

Perfect Eyes Ltd.

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	

Overall summary

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

We carried out an announced comprehensive inspection at Perfect Eyes Ltd. This was part of our inspection programme as Perfect Eyes Ltd had not been previously inspected.

Perfect Eyes Ltd, located at 121 Harley Street, is an independent healthcare provider of ophthalmic services.

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. Perfect Eyes Ltd provides a range of non-surgical cosmetic interventions which are not within CQC scope of registration. Therefore, we did not inspect or report on these services.

The sole medical practitioner 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 had clear systems and processes to keep people safe. This included systems in respect of recruitment, infection prevention and control, medicine management, safety alerts and significant events.
- Risks to patients and staff were assessed, monitored and managed to mitigate risk.
- The sole medical practitioner had systems in place to ensure the service was up to date with current evidence-based practice.
- The service was actively involved in quality improvement activity. This included audits for prescription medication, health and safety, consent and patient satisfaction.
- Staff members had the skills, knowledge and experience to carry out their roles.
- We saw evidence of staff working alongside other organisations to deliver effective care and treatment.
- Patients were treated with dignity and respect. Feedback from patient reviews reported that staff were kind, caring and attentive.
- The service was tailored to meet the needs of individual patients and patient concerns were responded to appropriately to improve quality of care.
- The leadership, governance and culture at the service was used to drive and improve the personalised patient focused level of care the service provides.

Overall summary

- There was compassionate and inclusive leadership at all levels, with staff reporting leaders were visible and approachable.
- The service involved patients to support high-quality sustainable services.
- We saw evidence of systems and processes for learning, continuous improvement and innovation.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a specialist adviser and a second CQC inspector.

Background to Perfect Eyes Ltd.

Perfect Eyes Ltd is an independent provider of ophthalmic services to fee-paying patients from its location at 121 Harley Street, London W1G 6AX. The service is located within rented premises on the ground floor of the building. It consists of a large waiting room, two consultation rooms and an accessible toilet.

The service is a consultant-led provider of ophthalmic services. At this location, patients are seen for ophthalmic assessments, suture removals and pre and post-operation consultations. The sole medical practitioner carries out any ophthalmic surgery at a nearby independent private hospital, where she has practicing privileges.

As of April 2022, aesthetic procedures were no longer carried out at Perfect Eyes Ltd. The aesthetic arm had split into another clinic which employs an aesthetic practitioner and a therapist. This had allowed more medical and surgical procedures to be performed by the sole medical practitioner.

The day-to-day running of the service is provided by a service manager. The service is overseen by the sole medical practitioner and registered manager of the service. They also employ two administrative staff members.

The service offers pre-bookable face-to-face appointments to adults only. The service is open between 9:30am to 6:00pm Mondays to Fridays. The service sees approximately 40 patients per month, with 90% of patients from the UK and 10% from overseas.

How we inspected this service

We gathered and reviewed pre-inspection information before inspecting the service; this included their policies, guidelines and formal patient feedback. We spoke with the service manager and members of the administrative team remotely prior to the inspection. On the day of the inspection, we spoke with the registered manager, reviewed patients' records, and carried out infection prevention and control checks, medication checks and premises and equipment checks.

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 had clear systems and processes to keep people safe. This included systems in respect of recruitment, infection prevention and control, medicine management, safety alerts and significant events.
- Risks to patients and staff were assessed, monitored and managed to mitigate risk.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. The policies outlined who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training and had easy access to these policies and procedures.
- The service had systems to safeguard vulnerable adults from abuse. Whilst there were no reported incidents involving safeguarding to review, staff members we spoke to demonstrated a good understanding of what constituted a safeguarding concern and what actions to take if a safeguarding incident were to occur. Their understanding was in line with their own safeguarding policy and was embedded into their training. Each room had a safeguarding flowchart which contained contact details.
- The provider only saw patients who were aged 18 or over and children were not allowed to enter the building. Nonetheless, staff members had undergone child safeguarding training.
- We looked at a sample of staff records and saw evidence they completed staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. 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. It was the service's policy to ensure all staff members had DBS checks performed. Staff had appropriate references checked prior to employment and completed the required training relevant to their role.
- The service had a chaperone policy and administrative staff members had received the appropriate training to act as a chaperone. All patients received information about chaperoning in their appointment confirmation email.
- There was an effective system to manage Infection Prevention and Control (IPC). The service had carried out yearly IPC risk assessments and the necessary actions for any risks identified. The service also performed quarterly hand hygiene audits and had updated its IPC policy to reflect COVID-19 protocols.
- The service had a policy to outline the structured procedure for the management and control of water safety. They performed a legionella risk assessment in January 2022 and the recommended actions following this assessment had been completed.
- Appropriate and up-to-date fire risk assessments and health and safety risk assessments were completed. For example, we had seen an appropriate fire evacuation procedure in place which staff were aware of and that was made clear to patients in the event of a fire.
- The service ensured facilities and equipment were safe, and equipment was maintained according to instructions. Systems were in place to ensure safe management and disposal of clinical waste, with an external organisation contracted to collect waste on a regular basis.
- The service was up to date with their Portable Appliance Testing (PAT) and calibration of equipment.

