

Lincolnshire Newmedica Limited

Newmedica Brigg

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 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.

We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.
- Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

Surgery

Good



We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff completed and updated risk assessments for each patient and removed or minimised risks.
- 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 service managed patient safety incidents well.
- 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 treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- The service planned and provided care in a way that met the needs of local people and the communities served and made it easy for people to give feedback.
- Leaders operated effective governance processes, throughout the service and with partner organisations
- All staff were committed to continually learning and improving services.

We rated this service as good because it was safe, effective, caring, responsive and well led.

Outpatients

Good



See the summary above for details.

We rated this service as good overall and good for being safe, caring, responsive and well-led. Effective is not rated in outpatients.

Summary of findings

Contents

Summary of this inspection	Page
Background to Newmedica Brigg	5
Information about Newmedica Brigg	5
<hr/>	
Our findings from this inspection	
Overview of ratings	7
Our findings by main service	8
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Summary of this inspection

Background to Newmedica Brigg

Lincolnshire Newmedica community ophthalmic service is an independent provider registered with CQC. Outpatient services had been provided since 2018 with surgical services commencing January 2021, to provide the following regulated activities:

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

The Newmedica Brigg eye health clinic and surgical centre operated from the Riverside Surgery and provided services for both NHS and private patients. The clinic was led by consultant ophthalmologists. The service had a manager registered with CQC for two locations at Brigg and Grimsby.

The service provides a range of ophthalmic treatments for NHS and other funded (insured and self-pay) adults. Services included general ophthalmology, cataract surgery and management, ocular hypertension and glaucoma treatment and monitoring, oculoplastics (which is a broad term for a number of surgical procedures on the eye and the surrounding structures, including the eye socket, eyelids, tear ducts, and parts of the face), and medical retina.

The service had one dedicated operating theatre with an anaesthetic room, a recovery area and three clinic rooms.

The combined surgery return for Lincolnshire for the previous 12 months was 4671 of which 4667 (or 99.91%) were without complications. Outpatient patient interactions for the period was 4,397 via contracts with three area-based commissioners and a minority of private patients.

We had not previously inspected the service. Our inspection was announced (staff knew we were coming) to ensure that we could inspect both the surgical and outpatients' services. We inspected the surgery service on 6 October 2022 and the outpatients service on 13 October 2022.

How we carried out this inspection

During the inspection visit, the inspection team:

- Inspected and rated all five key questions.
- Visited one location, looked at the quality of the overall environment and observed how staff were caring for patients.
- Spoke with the Registered Manager, Nominated Individual and members of the senior management team.
- Spoke with staff members including consultant staff.
- Reviewed 6 patient care records and treatment records.
- Observed three patient surgical pathway sessions from admission to discharge.
- Attended three theatre briefings.
- Spoke with 6 patients.
- Looked at a range of policies, procedures and other documents which related to the running of the service.

After our inspection, we reviewed performance information about the service and information provided to us by the service, including policies and procedures.

Summary of this inspection

The team inspecting the service comprised of a CQC lead inspector, three team inspectors, an offsite CQC inspection manager, and one specialist advisor with expertise in ophthalmology. The inspection was overseen by Sarah Dronsfield, Head of Hospital Inspection.

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Outstanding practice

We found the following outstanding practice:

The continuing development of staff skills and level of competence was integral to ensuring the delivery of high-quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice. The service shared examples of improvements made since the previous inspection.

Staff were proud of the organisation as a place to work and spoke highly of the culture. There was evidence of consistent collaboration, team-working and support across all functions.

We found consistently high levels of constructive engagement with staff, people who used services and the local community. Examples of patient engagement supported service improvement, particularly the facilitation of patient participation groups. Meetings were held to educate patients on the cataract pathway, patient questions were discussed, information and advice provided and feedback on the service gained. The service used these groups to provide a 'sense check' that the service was meeting the needs of the local community.

Newmedica Brigg were working with an external research agency on a project involving patients through research panels and patient groups, to gather patient experience of the NHS cataract pathway.

The service provided free minibus transport to assist patients attend their appointments. An up to date transport policy was in place which included insurance requirements, patient eligibility in relation to mobility needs, infection prevention and control and personal protective equipment requirements. Journeys were undertaken on an individual basis.

The service closed one day every month, for a whole team meeting. This included planned training sessions from the training lead and learning seminars presented by clinicians. This was also used as an opportunity to discuss local policies to help embed them more effectively.

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

Surgery

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

Are Surgery safe?

Good 

Mandatory training

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

Staff received and kept up to date with their mandatory training. Managers monitored mandatory training and alerted staff when they needed to update their training. A corporate policy was in place for training, experience and qualifications of staff, which applied to all permanent and bank staff employed in the service. Mandatory training was comprehensive and met the needs of patients and staff.

For example, the Scrub Programme supported healthcare staff in gaining the skills and experience safely to perform the role of scrub person, alongside experienced theatre staff. Also, staff completed training on recognising and responding to patients living with dementia. Staff accessed training online, with some face to face practical skills sessions.

Consultants received and kept up to date with their mandatory training. Managers we spoke with explained consultants with substantive NHS roles attended mandatory training at their NHS trust, and this was monitored corporately through the appraisal process and at review of practising privileges.

All permanent staff received and kept up to date with mandatory training. Newmedica were proactive in ensuring training was completed before it expired. We found that if staff were not 100% compliant in their mandatory training, they were not able to work clinically at Newmedica.

Training records were uploaded on to an electronic database and compliance was monitored corporately and locally. Training compliance data we reviewed for October 2022 showed 99% compliance by permanent employees, against an annual target of 95% and 98% compliance by bank staff.

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 knew how to apply it.

The service had in place up to date safeguarding and chaperone policies, which contained references to appropriate legislation and best practice guidance.

Surgery

Staff received training specific for their role in how to recognise and report abuse and could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Compliance for children and adult safeguarding training for permanent staff was 100% for the year against a corporate target of 100%.

An up to date policy for PREVENT (extremism and radicalisation awareness online training) was in place. The service had a named safeguarding and PREVENT lead trained to level three. The registered manager told us they shared the safeguarding lead role and had been trained to level three, in accordance with the intercollegiate document guidance. All staff we spoke with were clear who the named lead was.

Local and national safeguarding leads were identified and could be accessed by staff. The Newmedica National Safeguarding Lead was trained to level 4 and supported local teams with advice and facilitated the sharing of any learning across the teams. All reports of safeguarding concerns are reported to the Quality Management Committee for discussion.

Clinic records showed the service had recorded 2 safeguarding incidents in the last 12 months.

Cleanliness, infection control and hygiene

The service-controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

An up to date policy was in place for infection prevention and control and staff followed infection control procedures including the use of personal protective equipment (PPE). Supplies of PPE items including disposable aprons and gloves were available and these items were being used. Antimicrobial hand-rub dispensers were provided at the reception desk and in each room. We observed staff complied with 'bare arms below the elbows' policy, in accordance with National Institute for Health and Care Excellence (NICE) guidance. Staff were trained in scrub procedures. Staff washed their hands between each patient or procedure and hand hygiene audits were up to date which demonstrated consistent 100% compliance. Use of appropriate hand hygiene was observed prior to drop installation.

Clinic areas were clean, with suitable furnishings which were clean and well-maintained. We observed that flooring and chairs were made from easy clean materials. Storage facilities were also clean and well maintained. Protocols and measures were introduced as part of the service's response to the pandemic included arrival assessments and temperature checks.

Cleaning audits were undertaken on a monthly basis and showed a compliance rate of 98% in October 2022.

There had been no instances of endophthalmitis. Endophthalmitis is inflammation of the interior cavity of the eye, usually caused by infection. It is a possible complication of all intraocular surgeries, particularly cataract surgery, and can result in loss of vision or loss of the eye itself.

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.

Surgery

The design of the environment followed national guidance. The full service opened in 2021 and although not purpose built, the premises met the requirements for accessibility for people using the service. An assisted toilet was available for people living with a disability. The service had suitable theatre, equipment and clinic facilities to meet people's needs. All clinical areas we observed were in excellent order. The most recent equality access audit completed in May 2022 achieved 100% and showed no action plans linked to the audit.

