

Silverthorn Medical Centre

Inspection report

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

Ratings

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

Overall summary

Silverthorn Medical Practice is a community-based service supporting low risk, stable glaucoma patients or patients who are at risk of developing glaucoma. We had not inspected this service before.

We rated this service as good because:

- There was a good standard of cleanliness, and the provider had undertaken appropriate actions for infection control. There were measures in place to manage and minimise anticipated risks for patients and staff.
- 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. The community glaucoma and retinal monitoring clinics were consultant led.
- The service provided care and treatment based on national guidance and evidence-based practice.
- The service aimed to provide patients with a local service to keep them out of hospital and easier to access. There was a waiting lists for the service, but this was small. The service aimed to see new referrals within 6 weeks. For January 2023 the average time to be seen was nearly 7 weeks. The NHS target timeframe is 3 months.
- The staff were passionate about eye care and providing a good service for the community and felt well supported within the service. Staff demonstrated a kind, patient and professional service to patients. They actively involved patients in their assessment and treatment.
- Ophthalmologists and optometrists sought patient consent before treatment and recorded this as appropriate.
- Staff said that they were provided with extra support and supervision in their first few months at work in the service. Staff were clear about their roles and accountabilities.
- Patients received surveys by text after every consultation, to provide feedback about the service.
- 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.

However:

- Whilst staff were provided with mandatory training, not all staff had received all the appropriate training. Not all staff had completed basic life support training.
- Staff described regular supervision and opportunities to meet, discuss and learn from their performance within the service. However, these informal discussions were not recorded as supervision sessions. The provider did not have a supervision policy.
- Despite developing formal governance systems for the service, we found gaps in recording and monitoring of risk and performance. The service did not have a risk register or equivalent to document the main risks to the service and to reduce the risk. Managers did not keep minutes of their governance team meetings.

Our inspection team

We inspected this service using our comprehensive inspection methodology and carried out a short notice announced visit to the provider's premises on 19 April 2022.

Our inspection team comprised two CQC inspectors and one specialist advisor with a specialism in general practice.

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection visit, we reviewed information that we held about the provider.

During the inspection visit we:

- visited and looked at the environment in the Silverthorn Medical practice premises including treatment rooms, the reception and waiting area, and storage room
- observed how staff cared for patients including attending one consultation
- spoke with 4 patients who use the service
- spoke with the registered manager (and lead ophthalmologist of the service)
- spoke with 5 other staff members: 1 optometrist, a technician, a consultant ophthalmologist, the service manager and the operations manager
- looked at 5 care and treatment records of patients
- looked at a range of policies, procedures and other documents relating to the running of the service

You can find information about how we carry out our inspections on our website:

<https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Background to Silverthorn Medical Centre

We inspected this service as part of our ongoing independent health inspection programme.

The service is provided by Complete Community Eyecare. They are a diagnostic service providing eye care in the community rather than in hospital. The main activity of the service is the running of the community glaucoma and retinal monitoring service. The service manages low risk stable glaucoma patients or patients who are at risk of developing glaucoma.

The registered manager of the service was the consultant ophthalmologist who originally set the service up. They also work at the local NHS hospital seeing patients who need eye surgery. The service manager was involved in the day to day running of the service.

The service was registered with the CQC at the current location in 2022 to provide diagnostic and screening procedures and treatment of disease, disorder or injury. Prior to that it was registered at a nearby address. This service has not been inspected before.

The service operates over three satellite sites, in the London borough of Waltham Forest. These are Silverthorn Medical Centre, Comely Bank Medical Centre and Langthorne Health Centre. We inspected the Silverthorn location only, where the service's location was registered to provide a weekly clinic.

Are services safe?

We had not previously inspected this service. We rated it as good.

Mandatory training

The service provided mandatory training in key skills to staff and made sure everyone completed it. However, not all staff had completed training in basic life support.

Managers monitored mandatory training and alerted staff when they needed to update their training. The service manager informed staff when they needed to attend training and organised this on their behalf. At the time of our inspection staff were not up to date with their infection control training or basic life support training. We raised this with the manager, who told us that staff would be booked onto this training as a priority. In addition, the service manager promptly displayed a poster showing staff what to do in a medical emergency.

Mandatory training included safeguarding vulnerable adults and children, infection control, basic life support and data security.

