about an example where they arranged a taxi for a patient who had got confused with her appointment time, and the service paid for this.

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.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary.

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

Staff supported patients to make informed decisions about their care. We saw that patient consent forms for procedures offered at the service included information about the benefits and risks. This was also verbally explained to patients.

Patients gave positive feedback about the service and their treatment and staff supported them to do this. Patients gave positive feedback about the service. We reviewed patient feedback received from the service opening in November 2021 until the inspection date in March 2023, and we can see every patient feedback received rates the service as 'good' or 'very good'.

Is the service responsive?

Good

Service delivery to meet the needs of local people

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

Facilities and premises were appropriate for the services being delivered.

Managers monitored and took action to minimise missed appointments. Appointments were managed through the central booking team and managers had added additional clinics or patient lists when required to meet the demands of patients. Managers reviewed theatre lists on a weekly basis to ensure patients were correctly allocated and that any amendments required were made prior to a patient's attendance; this reduced the likelihood of late notice cancellations.

Staff contacted patients who did not attend appointments within an hour to see if the person was still able to attend their appointment. Patients were offered three additional appointments before being directed back to their referrer.

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. They coordinated care with other services and providers.

Patients were able to declare any reasonable adjustments they needed to attend their outpatient appointment safely and comfortably at the booking stage, by telephone or at arrival at the clinic.

Staff had completed equality and diversity training which ensured patients with protected characteristics received and equal quality of care.

The entrance door to the service was on ground level and wide enough for wheelchair access. The whole surgical area was on the ground floor level and was easily accessible.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service had access to translation services, chaperones, large print information and a hearing loop.

Access and flow

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

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

The service referral to consultation time was 2 weeks at the time of the inspection. The service was meeting the national standard for referrals taking 18 weeks for non-urgent cases.

Managers and staff worked to make sure patients did not stay longer than they needed to. The service kept delays and waiting times to a minimum and we heard from patients that staff communicated any delays. We observed appointments running to time when we inspected.

Managers worked to keep the number of cancelled appointments to a minimum. The service had a standard pathway in place for pre-operative assessments which were completed before patients came into the hospital for surgery. This meant there had been no surgeries cancelled because there had been appropriate pre-operative assessments taking place.

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. Patients we spoke with in surgery told us they knew how to complain if they had a concern by asking staff, however there were no posters or information displayed in the service to help guide patients to the complaint's procedure.

Good

Surgery

Staff understood the policy on complaints and knew how to handle them. The service had a complaints policy which described the roles and responsibilities of staff members in the management of complaints and claims. It included target timescales for the resolution of complaints at each stage and details of the independent resolution body available to patients if this was required. There were also templates in the policy to support staff to produce written responses to complaints.

The registered manager had overall responsibility for reviewing, investigating, and responding to complaints and feedback. They logged details of the complaint along with any actions taken and reported any identified themes to the central teams for national learning.

At the time of inspection there had been no complaints received within surgery.

Staff could give examples of how they used patient feedback to improve daily practice.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Is the service well-led?

Good

Leadership

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

Managers were visible in the service and staff we spoke with told us they were approachable.

Good patient care and experience for patients was at the forefront of the managers in the service and actions they took had this focus.

We spoke to managers in the service during the inspection and they could describe the progress that had been made in the previous year and the direction the service was going to make further improvements.

Managers had support from regional and national leaders and regularly met and discussed the service. There were also direct links to other departments, such as human resources and the medical advisory committee, so managers could access relevant support.

There were plans in place to ensure succession planning. Organisation wide, there were management apprenticeships available to staff, and senior staff offered shadowing and mentoring opportunities. There are clear career paths identified in the service strategy for staff development, this is part of the service 'Setting up for success' and it is discussed in quarterly reviews.

There was a national Medical Advisory Committee (MAC) in place who met quarterly. The MAC chair was easily accessible to leaders of the service and there was a governance structure in place to ensure appropriate meetings fed information into the MAC.

Good

Surgery

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 an organisation wide vision and strategy for 2023, which built on the previous 2022 year in review and what had been achieved. The organisation had four core values and we saw them displayed in the service. We reviewed the 2023 plan which set out the vision for services in the organisation and saw it focused on expansion for patients, staff development for success and outcomes for patients. We could see that strategy progression is clearly monitored.

The service made sure they followed the most up to date national guidelines; we saw that they monitored published guidance, National Institute for Health and Care Excellence (NICE) advice and quality standards and made updates to their own guidelines and procedures when required. There had been no relevant updates to the service in the 12 months prior to the inspection, but we saw evidence managers had checked the guidelines to be sure.