A positive pressure ventilation system was present in the theatre and dirty utility areas. Air exchanges in theatre were 25 per minute with back-up generators located in dirty utility. The ventilation and air exchange systems in the operating theatre were serviced and tested by a suitably qualified organisation.

An up to date fire safety and evacuation policy was in place. All fire extinguisher appliances inspected had been serviced within an appropriate timescale. Fire exits and corridors were clear of obstructions. The registered manager was responsible for the day to day management of fire safety and the service undertook fire safety drills once per month. Records showed this was up to date. A fire safety audit took place in June 2022 and showed 95% compliance rates.

An asset register was in place with an associated up to date policy for equipment care which include routine maintenance checks. The service was well supplied with suitable equipment to support people's safe care and we saw evidence that all equipment maintenance was up to date. Electrical equipment had undergone portable appliance testing (PAT).

An up to date policy was in place for decontamination with clear instructions for the decontamination of re-usable items of equipment. Managers could readily access funds for equipment replacement when required.

Clinical waste was tagged and disposed of safely through an external provider.

Assessing and responding to patient risk

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

Staff were familiar with how to deal promptly with any specific risk issues. An up to date medical emergencies policy was in place and a protocol for urgent and emergency transfer of patient care. The 'situation, background, assessment, recommendation' (SBAR) communication tool was used for the escalation of care and treatment amongst all healthcare professionals in Newmedica.

Each member of staff receives Basic Life Support training as part of their induction and mandatory training. All theatre staff receive Immediate Life Support training.

The service had previously had access to a shared resuscitation trolley with a GP practice within the same building. However, following an audit, the service obtained a new resuscitation trolley so that its own emergency equipment was available. We observed that the emergency trolley was equipped in accordance with Resuscitation Council UK guidelines for the management of medical emergencies. The director of operations and governance was the resuscitation officer and the lead for training, the provision and standardisation of equipment and audit.

A clinical team member checked and recorded daily that the resuscitation trolley was fully equipped, and the portable defibrillator was fully functional. Oxygen was provided via portable cylinders and used in accordance with resuscitation guidelines.

Surgery

Pre-assessment of patients was conducted face to face, and we observed that patients referred to the service were individually risk assessed by a clinician. Staff completed assessments for each patient on arrival to check they were able to have treatment. Diagnostic tests on the patients' eye were completed at the initial appointment to check they were suitable for surgery. The results were shared with the consultant in charge of the patients' care who then made the final decision on their suitability. A corporate policy was in place which described specific criteria for patients to be returned to the referrer. In the case of ophthalmic or medical emergencies patients were transferred to the nearest acute hospital facility.

We observed a 'huddle' took place at the beginning and end of theatre sessions and team briefing forms were completed. Patient checks were completed prior to theatre including allergies and eye marking and we observed signatures were checked. The World Health Organisation (WHO) safety checklist was audited. We observed the person undergoing surgery was monitored throughout and two-person checks of instruments and swabs were completed.

Staff conducted follow-up telephone calls after the patient's discharge. If patients could not be contacted after two attempts, a process was in place to ensure the referrer and patient were contacted by letter. Patients were given instructions to follow and a contact telephone number to call, should they have any concerns. This diverted to an emergency contact number out of hours.

Nursing and support staffing

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

A corporate policy was in place for safer recruitment and staffing. The registered manager could adjust staffing levels daily according to the needs of patients. Actual staffing numbers matched planned numbers. The service offered pre-booked appointments to patients which allowed for effective planning of staffing, to meet clinical needs.

The service had a robust recruitment and approvals process to ensure that all relevant recruitment checks had been completed. The service had no current staff vacancies, low sickness rates and low turnover of 2 to 3%. Managers made sure all bank and agency staff had a full induction and understood the service.

Medical staffing

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

The service had in place a policy for the engagement of doctors. The service was consultant ophthalmologist led. People requiring surgery were admitted under a named, validated consultant with practising privileges. The term 'practising privileges' means medical practitioners not employed directly by the service but approved to practise there. At the time of inspection, there were 10 consultants with practising privileges. Each consultant held practising privileges and was on the GMC specialist register.

A corporate policy was in place for management of consultant practising privileges. Review included General Medical Council (GMC) registration, appraisals, indemnity insurance, and disclosure and barring service checks. The MAC reviewed all applications. The Registered Manager and Nominated Individual were responsible for ensuring that medical practitioners working within their practice had appropriate checks in place, which we confirmed.

Surgery

Consultant medical staff we spoke with told us the staff team was flexible and supportive in enabling continuity of care for example medical staff arrangements enabled the person undergoing surgery to see the same consultant each time.

Newmedica had in place a responsible officer and appraisal leads, supported by the Newmedica human resources team. The appraisers were appropriately trained, and medical staff had access to their responsible officer for revalidation advice and continued personal development. The responsible officer monitored revalidation dates and reviewed annual appraisals. The Medical Advisory Committee had delegated responsibility from the Newmedica Board to approve and monitor the engagement of Medical Practitioners.

Records

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

Patient records were held on a combination of electronic and paper-based recording systems. We had no concerns as to the completion, management or storing of records. Records were on paper and staff could access them easily. Patient notes were comprehensive. For example, we reviewed an integrated cataract pathway document, which covered administration and bookings, pre-operative assessment, consultant assessment, consent, operation notes, prescribed medicines and follow up arrangements.

The service had in place a patient records policy, referenced to general data protection regulations (GDPR) and Data Protection Act 2018.

We reviewed 6 patient records which confirmed records were fully completed. Records were stored securely when not in use. Records were audited monthly and were fully compliant.

Medicines

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

Eye drops administered post-operatively were explained to the person and a cataract booklet with contact details was given with full instructions. The person was given opportunity to ask any questions.

Eye drops were stored in locked cupboards in theatre and unloaded during the surgery session. We checked a sample of expiry dates on stock items and confirmed all were in date. Daily checks were undertaken for the resuscitation trolley and a full content check and tag replacement were undertaken weekly. All contents and expiry dates were recorded. All records were completed with days of inactivity being noted.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. We reviewed staff competency documents for administration of eye drops under patient group directions (PGDs). PGDs allow appropriately trained, nominated healthcare professionals to supply and administer specified medicines to pre-defined groups of patients without a prescription. We confirmed preoperative checks were applied according to PGD's.

Storage and disposal of medicines was appropriate. Sharps were disposed of correctly. Consultants prescribed in line with policy and needed to seek approval from a director to sign out medicines. Prescription books were stored securely, and prescriptions signed out appropriately. The service did not hold any controlled drugs.

Surgery

A medicines management policy was in place and had been recently reviewed. The policy outlined legislative and best practice relating to the safe and secure handling of medicines. It included guidance on the ordering, storage, prescribing and administration of medicines.

Medicine management was monitored and audited by the service on a monthly basis. We observed that a medicines management audit had been undertaken in September 2022 and noted compliance with a medium compliance outcome against internal audit grading. When issues were identified in the audit, an action plan was put in place to address these issues.

Room and fridge temperatures were monitored and recorded to ensure medicines were safe to use. Cylinder oxygen was stored securely on the emergency equipment trolley.

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 people honest information and suitable support. Managers ensured that actions from safety alerts were implemented and monitored.

Staff raised concerns and reported incidents and near misses in line with the provider's incident reporting policy. Staff we spoke with knew what incidents to report and how to report them in the electronic incident reporting system. They were open and transparent and gave patients and families a full explanation when things went wrong. The service had not had any never events. Never Events are serious, largely preventable safety incidents that should not occur if the available preventative measures are implemented.

The clinic reported 10 incidents in the last 12 months. Eight incidents were graded low harm and two graded no harm. Managers debriefed and supported staff afterwards. Managers investigated the incident thoroughly and the patient was involved in the investigation. Staff received feedback from investigation of incidents. Investigations were also reviewed externally to ensure a 'fresh eyes' approach.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong. The service recorded a duty of candour log, to monitor compliance with each stage of the process. We spoke with a member of staff who witnessed a duty of candour incident and was involved in discussion with a person and their family. We found that duty of candour had not been required over a period of 12 months.

