

Frant Road Clinic Limited

Quality Report

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Tunbridge Wells
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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

Summary of findings

Letter from the Chief Inspector of Hospitals

Frant Road Clinic Limited is operated by Frant Road Clinic Ltd. It is an independent ophthalmic clinic located in Tunbridge Wells, Kent, providing treatment and care for various eye conditions. The clinic offers a range of treatments and minor surgery for conditions such as diabetic retinopathy, glaucoma, corneal disease, age-related macular degeneration. Laser (non-refractive) therapies are sometimes used as treatment. There are only day case procedures performed at Frant Rd Clinic and children are not treated here.

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on 16 October 2019.

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.

We rated it as **Good** overall.

We found good practices:

- The clinic was spacious, visibly clean and tidy.
- There were safe arrangements for the management of waste and clinical specimens to prevent accidental injury or cross contamination.
- During the reporting period, there were no incidences of healthcare acquired infection. Staff followed protocols to manage medicines safely and all medicines were stored and administered safely and securely.
- Patient records were well maintained and clear to follow and securely stored.
- Consultants and staff understood the relevant consent and decision-making requirements of legislation and guidance. Consent practices were in line with guidance and best practice.
- Patients had timely access to initial assessment, diagnosis and treatment.
- The clinic was small but well-staffed for its needs. All staff had worked at the clinic for many years.
- Staff worked well together and were happy working at the clinic.
- There were no patients on a waiting list. We saw that the clinic was able to allocate patient appointments in a timely manner.
- Patient feedback was positive, and many patients had attended the clinic repeatedly because they appreciated the service received.
- It was easy for people to give feedback and raise concerns about care.

However, we also found the following issues that the service provider needs to improve:

- Although staff were trained in safeguarding, the safeguarding lead had not undertaken the correct level of training for this role.
- There was no repeat process or policy to state whether staff member's Disclosure and Barring (DBS) checks were valid after a given number of years of service.
- The service lacked a robust and regular audit system and a seamless way of measuring patient outcomes.
- Some policies and procedures contained incorrect detail and needed to be revised.
- This was a small service with prompt access to the provider but were no regular formal meetings for staff to participate in.

Following this inspection, we told the provider that it should make some improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Summary of findings

Nigel Acheson

Deputy Chief Inspector of Hospitals (London and South East)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Outpatients	Good ●	Outpatients was the main activity of the clinic. We rated this service as good because it was safe, effective, caring and responsive, although it requires improvement for being a well led service.



Summary of findings

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Good 

Frant Road Clinic Limited

Services we looked at

Outpatients

Summary of this inspection

Background to Frant Road Clinic Limited

Frant Road Clinic Limited is operated by Frant Road Clinic Ltd. The service opened in 1998. It is a private clinic in Tunbridge Wells, Kent. The clinic primarily serves the communities of Tunbridge Wells but accepts patients from outside this area also.

The clinic has had a registered manager in post since 1998. At the time of the inspection, the same manager was registered with the CQC.

Our inspection team

The team that inspected the service comprised of two CQC inspectors and one inspection manager. The inspection team was overseen by Catherine Campbell, Head of Hospital Inspection.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated it as **Good** because:

- The service provided a limited range of mandatory training in key skills to all staff and made sure everyone completed it.
- The service controlled infection risks well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe.
- Staff completed and updated risk assessments and removed or minimised risks for patients.
- 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.
- 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.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and knew how to report them.

However, we also found the following issues that the service provider needs to improve:

- Although staff had received safeguarding training and knew how to protect patients from abuse, the clinic's safeguarding lead was trained to level two safeguarding not level three.
- The provider had only three mandatory training modules for all staff which seemed limited given the service provided.

Good



Are services effective?

We do not rate effective for outpatient services.

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and offered support and development.

Summary of this inspection

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

Are services caring?

We rated it as **Good** because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Good



Are services responsive?

We rated it as **Good** because:

- The service planned and provided care in a way that met the needs of local people and the communities served.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- People could access the service when they needed it and received the right care promptly
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously and investigated them.

Good



Are services well-led?

We rated it as **Requires improvement** because:

- There were clear roles and responsibilities to support governance and management however, the governance arrangements and supporting processes required improvement.
- The quality improvement activities were limited and there was no audit programme.
- Policies, procedures and documents were not wholly reflective of current practice or updated.

