Community Health and Eyecare Limited

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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

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed 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 collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink if necessary, 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 and 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 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:

- Although there was good compliance with completing the WHO safer surgery checklist, we noted there was not always verbal communication, as per instructions on the checklist. The checklist states each item to be read out loud, however, we noted verbal communication had not always taken place. This had already been identified by the service and safer surgery workforce training workshops had been arranged to address the issue.
- Patients sometimes waited unattended for a short period (few minutes) for their post-operative checks outside theatre following surgery. We raised this with leaders following our inspection who told us there was usually a member of staff waiting with patients and would ensure staff always remain with patient's post-surgery going forward.
- The notes trolley located near the theatre was occasionally unlocked and the room where this was located was left unattended on some occasions. This meant that notes could potentially be accessed by unauthorised persons.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	This is the first time we have rated this service. We rated it as good overall. We rated this service as good because it was safe, effective, caring, responsive and well led. Please refer to overall summary above.
Outpatients	Good 	This is the first time we have rated this service. We rated it as good overall. The main service was surgery. Where arrangements were the same, we have reported findings in the surgery section. We rated this service as good because it was safe, caring, responsive and well led. We do not rate effective for outpatient services.

Summary of findings

Contents

Summary of this inspection

Background to Community Health and Eyecare Limited

Community Health and Eyecare Limited is operated by Community Health and Eyecare Limited. It is a company built by optometrists and ophthalmologists to deliver eyecare services to adults in the community. The Watford surgical centre was purpose built and opened in January 2020. It is a private clinic in Watford and primarily serves the communities of Hertfordshire. The service operates six days per week, Monday to Saturday.

The clinic offers day case surgical services and outpatient appointments to NHS patients under local clinical commissioning group (CCG) contracts. Most of their activity is carried out at the Watford surgical centre. They also deliver some of their services locally at GP practices and other clinics in the local area.

The service is managed from a central referral and booking centre directing patients through choice to various clinics in the UK. The surgical site is managed by a registered manager supported by an ophthalmic team which consists of:

- Ophthalmology Consultants
- Optometrists
- Registered Nurses
- Ophthalmic Technicians
- Administration Staff

Services provided at this location include:

- Outpatient appointments
- Cataract surgery
- YAG (laser procedure)
- Wet AMD (treatment for macular degeneration)
- Minor eye procedures

The clinic has approximately 34,000 appointments annually.

The clinic has a registered manager in post and is registered to provide the following regulated activities:

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

This is the first time we have inspected and rated this service. We inspected this service using our comprehensive inspection methodology. We carried out a short notice announced inspection on 29 June 2021. To get to the heart of patients' experiences of care, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well led.

The main service provided was surgery. Where our findings on surgery also apply to other services, we do not repeat the information but cross-refer to the surgery service level.

Summary of this inspection

How we carried out this inspection

The team that inspected the service comprised of two CQC inspectors and one specialist advisor with expertise in ophthalmology. The inspection team was overseen by an inspection manager and head of hospital inspection.

During the inspection, we visited all areas within the Watford surgical centre. We also visited a mobile clinic in St Albans. We spoke with 13 members of staff including nurses, doctors, optical technicians, optometrists, operating department practitioners, administration staff and senior managers. We observed the environment and care provided to patients and spoke with 11 patients. We reviewed 10 patient records and 10 prescription charts. We also looked at a range of performance data and documents including policies, meeting minutes, audits and action plans.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection.

This was the location's first inspection since registration with CQC.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service 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:

- The service should ensure staff communicate verbally whilst completing the WHO safe surgery checklist. (Regulation 12)
- The service should ensure patients are not left unattended following surgery. (Regulation 12)
- The service should ensure patient records are always kept secure. (Regulation 17)

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Are Surgery safe?

Good

This is the first time we have rated this service. We rated it as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training. The mandatory training programme was comprehensive and met the needs of patients and staff. Training was provided via e-learning and face-to-face sessions and was tailored to the skill requirement of staff and was dependent on their role. Topics included, but were not limited to, equality, diversity and human rights; infection prevention and control; mental capacity as part of human rights; life support; and resuscitation.

As of June 2021, the overall mandatory training completion rate was 96.8%.

Staff completed training on recognising and responding to patients with mental health needs, including learning disabilities and dementia. As of June 2021, 95% of staff had completed mental health awareness training.

All staff were up to date with life support training at the appropriate level, dependent on their role.

Managers monitored mandatory training and alerted staff when they needed to update their training. The human resources department alerted staff when mandatory training was due for completion.

Staff within the service understood their responsibility to complete training and told us training was relevant to their roles.

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.

