

Optegra UK Limited

Optegra London

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

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

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating

Good



Summary of each main service

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

Outpatients

Good



The main service was surgery. Where arrangements were the same for outpatients, we have reported the findings in the surgery section. We do not repeat the information but cross-refer to the surgery service. Our rating of this service improved. 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 and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
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Summary of findings

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Summary of this inspection

Background to Optegra London

Optegra London provides cataract surgery for adults under the NHS patient pathway on behalf of the local integrated care board (ICB). The ICB was formerly known as the clinical commissioning group (CCG).

In 2022 the service carried out 3884 cataract surgeries and 6931 outpatient appointments including pre and post operative appointments. 292 laser treatments for cloudiness after cataract surgery (known as YAG laser) were carried out over the same period.

We carried out a comprehensive inspection of surgery and outpatients. We last carried out a comprehensive inspection of both core services in 2017 and a follow up inspection in 2021. There were no outstanding actions from our previous inspection to follow up.

The main service was surgery. Where arrangements were the same for outpatients, we have reported the findings in the surgery section. We do not repeat the information but cross-refer to the surgery service.

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

How we carried out this inspection

We carried out an unannounced comprehensive inspection on 25 January 2023. Our team consisted of two inspectors and a specialist advisor. We visited all parts of the service including theatres, pre and post operative areas and the laser treatment area. We observed surgical safety procedures taking place in theatres. We spoke with five patients. We interviewed key senior members of staff and spoke with staff from all departments. We reviewed records and documentation on site and requested further documents following our site visit.

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

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	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good 

Surgery

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

Is the service safe?

Good 

Our rating of safe improved. 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. 96.6% of clinical staff and 100% of non clinical staff were fully compliant with their mandatory training. Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. Managers monitored mandatory training and alerted staff when they needed to update their training.

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 knew how to identify adults and children at risk of, or suffering, significant harm, how to make a safeguarding referral and who to inform if they had concerns. Staff followed safe procedures for children visiting the service /department. Staff received training specific for their role on how to recognise and report abuse. Senior leaders were trained to level 4 for safeguarding adults and children and leads were trained to level 3. There was a dementia lead who helped with advice and best interest meetings.

Cleanliness, infection control and hygiene

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

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Everywhere was found to be dust free with very little clutter. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. This included disinfection between patients in theatre. Cleaning was carried out on surgical instruments before being sent for sterilisation under contract with a suitable provider. A professional deep clean of theatres and all areas took place in December 2022.

Surgery

Staff followed infection control procedures throughout, including handwashing and the use of personal protective equipment (PPE). Staff worked effectively to prevent, identify and treat surgical site infections. Data showed the service had a 0.3% post infection rate against a National Ophthalmology Database benchmark of 0.9%. All surgical site infections were reported through the governance process for learning and included assigning for root cause analysis and review by the medical advisory committee. The service was contracted to provide cataract surgery by the local integrated care board (ICB), (formerly known as the clinical commissioning group (CCG)) and incident rates and themes were reported in joint review meetings for quality and performance. The service audited decontamination and clinical waste, environmental hygiene, hand hygiene and scrub procedures. Results from all audits showed between 93% to 100% compliance for 2022.

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. Theatres were suitably equipped and in a good state of repair including flooring, piped oxygen and suction, air conditioning and extracting grills. Daily checks on the environment were carried out by department leads and immediate issues were reported for action. All areas were also checked on a monthly basis and findings were reviewed in operational team meetings. The service had suitable facilities to meet the needs of patients' families. The service had enough suitable equipment to help them to safely care for patients. An asset register recorded servicing of all equipment according to standards. New surgeons were supported to use specialist equipment. Competencies regarding this were uploaded and stored for review.

The service operated in line with the Medicine and Healthcare products Regulatory Agency "Guidance on the safe use of lasers, intense light source systems and LEDs in medical, surgical, dental and aesthetic practices" (September 2015). The service had a laser protection advisor and laser protection supervisor present on site during operational hours. The laser treatment room was secured by combination code and had warning lights outside the room. This included signage stating that staff and patients were entering a laser controlled area. Staff carried out regular safety checks of specialist equipment such as laser machines. Daily checks on the room and laser were recorded and shown to be up to date and complete. Service level agreements were in place for servicing, maintenance and calibration of laser equipment.