Safeguarding

Staff understood how to protect patients from abuse and work with other agencies to do so. Optometrists had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. They had completed safeguarding training and understood the principles and processes for identifying and escalating concerns to relevant safeguarding authorities.

During the inspection the registered manager who was the safeguarding lead had not completed training to level 3 safeguarding for children and young people. They were overdue for a refresher course. The service manager decided that it would be more appropriate for them to be the safeguarding lead. Shortly after the inspection, we received evidence that showed the service manager had completed training to level 3 safeguarding for children and young people.

Staff could give examples of how to support patients with protected characteristics under the Equality Act, and how to identify adults and children at risk of, or suffering, significant harm.

Staff knew how to make a safeguarding referral and who to inform if they had concerns but had not needed to do so in the last year.

Staff had current enhanced criminal records and background checks prior to working at the service. There was a rolling programme for automated enhanced disclosure and barring checks for the clinical staff.

Cleanliness, infection control and hygiene

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

Clinical areas were clean and had suitable furnishings which were clean, tidy and well-maintained.

Are services safe?

Staff followed infection control guidelines, including handwashing. Staff cleaned equipment after patient contact with detergent wipes, and used disposable equipment for close contact with patients. However, staff did not complete checklists to provide assurances that cleaning had taken place. Shortly after the inspection the manager provided evidence that a checklist had been introduced. This was a list of all areas to be cleaned, formatted to record when each clinic room had been cleaned.

The service had a hand hygiene policy in place. There was provision of hand cleaning facilities in each room, including hand sanitising gel dispensers, and a sink with soap. Staff followed infection control principles including the use of personal protective equipment (PPE). Staff were bare below the elbows, and washed their hands as appropriate, with regular use of antibacterial gel. The service manager completed an annual infection control audit to ensure that all infection risks were reduced as much as possible.

Toilet facilities were visibly clean and tidy, with a checklist in place demonstrating that they were checked regularly.

Chairs in the clinic room could easily be wiped clean.

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 kept people safe. The service was located in accessible ground floor premises. The reception and waiting area was located at the front of the premises and this was visibly clean, tidy, well-lit, well-ventilated and comfortable. There were two clinic rooms, both of which were spacious and sufficiently sized for all equipment.

Staff completed most risk assessments of all areas and removed or reduced any risks they identified. Because the provider was not the landlord of the premises where the clinics were held, staff had not completed their own fire risk assessment to keep patients and staff safe in the event of a fire. The premises where the clinics were held provided a fire risk assessment for the building. Staff took part in fire drills at the premises, to ensure safe evacuation. The premises had a fire extinguisher to ensure the safety of staff and clients in case of a fire. The provider had a fire safety policy outlining what staff should do in the event of a fire. The service manager had previously been trained as a fire warden for the building, but had not accessed training since the Covid-19 pandemic. Following the inspection, the provider stated that they would look at reintroducing this training for the main staff team.

There was a tidy and well organised storage room. There were safe and appropriate systems in place for disposal of waste for the clinic which did not constitute clinical waste.

The service had enough suitable equipment to help them to safely care for patients. Staff carried out daily safety checks of specialist equipment. The premises had an automatic defibrillator to respond to medical emergencies.

The service manager told us that most of the equipment was calibrated to each patient. Equipment that needed calibration and safety checks was checked and serviced annually as appropriate to ensure accurate assessments.

Assessing and responding to patient risk

There were measures in place to manage and minimise anticipated risks for patients and staff.

Are services safe?

There were policies, procedures and risk assessments in place to manage anticipated risks for each test and treatment provided. We reviewed the records of 5 patients using the service. Staff recorded any risk factors such as age, family history and physical health conditions.

Staff knew about and dealt with any specific risk issues. For the complex, higher risk patients' staff would refer to the consultant ophthalmologists for a consultation. At the initial appointment the consultants would decide on the patient's risk level to determine if they needed to be seen by the hospital urgently or whether they could safely manage them in the community.

Staff kept lone working to a minimum and made assessments of the risks particular patients faced or posed to staff and took appropriate precautions. For example, they would leave the door of the treatment room open if needed. The service did not provide home visits to patients. There were telephones and emergency call points in each treatment room in case of an emergency.