Staff met at monthly departmental team meetings to discuss the feedback and look at improvements to patient care. Datix reporting was followed up with feedback about changes made and provided input to governance arrangements. The meeting minutes were shared with all relevant staff.

A corporate incident policy was in place. The central governance team informed services of incidents so that learning could be shared, and lessons identified. Incidents were discussed monthly at both the corporate quality management committee and medical advisory committee. Incidents were also discussed at staff meetings and managers said staff would be debriefed and supported after a serious incident. To-date, the service had no serious incidents. Managers ensured that actions from patient safety alerts were implemented and monitored.

Are Surgery effective?

Surgery

Good 

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 in their care.

Staff followed up to date policies to plan and deliver high quality care according to best practice and national guidance. Clinical policies we reviewed were referenced to best practice guidance, for example Royal College of Ophthalmologists guidance and NHS England guidance. Policies were cascaded from the corporate team and held electronically and as paper copies. Staff we spoke with explained how they accessed current best practice guidance, and confirmed they followed, for example, NICE guidelines and current COVID-19 guidance. Data submitted to the National Ophthalmology Database provided annual comparators of clinical performance.

The patient access policy identified the management of referrals and admissions to the service and the responsibilities of Newmedica staff. The policy aimed to ensure fair and equal access to services and enabled the service to meet its obligations towards people with disabilities under the Equality Act (2010). People with specific needs or characteristics were identified at the initial referral screening process so that decisions could be made as to their required support and access needs. Staff confirmed that people with complex needs including the needs of people with a learning disability, mental health or dementia were always identified beforehand so that reasonable adjustments could be made.

Compliance against policy was monitored throughout the year using a corporate audit schedule. We reviewed completed audits and saw areas that required improvement were clearly identified and the system allowed the addition of action plans which were shared locally and corporately.

Nutrition and hydration

People could access nutrition and hydration facilities.

People had access to a tea and coffee machine which was based in the reception area and were offered bottled water and refreshments if required.

Pain relief

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

We found staff checked whether patients remained comfortable during their appointments. Patients were given information about their treatment and what action to take should they feel pain on discharge from the service.

Pain level was documented post-operatively. Pain management was not usually required so the clinic did not use pain scoring tools. Pain was discussed, as any pain is generally indicative of a problem requiring further intervention.

The patient pain score audit for September 2022 highlighted a 95% compliance with processes.

Surgery

Patient outcomes

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

Outcomes for patients were positive, consistent and met expectations, such as national standards. The service participated in relevant national clinical audits. For example, monthly submissions to the National Ophthalmology Database (NOD) for April 2021 to March 22 demonstrated patient outcomes well above national average at 99.91%.

Audit data was submitted corporately and shared with commissioners monthly. The annual schedule of clinical audits was described in the corporate policy and oversight was maintained corporately and locally.

Managers and staff carried out a comprehensive programme of repeated local audits to check improvement over time. These included for example, hand hygiene, consent, WHO safer surgery checklists and biometry quality audits. All audit results we reviewed showed high levels of compliance. Managers shared and made sure staff understood information from the audits.

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. The continuing development of staff skills and level of competence was integral to ensuring the delivery of high-quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice. Managers gave all new staff a full induction tailored to their role before they started work.

We reviewed the updated corporate performance and development review (appraisal) policy. This described the requirement for annual appraisals and regular feedback for all employed staff and bank staff were required to provide the date of their last appraisal from their substantive NHS employer.

All consultants had substantive NHS roles and had an annual whole practice appraisal at their NHS trust. They were required to provide evidence of their appraisal, scope of practice report, medical indemnity insurance, an enhanced disclosure and barring service (DBS) check, occupational health status and relevant specialist training.

Managers supported permanent staff to develop through yearly, constructive appraisals of their work. We reviewed an appraisal log for April 2021 to October 2022 which indicated appraisals were up to date with 100% compliance rates.

We found that bank staff undertook an appraisal after one year of employment. In addition to this bank staff had a monthly one to one meeting and complete a monthly reflection sheet.

We saw documented competencies and documentation for staff on probation with objectives identified. In addition, we observed that trainees worked under direct supervision of a consultant.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers made sure staff attended team meetings or had access to full notes when they could not attend.

We found that any instances of poor staff performance were address promptly. The service had in place an up to date policy for performance improvement.

Surgery

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit people undergoing surgery. They supported each other to provide positive care outcomes.

Staff of different disciplines worked together as a team to benefit people undergoing surgery. Staff supported each other to provide positive care outcomes and we found, for example, they worked flexible hours to accommodate the needs of people undergoing surgery.

Those responsible for delivering care supported each other to provide positive care outcomes and communicated effectively with other local agencies, for example sight loss charities using the effective practice guide to support people with sight loss. We also saw evidence of multidisciplinary working with local opticians and NHS services.

Seven-day services

Key services were available if required to support timely patient care.

Consultant ophthalmologist-led services were operational 8.30am to 5.30pm when open but did not open seven days per week, as the theatres at Brigg clinic were not operational every day for surgery.

Health promotion

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

The service had relevant information available for people to promote healthy lifestyles. The service provided information for people undergoing surgery including advice as to when people could drive or operate machinery, advice on wearing a plastic shield and about returning to work after surgery. People could access health information video clips on the service's website.

The service ensured that national priorities to improve the health of the general population were supported. This support included dementia champions, the creation of a dementia charter and information about falls, weight watching and smoking.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

The service had in place an up to date policy for consent and mental capacity. Staff gained consent from people for their care and treatment in line with legislation and guidance. The consent policy described consent as a two-stage process. We saw that the pre-operative / consent booklet specifically asked about the person undergoing surgery and capacity. People we spoke with told us they were provided with enough verbal and written information, to enable them to give informed consent.

Staff understood how and when to assess whether a person had the capacity to make decisions about their care. For example, all referrals were triaged by clinical staff and people were contacted to discuss any special requirements. Consultants completed mental capacity assessments and documented this on the consent form. People could bring carers to support them during consultations.

Staff training in dementia compliance and pre-assessment and consent audits were at 100%.

Surgery

Are Surgery caring?

Good 

We rated it as good

Compassionate care

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

Staff were discreet and responsive when caring for people undergoing surgery. Staff took time to interact with people and those close to them in a respectful and considerate way. The service has an up to date dignity in care policy. The service participated in the Dementia Friends initiative supported by the Alzheimer's Society, with designated staff acting as Dementia Champions.

We spoke with six people undergoing surgery during the inspection and each person was strongly positive about their experience, saying they had been well looked after. People said staff treated them with kindness and were helpful. The service shared an example from a recent staff one-to-one where a patient had expressed their gratitude for the way the staff member had handled an unanticipated health concern which had arisen for a diabetic patient. In another instance, the service shared an example of a profoundly deaf patient who received successful treatment to restore her sight after having been refused treatment by other ophthalmology providers.

People were happy with the service and facilities but were most pleased to have had their treatment quickly. Feedback obtained by the clinic from people who had undergone surgery showed that 99% of people were likely to recommend the service to friends and family.

Staff understood and respected the individual needs of each person undergoing surgery and showed understanding and a non-judgmental attitude when caring for or discussing people with mental health needs. Information was available to support people with visual impairment or in languages other than English, people requiring transport, and for people with autism needs.

Emotional support

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

Each person undergoing surgery we spoke with said they were treated with dignity and their privacy was respected. Staff gave people and those close to them help, emotional support and advice when they needed it. For example, one person told us, "My experience at the clinic was fantastic, and the staff looked after me, as I must have been the most nervous going, so it's thanks to them". Another patient said, "They made me feel relaxed and not stressed".

Staff understood and respected the personal, cultural, social and religious needs of people and how these may relate to care needs, for example religious music was available and was offered to people during their procedures, to help provide a calm environment and to help put people at ease. Chaperones were also available for people if they felt they needed additional support. Staff made sure that people did not leave the service unattended so that they were not put at risk.