Good

Surgery

There were clear systems, processes and practices to safeguard patients from avoidable harm, abuse and neglect that reflected legislation and local requirements. Safeguarding adults and children policies were in-date and accessible to all staff. Safeguarding information was displayed in all clinical areas.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff we spoke with demonstrated a good understanding of their responsibilities in relation to safeguarding adults in vulnerable circumstances. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

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

The director of clinical services was the designated lead for safeguarding adults and children. They had completed safeguarding adults and children training up to level four. The safeguarding lead was available to provide advice and support to staff on any safeguarding related matter. Staff knew who the safeguarding lead was and said they were accessible.

Staff received training specific for their role on how to recognise and report abuse. All staff were required to complete safeguarding adults and children training at level two, and managers were also required to complete safeguarding adults training at level three. Safeguarding training was provided via face-to-face and e-learning courses. Training covered all aspects of safeguarding adults and children, including professional responsibilities, the Mental Capacity Act, categories of abuse and safeguarding processes. At the time of our inspection, 100% of staff had completed safeguarding adult training at the level required for their role, and 95% had completed safeguarding children training.

Safety was promoted through recruitment procedures and employment checks. Staff had Disclosure and Barring Service (DBS) checks completed before they could work. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

The hospital had a chaperoning policy and staff knew how to access it. All patients were entitled to have a chaperone present for any consultation, examination or procedure.

There had been no safeguarding concerns reported to the CQC in the reporting period, from July 2020 to June 2021.

Cleanliness, infection control and hygiene

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

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. Staff followed infection control principles, including the use of personal protective equipment (PPE). We saw the correct use of PPE, such as disposable gloves and aprons. PPE was available in all clinical areas. Staff in theatres wore appropriate theatre clothing (scrubs) and designated theatre shoes were worn. This was in line with best practice. Staff adhered to 'bare below the elbows' principles to enable effective hand washing and reduce the risk of spreading infections. Hand sanitising units and handwashing facilities were available throughout the service and handwashing prompts were visible for staff, patients and the public.

Good

Surgery

The service performed well for cleanliness. There were effective systems to ensure standards of hygiene and cleanliness were maintained. Standards of cleanliness were regularly monitored, and results were used to improve IPC practices where needed. There was a regular programme of IPC audits to ensure good practice was embedded in all areas.

Monthly infection prevention and control (IPC) audits were completed within the service. The audits included, but were not limited to, hand hygiene compliance and equipment cleaning. Data from January 2021 to June 2021 showed that all areas scored 100% in the monthly hand hygiene audit.

All areas were visibly clean and had suitable furnishings which were clean and well-maintained. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. All areas were cleaned daily by an external company. Staff also cleaned equipment after each patient contact. Theatre staff cleaned between each case. The theatre had laminar air flow ventilation systems. This was compliant with national recommendations.

All reusable equipment was decontaminated off site. There was a service level agreement in place with an accredited decontamination unit. Clean and dirty equipment was managed well within the theatre and there was no cross contamination of equipment.

Staff maintained a quality dashboard, which included infection prevention and control (IPC) indicators. This was used to monitor IPC compliance and performance against a range of quality indicators such as hand hygiene, surgical site and healthcare associated infections, and IPC audit compliance. Action was taken to improve performance when indicated.

There had been two incidents (0.0007% of total cases) of healthcare acquired infection (endophthalmitis) from January 2020 to April 2021, which was below the national average of 0.001%. Endophthalmitis is the term used to describe severe inflammation of the tissues inside the eye. The inflammation is typically due to infection by bacteria or fungi.

Patients were screened for COVID-19 at point of booking an appointment, and again 24 hours before attendance.

Environment and equipment

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

The design of the environment followed national guidance. The service had suitable facilities to meet the needs of patients. The clinic was recently purpose built to deliver surgical and outpatient eyecare services. Access to the clinic was by an intercom buzzer system to gain entry. The outpatient department and theatre were clean, spacious, and patient centred. The Watford surgical centre was a ground floor facility which included one theatre, seven consultation rooms, three diagnostic rooms and one laser room. The waiting area was pleasant with comfortable seating, TV and cold water stations.

The service had enough suitable equipment to help them to safely care for patients. The theatre had the appropriate anaesthetic equipment and theatre instruments to provide safe care and treatment. There was appropriate resuscitation equipment available in the case of an emergency. There was one resuscitation trolley situated outside the theatre. The trolley was well organised and had tamper evident seals in place.

Staff carried out daily safety checks of specialist equipment. There were processes in place to ensure equipment was checked daily. Staff carried out daily safety checks of specialist equipment. We reviewed daily checklists for the emergency equipment from April to June 2021 which were all completed.

Laser was housed in an appropriate laser safe room. There was a warning sign on the door stating that the room was a laser-controlled area and not to enter when in use. Local rules were displayed in the room. A laser safety policy was also in place which staff could access easily.

The storage of instruments and equipment within the theatre department was well organised, bar coded and regularly topped up. All equipment checked including single use items were in date and stored well.

There was limited bariatric equipment available on site. However, all rooms were spacious, and doorways were wide. Staff in pre-operative assessment clinics assessed a patient's weight and calculated their body mass index (BMI).

