

Midlands Eye Care C.I.C

Inspection report

59 New Street
Burton On Trent
DE14 3QY
Tel: 01283561320
www.midlandseyecare.co.uk

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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	

Overall summary

We carried out an announced comprehensive inspection at Midlands Eye Care Limited on 14 July 2022 as part of our inspection programme.

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Midlands Eye Care C.I.C provides a range of optometry services which are not within CQC scope of registration. Therefore, we did not inspect or report on these services. Midlands Eye Care C.I.C is registered in respect of the provision of the diagnostic and screening services, treatment of disease, disorder or injury and surgical procedures; therefore we were only able to inspect treatments relating to medical conditions such as glaucoma, cataracts and retinal conditions.

Miss R Harrison is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- The service was offered on a private, fee paying basis only and was accessible to patients who chose to use it. Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- The service provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Systems, processes and records had been established to seek consent and to offer coordinated and person-centred care.
- The clinicians maintained the necessary skills and competence to support patients' needs.
- The provider and staff team demonstrated a positive culture and a commitment to the delivery of person-centred care and treatment.
- The provider was aware of, and complied with, the requirements of the duty of candour.

The areas where the provider **should** make improvements are:

- Ensure outstanding recruitment information is available in staff files.

Overall summary

- Ensure sharps boxes are correctly labelled and clinical waste stored in a secure area while awaiting collection.
- Ensure safe storage of cleaning equipment.
- Continue taking action following feedback received.
- Action the planned discussions with identified consultants whose appointments times tended to run late.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a specialist advisor.

Background to Midlands Eye Care C.I.C

The provider, Midlands Eye Care C.I.C is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder, or injury and surgical procedures from 59 New Street, Burton on Trent, Staffordshire, DE14 3QY.

The service is located in a converted building. Clinical rooms are located on the ground floor, with staff offices on the first floor. On the ground floor there is a main waiting area and the reception, with a smaller sub waiting area to the rear of the building. There are toilet facilities including wheelchair access on ground floor.

The clinical rooms where consultations, examinations and treatments are undertaken are clean and provide suitable equipment.

The service is provided by three visiting Consultant Ophthalmic Surgeons, who also work within the National Health Service. The service provides care for acute eye conditions, and chronic eye diseases such as glaucoma, macular degeneration or diabetic eye disease. As well as minor surgeries, laser treatments for glaucoma and after cataract surgery, and eye injections for macular degeneration and other retinal diseases. If major surgery or specialist treatment is needed, this can be arranged to take place privately. The service provides consultations, prescribing and administration of topical medications to children aged 0 to 18 years of age. As well as consultations and minor ophthalmic surgical treatments to people aged 18 years and older.

The consultants are supported by an optometrist, an ophthalmic technician and a receptionist.

Before visiting we reviewed a range of information we hold about the service and information which was provided by the service before the inspection.

How we inspected this service

During the inspection:

- we spoke with one consultant, the registered manager and the ophthalmic technician.
- reviewed key documents which support the governance and delivery of the service.
- made observations about the areas the service was delivered from.
- looked at information the service used to deliver care and treatment plans.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

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

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

The service provided care in a way that kept patients safe and protected them from avoidable harm. However, some improvements were needed to staff files, and the storage of cleaning equipment as well as healthcare waste awaiting collection.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The service had systems to safeguard children and vulnerable adults from abuse. Contact numbers for the local authority safeguarding team were easily accessible and appropriate safeguarding policies were in place. Staff had completed safeguarding training appropriate to their role. Staff spoken with knew how to identify and report concerns.
- The provider carried out staff checks at the time of recruitment, including Disclosure and Barring Service (DBS) checks. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The provider followed the same recruitment procedure for all staff, including staff who were not responsible for carrying out regulated activities.
- The provider had granted the visiting consultants practising privileges. (A practising privilege is the 'licence' agreed between individual medical professionals and a private healthcare provider). We saw that signed practising privileges agreements were in place for all three consultants. The provider had requested the required recruitment information from the consultants, although some information remained outstanding.
- The service had a process in place to monitor infection prevention and control. There was an infection control policy in place. The registered manager was the infection control lead. We found treatment rooms and the toilet areas were clean and hygienic. Staff followed infection control guidance and attended relevant training. An infection prevention and control audit had been completed, although not dated, and no issues were identified. The receptionist was responsible for wiping down each room at the end of clinic.
- The service employed an external cleaning company who visited once a week, and cleaning schedules were in place. The cleaning company provided the cleaning products and the relevant safety data sheets. We observed that mops were stored incorrectly in the cleaners cupboard.
- We noted that sharps boxes were not dated and signed on opening. The service rectified this at the time of the inspection. There were systems for safely managing healthcare waste. However, staff told us that healthcare waste awaiting collection was stored in an unlocked area. Staff advised they would ensure the area used for storing healthcare waste would be locked in future.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. The service had risk assessments and procedures in place to monitor safety of the premises such as the control of substances hazardous to health (COSHH).
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- There was a fire risk assessment and fire policy and procedure in place. Staff completed on line fire training. The fire alarm was tested on a weekly basis by staff. The fire alarm system and fire extinguishers had been serviced within the required timescales.