Staff carried out daily safety checks of specialist equipment including resuscitation equipment. Equipment was checked by department leads each morning and immediate issues were reported and actioned. Equipment was also checked on a monthly basis and reviewed in operational team meetings. Staff disposed of clinical waste safely. There was a good process of waste streaming and decanting into large waste bins outside the clinic. Sharps waste was also well managed with all sharps bins correctly labelled signed and dated.

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 completed risk assessments for each patient on referral and arrival using a recognised tool and reviewed this regularly. There was a referral and admissions criteria as part of the risk assessment for safe treatment. Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Staff responded promptly to any deterioration in a patient's health. Staff used the World Health Organisation (WHO) surgical safety checklist for cataract surgery. We observed good safe processes and good communication skills by the whole team. The surgical safety checklist was also audited on a monthly basis.

Surgery

Staff were able to respond promptly to any deterioration in a patient's health. There was an on call system for nurses and optometrists, with protocols to escalate to a surgeon if required. Patients were provided with post operative information and had access to a phone line 24/7. The service had a policy in place for the emergency treatment of post-operative endophthalmitis and staff were aware of how to escalate patients if necessary. Nurses did extended training for escalation and ophthalmology. Laser procedures were always carried out when a surgeon was on site for escalating any concerns. There were processes for first line resuscitation and calling emergency services. Staff were trained in intermediate and basic life support.

Staffing

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

The service had enough staff to keep patients safe. Safe staffing levels were set and monitored for safety. It included two alternating scrub nurses which meant one was free to prepare for the following procedure. A health care technician offered floating support to the theatre team and patients. Staff rotas were coordinated between two of the service's locations (located within close proximity) to maintain staffing levels. There was a low turnover of staff and low sickness rate. The service currently had three healthcare technician vacancies. Bank staff were used to manage staffing levels. Patient liaison was managed by the administration team who were trained to provide patient liaison.

The service had enough medical staff to keep patients safe. There was a safe process for granting practising privileges which was authorised by the medical advisory committee. Practising privileges were renewed annually so documents were checked on this basis. All medical staff had appropriate qualifications or were on the GMC specialist register in ophthalmology.

Records

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

Patient notes were comprehensive and all staff could access them easily. Patient information was prepared for the day of the procedure. We reviewed five sets of patient notes and found them to contain pre-assessment information and treatment records in line with national guidance.

Records were stored securely. The service used a mix of paper based and digital records. The service was preparing to go paperless by August 2023. Paper files were kept securely in a locked room in locked cabinets and then securely archived. Patient information was shared with GPs and referrers with patient consent.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. A discharge trained nurse made up patient medications for taking home. Patients were prescribed eye drops and provided with post operative advice. Medicines were ordered under contract from a pharmacy who also carried out monthly audits. Staff stored and managed all medicines and prescribing documents safely including schedule 3 medications. Staff completed medicines records accurately and kept them up-to-date.

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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.

Staff reported serious incidents clearly and in line with the service's policy. Managers investigated incidents thoroughly. All incidents were reported through an online reporting system and reviewed by the registered manager for risk assessment and investigation. All incidents were reported in to a weekly team meeting. A monthly report was reviewed in governance meetings for learning. Managers shared learning with their staff about incidents that happened elsewhere. Learning was shared among the wider national organisation.

Data from the service for the period of February 2022 to January 2023 showed there were 97 reported incidents. Themes were analysed and reported to governance on a monthly basis for learning and improvement. There had been no never events or serious incidents over the same period.

Is the service effective?

Good 

Our rating of effective improved. 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 followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. National and professional guidance was assessed by a provider wide team who then disseminated the information through the provider wide network, at a local level the governance team then disseminated the information through staff meetings. The service was contracted to the ICB to provide cataract surgery to NHS patients. It followed the NHS cataract pathway. We saw that policies and protocols made reference to relevant national and professional guidance.

Nutrition and hydration

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

Staff made sure patients had enough to eat and drink including those with specialist nutrition and hydration needs. Patients could continue to eat and drink prior to their procedure. Following a surgical procedure patients were offered a drink and biscuits.

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Patients received pain relief soon after requesting it. Staff administered and recorded pain relief accurately.

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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. The service participated in the Royal College of Ophthalmologists National Ophthalmology Database Audit, to quality assure cataract surgery for NHS and other publicly funded cataract surgery. The service reported on clinical effectiveness to the ICB on a quarterly basis. Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time.