All staff were trained on the medical devices used in their department. Equipment representatives had attended theatres and outpatients to deliver training on specific equipment to ensure staff were competent to use them.

There was a regular planned maintenance and equipment replacement programme. An external maintenance provider attended the clinic annually to service and safety test the electrical equipment, or when needed. The equipment had been purchased new when the clinic opened. All equipment had been serviced and safety tested within the date indicated.

Staff managed clinical waste well. Staff disposed clinical waste safely. Waste management was handled appropriately with separate colour coded arrangements for general waste and clinical waste. Sharps, such as needles, were disposed of correctly in line with national guidance. Arrangements for control of substances hazardous to health (COSHH) were adhered to. Cleaning equipment was stored securely in locked cupboards.

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

All patients were referred by their GP or optometrist and attended a pre-operative assessment prior to surgery. Staff completed risk assessments for each patient on referral and arrival to the service and reviewed this regularly. Our observations and review of patient records showed that a full medical history was taken, and comprehensive assessment notes were made by staff, including details of allergies prior to surgery.

The service had a medical emergencies and resuscitation policy should a patient deteriorate and require emergency medical attention. Staff we spoke with described the process they would follow if a patient was to deteriorate. There had been no unplanned transfer of patients to another healthcare provider in the previous 12 months.

The service used an adapted 'five steps to safer surgery', World Health Organisation (WHO) surgical safety checklist to ensure patients were treated in a safe manner and to reduce the rate of serious complications. We saw evidence the WHO safety checklist was adequately completed. Theatre staff completed safety checks before, during and after surgery. However, we noted there was no verbal dialogue whilst completing the checklist, as per instructions on the checklist. The checklist states each item to be read out loud, however, we noted verbal communication did not always take place. We raised this during our inspection and senior staff told us the concern had already been identified and safer surgery workshops had been arranged to address the issue.

The service audited WHO checklist compliance, these demonstrated satisfactory levels of compliance. From March to June 2021, data showed compliance with the WHO checklist was consistently 100%.

Good

Surgery

During our inspection, we observed patients were sometimes waiting unattended for a short period (few minutes) for their post-operative checks outside theatre following surgery. We raised this with leaders following our inspection who told us there was usually a member of staff waiting with patient's post-surgery.

Patients were given the service telephone number to ring in the event of any issues or to ask questions following discharge. All patients were phoned within 24 hours post-surgery to check on their progress.

Nurse staffing

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

The service generally had enough nursing and support staff to keep patients safe. Managers told us there were currently three vacant posts for registered nursing staff. However, any risks were mitigated by using regular bank and agency staff who were familiar with the service.

Managers accurately calculated and reviewed the number and grade of nurses and support staff depending on the number of patients and the type of procedures. Staffing levels were planned in advance by the service manager. Data we reviewed, and observations made during our inspection confirmed there were sufficient staff to provide the right care and treatment.

Managers made sure all bank and agency staff had a full induction and understood the service. Bank staff had completed mandatory training and received an induction before they commenced duties. Agency staff received a full induction and both bank and agency staff regularly worked at the clinic and were familiar with local working practices.

Medical staffing

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

The service had enough medical staff to keep patients safe. The service used the Royal College of Ophthalmologists staffing tool to establish medical staffing levels. The medical staff matched the planned number and staff worked across surgery and outpatients on a rota basis.

Most medical staff worked for the service on a permanent basis. The surgeons worked under practising privileges which is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in a private hospital or clinic. As of June 2021, 10 doctors had been granted practising privileges to work at the clinic. Practising privileges were only granted if deemed competent and safe to practice. All consultants carried out procedures within their scope of practice within their substantive post in the NHS.

The service did not accept emergencies but did have an out of hours number for patients to ring should they require any advice or support after their surgery. This number was covered by doctors over 24 hours.

If patients deteriorated in the clinic, staff followed the service protocol in transferring patients to an acute setting.

Good

Surgery

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. However, records were not always stored securely.

The service used mostly electronic-based patient records. Some paper records, such as patient pathways, were also in use and scanned onto the electronic record at the end of the treatment. Managers told us all records would be electronic within six months. We reviewed 10 patient records and found they were clear, up-to-date and comprehensive and staff could access them easily.

Clear pathway documents were used throughout the patient pathway. Risk assessments were completed from the start of the patient's pathway in pre-operative assessment through to surgery and post-operative care.

Electronic records were stored securely when not in use. Electronic records were stored using passwords and access only given to authorised members of staff. However, whilst we found that paper-based records were stored in lockable trolleys, we found the trolleys were occasionally unlocked and the room they were kept in could be accessed by unauthorised personnel. We raised this as a concern during our inspection and leaders told us they would raise the issue with staff and ensure the trolleys would be locked at all times.