Are services safe?

- There were appropriate indemnity arrangements in place to cover all potential liabilities. However, we noted that the indemnity certificate on file for one consultant had expired. The provider told us they had requested an updated certificate from the consultant.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. Staff had access to oxygen and a defibrillator was on order.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. Two of the three visiting consultants managed their own patient records, which were held off site. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines and emergency medicines were safe. The emergency medicines kept onsite were appropriate for the type of service offered to patients.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service.
- A significant event occurred in April 2022. A clinical staff member became unwell during a clinic and tested positive for covid-19 later the same day. Standard precautions were already in place for limiting the spread of covid-19. The service

Are services safe?

contacted the patients who had attended the clinic and none of the patients had developed symptoms or tested positive for covid-19. The learning from the event was that in future the temperature of any member of staff who feels unwell will be checked; a supply of lateral flow tests will be available at the service to test staff with symptoms of potential covid-19, and the standard precautions were reviewed but no changes were required.

- Staff were aware of and complied with the requirements of the Duty of Candour. Staff demonstrated a culture of openness and honesty.

The service acted on any relevant patient and medicine safety alerts.

Are services effective?

Our findings

We rated effective as Good because:

Clinical professionals were registered with the appropriate governing body and were up to date with revalidation. Records of skills, qualifications and training were maintained demonstrating staff had the appropriate skills to deliver care and treatment in line with current legislation.

Patients received coordinated and person-centred care, patients referred to other providers when risk factors were identified.

Clinical staff worked at the service on a part time bases; therefore, received training which was arranged by their main employer. Other staff completed their training inhouse.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines and the Royal College of Ophthalmologists guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- The visiting consultants maintained their own list of patients. Two of the consultants kept their patient records off site and any correspondence was managed by their private secretaries. Clinical letters were shared and stored on the electronic patient record held by the service. Where visiting consultants used paper records we reviewed five patient records. We saw that the information recorded in the consultations was satisfactory. The service provided administrative support for this consultant and typed up outcome letters which were sent to the patient's GP.
- Arrangements were in place to deal with repeat patients. The provider had a system in place to contact patients after their treatment, if required they were then invited back for further treatment.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was involved in quality improvement activity.

- The service used information about care and treatment to make improvements.
- The service had carried out a joint audit with the local NHS hospital trust on selective laser trabeculoplasty (SLT) for the treatment of two subsets of glaucoma. The audit reviewed the outcomes for patients who received SLT and topical medicines at the beginning of treatment versus the use of topical medicines. The results indicated that using SLT at the beginning of the treatment resulted in a greater reduction in the pressure within the eye when compared to topical medicines alone and 360 degree SLT resulted in greater pressure reduction than standard SLT.

Effective staffing

Are services effective?

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The service had a well established staff team. However, the provider had an induction programme for newly appointed staff, should the need arise.
- The consultants were registered with the General Medical Council (GMC) the medical professionals' regulatory body with a licence to practice.
- The consultants had a current responsible officer. (All doctors working in the United Kingdom are required to have a responsible officer in place and required to follow a process of appraisal and revalidation to ensure their fitness to practice). The consultants were following the required appraisal and revalidation processes and had received an appraisal with their responsible officer within the last 12 months.
- The consultants completed their essential training whilst working in their substantive posts. Other staff working at the service were supported to undertake essential training. Staff were encouraged and given opportunities to develop.
- Non-clinical staff and technicians had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. If patients required major surgery or specialist treatment they were directed to the appropriate agency.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medical history.
- When a patient contacted the service, they were asked if the details of their consultation could be shared with their NHS GP. We saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- We were told that any treatment including fees was fully explained to the patient prior to the procedure and that people then made informed decisions about their care.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care. Health promotion was included as part of the consultation.
- Risk factors were identified and highlighted to patients.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service used a range of consent forms, depending on the treatment provided.