The service also conducted a variety of operational, infection control, waste management and treatment related safety audits. Managers shared and made sure staff understood information from the audits. Outcomes for patients were positive, consistent and met expectations, such as national standards. The service collected Patient Reported Outcome Measures (PROM). Data for 2022 showed that 91% of patients were satisfied with the results of their treatment. There was a response rate of 20%. Clinical outcomes data showed that in 2022, 99.5% of cataract procedures were completed without any complications. Managers and staff used the results to improve patients' outcomes.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work. It included objective setting and orientation around the whole site and all patient pathways.

Managers supported staff to develop through yearly, constructive appraisals of their work. The process of supervision and appraisal incorporated the support needs of new starters. One to one meetings progressed from weekly to monthly to quarterly objective meetings and annual performance reviews. 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. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers made sure staff received any specialist training for their role. All staff had access to a variety of professional development opportunities such as training events, external and internal courses, educational lectures and seminars. The medical director and national provider wide medical advisory committee oversaw professional development, training and competency of medical staff.

Managers made sure staff received any specialist training for their role. The service was a training site for cataract pathways; a standardised procedure that surgeons were required to understand. This was benchmarked across the provider's services for quality. Surgeons were observed for eight cataract procedures before practising privileges were granted. Optometrists received laser core knowledge training and laser procedures were supervised by a consultant until they were able to evidence their competencies. There was shared learning among the provider's optometrists who carried out laser procedures.

Multidisciplinary working

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

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Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Staff worked across health care disciplines and with other agencies when required to care for patients. The service supported extended roles for non-medical staff. Staff that were authorised to conduct extended roles were supported by training, competency framework and patient group directives. Staff communicated with GPs if patients provided permission.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in patient waiting areas. Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records. Clinical staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. There was a dementia lead who supported the service with mental capacity advice and best interest meetings.

Is the service caring?

Our rating of caring stayed the same. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients said staff treated them well and with kindness. Staff followed policy to keep patient care and treatment confidential. Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. The principles of treating patients with compassion and respect was part of staff induction and competencies, which were reviewed in one to one supervision meetings. Data from the service showed that a total of 1900 patients completed a feedback survey for the period of January 2022 to January 2023 from which 98% expressed positive feedback. The survey always asked 'Please tell us about anything that we could have done better?' with free text space for anonymous comments about the service, which were used for service improvement. Comments were positive with staff referred to as kind courteous and caring.

Emotional support

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

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Staff gave patients and those close to them help, emotional support and advice when they needed it. In theatre, health care technicians offered floating support which included giving reassurance to anxious patients. 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. Relatives were present at time of discharge.

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. The service supported patient involvement in theatre. Surgeons communicated all stages of the process to the patient while under local anaesthetic. The principles of involving patients and relatives in their care, providing information and supporting choices was part of staff competencies which were reviewed in one to one supervision meetings. Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients gave positive feedback about the service.

Is the service responsive?

Good 

Our rating of responsive improved. 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. They worked with community optometry to meet the needs of the local community. Facilities and premises were appropriate for the services being delivered. The service had systems to help care for patients in need of additional support or specialist intervention. Managers monitored and took action to minimise missed appointments.

Missed appointments were monitored. Managers ensured that patients who did not attend appointments were contacted. The service carried out 3396 cataract procedures in 2022 and 3535 follow up appointments. The overall non attendance rate was 5% with 95% of all cancellations successfully rebooked. Managers understood themes and trends for improvement. The service ensured patients were provided with information about what to expect on the day of their treatment.

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.

Staff supported patients living with dementia and learning disabilities. Information was gathered as part of the assessment process which enabled staff to identify and meet patients' individual needs. Staff understood and applied the