Medicines

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

The service used systems and processes to safely prescribe, administer, record and store medicines. Medicines were stored securely in all clinical areas we visited. Medicine storage areas were well organised and tidy, with effective processes in place to ensure stock was regularly rotated. All medicines we checked were within their use by date. Staff kept records of daily medicines fridge temperatures and ambient room temperature of their medicine room.

We reviewed the medicine records for 10 patients and found prescriptions were legible, named, dated, allergies and weight were clearly documented, and administration and route of administration were also clearly recorded.

There were no controlled drugs held at the clinic.

The service held an external contract with a pharmaceutical company to support with medicine governance arrangements. An annual audit was undertaken to ensure compliance with the relevant standards.

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.

The service used an electronic reporting system which all grades of staff had access to. Staff we spoke with knew what incidents to report and how to report them. Staff told us they were encouraged to report incidents and felt confident to do so.

Good

Surgery

Since opening, the service has had one never event which involved an incorrect sized lens inserted into a patient's eye. 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.

From July 2020 to June 2021, 154 incidents were reported. Each incident had been reported and investigated in accordance with the hospital's policy for incident management. The quality team monitored incidents daily and carried out an initial review of the incident and categorised according to risk level. The incident would then be sent to the manager to investigate.

Managers investigated incidents thoroughly. We reviewed the post incident reports for two incidents and found comprehensive root cause analysis investigations were completed. Good practice, lessons learned, recommendations and action plans to minimise recurrence and enhance patient safety were included. Duty of candour principles were applied in both incidents.

The provider had a duty of candour policy which staff could access through the services' intranet. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person, under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A notifiable safety incident includes any incident that could result in, or appears to have resulted in, the death of the person using the service or severe, moderate or prolonged psychological harm. Staff we spoke with were aware of the importance of being open and honest with patients and families when something went wrong, and of the need to offer an appropriate remedy or support to put matters right and explain the effects of what had happened.

Learning from incidents across all sites was shared in a variety of means including; safety briefs, emails, governance and team meetings.

Managers ensured that actions from patient safety alerts were implemented and monitored. These were monitored through the clinical effectiveness group meeting which was held on a bi-monthly basis.

Safety thermometer

The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

The service continually monitored safety performance.

While the service did not submit safety information to the NHS Safety Thermometer, staff did collect, monitor and report performance data such as infection, prevention and control, referral to treatment times, patient outcomes, incidents and patient satisfaction. We saw this information displayed publicly in the waiting area.

Staff used performance data to further improve services.

Are Surgery effective?

Good

Surgery

Good

This is the first time we have rated this service. We rated it as good.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Most policies seen were up-to-date and contained current national guidelines and relevant evidence. Policies were equality impact assessed to ensure guidance did not discriminate against those with protected characteristics as set out in the Equality Act 2010. Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice.

Policies were stored on an online system which all staff had access to.

There was a system in place to ensure policies, standard operating procedures and clinical pathways were up-to-date and reflected national guidance. The service used an electronic system which alerted staff when a policy was due for review. We reviewed 31 policies and the majority, 30, were in date and there was good oversight of policies and guidelines which required a review.

There was a regular audit programme for all departments across the service. This included, but was not limited to, audit of health records, patient pathways, WHO checklist, hand hygiene, medicines management, clinical waste, cleaning schedules, and laser safety. We saw that there was good compliance with completion of these audits and that there were action plans in place to address areas of poor compliance.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health.

Water dispensers were available in waiting areas for patients to use.

Staff we spoke with told us that patients were able to have diet and fluids if needed, and snacks could be provided. However, most patients attended for a short period and therefore, food was not routinely offered.

Pain relief

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

Staff assessed patient's pain; however, pain relief was not routinely administered within the service as patients attended for a short period. Staff told us if patient's experienced pain, they would normally prescribe relevant pain medication such as paracetamol.

Good

Surgery

Patients we spoke with had not required pain relief during their attendance.

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 including the National Ophthalmology Database to monitor patient outcomes. The first set of data had been submitted in April 2021 with the report due in September 2021 and managers used the results to improve services further.

The service had an effective system to regularly assess and monitor the quality of its services to ensure patient outcomes were monitored and measured. Clinical audits and risk assessments were carried out to facilitate this. The service monitored patient outcomes including, complication and infection rates from cataract surgery.

There was a local audit programme for the service. The programme ensured different aspects of care and treatment within the service were checked during each audit. Audits included, but were not limited to; medical records, patient pathways, infection prevention and WHO safer surgical checklists. Audit results were discussed at governance meetings, where all leads were present. They then shared this information with their teams. Managers used information from audits to improve care and treatment.

The service maintained a key performance indicator (KPI) dashboard, which reported on items such as equipment checks, medication errors, audits, incidents, complication rates, and complaints and compliments. The dashboard tracked monthly performance against locally agreed thresholds. A traffic light system using red, amber, and green (RAG) ratings were used to flag most of the performance against agreed thresholds.