Are services caring?

We rated caring as Good because:

Patients were treated with respect and staff were kind and caring and involved them in decisions about their care.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- The service gave patients timely support and information.
- Staff had completed equality and diversity training.
- We observed staff interacting with patients via the telephone. Staff were polite and courteous and supported patients with queries.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Staff told us that patients who did not have English as their first language were usually accompanied by the relative who translated for them. Staff said they could use translation programmes on the computer if required.
- Before providing treatment, patients attended for a consultation, where the consultant discussed with them the risks and benefits of any treatment and answered any questions. The consultant also discussed realistic outcomes and costs.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- Consultations were conducted behind closed doors, where conversations were difficult to overhear.
- Staff understood the importance of keeping information confidential. Patient records were stored securely.

Are services responsive to people's needs?

We rated responsive as Good because:

The service organised and delivered services to meet patients' needs within an appropriate setting. It took account of patient needs and preferences and had taken actions to improve the service based on conversations with patients.

Patients had timely access to initial assessment, test results, diagnosis and treatment.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- Patients' individual needs and preferences were central to the planning and delivery of tailored services.
- Services were flexible, provided choice and ensured continuity of care, for example each consultant maintained their own patient list.
- The facilities and premises were appropriate for the services delivered. The premises were accessible for patients with mobility issues. The services were offered on the ground floor only.
- The provider offered services for adults and children. The service ensured that all patients were seen face to face for their consultation.
- The service offered consultations to anyone who requested and paid the appropriate fee and did not discriminate against anyone.
- The service website was well designed, clear and simple to use. The website included information regarding access to the service, consultation and useful contacts.
- Information relating to fees was on display for one consultant and we were told fees were discussed during consultations for the other two consultants. Currently the service was not involved in taking payment for those two consultants.
- Staff provided services to patients with an ethos of providing individualised care and treatment, considering and respecting the wishes of patients.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients could access the service in a timely way by making their appointment over the telephone or in person.
- The service was open on Monday, Tuesday and Thursday between 9am and 5pm, and Friday between 9am and 12pm. The visiting consultants had set days when they visited the service. The service managed the clinics for one of the consultants and booked appointments on their behalf. The private secretaries managed the clinics and booked appointments for the other consultants. The service was provided with the patient details a week in advance.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

Are services responsive to people's needs?

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service had not received any complaints during the previous 12 months.
- The service also had a suggestion box available for patients.

Are services well-led?

We rated well-led as Good because:

The culture of the service and the way it was led and managed drove the delivery and improvement of good quality, person-centred care.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The registered manager described plans for the ongoing development of the service, including the desire to provide patients with NHS funded ophthalmology services in the community.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- The registered manager explained their process for responding to incidents and complaints. The registered manager was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There was a strong emphasis on the safety and well-being of all staff.
- Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. Staff felt the culture of the service was professional and approachable.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

Are services well-led?

- A service was overseen by the Registered Manager on a day to day basis. As the staff team was extremely small, communication tended to be verbal although policies and procedures were available electronically and in paper form.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The consultants continued to work within NHS health care settings, as well as undertaking private work at the service. They were subject to appraisals and revalidation procedures and evidence of appraisals was seen on file.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- The registered manager told us informal verbal meetings were completed with staff where discussed the quality and sustainability of the service.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. The consultants were subject to appraisals and revalidation procedures, and the relevant information shared with the provider. The registered manager had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

Engagement with patients, the public, staff and external partners

The service involved involve patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. The service had recently introduced patient questionnaires and asked patients to complete these following each visit to the service. The results had not yet been collated but initial feedback was positive about the service provided. However, patients had commented that consultants appointments tended to run late. The service were aware of this and were in ongoing discussions with identified consultants.
- Staff told us the staff team was small and they worked closely with the registered manager, they were able to give feedback verbally if and when issues arose, or they wished to make suggestions.
- The service was transparent, collaborative and open with stakeholders about performance.

Are services well-led?

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement. The registered manager encouraged staff to develop their skills if they wished to.
- The registered manager showed us articles they had written and published in Eye News in late 2021/ early 2022. These articles looked at how services could be delivered differently to increase efficiency.
- The registered manager was committed to developing the skills of staff who work with ophthalmology and was the Head of The Centre of the Association of Health Professions in Ophthalmology (AHPO), which provided apprenticeships and Diplomas for ophthalmic technical staff.
- The service made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.