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policy on meeting the information and communication needs of patients with a disability or sensory loss. The service had information leaflets available in languages spoken by the patients and local community. Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. A dementia lead supported people living with dementia who used the service.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times for treatment were in line with national standards.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The system tracked timings through arrival, consultation and treatment, which were monitored as part of the contract with the NHS to provide cataract surgery. Patients waited an average of three and a half weeks from initial assessment for treatment. Managers worked to keep the number of cancelled operations to a minimum. When patients had their operations cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance. Patient cancellations on the day were recorded for quality and contract monitoring. The service had a target of completing 27 operations per day. They understood the demographic of their patient group and anticipated three 'no shows' per day. There was a set number of patients seen each day for laser treatment. There were time slots which also allowed for preparation and waiting after initial optometry assessment. 292 laser treatments were carried out in 2022.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed time frames. Data was collected and shared with the ICB for quality monitoring. It showed that in 2022 100% of patients had a booked appointment within 2 weeks of receipt of GP referral. 100% of routine referrals were triaged within 48 hours. No patients waited longer than 28 days for appointment from receipt of referral. 100% of appointment outcome letters were sent to patients within 5 days.

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers shared feedback from complaints with staff and learning was used to improve the service. Staff could give examples of how they used patient feedback to improve daily practice.

Data from the service for the period of February 2022 to January 2023 showed there were three reported complaints and 38 informal complaints and comments were logged for learning. Themes were analysed and reported to governance on a monthly basis for learning and improvement.

The service was subscribed to an independent complaints adjudication service and no complaints were escalated to the service in the 12 months prior to this inspection.

Is the service well-led?

Surgery

Our rating of well led improved. 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.

Leaders had the skills, knowledge and experience they needed to run the service. Leaders understood the challenges the service faced. Leaders were visible and approachable to staff. The service had a strategy in place for developing staff in leadership roles and promoting a sustainable, compassionate, inclusive and effective leadership team.

The service was managed by a regional head of clinical services who was also the registered manager. They were line managed by the national general manager. The service had a system of service leads in a number of areas, including safeguarding, data protection, dementia and laser protection. Patient liaison, optometry, surgery and outpatient teams had leads who reported to the registered manager. Medical staff were overseen by the NHS medical lead ophthalmologist and the national medical director.

Vision and Strategy

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

The service had a clear vision and a set of values, these were created to compliment the provider wider vision and strategy. The provider organisation had recently implemented a new structure to oversee the development of four new hospitals in 2023. The organisation was developing its staffing, induction and business models to accommodate this expansion. Local goals included preparing the service for regulatory review, developing the leadership team, developing clinical staff, improving clinical flow and improving the working culture.

The service monitored progress against its delivery of the strategy and local goals through regular service performance meetings and results were presented to the provider wide governance team. We found that staff understood the service's vision, values and strategy and their role in achieving them.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development.

Most staff we spoke with during the inspection felt supported, respected and valued. The culture was centred on the needs and experience of people who use services. The service promoted its values through onboarding processes and corporate induction that included meeting the chief executive. Non clinical staff had knowledge of the clinical pathways for inclusion. Most staff felt positive and proud to work in the organisation. Data from the most recent staff survey conducted in April 2022 showed that 69% of staff took part in the survey and 82% would recommend it as a good place to work.

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The service had a culture which encouraged openness and honesty at all levels within the organisation, including with people who use services. Data from the most recent staff survey showed a score of 80% for the question related to the organisation doing the right thing, promoting ethical values and promoting inclusivity and diversity. There was a provider led initiative to promote inclusivity and diversity across all locations. In an internal report published in August 2022 the provider demonstrated their progress against the nine workforce race equality indicators (WRES). The service had a diversity and inclusion action group led by the regional director which raised awareness, provided a safe space and supported staff. We saw evidence of multiple events held throughout the year promoting different groups of protected characteristics.

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 had effective governance structures, processes and systems of accountability to support the delivery of the strategy and good quality sustainable services. There were local and corporate governance structures that provided assurance, based on up to date information. Local governance reported in to provider level governance for safety and quality. There was medical representation from each site at medical advisory committee meetings. Local governance meetings included departmental and location level meetings. This included one day a month when the service was closed to patients. Staff at all levels were clear about their roles and understood what they were accountable for, and to whom. The service had a structure in place to govern and manage relationships with partners and third-party providers.

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 conducted regular performance meetings to assess the service performance against key performance indicators. The service had comprehensive assurance systems and performance issues were escalated appropriately through clear structures and processes on a provider level. The service had a systematic programme of internal audits to monitor quality, operational and financial processes. Managers used these systems to identify where action should be taken.