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. Data submitted showed 100% of eligible staff had completed revalidation with their professional body. Staff completed a variety of mandatory and role specific training through an e-learning system and face-to-face training. Competencies were required for each role and were recorded in a booklet and completed prior to sign off by a mentor.

Managers gave all new staff a full induction tailored to their role before they started work. Dependent on their role, some new staff worked initially in a supernumerary capacity. This allowed them to understand their new environment before having full responsibility for their role.

Managers supported staff to develop through yearly, constructive appraisals of their work. As of June 2021, 87.5% of staff received an appraisal. New starters also received a six-month review. Managers supported nursing, medical and support staff to develop through regular, constructive clinical supervision of their work. The clinical educators supported the learning and development needs of staff and made sure staff received any specialist training for their role.

Good

Surgery

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. For example, managers had recently identified issues with regards to lack of verbal dialogue whilst completing the WHO checklist. As a result, safer surgery workshops had been arranged to address the issue.

Multidisciplinary working

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

We observed effective multidisciplinary working, and communication between staff in theatres and outpatient areas. All staff told us they had good working relationships with their colleagues. We saw good interactions between all members of the team. Patient records we reviewed confirmed there was routine input from nursing and medical staff and support staff such as optical technicians.

There was a strong multi-disciplinary team (MDT) approach across all the areas we visited. Staff of all disciplines, clinical and non-clinical, worked alongside each other throughout the service. We observed good collaborative working and communication amongst all members of the MDT. Staff reported that they worked well as a team.

Managers and senior staff held regular staff meetings. All members of the multidisciplinary team attended, and staff reported that they were a good method to communicate important information to the team.

Information about the treatment a patient had received during their appointment was communicated to the referring GP by letter, once the patient had been discharged.

Seven-day services

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

The clinic only undertook elective surgery, and operations were planned in advance. Theatre sessions were held three times a week between 8.30am and 5.30pm, Monday to Friday. Surgery could also be scheduled on Saturdays if necessary, to reduce waiting times. We saw effective theatre list scheduling.

Pre-operative assessments and outpatient clinic appointments were offered Monday to Friday between 8.30am and 5.30pm.

Patients could call for support following surgery 24 hours a day, seven days a week.

Health promotion

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

We noted there were various information leaflets available to patients in the main waiting area. This included, but was not limited to, cataract surgery, minor eyelid procedures, and age-related macular degeneration (AMD).

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Good

Surgery

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 the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005 and knew who to contact for advice. There was an effective up-to-date consent policy for staff to follow. Patient records we reviewed showed consent was obtained in accordance with the service policy. We observed consent being obtained for one patient prior to their surgical procedure. The risks and benefits were explained in a clear and concise manner and the patient was given the opportunity to ask questions.

Staff made sure patients consented to treatment based on all the information available. Patients were given information about their proposed treatment both verbally and written, to enable them to make an informed decision about their procedure. Patients said doctors fully explained their treatment and additional information could be provided if required.

Managers monitored consent processes. Consent audits were part of the service's audit programme and data provided showed 100% compliance. We reviewed 10 sets of records and consent was completed fully in all of them.

Are Surgery caring?

Good

This is the first time we have rated this service. 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.

Staff took time to interact with patients and those close to them in a respectful and considerate way. We spoke with 11 patients during the inspection and they all had positive comments about the clinic and staff.

All patients were satisfied with the treatment they had received. They said they had received excellent care and their experience had been positive. Patients said staff treated them well and with kindness. A recent patient survey from May 2021, showed 99.74% of patients were happy with the care they had received.

We observed caring and positive interactions with patients during their consultations. Discussions and examinations took place in the consultation rooms and theatre to ensure privacy. We saw staff talking with patients, explaining what was happening and what actions were being taken or planned. Staff were friendly and helpful and responded sympathetically to queries in a timely and appropriate way.

Emotional support

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

Good

Surgery

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff we spoke with understood the need for emotional support. We spoke with patients and relatives who all felt that their emotional wellbeing was cared for. Patients we spoke with said that they had received good emotional support and felt that they been given ample time in which to ask questions.

Written information was provided to patients which helped explain their condition and treatment plan. Staff we spoke with understood patients' personal, cultural and religious needs.

Patients were given contact details and encouraged to contact them if they had questions following their surgery.

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 made sure patients and those close to them understood their care and treatment. Patients told us nurses and technicians explained what they were doing and asked for permission before they did anything. Patients said medical staff explained plans for their treatment and provided opportunities to for them and/or their family members to ask questions when needed.

Staff supported patients to make informed decisions about their care. Patients told us staff clearly explained the risks and benefits of treatment to them before surgery.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. There were posters displayed throughout the clinic encouraging patients to leave feedback on their experience. Tablets were also available at reception for patients to share their experience. The service ensured all patients were contacted 24 hours after their treatment for feedback on the care received.