Staff knew what action to take in the event of a health emergency. There was a first aid kit available to treat minor injuries. Staff told us they would contact the emergency services if a patient was very ill. Staff also said they would call for assistance from the GP staff at the health premises where they were located.

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 was 2 consultant Ophthalmologists, 5 optometrists, 2 technicians and 3 administrative staff working across the clinics. Four of the optometrists were self-employed and carried out 1 or 2 clinics a week across the Silverthorn and Comely bank sites. These staff were employed by the local NHS trust and not employed directly by Complete Community Eyecare. The service manager ensured that these staff were suitably qualified by checking their registration and professional training.

There were no vacancies at the time of our inspection. There were few absences because of staff sickness.

New staff recruited to the team undertook enhanced criminal records checks and most were on the automatic update system for these to be renewed every three years. The provider also carried out criminal records checks for the external staff.

Records

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

Records were stored securely. The service used an electronic patient record management system. The system had password protected secure access.

The patient record system was used to record details of clinical activity for each patient, test results and outcomes. All clinical staff received training on how to use it. We observed that staff were confident in using the system.

Patient notes were comprehensive, and all relevant staff could access them easily. We looked at records for 5 patients, and they included detailed but clear and concise information, and explained treatment plans, and any follow up tests and actions.

Are services safe?

If patients moved between clinic sites, there were no delays in staff accessing their records.

Incidents

The service had systems in place to manage patient safety incidents. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. There had not been any reportable incidents in the last year.

There were processes in place for the service in the event of an emergency. The service used a text messaging system to communicate appointment changes such as emergency cancellations.

The service had a very good safety record and there were no reported safety incidents in the year before the inspection. There were appropriate incident reporting processes in place including an incident form which detailed the reporting policy and process and included an example. Staff recorded the nature of an incident and any identified preventative or corrective actions. The service manager said they would verify any incidents to check that it was addressed appropriately. As there was a small staff team, the manager was able to respond to challenges and share learning quickly.

Staff understood the duty of candour. They were open and transparent, and gave patients and relatives a full explanation if things went wrong. 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. Staff we spoke with recognised the principles of openness and transparency should an incident occur, although there had not been any relevant incidents.

Are services effective?

We had not previously 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. The registered manager and operations manager checked to make sure staff followed guidance.

Staff provided a range of care and treatment suitable for the clients in the service. Staff worked with patients who were at risk of being diagnosed with glaucoma. Staff provided patients with treatment options through monitoring to prevent glaucoma. Staff managed patients by demonstrating and observing the correct eye drop technique. On the patient's initial visit, the consultant agreed the diagnosis and developed a treatment plan to use eye drops. The patient was then assessed at the second appointment and their treatment plan confirmed. If the patient was deemed high risk and needed surgery, then the staff would refer the patient for surgery at the local NHS hospital.

Staff delivered care in line with best practice and national guidance from relevant bodies such as NICE. The service provided care and treatment based on national guidelines for the diagnosis and management of glaucoma.

Organisational policies were available to staff. We reviewed a sample of policies and found they were satisfactorily comprehensive and up to date.

The consultant ophthalmologist was conducting research into synthetic corneas with an external company. This research was looking at cornea transplant and hoped to reduce the NHS waiting lists for a cornea transplant. The consultant was due to present his research to conferences internationally.

Patient outcomes

Staff monitored the effectiveness of care and treatment on an individual basis.

Outcomes for patients were positive, consistent and met expectations. Staff set outcome goals for all patients and checked that they were met.

The consultant ophthalmologist completed clinical audits of optometrists' care and treatment records.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Ophthalmologists and optometrists were fully qualified and registered to provide eye care services, with professional qualifications to manage glaucoma care and treatment. The optometrists were registered with the General Optical Council (GOC) and were members of the college of optometrists (COO). All optometrists had a special interest in ophthalmology (OPwSI).

Optometrists were qualified and registered to independently prescribe, even though the service did not prescribe medicines.

The manager gave all new staff a full induction tailored to their role before they started work. Optometrists and technicians said that they were provided with extra support and supervision in their first few months at work in the service.

Are services effective?

The service manager supported staff to develop through constructive appraisals of their work. All staff had recently received their appraisals.