Surgery

Understanding and involvement of patients and those close to them

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

Staff made sure people undergoing surgery and those close to them understood their care and treatment. Staff talked with people, families and carers in a way they could understand. Staff involved people in decisions about their care and treatment. A welcome video was available for patients and discharge information was given to patients. People we spoke with told us they felt fully informed about their treatment plans and arrangements for discharge.

People and their families could give feedback on the service and their treatment and staff supported them to do this. For example, by emailed satisfaction survey, friends and family questionnaire, comments on the social media page, NHS choices (search for the service and leave a review) and directly by freepost to the corporate Newmedica governance team. The service received a range of thank you cards from patients, with a consistently positive theme.

Satisfaction feedback was reviewed monthly by the service. People undergoing surgery gave consistently positive feedback about the service they received.

Are Surgery responsive?

Good 

We rated it as good.

Service delivery to meet the needs of local people

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

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

The location did not offer appointments at the Brigg clinic to patients with wet macular degeneration, or yttrium aluminium garnet (YAG) laser procedures. However, these services were available through a provider clinic located nearby to which patients were transported for treatment. The registered manager confirmed both services were to be launched in Brigg in 2023.

The registered manager actively encouraged a positive working relationship with other health providers in the local area. Newmedica were working with local ophthalmology and optometry services to address gaps in the services provided to people needing surgery. The service had commenced a “community post cataract surgery post-operative follow-up scheme” with optometry.

Meeting people's individual needs

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

Surgery

The service provided services for NHS, private-insured and self-funded people requiring surgery. People were referred to the surgeon of their choice where possible and according to their individual clinical needs. People were subsequently followed up in outpatients by the same surgeon. People could choose the day, date, and time when booking their procedure. This also applied to NHS patients.

The service supported people living with dementia and learning disabilities. An up to date policy for supporting people with dementia was in place. Where possible, appointment and treatment times were undertaken at a time suitable to people planning surgery and their carers. A dementia lead and dementia champions were in post and the service held fortnightly dementia care meetings.

Areas were accessible for people with limited mobility and people who used a wheelchair. Toilet facilities were available for people and their carers and relatives including those living with a disability.

Managers made sure staff, people expecting surgery, and carers could get help from interpreters or signers when needed. Pre-assessment staff identified individual needs including hearing, sight or language difficulties or disabilities. Translation services were available by telephone for people where English was not their first language. A poster displayed in different languages explained this.

The service had implemented the 'you said, we did' approach to service adjustments to meet the needs of people. We found several changes following up response to peoples' feedback including additional phone lines to reduce line blocking and external signage to help people find the service location.

Access and flow

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

People were referred to Newmedica from local NHS services, GPs or community optometrists. All bookings were made through the central booking system before being allocated to each Newmedica location dependent on the person's postcode. The head of clinical services then triaged the person requiring surgery based on information gathered at the booking stage. The registered manager allocated more complex cases directly to the consultant surgeon. A current policy for patient access was in place.

The service planned through local commissioners to treat people who had encountered a long waiting list for NHS services within the North Lincolnshire area. The registered manager told us that there had been a 10 to 12-week delay to treat people, but this had reduced to 7 to 10 weeks recently, remaining well within the national 18-week referral to treatment guidelines. However, the service planned to reduce the backlog further by introducing out-of-hours clinics. We were informed an upgraded electronic system was due to be implemented which would enhance further the way bookings were processed.

The service had in place a local policy for managing clinic cancellations and those who did not attend clinic appointments. If people had their appointments cancelled at short notice, managers ensured the appointment was rearranged as soon as possible and within national targets and guidance. Managers and staff worked to ensure patients did not stay longer than needed. Staff supported patients when they were referred or transferred between services. People we spoke with told us how they had appreciated the minimal waiting and turnaround times the service had achieved.

Surgery

Learning from complaints and concerns

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

The service displayed information clearly in clinical areas about how to raise a concern. A guide to making comments and complaints was also available on the provider's web site, to help people to raise their comments or complaints and provides information on how to report comments, concerns and complaints. The guide signposted NHS and self-pay patients to the next steps should they remain dissatisfied with the response they received from the service.

An up to date complaints policy was in place. Staff understood the policy on complaints and knew how to handle complaints. Staff knew how to acknowledge complaints and people received feedback from managers after the investigation into their complaint.

According to the service's complaints report 2021-2022, the service received 1 formal and 6 informal complaints. Compared with the total activity for the year of 20,763 this represented a formal complaints rate of 0.03%. We found that complaints were acknowledged within an appropriate timeframe. We reviewed three complaint documents and found that each was managed in accordance with policy. We found appropriate actions were taken and learning from complaints was identified and implemented. Managers shared feedback from complaints and compliments with staff and learning was used to improve the service.

The provider was a members of the Independent Sector Complaints Adjudication Service (ISCAS), a nationally recognised organisation in the management of complaints in the independent health sector and followed their code of conduct.

Are Surgery well-led?

Good 

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 people undergoing surgery and staff. They supported staff to develop their skills and take on more senior roles.

The provider met the Fit and Proper Persons Requirement (FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014). This regulation ensures that directors are fit and proper to carry out this important role.

The service operated as a joint venture model and was supported by New Medical Systems Limited corporate management team, which included a medical advisory committee (MAC). A poster showing the organisational structure was displayed in the clinic. The service was partner led by four consultant ophthalmologists and the operational director, who was also the registered manager. The senior leaders had extensive healthcare management and clinical leadership experience. The senior management team received Insights managerial training to assist with team building and managerial development. The management team covered the Newmedica clinics based at Brigg and Grimsby.

Surgery

Each member of staff we spoke with felt the leadership team ‘really cared’. They said leaders were visible, proactive and supportive. Leaders we spoke with said staff were encouraged to speak up. Team brief included what went well and what could be improved. The flat structure meant staff could go directly to Newmedica corporate and for medical staff the medics, and the medical advisory committee.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with 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.

Managers we spoke with described their plans for the service. The provider’s vision (Newmedica) was supported by a local vision which focussed on the role of ‘patients, people and partners’ which was displayed in the public waiting area. The registered manager stated that the local vision was supported by the overarching provider strategy and staff we spoke with understood the organisational vision.

The service used a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against strategy and plans. New Medical Systems, including Newmedica Brigg held an annual meeting with the service to discuss and plan the five year-strategy and local planning supported this approach.

The strategic approach provided flexibility for the service to accommodate the variations and differing needs of the local area. The vision was developed with the involvement of patient groups, including the patient partnership group. Local optometrists formed part of a long-term partnership. Newmedica Brigg planned to expand their services to include wet macular degeneration to address an identified shortfall in Lincolnshire and the surrounding area. Newmedica Brigg were also seeking to expand their operational days from three days a week to five days per week.

Culture

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

Managers worked to ensure the service had a positive ‘no blame’ culture with a good team spirit. Staff we spoke with including medical staff said they enjoyed coming to work and found it refreshing. Staff stated they appreciated working for Newmedica as it was a close-knit team with an ethos of working well together. Each member of staff felt comfortable and confident in managing their workload and in approaching a manager if they had concerns. We found that staff were enabled to speak up. Whistleblowing was supported and staff spoke well of the way a recent whistleblowing had been handled by managers.

Staff recognised communication at all levels was paramount and endeavoured to keep people attending for surgery well-informed. The service referred to them as ‘people’ rather than ‘patients’. People we spoke with attending for surgery told us they felt they could raise any concerns with staff.

In the staffing area we found evidence of health and wellbeing measures to support staff. Staff could access ‘WeCare’ which provided guidance and assistance with health, mental health, wellbeing, financial assistance and legal support. A ‘ride to work’ initiative was in place and free eye care vouchers were available for staff.

Surgery

The service had in place a current policy for being open and duty of candour. Each corporate policy we reviewed included a completed quality impact assessment. Equality, diversity and human rights was included in the mandatory training modules which staff had completed.