Requires improvement







Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Good	N/A	Good	Good	Requires improvement	Good
Overall	Good	N/A	Good	Good	Requires improvement	Good

Outpatients

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

Information about the service

The clinic is in a large converted house in Tunbridge Wells that includes three consulting rooms, a laser therapy room and a theatre suite. On the ground floor there was also a large waiting area and a reception office. Other office space was allocated on the first floor.

During the inspection, we visited the premises and spoke with all four staff employed there. The staff group comprised of the consultant surgeon (provider and registered manager), a practice manager, a health care assistant and an administrator. We also spoke with five patients who had appointments that day.

There were no special reviews or investigations of the clinic ongoing by the CQC at any time during the 12 months before this inspection. This was the service's third inspection since registration with CQC. The clinic was last inspected in October 2013.

There were 2,356 outpatient attendances recorded at the clinic in the period from August 2018 to August 2019; all patients were self-funded. 173 of these patients were new referrals.

During the reporting period;

- There were no never events.
- There were no clinical incidents resulting in no harm, low harm, moderate harm, severe harm, or death.
- There were no serious injuries.
- There were no incidences of acquired methicillin-resistant *Staphylococcus aureus* (MRSA).
- There were no incidences of acquired methicillin-sensitive *Staphylococcus aureus* (MSSA).

- There were two complaints received.

Services provided at the clinic under service level agreement:

- Waste disposal
- Cleaning, repairing and maintenance of the property including fire risk assessments and checks.
- Maintenance of medical equipment

Are outpatients services safe?

Good 

We rated it as **good**.

Mandatory training

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

- Mandatory training consisted of using purchased training DVDs for all employees to watch. These included safeguarding, infection, prevention and control and health and safety. We saw certificates that showed staff had completed training in June 2019.
- The registered manager who was the only clinician at the clinic did yearly training in basic life support.
- Mandatory training covered only minimal skills. The training requirements were decided by the ophthalmic surgeon and only three topics were deemed mandatory for the period 2019 to 2020.

Safeguarding

Outpatients

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 safeguarding training to level two in line with national guidance. The guidance recommends staff should be trained to one of five levels of competency, depending upon role and interaction with adults and children. Safeguarding children and young people - roles and competences for healthcare staff (2014). It recommends safeguarding leads should be trained to level three. The registered manager was the safeguarding lead but was only trained to level two. The registered manager agreed to undertake the additional training after the inspection.
- Staff understood their responsibilities about reporting safeguarding concerns. Staff knew the clinical lead was the first point of contact for any safeguarding concerns they had.
- No safeguarding referrals had been made within the 12 months prior to inspection.

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.

- All areas we visited were visibly clean and had suitable furnishings which were clean and well maintained.
- There was adequate access to hand gels and handwashing sinks on entry to clinical areas and where care was being delivered.
- The service had a service level agreement with an external company, which provided regular legionella testing. We saw that the most recent report detected no bacteria.
- The clinic employed an external cleaning company to clean all areas of the clinic apart from the medical equipment. We saw evidence of cleaning schedules signed by the cleaning staff and audits undertaken by the cleaning company.
- Most individual pieces of equipment used were for single patient use.

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 was located on the ground floor of a property. The front door led to a hallway from which visitors accessed the reception area, waiting area and treatment areas. The waiting area had several chairs of differing sizes, accessible toilets and enough space to meet the needs of the waiting patients and their families.
- There were three consultation suites, A, B and C, a laser treatment area and a theatre in which clinical procedures took place. The clinic owned three different types of lasers.
- Electrical testing of equipment was maintained to ensure it was safe for use. We saw stickers on a variety of electrical equipment, which identified these checks had taken place.
- There were systems for the segregation and correct disposal of waste materials such as sharp items. This was in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. We saw sharps containers were assembled correctly and labelled which ensured traceability.
- An automatic external defibrillator (AED) was available and easily accessible in the theatre room of the location. It was checked daily to ensure it was ready for use in an emergency. We reviewed the checklists and saw that all checks had been complete.
- Resuscitation equipment was kept in the theatre room. We checked the contents of the equipment and five items were outside manufacturers' expiry dates which was highlighted to staff at the time and staff immediately removed the out of date stock. Equipment was checked before each theatre session.
- Staff were trained to use the equipment and a competency framework was used to assess ability before being signed off as competent. We saw completed competency documents, which confirmed

Outpatients

this. For example, we saw staff completed competencies in relation to using the different lasers. There was a different competency required for each different laser.