Patients gave positive feedback about the service. All patients were complimentary about the way they had been treated by staff. We observed staff introduce themselves to patients and explain to them and their relatives, care and treatment options.

Staff recognised when patients needed additional support to help them understand and ask relevant questions about their care and treatment. Staff had access to British Sign Language (BSL and language interpreters if they were required, and interpreters could attend appointments when booked in advance.

Are Surgery responsive?

Good

This is the first time we have rated this service. We rated it as good.

Service delivery to meet the needs of local people

Good

Surgery

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

Managers planned and organised services, so they met the needs of the local population. The service worked collaboratively with the local clinical commissioning group (CCG) and planned and developed services to meet the needs of the local population. The service offered surgical eye services and outpatient appointments to NHS patients under local CCG contracts. Patients were referred by their GPs or optometrist. The clinic was open six days a week from 8.30am until 5.30pm. This offered choice and flexibility to patients. Surgery was carried out as day cases three days a week. Patients had the option to have a virtual consultation if they so wished.

Facilities and premises were appropriate for the services being delivered. The Watford surgical centre was a purpose-built facility and was easily accessible to all patients. There were appropriate facilities to meet the needs of patients seen for both outpatient consultations and surgery. This included comfortable seating, access to bathrooms, and water dispensers.

The service had systems to help care for patients in need of additional support or specialist intervention. The service only received planned cases. Patients' with specific needs such as learning disabilities, other disabilities or mental capacity concerns were identified at pre-assessment and flagged on the electronic patient record system. This meant appropriate arrangements could be made to meet individual needs prior to their visit.

The service ensured every patient was contacted prior to their appointment as well as contact following their appointment for satisfaction and feedback. The service website included a live chat for patients to access if additional information was required.

There were photo boards of staff in each department. This meant patients and visitors could easily identify staff and their roles within each area.

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.

Patients with mobility difficulties could access the service easily as the main service was located on the ground floor. Corridors and doors were wide, which meant wheelchair users could get through easily.

There was limited bariatric equipment available on site. However, all rooms were spacious, and doorways were wide.

The service had access to an interpretation service if a patient required assistance with translation. A hearing loop was installed for hearing impaired patients and visitors.

Staff provided information leaflets for a range of conditions and to support care given.

Access and flow

People could access the service when they needed it. Waiting times from referral to treatment exceeded national standards.

Good

Surgery

Surgery was offered on an elective basis. Staff informed us there was no waiting lists in place for treatment. Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets.

Monthly activity reports were submitted to the local CCG. The service kept detailed information of all patients and their waiting times. At the time of our inspection, the average wait for a patient requiring surgery was 10 days, and the average wait time for an outpatient appointment was three days. Local targets had been set for patients to be seen and treated within two weeks of referral. The national standard was to be seen and treated within 18 weeks of referral.

Managers and staff worked to make sure patients did not stay longer than they needed to. We observed good processes in place to ensure patients were seen and treated within a timely manner.

Managers worked to keep the number of cancelled appointments, treatments and operations to a minimum. When patients had their procedure or appointment cancelled at the last minute, staff made sure they were rearranged as soon as possible and within national targets and guidance.

Patients were given a choice of dates for their planned surgery and outpatient appointments. Patients we spoke with confirmed they were given a choice of appointment times and could schedule appointments at a time and location convenient to them.

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.

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff.

The service had a clear process in place for dealing with complaints. There was a comprehensive complaints policy in place which staff could easily access. Staff we spoke with were aware of the complaints procedure and informed us that they tried to resolve any patient concerns immediately to prevent the concerns escalating to a complaint. Staff understood the principles of duty of candour and could describe them. We saw complaints leaflets, on how to make a complaint, were available to patients in the waiting areas.

The service clearly displayed information about how to raise a concern or complaint in public and patient areas. Feedback concerns and complaints could be made in a variety of ways including in person, by telephone, letter, email, text, patient survey and social media. There were also Quick Response (QR) codes displayed across the service where patients could leave feedback via their mobile phone.

Patients we spoke with were aware of how to make a complaint or raise concerns but told us that they were happy with the service they had received.

Themes from complaints included poor communication and behaviours of staff. We saw that the service had responded to complaints in a timely manner, and appropriately investigated complaints. Managers shared feedback from complaints with staff and learning was used to improve the service. Meeting minutes we reviewed, and observations made during our inspection confirmed this.

Good

Surgery

Are Surgery well-led?

Good

This is the first time we have rated this service. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

There was a clear management structure with defined lines of responsibility and accountability.

Staff told us that there was good leadership within the service and the organisation and that leaders were well respected, very visible, approachable and supportive. Managers with a clinical background often worked clinically and provided cover for sickness and absence when required. Managers were passionate about the service they led and worked well with the team of staff in their department.

Senior managers attended a bi-monthly meeting with the senior leadership team. They received an update on site specific data, audits, complaints and all gave an update on their areas.