Governance

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

The service governance arrangements were clearly described in the corporate governance structure and processes policy. The service used the 7 pillars of clinical governance including clinical effectiveness, risk management, patient and public involvement, audit, staff management, education and training, and information governance and managers explained how this linked with safety arrangements for the governance of the service.

The service had in place a range of policies, protocols and standard operating procedures to support the delivery and governance of services. The service was supported by New Medical Systems corporate medical advisory committee, which met monthly and reported clinical matters to the board. The quality management committee dealt with operational standards and other supporting bodies in place included the theatre practitioner's forum and Partner Forum. These groups met to address governance matters relating to the review of complaints, clinical incidents, audit activities and the provision of potential new services. Outcomes were shared electronically as a "MAC bulletin" alert and were added to the electronic system accessed by all Newmedica staff.

Standardised pathways were based on guidance issued by the Royal College of Ophthalmology. Other sources of guidance included the NHS and National Institute for Health and Care Excellence (NICE). NICE guidance was an agenda item on the provider's medical advisory committee meetings.

We reviewed the governance report for Brigg for the most recent 12 months which included a dashboard of performance reflecting a high level of compliance. An annual quality report was prepared for Newmedica. Staff told us monthly team meetings provide an opportunity for staff to speak openly and these were documented. Training compliance, and referral to treatment times were monitored on a monthly basis. Typically discussed were patient feedback, training compliance, incidents, audit activities, operational business and minutes from corporate meetings. Weekly reports monitoring wait times, incomplete appointments, and patient feedback were undertaken. A clinical and operational team brief was conducted at the commencement of each working day which reflected the 5 domains.

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 service maintained an up to date risk management policy with risk management processes linked to the governance structure. We found current relevant risks were recorded on the risk register. Risks were graded according to severity using a risk scoring system and had been reviewed in October 2022. The risk register was reviewed at the medical advisory committee and risks were discussed at quality management committees and partner meetings.

Actions from the risk register were linked to audit. A full audit plan for the year was in place and reflected the audit requirements of the wider Newmedica group. Audit results were presented to staff at departmental meetings. Individual areas for focus were highlighted with general findings and learning that had taken place.

Surgery

The service had in place an up to date business continuity and recovery plan (BCP) which covered all areas of continuity in the event of service failure. The BCP was comprehensive and accessible to the appropriate staff.

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.

Key operational information was accessible to staff, including policies and minutes of meetings, health records, referrals and diagnostic results. The appointment booking system was electronic and uploaded from a paper appointments record. This meant staff could still access theatre lists and clinic appointments in the event of IT system failure.

Files for people undergoing surgery were colour coded to ensure staff could identify whether they were undergoing surgery for the first or second time (alternate eyes). Discharge letters and communications to referrers were sent electronically within two days of treatment.

The service submitted data to external organisations. Staff accessed ophthalmology resources on-line including the national ophthalmology database. The service used information to measure improvement. Notices of actions to address patient safety, quality and compliance information were notified regularly to the service through accessible information bulletins.

The information governance committee was responsible for information security. Staff completed mandatory data security awareness training and the service achieved high compliance rates for local information security audits.

Engagement

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

The service engaged well with people undergoing surgery, staff, the public and NHS organisations to plan and manage appropriate services and collaborated with partner organisations effectively. It developed services with participation of people and staff and demonstrated a commitment to act on feedback. The provider's strategy included a focus on building long term partnerships with stakeholders, which included local NHS hospital and community organisations.

A policy for monitoring patients' views was in place. Managers were visible and approachable in the service and encouraged people to express their views and opinions face to face. The service received a range of thank you cards from patients, with a consistently positive theme. We found that the service facilitated a well-established patient participation group with the local community to provide an opportunity for people to meet staff and to discuss their experience of using the service and to discuss practice issues to help improve the service. People could obtain advice and gain feedback. The organisation's website provided a wide range of information about the referral process, clinical services available and how to leave feedback.

Each member of staff we spoke with told us managers engaged with them and were very supportive. Staff said they were encouraged to voice their opinions and speak with managers if they had any concerns. They told us they felt appreciated by their clinical colleagues and service managers. Each member of staff was encouraged to submit a monthly reflection sheet. The service arranged team gatherings for staff quarterly.

Surgery

Newmedica had in place a resource for staff which included information to support wellbeing, and continuous professional development. Events were held for staff on an annual basis and there was a peer voted “star of the month”. The winner received a bonus and all the anonymous cards nominating them with the feedback. An external engagement support survey showed that the service has scored 8.5 out of 10 for employee engagement.

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. Leaders encouraged innovation and participation in research.

The service closed one day each month, for a whole team meeting. The designated ‘all stop’ day had no clinical commitments in order to focus on local staff meetings and training. At the most recent one stop day, there had been a jelly eye team training session at staff request. The next one stop meeting was to feature Pilates for staff. Planned training sessions were delivered by the training lead and learning seminars were presented by clinicians. The day was also used as an opportunity to discuss local policies to help embed learning. An in-service trainer programme was also available for staff development.

Learning from a previous inspection had resulted in a more in-depth governance structure being implemented. Local electronic file storage was used to promote inclusion and dissemination of news and events and additional patient engagement of ‘You Said, We Did’ and of patient participation groups.






We found examples of patient engagement which supported service improvement. Patient participation group meetings were used to inform patients as to the cataract pathway, for example; information and advice was provided and feedback on the service gained. Staff told us the service used these groups to provide a ‘sense check’ that the service was meeting the needs of the local community.

Newmedica Brigg worked with an external research agency on a project involving people undergoing surgery through research panels and patient groups, to gather patient experience of the NHS cataract pathway. Research projects investigated new treatments including artificial intelligence related developments and supported mental health and well-being.

We found the service had facilitated a range of fundraising events including a marathon challenge, brain tumour research exercise challenge, bake for dementia; glaucoma awareness week bake sale and ‘dye your hair for dementia’. This demonstrated the commitment of all staff to innovation and improvement.

Other examples of learning, continuous improvement and innovation were shared by the service along with the provider’s 5-year improvement strategy focusing on people, quality and looking to improve the sector.

Outpatients

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

Are Outpatients safe?

Good 

We rated it as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff.

There was a corporate policy for training, experience and qualifications of staff, which applied to all permanent and bank staff employed at the service. The mandatory training was comprehensive and met the needs of patients and staff. For example, staff completed training on recognising and responding to patients living with dementia. Staff accessed training online, with some face to face practical skills sessions.

Training records were uploaded on to an electronic database and compliance was monitored corporately and locally.

Consultants received and kept up to date with their mandatory training. Managers we spoke with explained consultants with substantive NHS roles attended mandatory training at their NHS trust, and this was monitored corporately through the appraisal process and at review of practising privileges.

All permanent staff received and kept up to date with mandatory training. Newmedica were proactive in ensuring training was completed before it expired. We found that if staff were not 100% compliant in their mandatory training, they were not able to work clinically at Newmedica.

Training compliance data we reviewed for October 2022 showed 99% compliance by permanent employees, against an annual target of 95% and 98% compliance by bank staff.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Outpatients

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse and could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

The service had an up to date safeguarding and chaperone policies in place, which contained references to appropriate legislation and best practice guidance.

Staff received training specific for their role on how to recognise and report abuse. Compliance for children and adult safeguarding training for permanent staff was 100% for the year against a corporate target of 100%.

There was an up to date policy for PREVENT (extremism and radicalisation awareness online training) in place. The service had a named safeguarding and PREVENT lead trained to level three. The registered manager told us they shared the safeguarding lead role and had been trained to level three, in accordance with the intercollegiate document guidance. All staff we spoke with were clear who the named lead was.

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.

There was an up to date policy in place for infection prevention and control.

Staff followed infection control procedures including the use of personal protective equipment (PPE). Supplies of PPE items including disposable aprons and gloves were available and these items were being used. Antimicrobial hand-rub dispensers were provided at the reception desk and in each room. Staff washed their hands between each patient or procedure.

Clinic areas were clean, with suitable furnishings which were clean and well-maintained. We noted that flooring and chairs were made from easy clean materials. Storage facilities were also clean and well maintained. Protocols and measures were introduced as part of the service's response to the pandemic included arrival assessments and temperature checks.