The consultant ophthalmologists received extra, specialist training through the local NHS hospital where they conducted surgeries and also saw patients. They also received clinical supervision through the NHS hospital. The lead ophthalmologist completed the sessional consultant ophthalmologist's annual appraisal and provided support and challenge. In addition, the operations manager received clinical support from the sessional consultant ophthalmologist for his optometry work.

Managers supported staff to develop through regular, constructive clinical supervision of their work. Staff spoke positively about support sessions with the service manager. However, supervision sessions were not recorded, and the provider did not have a supervision policy to determine the frequency and format of supervision.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. We saw minutes of two team meetings which were happening approximately 3 times a year.

Managers made sure staff received any specialist training for their role. Staff told us that they had the opportunity to discuss training needs with the registered and the service manager and were supported to develop their skills and knowledge. Optometrists accessed further professional development training through the General Optical Council. All optometrists were specially trained in glaucoma care.

Administrative staff had received training to carry out the technician role when required.

Multidisciplinary working

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

Staff had access to computer terminals in each clinic room, which had internet and electronic patient records access. Staff could share information immediately with staff in other rooms to seek guidance.

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff had good working relationships with referring doctors, in partner hospitals and community opticians on the high street.

The two ophthalmologists both worked at the local NHS hospital. Therefore, the service had an informal agreement with the local NHS hospital to seek advice and secondary expert opinion. Staff wrote to each patient's referring doctor on completion of the patient journey, after assessment and follow-up.

For patients with any minor eye conditions such as red eye complaints, irritable eyes, discomfort and flashing lights these were referred onto the local accredited high street optometrists practice.

There were systems in place to facilitate referrals to other service and sharing of patient information. The service's electronic patient management system recorded each patient's referring doctor contact details.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Are services effective?

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Optometrists sought consent from patients immediately before treatment commenced. Staff told us that most treatment or testing was non-invasive but they explained to patients what was going to happen and sought their consent to continue before proceeding.

Staff said that assessments or treatment would be stopped if a patient was not comfortable or cooperative. We observed staff seeking consent from patients at all stages. Staff made sure patients consented to treatment based on all the information available.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff were aware of the provisions of the Mental Capacity Act. The service did not provide treatment to adults who did not have the capacity to consent, for example those with advanced dementia. Instead, such patients were referred to more suitable providers such as NHS hospital trusts.

Are services caring?

We had not previously 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 were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed staff demonstrating a kind, patient, approachable and professional manner to patients. Staff greeted people in reception and escorted them to the appropriate clinic room as needed. They took time to explain what they were going to do, listened to what patients said and answered questions clearly. Patients had the opportunity to ask questions.

We spoke with 4 patients who used the service as part of this inspection. Patients we spoke with said staff treated them with kindness and sensitivity. They spoke positively about all the staff that they had encountered at the service, saying that they took time to explain all tests and procedures. Patients fed back about the quality of the clinic and the staff after each appointment. One patient had commented in the survey that the staff they spoke to was brilliant and made them feel less worried about their condition.

We observed the service receptionist interacting with patients in a welcoming manner, and demonstrating a good rapport with patients.

Staff followed policies to keep patient care and treatment confidential. Consultations took place in closed clinic rooms, and there was a secure patient records system in place.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.

Staff took time to adjust equipment to patients to ensure that it was comfortable.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

Staff gave patients and those close to them help, emotional support and advice when they needed it.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

We observed staff speaking with patients in a sensitive and supportive way. Patients were able to attend with a relative to help them during their assessment or treatment. They all described a very high standard of customer service.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. We observed the optometrist actively involving patients in their assessment and treatment. They explained what was happening at each stage and gave appropriate encouragement and reinforcement. Adjustments were made based on feedback from the patient.

Are services caring?

Staff talked with patients in a way they could understand, using communication aids where necessary. We observed staff talking to patients whilst carrying out tests explaining what to expect. Staff explained the treatment of eye drops to patient by discussing the side effects. One patient explained that staff had written down information about treatment to help them remember what happened in their appointment. Assessment results were instantly available and provided to each patient.

Staff supported patients to make informed decisions about their care. Staff discussed the options of treatment with patients. Patients told us that staff explained any next steps at the end of each consultation, including guidance, using equipment and hints and tips for using their eye drops.