- We saw that areas were well maintained and provided a suitable environment for treating patients.
- We examined records for the medicine fridge which had to keep the medicines within specified temperature ranges to preserve the viability of the medicines. We saw that it was checked each day that the clinic was open and was found to be operating within the required range,
- Fire extinguishers were maintained and correct for the types of fire that could occur.
- The theatre room had excess stock in the 'clean' and 'dirty' annexes which potentially blocked the route to the sinks. The provider was in the process of having a store room built behind the premises to free up space. There was another sink in this room, so this did not restrict handwashing.

Assessing and responding to patient risk

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

- We saw laser warning signs were used to clearly identify controlled areas where lasers were in use.
- There was a laser safety management file in the laser room and we saw that staff had signed the register to confirm they had read and understood the local rules, located within the folder. We saw there was a folder, which identified the authorised laser user and training certificates to indicate they had attended the correct training.
- The laser protection supervisor was the registered manager, we saw a certificate of training which showed they had received the necessary skills and knowledge to perform this role.
- An external company serviced and recalibrated the laser machines regularly and we saw documentation, which indicated this was being done.

- Fire exits were clearly marked. Staff undertook a weekly fire alarm check and we saw records which indicated this was occurring. Staff had received fire safety training as part of the mandatory training package.
- If patients were referred to other services, then staff shared key information to keep patients safe when handing over their care to others.
- The service had a business continuity plan to use in the event of an operational catastrophe or emergency.
- The resuscitation policy advised staff of a process to follow in the event of a medical emergency. The registered manager had basic life support training and if a life-threatening emergency occurred, the emergency services were called.
- However, the resuscitation policy suggested that staff were trained in advanced life support. Resuscitation equipment and medicine was kept in the theatre room though the registered manager did not have the enhanced skills to use them. The registered manager planned to remove this equipment and medication after the inspection

Nursing and support 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.

- There were no registered nurses employed at the clinic. There was one healthcare assistant who had been trained to do eye sight checks and visual field checks. The healthcare assistant had been trained by the ophthalmologic surgeon to operate equipment used and he checked the competences on a regular basis by observing practice.
- There was no reported sickness for the previous 12 months before the inspection date.

Medical staffing

- The service was run by one ophthalmologic surgeon who was listed on the General Medical Council's specialist register. He worked full time at the clinic dividing his time between minor surgery and patient

Outpatients

consultations. The surgeon no longer undertook cataract surgery at the clinic but concentrated on laser surgery, minor procedures and eye injections for age-related macular degeneration.

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.

- There were comprehensive records about the treatment of patients. Each patient file was clearly marked and could be located easily. Patient files were kept in locked cabinets in a locked room unless the patient was on the list for that day when the file was moved to the reception office.
- We reviewed three sets of paper patient records and found the records to be correctly filed and complete. We compared the paper records to the electronic files and saw that both sets of information were consistent.
- Patient records included information such as the patient's medical history, previous medicines, consultation notes, treatment plans and follow-up notes. There was a new appointment checklist, which was completed prior to the patient's first appointment. This included information about the patient; visual needs, eye history, lifestyle and payment details. Records were stored in locked filing cabinets in locked rooms.

Medicines

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

- Medicines were stored appropriately in a locked cupboard in an adjacent room to the theatre. All drugs we checked were in date.
- Eye drops were stored correctly and fridge temperatures were monitored and recorded. Records showed that medicines had been stored at the correct temperature.
- There were no controlled drugs stored in theatres or in the clinic.

- Staff informed us that all medications and doses e.g. eye drops, topical or local anaesthesia were prepared immediately before administration from single dose bottles.
- Any take home medications, mainly eye drops, were labelled with the patient's name and instructions for usage.
- Patients were given instructions about the administration of eye drops before they were discharged from the clinic.
- The consultant ophthalmologist provided private prescriptions for patients if needed and the prescription pads were locked away in a safe.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. The manager investigated incidents and shared lessons learned with the whole team.

- Staff recorded incidents on a paper form when they occurred and kept in a folder. The details of the incident, the date it occurred, the outcome of the investigation and actions taken as a result were also recorded on the form.
- Details of incidents which had occurred were shared with other members of the team at the end of the day.
- Staff knew what constituted an incident and knew how to report an incident. Staff were also able to give us examples of changes which had been made as a result of an incident occurring, which we saw documented in old meetings minutes and on the incident form.
- There were no never events, serious incidents or incidents reported during the 12 months prior to inspection. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

Outpatients

- Staff understood the duty of candour but had not needed to apply this within the previous 12 months. They were open and transparent and told us how they would give patients and families a full explanation should things go wrong.