Risks to patients

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

Are services safe?

- The service consisted of a small team of four including the sole medical practitioner, service manager and two administrative staff members. In the event of sickness, the administration staff would provide cover for each other at short notice or the service would rearrange appointments to ensure patients are seen when staff are available. For example, due to sickness related to COVID-19, the clinic had to close earlier with shorter working hours as they could not ensure safe staffing levels.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. There was an appropriate and unified system in place to deal with patients who required medical attention and staff were able to immediately alert clinical staff when necessary.
- The service had a phone for out of hours emergency calls. Staff members shared this phone between each other and would call the sole medical practitioner for any emergency queries that could be answered, if not, they would ask the patient to call 111.
- All staff members had completed their Basic Life Support (BLS) training.
- There were appropriate indemnity arrangements in place.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. This included working defibrillators and oxygen.
- The service had created emergency 'grab bags' for different types of medical emergencies to make staff management for emergencies easier and there were clear and printed out risk assessments available for emergency medication recommended in national guidance that were not kept.

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. The care records we saw showed information needed to deliver safe care and treatment was available to relevant staff in an accessible way. We noted logical pathways in the care records with notes and photos appropriately documented.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For instance, the service had communication with other eye clinics/hospitals if there were patient issues which could not be resolved or if further intervention was required.
- 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 they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance such as guidance issued by National Institute for Healthcare and Excellence (NICE).

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, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied 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.

Are services safe?

- There were comprehensive risk assessments in relation to safety issues and assigned health and safety responsibilities shared amongst staff members.
- 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.

- The service had a policy on significant events which outlined how to record and investigate serious incidents. The policy was updated annually and was last done so in January 2022. There was a clear system for recording and acting on significant events. Staff understood their duty to raise concerns and were supported to report incidents and near misses.
- We saw eight significant events recorded in the past 12 months. Each incident was classified as either a 'high', 'medium' or 'low' risk. We examined their significant event log and spoke to staff members about the incidents and were satisfied each event had been suitably recorded and investigated. Each event had also been followed up with appropriate actions with the learning from the incidents shared in team meetings. For instance, during a health and safety audit, the service had found their defibrillator was not working. They sent the defibrillator off for repair and in the meantime were loaned a temporary defibrillator. They had discussed this incident in the team meeting and as a result of this had implemented more frequent medical equipment checks.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Are services effective?

We rated effective as Good because:

- Systems were in place to ensure the service was up to date with current evidence-based practice.
- The service was actively involved in quality improvement activity. The included audits for prescription medication, health and safety, consent, patient satisfaction and infection prevention and control (IPC).
- Staff had the skills, knowledge and experience to carry out their roles.
- Staff worked well with other organisations to deliver effective care and treatment.

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.
- We looked at the care records of five patients who had treatments carried out in the last 12 months and found the care and treatment provided was satisfactory. They had enough information to make or confirm a diagnosis. Patients were provided with the costs of the services, timeline for any surgeries and recovery time and provided with time to make an informed decision about their care and treatment.
- Prior to booking an appointment, patients filled out relevant details electronically and consultations were at least 30 minutes long, so patients' immediate and ongoing needs were fully assessed. Patients were seen a week before their surgical appointment and were given a telephone call the day before any surgery.
- The sole medical practitioner had enough information to make or confirm a diagnosis. If they could not be treated in the service, they were recommended to other services.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients as all patients had follow-up appointments after surgical procedures.
- Patients were advised on what to do if their condition worsened and where to seek further help. Patients were provided with information leaflets and guided to accessible videos on; for example, how to apply post-surgery medication. They were made aware emergency appointments were available every Tuesday and Thursday and there was a phone number for out of hour emergencies.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service made improvements using audits. Clinical audits had a positive impact on quality of care and outcomes for patients. For instance, the service carried a two-cycle prescription medication audit. The purpose of the audit was to ensure any prescribed medication is compliant with the regulations set out in the company's policy and to ensure documentation is in accordance with their record keeping policies. In the first audit, it was found compliance with the company's policy was documented in each case but there was a spelling error made on one prescription (although it was immediately rectified). The agreed action plan was to have clearer handwriting for future prescriptions and in the second audit, no issues were found in the prescriptions.
- We have also seen three audits with one cycle completed, with the second cycle due to be completed in 2023/2024. For instance, the service had carried out an audit into the recovery of patients who have had ptosis surgery (a surgical