Patients could give feedback on the service and their treatment and staff supported them to do this. Patients gave positive feedback about the service. Patients received a feedback survey to complete by text after every appointment. In February 2023, 11 responses were received from patients at Silverthorn, and 18 responses received from patients at Comely Bank. Twenty patients out of the 29 responses combined said that the service was 'excellent'. No one rated the service as poor. Twenty eight responded that they would recommend the service. Another 25 patients said they felt that staff had involved them in their care.

Are services responsive to people's needs?

We had not previously rated this service. 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.

Patients could access Community Eyecare services throughout the borough of Waltham Forest, through satellite sites in Silverthorn Medical Centre and two other Health Centre sites. All patients were from East London. No home visits were undertaken.

The service provided treatment for glaucoma that can be managed in the community. Administrative staff triaged referrals into this service based on the clear inclusion criteria. Referrals came from the local NHS hospital and the local high street optician practices.

Alongside this clinic, optometrists also provided a service for retinal monitoring.

Facilities and premises were appropriate for the services being delivered. Patients told us they used the service because it was a more relaxed environment than a hospital and easier to get to in the community.

The service provided leaflets on the procedures available at the service, and these explained the processes involved and what patients could expect, for example administering eye drops.

The service minimised the number of times patients needed to attend the service, by ensuring they had access to the required staff and tests on one occasion.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

The staff we spoke with understood their responsibilities to treat all patients fairly and without prejudice. The service manager made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed.

Staff had access to translation services to support patients with English as an additional language; however, they told us formal interpreting was not frequently needed. Optometrists used telephone interpreter services to book interpreters and signers for those patients that needed. Staff reported using this in the past. The service provided information leaflets in different languages.

Staff understood the principles of patient-centred and individualised care. The electronic patient management record utilised an alert system for recorded reminders about specific patient information. This meant optometrists had access to the information in advance of sessions and could plan accordingly.

Staff worked with relatives and carers to support patients flexibly and to meet their needs. Staff supported patients with physical and learning disabilities. They provided examples of tailored support for different patients, and recognised techniques and tactics to assess, treat and help those patients.

Access and flow

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

Are services responsive to people's needs?

The service manager monitored waiting times and made sure patients could access services when needed and received tests or treatment promptly. At the time of our inspection there was a short waiting list to access the service. The service aimed to provide patients with a local service to keep them out of hospital and easier to access. There was a waiting lists for the service, but this was small. The service aimed to see new referrals within 6 weeks. For January 2023 the average time to be seen was nearly 7 weeks. The NHS target timeframe is 3 months.

Appointments ran on time and patients reported that they were seen by staff promptly. The patient survey for February 2023 showed that patients reported waiting no longer than 10 minutes to be seen at their appointment.

Patients could access clinics at three locations in Waltham Forest. These clinics ran weekly from the hours of 9.00 am - 5.00 pm. The service had reduced the number of clinics that were running after the Covid-19 pandemic. Patients could be referred by another clinician or optician via the telephone or using the service's referral form.

Patients could call to change their appointment to a time that suited them. Follow up appointments were scheduled straight after the first appointment. Staff telephoned patients if they did not arrive on time to check if they had forgotten and to reschedule.

The service acknowledged that they needed to make improvements to their 'did not attend' appointment rates. The service used a text messaging system to communicate appointment times with patients and provide appointment reminders or alerts. The service had conducted an audit into their 'did not attend' rates, as it was quite high. This was due to patients relying on family members or friends to drive them to appointments. The service manager increased the capacity of the appointments they offered to help reduce the number of patients who did not attend their appointments.

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.

Patients received a questionnaire survey by text after every appointment, and the service collected this feedback to look at the results. There was a feedback box with feedback forms in the seating area of the reception.

However, we spoke to 4 patients who all said they did not know how to complain. However, they were clear that they had never needed to and felt able to raise concerns directly with staff. Since the inspection, the service manager reported that they would ensure a poster is displayed in the waiting area explaining the complaints process.

Staff understood the policy on complaints and knew how to acknowledge them. The complaints policy was documented and included clear instructions for initial contact, interviews, acknowledgement, investigation and communication/response. Patients received feedback from managers after the investigation into their complaint.

Are services well-led?

We had not previously rated this service. We rated it as requires improvement.