Are outpatients services effective?

We do not rate effective for outpatient services

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.

- Care and treatment was delivered in line with current legislation and nationally recognised evidence-based guidance. Policies and guidelines were developed in line with the Royal College of Ophthalmologists (RCO) and the National Institute for Health and Care Excellence (NICE) guidelines.
- Staff could access local policies and procedures and all staff we spoke with knew how to do this. Staff accessed national guidance via the internet, and we saw computers available in staff areas to enable them to do this.
- We reviewed a variety of policies, which reflected care and treatment was current and evidence based. Policies we reviewed included but were not limited to infection control and prevention, medicine management and laser.
- In theatre, we saw an antiseptic solution was used to irrigate the eye immediately prior to the procedure starting. This was done to minimise the risk of infection and was in line with Royal College of Ophthalmology guidance.
- The service followed National Institute of Health and Care Excellence (NG 82), in the treatment of age-related macular degeneration.
- The clinic did not have the equivalent of a medical advisory committee (MAC) or hold formal team meetings. The surgeon told us that when new

guidance came out from national bodies, he would have full responsibility to keep himself updated, review any new information and implement changes into the clinical practice if appropriate.

Nutrition and hydration

- There was a variety of hot and cold drinks available for patients and visitors.

Pain relief

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

- No formal pain assessments were completed at the service due to the types of procedures that patients had. Patients were treated with local anaesthetic in the form of eye drops to reduce the discomfort of procedures.
- Information was provided to the patients about how to manage pain following procedures. Eye drops were provided to reduce inflammation and try and prevent infection. Clinic staff explained how and when to use these.
- The clinic stocked paracetamol but did not prescribe or administer it routinely. If a patient required it the surgeon prescribed and signed for it in the patient's notes.

Patient outcomes

- The effectiveness of care and treatment was sometimes audited though there was no regular audit programme. At the last CQC inspection in 2013, the inspectors saw a range of activities for measuring the quality of the service. This level of quality improvement activity had decreased, and we were shown only two audits done within the last 12 months.
- We reviewed an audit of outcomes for patient who had undergone treatment for age-related macular degeneration. This audit was conducted in April 2019.
- We saw an audit of patient records undertaken in October 2019 that was a basic review of types of procedures offered and the follow up period for these patients. This was a qualitative audit rather than a quantitative audit containing limited numerical data.

Outpatients

- The registered manager had overall responsibility for governance and quality monitoring. The service did not use key performance indicators to monitor performance.
- The consultant surgeon mainly treated patients with long term eye conditions requiring continuous monitoring. 457 patients were seen in a three-month period from July 2019 to September 2019. Only 20 of these patients were new cases and of those 457 patients, 76 attended the clinic for a procedure.

Competent staff

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

- The registered manager received an annual appraisal from a medical professional external to his company in line with NHS England (NHSE) guidance. We saw records of this which contained evidence of continued professional development, feedback from patients and professional and copies of training certificates.
- There were processes for providing all staff with the development they needed. The consultant surgeon undertook appraisals on all staff.
- We reviewed staff appraisal paperwork and saw that objectives were set, strengths, weaknesses and areas for improvement were identified and they contained both employer and employee comments. There was discussion around any elements of the job they found difficult and what they enjoyed the most. There was a section for identifying any actions that could be taken to improve their performance and competence.

Multidisciplinary working

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

- There were four permanent members of staff who worked well together. Staff told us that as a small team they worked harmoniously and were able to interact freely throughout the working day.

Seven-day services

- The clinic is a Monday to Friday service with provision to contact the consultant eye surgeon out of hours in an emergency.

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.

- There were different consent forms dependent on specific complications of each procedure and also a generic consent form. All notes reviewed contained a completed consent form.
- The clinic had a deprivation of liberty safeguarding policy dated March 2019.
- Staff we spoke with told us, if they suspected a patient lacked capacity, they would have a discussion with the consultant about how to proceed with any assessments.
- There was a chaperone policy and procedure available and promoted within the clinic. Chaperone duties would be undertaken by the health care assistant.

Are outpatients services caring?

Good 

We rated it as **good**.