Are services effective?

procedure performed by the sole medical practitioner). The service looked at 39 patients and found 99% of patients were satisfied with the results. For the next audit, the service is planning to improve pre and post-surgical screening and support for patients who smoke or have body dysmorphia and create a patient education fact sheet to optimise recovery.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. We had also looked at training records and were satisfied staff had received suitable training.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training for such needs to be met. Up to date records of skills, qualifications and training were maintained.

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. Staff referred to, and communicated effectively with, other services when appropriate. The service worked closely with a hospital in which the medical practitioner had practicing privileges and carried out surgeries. We had seen evidence of discussions with this hospital and discussions being taken place to improve effective communication between both services.
- Before providing treatment, the medical practitioner ensured she had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. Information was only shared if the patient provided the service with consent.
- The service confirmed when care and treatment for patients in vulnerable circumstances would be coordinated with other services.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately. The service conducted a quarterly audit to ensure the company is compliant with its consent policy. In each audit, patients were randomly selected, and they found 100% compliance for consent in relation to clinical history, personal information, diagnosis and treatment.

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.
- Risk factors were identified and highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, the medical practitioner offered smoking cessation support for patients.

Are services effective?

- Where patient's needs could not be met by the service, staff redirected them to the appropriate service.
- Patients were directed to patient support groups such as groups focusing on weight management, menopause, smoking cessation and mental health.

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. Consent was noted on their clinical record system.
- The service had a documented process for sharing information with a patients' NHS GP if consent was given to do so.
- Staff supported patients to make decisions as they reminded or assisted patients if they required help with reading of the consent forms. Information and fact sheets are sent via email to patients should they request. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

- Patients were treated with respect. Staff were kind, caring and involved.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service had a patient feedback policy which outlined how they sought feedback on the quality of clinical care patients received. Patients were asked to complete a comment card after they had received their treatment and were also able to comment anonymously if they wished to do so.
- The patient questionnaire had been redesigned to make it more patient friendly and easier to read with larger font.
- Feedback from patients was positive about the way staff treated people and the treatment they received. The service had 103 Google reviews, with many 5-star reviews and an overall review score of 4.8. Formal feedback which had been gathered through the service was also positive regarding the results of the clinical treatments as well as the service provided by Perfect Eyes Ltd.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients. For example, staff talked about how they allowed female Muslim patients to wait in a separate room without a hijab on after a treatment.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language, which the patient would have to pay for. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told the service through their feedback there was excellent professionalism, attitude, attentiveness and efficiency and they felt listened to and supported by staff. Consultations were patient-focused and led by them in order to have an informed decision about their care and treatment.
- For patients with learning disabilities or complex social needs family, the service had the facilities to allow carers or social workers to be appropriately involved.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff understood the importance of keeping information confidential in line with General Data Protection (GDPR) rules and had completed training on GDPR and Information Governance.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

- The service was tailored to meet the needs of individual patients and patient concerns were responded to appropriately to improve quality of care.

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.

- The provider understood the needs of their patients and improved services in response to those needs. For instance, a few patients reported they wished for longer consultations and therefore the service increased the consultation time from 20 minutes to 30 minutes.
- The facilities and premises were appropriate for the services delivered.
- The service provided the public with access to YouTube videos on how to care for their eyes before and after specific surgeries. The service also had guidance and information published on the service website that discusses treatment, recovery times and risks on different types of surgery.
- Reasonable adjustments had been made so people in vulnerable circumstances could access and use services on an equal basis to others.
- The premises were suitable for wheelchair-using patients as it was located on the ground floor and had an accessible toilet for those with mobility issues.

Timely access to the service

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

- Due to the nature and specialism of the treatments offered, there was a lengthy wait for new patient consultations.
- Waiting times for existing patients, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised. For example, existing patients who reported issues after a surgery were prioritised and there were slots for emergency appointments on Tuesdays and Thursdays.
- Patients reported the appointment system was easy to use. Patients could contact the service via email, telephone and by texting on WhatsApp.
- Referrals and transfers to other services were undertaken in a timely way.