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 we spoke with during the inspection told us they felt valued and supported by both leaders and other staff members. Managers and leaders were described as open and supportive. We heard staff that they worked well together across areas, and we saw this during our inspection.

All policies we reviewed as part of the inspection had equality impact assessments. This meant the service considered the impact of its policies on people with protected characteristics and made adjustments where they were required.

The service had a duty of candour policy which met the regulatory requirements of being open and honest when things go wrong. Staff we spoke with understood the principles of duty of candour and gave examples of when they would follow them.

We reviewed the most recent duty of candour policy which was in date and version controlled and found it was in line with the requirements set out in the duty of candour regulations.

Governance

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

All policies we reviewed as part of the inspection referenced national guidance. They were all in date and the equality impact assessment considered how outcomes would be measured in the service. This meant that it was clear how managers monitored that policies were adhered to, for example through audits and trend analysis of performance data.

The service had quarterly meetings to discuss risks, issues and concerns. There was a clinical governance meeting, infection prevention and control, medicines management, and resuscitation meeting, as well as a quarterly optometrist regional meeting. We saw that risks and issues were discussed routinely and items covered were appropriate, including training, competencies, incidents, feedback, equipment and staffing. The risk register was also discussed quarterly.

There was an overall action log from all the quarterly meetings. This meant that managers and leaders had oversight of progress against actions for all meetings that took place.

The service had a Medical Advisory Committee (MAC) in place that was a national committee with representatives from each hospital location. We saw that the agenda covered matters you would expect, including clinical activity reports, practicing privileges reviews, national guideline implementation and incidents.

Issues that may affect clinical effectiveness were discussed at the Medical Advisory Committee (MAC) meetings. Minutes were recorded and shared amongst staff to raise awareness and learning from incidents. We saw there was leaders regularly attended the meeting and there was appropriate discussion relating to both the service and the other hospitals that the provider ran. This meant that information was shared across sites to support learning and improvement.

All consultant applications for practising privileges were signed off by the regional director and agreed by the MAC chair following review of required documentation. We saw evidence that a robust process operated for the granting of practising privileges. All appropriate checks such as disclosure and barring service (DBS), General Medical Council (GMC), indemnity insurance, specialist registration and health screening were carried out before practising privileges were granted.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The service had a risk register in place. There were three risks relating to this service, which were all being monitored as expected. We saw that review dates were documented on the risk register and there were controls documented for the risks.

The service had electronic performance dashboard that managers and leaders used to monitor performance. It gave an overview of information including the activity, number of surgeries completed, any unplanned outcomes, incidents, compliments and complaints. This meant that managers and leaders could review current information and monitor any issues that may arise.

The service had quarterly meetings to discuss risks, issues and concerns. There was a clinical governance meeting, infection prevention and control, medicines management, and resuscitation meeting, as well as a quarterly optometrist regional meeting. We saw that risks and issues were discussed routinely and items covered were appropriate, including training, competencies, incidents, feedback, equipment and staffing. The risk register was also discussed quarterly.

There was an overall action log from all the quarterly meetings. This meant that managers and leaders had oversight of progress against actions for all meetings that took place.

Information Management

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

The service had a data retention policy which managed the privacy, retention period, storage, and disposal of patients' personal data in line with national guidance.

Good

Surgery

The service used results from staff surveys to measure improvement from staff perspective. These results were compared with other sites to benchmark.

There was an electronic dashboard in place that managers used to monitor performance and the service completed audits on an electronic programme. This meant that they could analyse themes and trends from the data stored.

Engagement

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

The service used feedback forms to note areas for improvement from patients and to gather patient views on the service. The service actively encourages patients to complete these to ensure a high level of feedback is received. We reviewed patient feedback received for February 2023, and there were very positive responses shared for the service. Patients said they were 'caring and efficient' and 'highly skilled and caring team'.

The manager told us of examples where patient feedback had been used to make service improvements on site for the patient experience. An example of this was in the waiting area to expand where chairs were positioned near the consulting rooms to help with being near these rooms when needed.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

The service provided free, patient transport for all patients who require it to access the hospital, within a 30-mile radius. The service has partnered with a local taxi firm to ensure waiting times remain unaffected by transport provision. The service was keen to ensure there were no barriers to patients requiring or wishing to access the service, which is why this has been implemented.

In April 2022, the service introduced a bespoke internally managed community post-op scheme. The service has partnered with community optician practices to deliver post-operative follow ups in a primary care setting. The service was keen to treat patients quickly in a setting that was convenient for them, which is why this has been implemented.

Staff we spoke with during the inspection told us there had been changes and improvements made in the service over the past 12 months and they felt supported by leaders to implement changes.