The service had processes in place for identifying, recording and managing risks, issues and mitigating actions. The service had an active risk register and all items on the register had been risk assessed using established methodologies. The risks identified on the risk register were in alignment with what staff told us and what we found during the inspection. A quality scorecard measured risk and performance against agreed standards with the ICB. It included monitoring complaints and incidents, providing post operative advice and guidance and patient survey outcomes.

Information Management

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

The service had robust arrangements, including internal and external validation, to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards. The data security and protection toolkit is an online self-assessment tool that allows organisation to measure their performance

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against the National Data Guardians' 10 data security standards which reflect legal rules and Department of Health policy. A provider wide submission in June 2022 showed that the whole organisation was compliant with all mandatory and non-mandatory requirements. The service had policies in place for the promotion of good electronic information security and management such as password protection, secure information transfer and compliance with the Data Protection Act 2018 and General Data Protection Regulation.

Engagement

Leaders and staff actively and openly engaged with patients and staff to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Patient and staff views and experiences were gathered and acted on to shape and improve the services and culture. The service conducted a regular patient survey and had ways for patients to provide comments and suggestions in a discreet way. Comments left on review websites were monitored and responded to. Patient feedback was also presented in pathway meetings with the ICB. The service had "you said, we did" posters and staff could explain how some aspects of the service were altered as a result of patient feedback.

Staff were engaged with through staff meetings, one to one meetings, annual engagement survey and inclusivity and diversity events. Feedback gathered from staff exit interviews was also used for learning. Data from the staff engagement survey for 2022 showed a 69% uptake rate. 82% recommend it as a good place to work. The service identified priority areas for development from the survey, which were taken forward for learning at the monthly dedicated staff training day.

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.

Leaders promoted continuous learning, improvement and innovation. Staff were given opportunities to conduct improvement projects and suggest new ways of working. The service had established systems in place which encouraged the review and improvement of policies and processes.

The service had developed new strategies to develop services such as NHS cataract pathways which were now being rolled out to other provider locations. The service participated in national audits such as the Royal College of Ophthalmologists National Ophthalmology Database Audit. The service directly contributed to research by undertaking research studies in partnership with industry manufacturers. We saw various examples of published work in scientific journals.

We saw examples of various provider wide innovation and improvement initiatives which aimed to utilise closer working with industry partners in order to adopt the latest technologies related to cataract surgery in all provider locations. Optometry corporate events were held at the service including continuous professional development events for optometrists.

Outpatients

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

Is the service safe?

Good 

Our rating of safe improved. 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. Managers monitored mandatory training and alerted staff when they needed to update their training.

For further information please refer to the Surgery section of this report.

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. Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

For further information please refer to the Surgery section of this report.

Cleanliness, infection control and hygiene

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

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. A daily itemised cleaning checklist covered all areas and was signed off each day. A weekly monitoring checklist was also in place. Staff followed infection control principles including handwashing and the use of personal protective equipment (PPE). Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

Outpatients

For further information please refer to the Surgery section of this report.

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. Staff carried out daily safety checks of specialist equipment including resuscitation equipment. The service had suitable facilities to meet the needs of patients. The service had enough suitable equipment to help them to safely care for patients. Staff disposed of clinical waste safely.

For further information please refer to the Surgery section of this report.

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 completed risk assessments for each patient using a recognised tool. Pre-operative assessments included whole health and eye health. Left and right eye were colour coded in patient records for clarity. Staff knew about and dealt with any specific risk issues. Following surgery, patients were taken to a post-operative bay and monitored before handover to a discharge nurse. Staff shared key information to keep patients safe when handing over their care to others. Staff were able to respond promptly to any deterioration in a patient's health.

For further information please refer to the Surgery section of this report.

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.

The service had enough staff to keep patients safe. Managers accurately calculated and reviewed the number of staff needed for each shift in accordance with national guidance. There were clearly defined roles for both nursing and healthcare technician staff in both pre-operative and post-operative areas. It included floating cover to support staff and patients. The manager could adjust staffing levels daily according to the needs of patients.

For further information please refer to the Surgery section of this report.

Records

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

Patient notes were comprehensive and all staff could access them easily. Patient information was prepared for the day of the procedure. We reviewed five sets of patient notes and found them to contain pre-assessment information and treatment records in line with national guidance. Records were stored securely.

For further information please refer to the Surgery section of this report.

Outpatients

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Staff reviewed each patient's post-operative medication and provided advice to patients and carers about their medicines. Staff completed medicines records accurately and kept them up-to-date. Staff stored and managed all medicines and prescribing documents safely.