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.

- Information about how to make a complaint or raise concerns was available on the service's website and inside the clinic.
- The service had a complaints policy and procedure that all staff members had knowledge of and knew how to access.

Are services responsive to people's needs?

- The service had received three complaints in the past 12 months. We reviewed their complaints log and saw evidence each complaint was dealt with in a timely and compassionate manner. For example, a patient had expressed their dissatisfaction with treatment results after a surgery. The patient received a written apology, was called into the clinic to discuss their complaint and had received a goodwill refund. The service also added a 'subjective dissatisfaction' disclaimer to the patient information.
- The service investigated each complaint, completed the relevant actions and ensured patients were satisfied with their response. Patients were often invited into the clinic to discuss and review their complaint. Complaints were discussed in staff meetings to improve quality of care and service.
- 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.

Are services well-led?

We rated well-led as Good because:

- The leadership, governance and culture at the service was used to drive and improve the personalised patient-focused level of care.
- There was compassionate and inclusive leadership at all levels with staff reporting leaders were visible and approachable.
- The service involved patients to support high-quality sustainable services.
- We saw evidence of systems and processes for continuous improvement and innovation. For example, the service provided the public with access to YouTube videos on how to care for their eyes before and after specific surgeries.
- 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 provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

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. The sole medical practitioner realised there was a long wait for new patient consultation and treatments. In April 2022, the service had split the aesthetic services from Perfect Eyes Ltd; aesthetic procedures are now fulfilled by an aesthetic practitioner and a full-time therapist separately. This had allowed the sole medical practitioner to free up appointments for medical/surgical procedures.
- Long waiting times were still an issue at the service, and they aimed to employ surgeons in the future who might carry out some of the surgical work currently undertaken by the sole medical practitioner.
- The service also recognised a need to employ a nurse to assist with medical/surgical procedures.

Vision and strategy

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

- The sole medical practitioner aimed to provide a safe, caring and individualised care plan for her patients. All staff spoken with during the inspection process showed good knowledge of the values and culture of their service and described how these were implemented in their day to day work.
- The service developed its vision, values and strategy jointly with staff and external partners.
- The service monitored progress against delivery of their strategy.

Culture

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

- The service focused on the needs of patients with individualised care plans.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

Are services well-led?

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Complaints were dealt with in a timely and compassionate manner and any suggestions from patients were taken on board. For example, they extended consultation times from 20 minutes to 30 minutes following patient feedback on the length of appointment times.
- The provider 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 reported that they had confidence any issues would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. The Independent Doctors Federation conducted the yearly appraisals of the sole medical practitioner and all her mandatory training was sent to the hospital where she had practicing privileges.
- The service actively promoted equality and diversity. Staff had received equality and diversity training.
- There was a strong emphasis on the safety and well-being of all staff and positive relationships between staff and teams. Staff stated they felt respected, supported and valued. They were proud to work for the service and the service had regular social events.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and coordinated person-centred care.
- There was a clear organisational structure and staff were aware of their own roles and responsibilities.
- Leaders had established appropriate policies, procedures and activities to ensure safety and assured themselves they were operating as intended. These were reviewed and revised on a regular basis.
- Regular team meetings were held which were recorded and easily accessible for those who did not attend or for those who wanted to revisit the meeting minutes.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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.

Managing risks, issues and performance

There were clear and effective clarity around 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. For example, there were appropriate risk assessments for emergency medication not stocked and staff members demonstrated knowledge on what to do in the event of an emergency.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints with suitable policies in place and discussions in team meetings held.
- 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.

Are services well-led?

- The provider had business continuity plans in place and had trained staff for major incidents. For example, the business continuity plan identified what actions to take if there is a loss of records, loss of data and loss of gas supply.

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.
- Governance meetings were held quarterly whereby quality, sustainability and improvement were discussed.

Engagement with patients, the public, staff and external partners

The service involved 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.
- We saw evidence of systems and processes for continuous improvement and innovation. For example, the service provided the public with access to YouTube videos on how to care for their eyes before and after specific surgeries. The service also had guidance and information published on the service website about treatments, recovery times and risks on different types of surgery.
- The service had its own patient feedback exercise with patients asked to complete comment cards after they have had their treatment, with findings fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a strong focus on continuous learning and improvement. This had been through several audits carried out within the service to improve the quality of care and service provided, such as audits in relation to prescription medicine, consent and patient satisfaction.
- The sole medical practitioner had received awards for her work. For example, in 2021, she won the InMode Award for Consultant Surgeon of the Year.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.