The chief operating officer and director of clinical services attended regular meetings with site managers and the Community Health and Eyecare executive team. They told us there was effective working relationships across sites and corporate support was readily available.

Staff told us they held regular monthly staff meetings and that they felt that their views were heard and valued. All staff we spoke with were motivated and positive about their work.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The service had a clear vision and set of priorities, which were focused on delivering safe, high quality, patient centred eyecare in the community offering patients greater choice, flexibility and reduced waiting times.

The values were set out as:

- **CARING –** for the health of the people in our local communities, treating the patient as we would want our dearest relative. Caring for our patients/families, colleagues, and communities.

Making life better.

- **PASSIONATE** – about what we do, providing high, quality and safe care for our patients and families. Sharing our strengths, recognising team engagement, and being willing with our time, knowledge and skills.

A willingness to give our best.

- **TOGETHERNESS** – recognising the diversity, individuality of our patients, treating patients and ourselves with respect and dignity. One inclusive team, all different, united behind a shared vision of an inclusive culture, and delivering 'strong-patient centred services.

Celebrating what brings us together every day.

- **LISTENING** – to our patients and team members, showing compassion, empathy, honesty, and integrity. Taking ownership, responsibility and committing to the promises we make to patients and each other.

Being the best, we can be.

- **FOCUS** – on what we do, how we do it and what makes a difference to us all. Being accountable, believing in ourselves, and having resilience to meet daily challenges, improve now and in the future.

Always striving for a better tomorrow.

The vision had been developed with involvement from staff and linked to delivering the service's values. We saw the vision and values was publicly displayed throughout the service. Staff we spoke with were committed to providing safe care and improving patient experience.

The service worked collaboratively with the local CCG and the vision and strategy were aligned to local plans within the wider health economy, aimed to reduce pressure on the local NHS hospitals and reduce waiting times.

Staff we spoke with knew and understood the vision, values and objectives for their service, and their role in achieving them.

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 met with, were welcoming, friendly and passionate. It was evident that staff cared about the services they provided and told us they were proud to work at the clinic. Staff were committed to providing the best possible care to their patients.

The service had a caring culture. Staff told us that they enjoyed working in the department and felt supported by their managers. Senior leaders told us that they had an open-door policy and they were proud of their staff.

All staff told us that they enjoyed their job because they liked their teams and they were described as a "family". We were told by some staff that there was "nothing" they would change about the hospital and they were proud of the way it was run.

Good

Surgery

There were cooperative, supportive and appreciative relationships among staff. They worked collaboratively, shared responsibility and resolved conflict quickly and constructively. The director of clinical services held regular meetings with clinic managers. They felt that this kept them well informed. They discussed the risk register, staffing levels and any feedback from audits and meetings. The managers in turn held meetings with their staff groups. Staff felt they were kept up-to-date and were made aware of changes needed within practice. We observed positive and supportive relationships between the leaders, consultants and staff at all levels and from all departments.

The culture encouraged openness and honesty at all levels. Staff, patients and families were encouraged to provide feedback and raise concerns without fear of reprisal. Processes and procedures were in place to meet the duty of candour. Where errors had been made or where a patients' experience fell short of what was expected, apologies were given, and action was taken to rectify concerns raised. Staff confirmed there was a culture of openness and honesty and they felt they could raise concerns without fear of blame. All staff said they felt that the senior leadership team and their managers were very approachable and felt they could raise any concerns.

The safety and wellbeing of staff was promoted. There was a spiritual service available for staff if required to support their wellbeing. A confidential telephone-based counselling service was available to staff, 24-hours a day, seven days a week.

Equality and diversity were promoted. Policies were assessed to ensure guidance and standard operating procedures did not discriminate because of race, ethnic origin, nationality, gender, culture, religion or belief, sexual orientation and/or age.

Governance

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

There were effective governance structures, processes and systems of accountability to support the delivery of good quality services and safeguard high standards of care.

Clinical effectiveness group meetings were held bi-monthly. We reviewed three sets of meeting minutes and saw they were well attended by the senior management team, hospital site managers, clinical leads and members from the quality, risk and compliance team. Standard agenda items for discussion included safety notices and alerts, COVID-19, key performance indicators, medicines, incidents, safeguarding, clinical education, policies, complaints, audits and risks. Meetings were structured and showed discussions around improving the service delivered.

All levels of governance and management functioned effectively and interacted with each other appropriately. The committee structure was used to monitor performance and provide assurance of safe practice. There were a range of systems and processes of accountability which supported the delivery of safe and high-quality services, including regular visits by the director of clinical services and chief operating officer, regular governance and team meetings. Staff at all levels were clear about their roles and understood what they were accountable for and to whom.

There was a systematic programme of internal audit used to monitor compliance with policies such as hand hygiene, consent, and health records. Audits were completed monthly, quarterly or annually by each site depending on the audit schedule. Results were shared at relevant meetings, such as governance and team meetings. The service participated in national audits including the National Ophthalmology Database.