Compassionate care

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

- There was a strong, visible person-centred culture. All staff were focused on giving patients first class care in a comfortable and welcoming environment.
- The provider collected patient feedback and had 21 responses in a 12 month period between May 2018 and June 2019. All responses were positive with no poor or below average scores for any part of the survey. One comment said "Fabulous clinic. Felt very supported and looked after. I am already recommending to all my friends" and another said "Everything is first class, one cannot improve on perfection! Keep up the good work. Grateful thanks".

Outpatients

- Feedback received from people who used services and those close to them was consistently positive. People said that staff always provided care that exceeded their expectations.

Emotional support

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

- All staff we spoke with talked to patients in a manner that they could understand. All aspects of the patient journey were explained to patients so they understood why procedures were being done, staff said this relieved anxiety that patients had.
- All patients we spoke with said they understood the treatment they were having done and were active partners in their care and treatment.
- We observed the surgeon talking each patient through each stage of their procedure to reduce anxiety.
- When patients enquired or were referred to the service, the staff provided patients with detailed information about the different services that were available and the cost of these.

Understanding and involvement of patients and those close to them

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

- Staff at the clinic recognised the impact of a person's care, treatment or condition had on their wellbeing both emotionally and socially. People who used services were given appropriate and timely support and information to cope emotionally with their care, treatment or condition.
- The service allowed carers and family members to stay with patients in the consultations, waiting rooms and whilst undergoing procedures.
- Staff told us they knew their patients very well as many of them had been coming to the clinic for years. Therefore, they were able to discuss other sensitive issues, apart from their eye conditions, openly with them.

- Patients' privacy was respected. The reception was a separate area away from the main waiting room so that patients could discuss confidential issues without the danger of being overheard. All consultations were held in private and it was not possible to overhear conversations, being held in the consulting rooms, from other parts of the service.

Are outpatients services responsive?

Good 

We rated it as **good**.

Service delivery to meet the needs of local people

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

- Access to the service was on a planned basis with appointments booked in advance. There was a patient car park in front of the location. The building was on a main road with additional on-street parking and close to public transport routes.
- The main entrance was at the front of the building. Patients pressed a buzzer and reception staff let them in the main door and then guided patients to the area they needed to go to.
- Waiting areas had comfortable seating arrangements and free tea and coffee was available from a dispensing machine. Daily newspapers and magazines were available for patients to read. We saw the temperature of each room was comfortable and the areas were visibly clean and tidy.
- The surgeon referred patients on to other services if treatment was needed that they did not offer. He had good links with a local independent hospital but also advised patients how to access treatment via the NHS.

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

Outpatients

- The clinic did not use an interpretation service to communicate with patients whose first language was not English. Given the locality and the patients presenting, an interpretation service was barely needed. A member of staff could only recall one patient who did not speak good English during their four years of employment at the clinic. However, staff knew that telephone interpretation services were available if required.
- All appointments and procedures happened on the ground floor of the building. There were clean toilets for patients to use and one toilet equipped to suit disabled people.
- There was a patient guide available that detailed treatment options, charges for treatments, staff information and how to complain.
- We saw that there were screens in the consulting rooms so pictures of scans and other diagnostic imaging could be displayed to the patient. This allowed the surgeon to point out different problems and to explain the options for treatment.
- The eye surgeon wrote to patient's GPs if they consented to this and to other services that the patient might be referred to.

Access and flow

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

- Patients could be referred by a GP or access the service themselves. The reception staff booked them an appointment slot and they were sent out an information pack, which contained new patient booking form, information regarding insurance and information about the services offered.
- The service did not have waiting lists. Patients could typically be booked in for procedures at the patient's convenience. Emergency slots were available in case of the need for a patient to see a consultant urgently.
- The service had not cancelled any procedures due to a non-clinical reason from September 2018 to October 2019.

- Clinic letters were typed and sent the same day as the appointment. The patient records we reviewed indicated this was occurring. Letters were copied to GP and the patient's optician, if they requested this.

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.

- Patient feedback forms were available in the waiting area.
- Complaints were acknowledged within 24 hours unless a full reply was able to be sent within five working days. The provider aimed to keep patients informed if a complicated response was taking longer than expected.
- There were two complaints within the previous 12 months though none pertained to clinical matters. One complaint about costs had resulted in a change in the way more detailed information was then provided to potential patients.
- The complaint information advised patients to contact the care quality commission if they were not satisfied with the complaint response. The care quality commission does not handle individual complaints.

Are outpatients services well-led?

Requires improvement 

We rated it as **requires improvement**.