Cleaning audits were undertaken on a monthly basis and showed a compliance rate of 98% in October 2022.

Staff followed infection control principles including the use of personal protective equipment (PPE). We observed staff complied with 'bare arms below the elbows' policy, in accordance with National Institute for Health and Care Excellence (NICE) guidance.

Hand Hygiene audits were up to date and demonstrated staff were consistently 100% complaint.

There had been no instances of endophthalmitis. Endophthalmitis is inflammation of the interior cavity of the eye, usually caused by infection. It is a possible complication of all intraocular surgeries, particularly cataract surgery, and can result in loss of vision or loss of the eye itself.

Outpatients

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 full service opened in 2021 and although not purpose built, the premises met the requirements for accessibility for all service users. All clinical areas were in good order.

There was an up to date fire safety and evacuation policy. All fire extinguisher appliances inspected had been serviced within an appropriate timescale. Fire exits and corridors were clear of obstructions. The registered manager was responsible for the day to day management of fire safety. The service undertook fire safety drills once per month. Records showed this was up to date. A fire safety audit took place in June 2022 and showed 95% compliance rates.

The service had suitable facilities to meet the needs of patients' families. There were three outpatient clinical rooms. There was an assisted toilet for patients living with a disability.

There was an asset register in place with an associated up to date policy for equipment care which include routine maintenance checks. The service had enough suitable equipment to help them to safely care for patients.

The service had an up to date policy for decontamination. There were clear instructions for the decontamination of re-usable pieces of equipment.

Managers could access funds for equipment replacement as and when required.

Staff disposed of clinical waste safely.

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.

There was an up to date medical emergencies policy in place at the service. There was a protocol in place for urgent and emergency transfer of patient care. Staff knew about and dealt with any specific risk issues.

All staff that join Newmedica receive BLS (Basic Life Support training) as part of their induction and mandatory training. All theatre staff received immediate life support (ILS) training.

The service previously had access to a shared resuscitation trolley with a GP practice within the same building. Following an audit, actions were put in place to order a new resus trolley so that that service had its own emergency equipment. We saw that the emergency trolley was equipped in accordance with Resuscitation Council UK guidelines for the management of medical emergencies. The resus officer was the lead for all matters pertaining to the provision of training, the standardisation of equipment and audit. The resus officer was the director of operations and governance.

Oxygen was provided via portable cylinders and used in accordance with resus guidelines.

As part of the services daily recorded checks by a clinical team member ensured that the resuscitation trolley was properly equipped, and the portable defibrillator was fully functional should it be needed.

Outpatients

We saw that patients referred into the service were individually risk assessed (triaged) by a clinician. There was a corporate policy in place which described specific criteria for patients to be returned to the referrer. For example, patients who had complex needs and required a general anaesthetic, were redirected to the NHS trust.

Staff completed assessments for each patient on arrival to check they were able to have treatment. Diagnostic tests on the patients' eye were completed at the initial appointment to check they were suitable for surgery. The results were shared with the consultant in charge of the patients' care who then made the final decision on their suitability.

Pre-assessment of patients was conducted face to face and staff conducted follow-up telephone calls after discharge home. If patients could not be contacted after two attempts, there was a process in place to ensure the referrer and patient were contacted by letter.

We obtained two patients consent to observe in a follow-up consultation and saw staff introduced themselves and three points of patient identification were checked before commencing the follow-up.

Patients were given instructions to follow and a contact telephone number to call, should they have any concerns. This diverted to an emergency contact number out of hours.

Staffing

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

The service had enough nursing, medical and support staff to keep patients safe.

The service was consultant ophthalmologist led. All patients were admitted under a named, validated consultant with practising privileges. The term 'practising privileges' means medical practitioners not employed directly by the service but approved to practise there.

At the time of inspection, there were 10 consultants with practising privileges. All Consultants held practising privileges and were on the GMC specialist register.

The registered manager could adjust staffing levels daily according to the needs of patients. Actual staffing numbers matched planned numbers. The service offered pre-booked appointments to patients which allowed for effective planning of staffing, to meet clinical needs.

The service had no current staff vacancies, low sickness rates and low turnover of 2 to 3%.

Managers made sure all bank and agency staff had a full induction and understood the service.

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.

The service had a patient records policy, referenced to general data protection regulations (GDPR) and data protection act 2018.

Outpatients

Patient notes were comprehensive. For example, we saw an integrated cataract pathway document, which covered administration and bookings, pre-operative assessment, consultant assessment, consent, operation notes, prescribed medicines and follow up arrangements.

Records were on paper and staff could access them easily.

Records were audited monthly and benchmarked against other Newmedica providers. Compliance scores were high.

We reviewed three outpatient patient records. They were detailed, with appropriate risk assessments and care plans. Records were stored securely when not in use.

Medicines

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

A medicines management policy was in place and had been recently reviewed. Storage and disposal of medicines was appropriate. Sharps were disposed of correctly. Consultants prescribed in line with policy and had to seek approval from a director to sign out medicines. Prescription books were stored securely, and prescriptions signed out appropriately. They service did not hold any controlled drugs.

We saw that a medicines management audit had been undertaken in September 2022 and noted compliance with a medium compliance outcome against internal audit grading. When issues were identified in the audit, an action plan was put in place to address these issues.

We saw staff competency documents for administration of eye drops under patient group directions (PGDs). PGDs allow appropriately trained, nominated healthcare professionals to supply and administer specified medicines to pre-defined groups of patients without a prescription.

Cylinder oxygen was stored securely on the emergency equipment trolley.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

We saw diligent recording of medicine fridge temperatures.

Incidents

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

The service had not had any never events. Never Events are serious, largely preventable safety incidents that should not occur if the available preventative measures are implemented.

Staff reported serious incidents clearly and in line with the service's policy. They were open and transparent and gave patients and families a full explanation when things went wrong.

Outpatients

Staff we spoke with knew what incidents to report and how to report them on the electronic incident reporting system.

Staff raised concerns and reported incidents and near misses in line with the provider's incident reporting policy.

Staff reported 10 incidents in the last 12 months. Eight incidents were graded low harm and two graded no harm. Managers debriefed and supported staff afterwards. Managers investigated the incident thoroughly and the patient was involved in the investigation.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong. The service recorded a duty of candour log, to monitor compliance with each stage of the process. We saw that duty of candour had not been required over a period of 12 months.

Staff received feedback from investigation of incidents. Investigations were also reviewed externally to ensure a 'fresh eyes' approach.

Staff met at monthly departmental team meetings to discuss the feedback and look at improvements to patient care. The meeting minutes were shared afterwards with all appropriate staff.

Are Outpatients effective?

Inspected but not rated 

We do not currently rate effective in outpatients

Evidence-based care and treatment

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

Staff followed up to date policies to plan and deliver high quality care according to best practice and national guidance. Policies were cascaded from the corporate team and held locally on computer and in files as hard copies. Staff we spoke with knew how to access them.

Clinical policies we reviewed were referenced to best practice guidance, for example Royal College of Ophthalmologists guidance and NHS England guidance.

Compliance against policy was monitored throughout the year using a corporate audit schedule. Audits were completed on an electronic platform. We saw areas that required improvement were clearly identified and the system allowed the addition of action plans which were shared locally and corporately.

Staff we spoke with explained how they accessed the most current best practice guidance online and intranet, for example NICE guidance and up to date COVID-19 guidance.

Nutrition and hydration

Patients had access to hydration facilities.

Outpatients

Patients had access to a tea and coffee machine which was based in the reception area. Patients were also given bottled water if required.

Pain relief

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

Patients received eye drops but no pain management drugs. Assessments undertaken within outpatient appointments were generally not painful, but staff informed us they would monitor and ask patients if they felt any discomfort. Patients we spoke with confirmed they had not needed pain relief.

We found staff checked whether patients remained comfortable during their appointments. Patients were given information about their treatment and what action to take should they feel pain on discharge from the service.

Pain score audit for September 2022 highlighted a 95% compliance with processes.