Leadership

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

The managers understood the priorities and issues the service faced. The service had been operating since 2007. The service had grown over time to include a further two locations.

The registered manager was a consultant ophthalmologist and member of the royal college of Ophthalmologists who spent most of his time seeing patients at the local NHS acute hospital. This meant that he was not involved in the day to day running of the service but provided a more clinical leadership role. Day to day management of the service was being done by the service manager who described a high level of attention to detail in providing an effective service to patients.

Since the inspection, the management team decided that the registered manager role sat more appropriately with the service manager. Therefore, they were going to apply to the Care Quality Commission (CQC) to become the registered manager.

The community glaucoma service and the retinal monitoring service were led by the consultant ophthalmologists.

The operations manager was a qualified optometrist who also saw patients and provided staff with clinical support. The service manager operated the day to day running of the service and had worked there since the service started. Staff reported that the managers were approachable and they could seek guidance and support when they needed it.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, focused on sustainability of services and a high standard of patient centred care.

The service aimed to provide each patient with the very best eyecare service in the local community. Staff wanted to make it easier for patients to attend clinics in their local area rather than attend hospital, which could be difficult to access.

The service was due to be decommissioned in November 2023. Commissioners wanted to bring all local community eyecare services together under one provider. The service felt they did not have the resource to expand and decided not to bid for the new contract. Since the inspection, the contract had been extended by commissioners until March 2024.

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 learning and career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

The staff we spoke with were passionate about eye care and providing a good service for the community. Staff told us they felt supported by their colleagues. We observed a supportive working environment and good rapport between staff and patients. As a small team, the service was responsive and could make changes and improvements rapidly.

Are services well-led?

Staff spoke positively about opportunities for further learning development, attending conferences, training courses and online resources. Administrative staff were trained as technicians to support with clinics when needed.

Governance

Governance systems needed further strengthening to clearly demonstrate monitoring of performance and the management of risk within the service. Staff described regular supervision and opportunities to meet, discuss and learn from their performance within the service, but this was not recorded.

Whilst regular governance meetings were attended by the manager and clinical staff, these were not recorded. This meant there was not a record of what had been discussed or decisions made. Systems to monitor compliance with mandatory training needed further embedding to ensure that staff were up to date and attended refreshers when needed. Whilst staff received regular supervision, there was no supervision policy or procedure in place to ensure consistency. Supervision sessions were not recorded.

The provider had a clear framework of what had to be discussed at team meetings to ensure essential information was shared amongst the staff. As a small organisation, the service manager had taken on the responsibility of managing risks, quality and performance of the service. The service held monthly administrative team meetings where staff discussed staffing information such as training, staffing in clinics and development.

Staff files were kept up to date with staff recruitment checks and criminal records checks. Appraisals had been carried out for all staff.

Staff completed audits to provide assurance on the performance of the service. Staff audited care plans, risk assessments and the environment.

Staff knew to submit notifications to external bodies as required, for example to social services.

Staff also knew to make notifications to the Care Quality Commission in accordance with regulations.

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.

The leadership team did not have a risk register or similar tool to document any potential or actual concerns related to delivering the regulated activity. ,

The senior leaders identified the top risk to the service as being the patients not attending appointments.

The service had a stable team. There was recognition of some external challenges such as competition from national providers.

Information Management

The service collected reliable data and staff could find the data they needed to make decisions. The information system was integrated and secure.

Are services well-led?

The service used systems to collect data about performance. Managers had access to dashboards of patient information, including referral information, appointment times and attendance. Managers also had oversight of annual appraisal rates and mandatory training rates for staff.

Staff recorded patient information on paper records and kept them stored securely. Once a patient was discharged the service manager uploaded the paper records to their electronic record system to archive them. The service had an online appointment booking system.

Engagement

The service actively and openly engaged with patients, staff, and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Staff, patients and carers had access to up-to-date information about the provider. Staff accessed information through emails and regular meetings. The provider was planning on creating a website so that patients, carers and stakeholders could access up-to-date information about what was going on with their services. Patients could give feedback on the service via client satisfaction surveys.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider must further develop governance processes, including the recording of staff supervision, monitoring of mandatory training and recording of governance meetings to ensure the main risks associated with the provision of services are assessed and mitigated.