Good

Surgery

Managers maintained a dashboard which reported on activity, workforce and compliance with a wide range of safety and quality indicators covering incidents, audit outcomes, infection prevention and control, patient experience and medicines management. The dashboard tracked monthly performance against locally agreed thresholds and national targets, where available. A traffic light system was used to flag performance against agreed thresholds. A 'red flag' indicated areas that required action to ensure safety and quality was maintained. Exceptions (red flags) were reviewed at governance meetings and action was taken to address performance issues when indicated.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

There were clear and effective processes for identifying, recording and managing risks. Each site had a local risk register, alongside a corporate risk register. We found each risk was adequately described, with mitigating actions and controls in place. An assessment of the likelihood of the risk materialising, its possible impact and the lead person responsible for review and monitoring was also detailed. Risks were reviewed regularly monthly risk group meetings.

The service planned well for emergencies and staff understood their role if one should occur. Policies, such as business continuity, fire safety and transfer to a higher level of care, were accessible and detailed what action staff should take in the event of a major incident. The business continuity plan policy included action cards for a range of major incidents, such as fire, flood, terror attack, electricity failure, and cybercrime attack.

There were clear processes to manage performance effectively. An annual audit programme was in place to monitor performance across different sites. Outcomes of audits were used to benchmark performance against the other clinic sites.

Staff told us they received feedback on risk, incidents, performance and complaints in a variety of ways, such as regular team meetings, noticeboards and social medial platforms.

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 clear performance measures and key performance indicators (KPIs), which were effectively monitored. This included a dashboard and clinical area KPIs. The dashboard parameters were presented in a format to enable it to be used to challenge and drive forward changes to practice. The parameters had been set in agreement with local and national thresholds, which allowed the service to benchmark themselves.

During our inspection, we saw the arrangements in place to ensure confidentiality of patient records was not always robust. We found the trolleys where patient records were stored, were unlocked on some occasions. However, computer terminals were locked when not in use, to prevent unauthorised staff from accessing confidential information.

The service submitted data to external bodies as required, such as the National Ophthalmology Database. This enabled the service to benchmark performance against other providers and national outcomes.

Good

Surgery

Engagement

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

People who used the service were actively engaged and involved when planning services. Patients were regularly asked to complete satisfaction surveys on the quality of care and service provided. The hospital used the results of the survey to improve the service. It was clear that they recognised the value of public engagement.

Staff told us that managers at all levels were approachable and that they felt comfortable to raise any concerns with them.

Staff told us they had regular team meetings. Information was shared with staff in a variety of ways, such as face-to-face, email, and noticeboards.

The service held monthly meetings with the local CCG to help manage and improve services for patients. In collaboration with the CCG, the service had its own engagement team which provided; engagement and educational events for optometrists, improved pathways and local clinical knowledge, communication networks, and support with queries, issues and guidance. The engagement team also engaged with the local community on a regular basis.

Learning, continuous improvement and innovation

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

There was a focus on continuous improvement and quality. Leaders were responsive to any concerns raised and performance issues and sought to learn from them and improve services.

Local engagement teams continuously sought feedback from patients to improve services.

Leaders told us they were proud to be able to continue treating patients through the COVID-19 pandemic. Their approach had been business as usual and used advise from the Royal College of Ophthalmologist's, including the *'Restart Guidance'* paper, to support their own business continuity methodologies.

Good

Outpatients

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

Are Outpatients safe?

Good

This is the first time we have rated this service. We rated it as good.

Safe systems to protect people from abuse and avoidable harm across the service were the same for both surgery and outpatients. The evidence detailed in the surgery section of this report is also relevant to the outpatient service and has been used to rate the outpatient service.

Are Outpatients effective?

Inspected but not rated

We do not rate effective for outpatient services.

Processes to ensure an effective service that meant people's care, treatment and support achieved good outcomes were the same for both surgery and outpatients. The evidence detailed in the surgery section of this report is also relevant to the outpatient service.

Are Outpatients caring?

Good

This is the first time we have rated this service. We rated it as good.

Processes to ensure a caring service was provided were the same for both surgery and outpatients. The evidence detailed in the surgery section of this report is also relevant to the outpatient service and has been used to rate the outpatient service.

Good

Outpatients

Are Outpatients responsive?

Good

This is the first time we have rated this service. We rated it as good.

Processes to ensure the service was responsive and met people's needs were the same for both surgery and outpatients. The evidence detailed in the surgery section of this report is also relevant to the outpatient service and has been used to rate the outpatient service.

Are Outpatients well-led?

Good

This is the first time we have rated this service. We rated it as good.

Processes to ensure leadership, management and governance of the organisation assured the delivery of high-quality and person-centred care, supported learning and innovation, and promoted an open and fair culture were the same for both surgery and outpatients. The evidence detailed in the surgery section of this report is also relevant to the outpatient service and has been used to rate the outpatient service.