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. For example, monthly submissions to the National Ophthalmology Database (NOD) for April 2021 to March 22 demonstrated patient outcomes well above national average at 99.91%.

The annual schedule of clinical audits was described in the corporate policy and oversight was maintained corporately and locally.

Outcomes for patients were positive, consistent and met expectations, such as national standards.

Audit data was submitted corporately and shared with commissioners monthly.

Managers and staff carried out a comprehensive programme of repeated local audits to check improvement over time. These included for example, hand hygiene, consent, WHO safer surgery checklists and biometry quality audits. All audit results we reviewed showed high levels of compliance.

Managers shared and made sure staff understood information from the audits.

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. The continuing development of staff skills and level of competence was integral to ensuring the delivery of high-quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice.

Outpatients

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

We reviewed the updated corporate performance and development review (appraisal) policy. This described the requirement for annual appraisals and regular feedback for all employed staff and bank staff were required to provide the date of their last appraisal from their substantive NHS employer.

All consultants had substantive NHS roles and had an annual whole practice appraisal at their NHS trust. They were required to provide evidence of their appraisal, scope of practice report, medical indemnity insurance, an enhanced disclosure and barring service (DBS) check, occupational health status and relevant specialist training.

Managers supported permanent staff to develop through yearly, constructive appraisals of their work. We reviewed an appraisal log for April 2021 to October 2022 which indicated appraisals were up to date with 100% compliance rates.

We found that bank staff undertook an appraisal after one year of employment. In addition to this bank staff had monthly one to one meeting and complete a monthly reflection sheet.

We found documented competencies and probationary documentation with objectives identified. In addition, we observed that trainees worked under direct supervision of a consultant.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

We found that poor staff performance was addressed promptly. The service had an up to date policy for performance improvement in place.

Multidisciplinary working

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

Staff of different disciplines worked together as a team to benefit patients. Staff supported each other to provide good care and flexed their working hours to accommodate the needs of patients.

Seven-day services

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

Consultant ophthalmologist-led services were operational 8.30am to 5.30pm when open but did not open seven days per week, as they did not have activity every day. At the time of the outpatient's inspection, there was only a pre-assessment clinic occurring. Each patient had a 30-minute slot to complete all necessary checks.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support. For example, patients could access informational video clips on the service's website.

Outpatients

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

The service had an up to date policy for consent and mental capacity.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The consent policy described consent as a two-stage process. We saw that the pre-operative / consent booklet specifically asked about the patient and capacity.

Patients we spoke with told us they were provided with enough verbal and written information, to enable them to give informed consent.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. For example, all referrals were triaged by clinical staff and patients were contacted to discuss any special requirements. Consultants completed mental capacity assessments and documented this on the consent form. Patients could bring carers to support them during consultations.

We saw that staff training in dementia compliance rate was 100%.

Are Outpatients caring?

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.

Patient feedback highlighted that 99% of patients were likely to recommend the service to friends and family.

The service has an up to date dignity in care policy.

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. For example, the service participated in the Dementia Friends initiative supported by the Alzheimer's Society, with designated staff acting as Dementia Champions.

We spoke with six patients during the inspection. All said staff treated them with kindness and were helpful. One patient said, felt valued, happy with the service and facilities but was most happy to have had the treatment quickly.

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.

Outpatients

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs, for example religious music was available and was offered for patients during their procedures, to help provide a calm environment and to help put patients at ease.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. For example, one patient said, “my experience at the clinic was fantastic, and the staff looked after me, as I must have been the most nervous going, so it’s thanks to them”. Another patient said, “made to feel relaxed and not stressed”.

All patients we spoke with told us that they were treated with privacy and dignity.

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. Staff made sure that patients did not leave the service unattended so that they were not put at risk.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment.

Staff talked with patients, families and carers in a way they could understand. A welcome video was available for patients and discharge information was given to patients.

Staff involved patients in decisions about their care and treatment. Patients we spoke with told us they felt fully informed about their treatment plans and arrangements for discharge.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. For example, by emailed satisfaction survey, friends and family questionnaire, comments on the social media page, NHS choices (search for the service and leave a review) and directly by freepost to the corporate Newmedica governance team. Satisfaction feedback was consistently positive. It was reviewed monthly by the service and quarterly corporately.

The service received a range of thank you cards from patients, with a consistently positive theme. Patients gave positive feedback about the service. One patient stated, “staff were kind and happy but professional”.

Are Outpatients responsive?

We rated it as good.

Outpatients

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.

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

The service set aside one day a month as an 'all stop' day with no clinical commitments in order to focus on staff meetings and training. At the last one stop day, there had been training at staff request using the 'jelly eye'. The next one stop meeting was Pilates for staff.

The location did not offer appointments at the Brigg clinic to patients with wet macular degeneration, or yttrium aluminium garnet (YAG) laser procedures. However, these services were available through a provider clinic located nearby to which patients were transported for treatment. The registered manager confirmed both services were to be launched in Brigg in 2023.

The registered manager worked hard to promote a positive working relationship with other health providers in the area. Newmedica were working with local ophthalmology and optometry services to bridge the gaps in the services provided to patients. They had commenced a "community post cataract surgery post-operative follow-up scheme" with optometry.

Facilities and premises were appropriate for the services being delivered.

The service was near a public car park which provided free parking spaces, there was limited onsite parking.

Managers monitored and took action to minimise missed appointments.

Managers ensured that patients who did not attend appointments (DNA) were contacted. If a patient DNA an appointment twice, they were subsequently discharged back to the care of their GP.

The service provided free minibuss transport to assist patients attend their appointments. There was an up to date transport policy in place which included insurance requirements, patient eligibility in relation to mobility needs and IPC / PPE requirements.

Meeting people's individual needs

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

The service provided services for NHS, private-insured and self-funded patients. Patients were referred to the surgeon of their choice where possible and according to their individual clinical needs. Patients were then followed up in outpatients by the same surgeon. Patients could choose the day, date, and time when booking their procedure. This also applied to NHS patients.

We were advised that Newmedica Brigg were reactive to the referrals increasing through monitoring processes and the proactive planning of care.

Outpatients

There was an up to date policy for supporting patients with dementia in place. Staff supported patients living with dementia and learning disabilities. Where possible, appointment and treatment times were undertaken at a time suitable to patients and carers. There was a dementia lead and dementia champions in post and the service held fortnightly dementia care meetings.

Areas were accessible for patients with limited mobility and people who used a wheelchair. Toilet facilities were available for patients, carers and relatives including those living with a disability.

Managers made sure staff, patients, and carers could get help from interpreters or signers when needed. Pre-assessment staff identified individual needs such as hearing, sight or language difficulties or disabilities. Translation services were available by telephone for patients where English was not their first language. There was a poster displayed in different languages to explain this.

The service had implemented the 'you said, we did' approach to service adjustments to meet the needs of patients. We saw several changes following patients' feedback such as, additional phone lines to reduce line blocking and external signage to help patients find the location.

Access and flow

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

Patients were referred to Newmedica via the local trust, community optometrists or GPs. All bookings were made via the central booking system then allocated to each Newmedica location dependent on patient postcode. The head of clinical services would then triage the patients based on the information gleaned at the booking stage to allocate priority. The manager would allocate more complex cases directly to the consultant surgeon.

A new computerised system was due to be launched which would improve the way bookings were handled. The current system was somewhat cumbersome. For instance, text reminders could be sent but needed to be activated manually and individually. The new system could do this in bulk and automatically.

The service planned through local commissioners to treat patients who were encountering long waiting lists for NHS services within the North Lincolnshire area. The registered manager told us that there had been a 10 to 12 week delay to treat patients, but this had reduced to 7 to 10 weeks recently. This was within the 18-week referral to treatment (RTT) guidelines.

There were no extra clinics in the out of hours period or at weekends to manage any backlog. However, the registered manager told us there were plans to reduce the backlog going forward.

When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance.

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

Staff supported patients when they were referred or transferred between services.

Outpatients

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.

There was an up to date complaints policy in place.