Leadership

Leaders had the integrity, 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 consultant surgeon independently owned the clinic and had ultimate clinical responsibility. They were involved with daily clinics and treatments. The practice manager concentrated on the day to day running of the business.

Outpatients

- Although a small team of four, there was a clear staffing structure and staff were aware of their own roles and responsibilities. All staff were knowledgeable about issues and priorities relating to the quality and future of services. They understood the priorities within private healthcare and addressed them.
- Staff told us that the provider was visible and approachable. The limited provision of service enabled prompt communication between the provider of the service and the staff delivering the service.
- The clinic had a clinical governance policy, which was brief. The policy did include structures, processes and systems that an organisation needed in place to manage the quality of service provision.
- The governance arrangements were appropriate to the limited range of services provided and the small team delivering these services.
- Staff had ready access to the provider and arrangements were in place if the provider was not immediately available.

Vision and strategy

The service had a vision for what it wanted to achieve.

- Staff informed us that their present focus was to continue improving the service they provided, by keeping up to date with their knowledge and skills and by implementing any changes, which may be beneficial to their patients and their treatment.
- The consultant surgeon was succession planning to ensure that the business continued once he had ceased working. The service had a realistic though undocumented strategy and supporting business plan to achieve priorities.
- There was no robust audit system in place to review performance and implement changes in practice as a result. Staff informed us that because the clinic was small no regular audits were undertaken.
- There were no forums or scheduled team meetings to disseminate patient outcomes or discuss clinical or non-clinical issues, such as incidents or complaints. This was, however, done informally in conversations between the provider and the staff.
- Disclosure and barring service (DBS) checks were undertaken for staff at the time of recruitment but there was no ongoing process to recheck an employee's DBS status. All staff had worked at the clinic for four years or longer, but the employer had not formally considered when or if a new DBS check was needed. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

Culture

Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. There were high levels of staff satisfaction, who were proud of the organisation.

- The culture of the service encouraged openness and honesty. None of the staff were able to recall any poor practice but they stated they had no hesitation in bringing any errors or near misses to the attention of the consultant eye surgeon.

Governance

The service aimed to improve service quality but lacked some robust processes to ensure this happened.

- Three policies reviewed contained incorrect detail that suggested that these policies had not been updated. The policy for drug administration dated August 2019 with a review date of August 2022 referenced the UKCC and UKCC Standards for the Administration of Medicines which was a professional body that was renamed in 2002. The policy on drug administration referred to nurses, midwives and health visitors though the clinic did not employ any registered nurses. Similarly, the policy for medicines management referenced 'nurse' extensively and NMC (Nursing and Midwifery Council) guidelines but no registered nurse worked at the clinic. The resuscitation policy stated that staff were advanced life support trained but nobody had this qualification.

Outpatients

- The feedback form asked people to rate nursing care which gave the impression that a nurse was employed at the clinic which was not the case.

Managing risks, issues and performance

The service had systems to identify, monitor and manage risk effectively.

- The service did not have a risk register, however we saw risk assessments for a variety of risks identified by the service and considerations on how to reduce the risk was clearly documented.
- The registered manager had policies and procedures to support an oversight of safety alerts, incidents and complaints.

Managing information

- We saw computers were password protected and locked when not in use.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

- The clinic's website was out-of-date and inaccurate. Information available to the public was irrelevant and not current. The clinic staff planned to update this and were waiting on the website administrators to make requested changes.

Engagement

- The service sought feedback on its service using patient feedback forms.
- Staff informed us that they were responsive to their patient's views, which were received by the clinic verbally or by patients completing satisfaction surveys but were unable to give us any examples when practice was changed because of these.
- The provider sent old equipment and spectacles to Tanzania as part of a project to assist with restoring sight problems and treating eye diseases overseas.

Learning, continuous improvement and innovation

- Staff informed us that their focus was to continue improving the service they provided, by keeping up to date with their knowledge and skills and by implementing any changes, which may be beneficial to their patients and their treatment.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure that the safeguarding lead for the clinic has achieved the correct level of safeguarding training for the role.
- The provider should consider whether the mandatory training requirements are sufficient to meet the needs of the clinic.
- The provider should update the resuscitation policy to reflect current procedures.
- The provider should have a process for checking that Disclosure and Barring (DBS) checks once initially actioned are reviewed.
- The service should develop a robust audit system to measure patient outcomes and to monitor clinic practices to evaluate and improve services.
- The provider should update policies, the website, complaints procedure and feedback forms to ensure that wording, descriptors and all information is factual.