For further information please refer to the Surgery section of this report.

Incidents

The service managed patient safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the service's policy. The service had no never events. Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong. Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care. Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

For further information please refer to the Surgery section of this report.

Is the service effective?

Good 

This was our first rating of effective. 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 followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

For further information please refer to the Surgery section of this report.

Nutrition and hydration

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

Staff made sure patients had enough to eat and drink. Hot and cold drinks were available in patient areas.

For further information please refer to the Surgery section of this report.

Outpatients

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Patients received pain relief soon after requesting it. Staff prescribed, administered and recorded pain relief accurately.

For further information please refer to the Surgery section of this report.

Patient outcomes

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

The service participated in relevant national clinical audits. Outcomes for patients were positive, consistent and met expectations, such as national standards. Managers and staff used the results to improve patients' outcomes. Managers used information from the audits to improve care and treatment. Improvement was checked and monitored.

For further information please refer to the Surgery section of this report.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work. Managers supported staff to develop through yearly, constructive appraisals of their work. Managers made sure staff attended team meetings or had access to full notes when they could not attend. Managers made sure staff received any specialist training for their role.

For further information please refer to the Surgery section of this report.

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care.

For further information please refer to the Surgery section of this report.

Health promotion

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

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

For further information please refer to the Surgery section of this report.

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.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records. Clinical staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

For further information please refer to the Surgery section of this report.

Is the service caring?

Good 

Our rating of caring stayed the same. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients said staff treated them well and with kindness. Staff followed policy to keep patient care and treatment confidential. Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. We spoke with five patients during the course of our inspection. Patients said they were treated in a respectful and considerate way. We observed staff treating patients with kindness.

For further information please refer to the Surgery section of this report.

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. Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. The outpatient lead provided floating cover which included supporting and reassuring anxious patients. Chaperones were also available to support patients.

For further information please refer to the Surgery section of this report.

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.

Outpatients

Staff made sure patients and those close to them understood their care and treatment. Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff supported patients to make informed decisions about their care. Patients gave positive feedback about the service. Family members were permitted to be present to come and sit with patients. We spoke with five patients during the course of our inspection. Patients told us they felt included in their care and had the opportunity to ask questions about their care. We observed a good rapport between staff and patients. Staff introduced themselves to patients when meeting them.

For further information please refer to the Surgery section of this report.

Is the service responsive?

Good 

Our rating of responsive improved. 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. Facilities and premises were appropriate for the services being delivered. Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted.

For further information please refer to the Surgery section of this report.

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.

Assessments identified individual needs at the referral stage which were taken in to account when patients visited. Staff supported patients living with dementia. There was a dementia lead who supported patients and provided staff with advice. Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The service had information leaflets available in languages spoken by the patients and local community. Leaflets and consent forms were available in large font, different languages and Braille. Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed.

For further information please refer to the Surgery section of this report.

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.

Outpatients

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed time frames. There was a set number of patients seen each day in pre-operative assessment. There were timeslots which also allowed for preparation and waiting after initial optometry assessment. Managers and leads monitored patient flow and minimised any delays. Managers worked to keep the number of cancelled appointments to a minimum. Staff supported patients when they were referred or transferred between services. In 2022, the service carried out 3396 initial appointments and 3535 follow up appointments.

For further information please refer to the Surgery section of this report.

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers shared feedback from complaints with staff and learning was used to improve the service.

For further information please refer to the Surgery section of this report.

Is the service well-led?

Our rating of well-led improved. 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.

Leaders had the skills, knowledge and experience they needed to run the service. Leaders understood the challenges the service faced. Leaders were visible and approachable to staff. Outpatient staff told us they felt supported by the registered manager.

For further information please refer to the Surgery section of this report.

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. Leaders and staff understood and knew how to apply them and monitor progress.

For further information please refer to the Surgery section of this report.

Outpatients

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.

For further information please refer to the Surgery section of this report.

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.

For further information please refer to the Surgery section of this report.

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

For further information please refer to the Surgery section of this report.

Information Management

The service collected reliable data and analysed it. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

For further information please refer to the Surgery section of this report.

Engagement

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

For further information please refer to the Surgery section of this report.

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.

For further information please refer to the Surgery section of this report.