The service clearly displayed information about how to raise a concern, in patient areas. There was also a guide to making comments and complaints on the provider's web site, which could be downloaded. This signposted NHS and self-pay patients to the next steps should they remain dissatisfied with the response from the service.

Staff understood the policy on complaints and knew how to handle them.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. According to the service's complaints report 2021-2022, the service received three formal complaints. We saw that these were completed within an appropriate timeframe. We reviewed three complaint documents and saw all were managed in accordance with policy.

We saw actions taken and learning from complaints implemented.

The service had received 194 compliments between December 2021 and September 2022. Managers shared feedback from complaints and compliments with staff and learning was used to improve the service.

Are Outpatients well-led?

Good 

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. They supported staff to develop their skills and take on more senior roles.

The provider met the Fit and Proper Persons Requirement (FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014). This regulation ensures that directors are fit and proper to carry out this important role.

A poster showing the organisational structure was displayed. The service was partner led by four consultant ophthalmologists and the operational director, who was also the registered manager. The senior leaders had extensive healthcare management and clinical leadership experience. The senior management team received Insights managerial training to assist with team building and managerial development.

The service operated as a joint venture model and was supported by New Medical Systems corporate management team, which included a medical advisory committee (MAC).

Outpatients

All staff we spoke with considered the leadership team to be visible. For example, they attended departmental meetings, regularly walked round the service and spoke with patients and staff.

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.

Managers we spoke with described their plans for the service. The providers vision was supported by a local vision which focused on the role of 'patients, people and partners' which was displayed in the service. The registered manager stated that the location vision was supported overarching provider strategy. This allowed the service to accommodate the variations and differing needs of the locality.

There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against strategy and plans. New Medical Systems, including Newmedica Brigg had an annual meeting to discuss and plan their five-year strategy. However, the registered manager stressed that there was an increased focus on the one-year plan which was managed operationally.

Newmedica Brigg plan to expand their services to include wet macular degeneration as there was a disparity of availability in Lincolnshire and surrounding areas. Newmedica Brigg were also seeking to expand their operational days from three days a week to five days per week.

Staff we spoke with understood the organisational vision and we saw this displayed in the public waiting area.

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.

All corporate policies we viewed included a completed quality impact assessment.

Equality, diversity and human rights was included in the mandatory training modules.

We spoke with three members of staff who all stated that they loved working for Newmedica and that the 'family feel' of the location was the reason why they liked it so much.

All staff felt confident and comfortable to approach a manager if they had concerns relating to the service. Managers worked to ensure the service had a positive culture.

Patients we spoke with told us they felt confident and comfortable to raise any concerns with staff.

We saw evidence of staff health and wellbeing measures in the staffing area. Staff had access to 'WeCare' which provided guidance and assistance with health, mental health, wellbeing, financial assistance and legal support. There was also a 'ride to work' initiative and free eye care vouchers for staff.

Outpatients

An online app was available to staff to support mental wellbeing, help people stress less, increase focus, and sleep better.

Governance

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

There was a corporate policy for safer recruitment and staffing.

The service had a range of policies, protocols and standard operating procedures to support the delivery of services. There were standardised pathways based on guidance issued by the Royal College of Ophthalmology. Other sources of guidance included the NHS and National Institute for Health and Care Excellence (NICE). NICE guidance was an agenda item on the provider's medical advisory committee meetings.

The service governance structure and arrangements were clearly described in the corporate governance structure and processes policy. The service was supported New Medical Systems corporate MAC, which met monthly. There was a Quality Management Committee; Information Governance Committee; Theatre Practitioners Forum and Partner Forum. These meetings included, for example, review of complaints, clinical incidents, audit activities and the provision of potential new services. The outcomes were shared electronically as a "MAC bulletin" alert, as well as being added to an electronic system for all Newmedica employees to access.

Weekly reports monitoring wait times, incomplete appointments, and patient feedback were undertaken. Training compliance, and referral to treatment times were monitored on a monthly basis.

There was a corporate policy in place for management of consultant practising privileges. Review included General Medical Council (GMC) registration, appraisals, indemnity insurance, and disclosure and barring service checks. The MAC reviewed all applications.

Staff met monthly at the team meeting. They discussed, for example, patient feedback, training compliance, incidents, audit activities, operational business and minutes from corporate meetings.

The provider was a member of the Independent Sector Complaints Adjudication Service (ISCAS), a nationally recognised organisation in the management of complaints in the independent health sector and followed their code of conduct.

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. All managers contributed to decision-making to help avoid financial pressures compromising the quality of care.

The service had an up to date risk management policy. We saw that there were six relevant risks on a risk register. All risks were RAG rated accordingly and last reviewed in October 2022. The COVID-19 pandemic was recorded as high risk with mitigation factors recorded.

Outpatients

The service had an up to date business continuity and recovery plan (BCP) which covered all areas of continuity in the event of service failure. The BCP was comprehensive and accessible to the appropriate staff.

There was a full audit plan for the year. These audit plans were in line with the wider group requirements. Audit results were presented to staff at departmental meetings. Individual areas for focus were highlighted with general findings and learning that had taken place.

Information Management

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

Important information such as policies and minutes of meetings were accessible to all staff.

Health records, referrals and diagnostic results were held on paper. The appointment booking system was electronic and uploaded from a paper appointments record. This meant staff could still access theatre lists and clinic appointments in the event of IT system failure.

Patient files were colour coded to ensure staff could identify if the patient was undergoing surgery for the first or second time (alternate eyes).

Staff completed mandatory data security awareness training and the service achieved high compliance rates for local information security audits.

Discharge letters and communications to referrers were sent electronically within two days of treatment.

The service submitted data to external organisations, for example, the National Ophthalmology Database (NOD).

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.

The service engaged well with patients, staff, the public and NHS trusts to plan and manage appropriate service and collaborated with partner organisations effectively. It developed services with participation of staff and patients and demonstrated commitment to acting on feedback.

We saw that the service undertook patient participation groups. Meetings were held with the local community to educate patients on the cataract pathway, take questions, provide advice and information and gain feedback.

The service's website provided a wide range of information about the referral process, clinical services available and how to leave feedback.

Managers were visible in the departments, which provided patients and visitors with opportunity to express their views and opinions face to face. The service received a range of thank you cards from patients, with a consistently positive theme.

Outpatients

An external engagement support survey showed that the service has scored 8.5 out of 10 for employee engagement.

Newmedica had an electronic folder for staff which included information for staff wellbeing, continuous professional development, policies and procedures.

Events were held for staff on an annual basis and there was a peer voted “star of the month”. The winner receives a financial bonus and all the anonymous cards nominating them with the feedback.

Staff we spoke with told us managers engaged with them and were very supportive. Staff said they were encouraged to voice their opinions and speak with managers if they had any concerns. They told us they felt appreciated by their clinical colleagues and service managers.

The provider’s strategy included a focus on building long term partnerships with stakeholders, which included local NHS hospital trusts and community.

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. Leaders encouraged innovation and participation in research.

The service closed one day every month, for a whole team meeting. This included planned training sessions from the training lead and learning seminars presented by clinicians. This was also used as an opportunity to discuss local policies to help embed them more effectively.

Learning from a previous inspection had resulted in a more in-depth governance structure being implemented; local electronic file storage to promote inclusion and dissemination of news and events; and additional patient engagement of ‘You Said, We Did’ and Patient Participation Groups.

We found examples of patient engagement which supported service improvement, for example, we saw that the service undertook patient participation groups. Meetings were held to educate patients on the cataract pathway, patient questions were discussed, information and advice provided and feedback on the service gained. The service used these groups to provide a ‘sense check’ that the service was meeting the needs of the local community.

Newmedica Brigg worked with an external research agency on a project working with patients through research panels and patient groups, to gather patient experience of the NHS cataract pathway.

We saw that the service had undertaken numerous fundraising events such as a marathon challenge; brain tumour research exercise challenge; a bake for dementia; glaucoma awareness week bake sale; and ‘dye your hair for dementia’.

Other examples of learning, continuous improvement and innovation were shared by the service along with the provider’s 5-year improvement strategy focusing on people, quality and looking to improve the sector.