Community Health and Eyecare Limited

Community Health and Eyecare Limited

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

- 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 collected safety information and used it to improve the service.
- 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 and 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 and the community to plan and manage services and all staff were committed to continually improving services.

However:

- Staff said that they would benefit in training on dementia
- The service should consider subscribing to the Independent Sector Complaints Adjudication Service.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Outpatients	Good	• 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 collected safety information and used it to improve the service. • 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 and 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 and the community to plan and manage services and all staff were committed to continually improving services. However:

Summary of findings

- Staff said that they would benefit in training on dementia
- The service should consider subscribing to the Independent Sector Complaints Adjudication Service.

Surgery

Good 

We rated this service 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. Patients 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 and the community to plan and manage services and all staff were committed to improving services continually.

However:

Summary of findings

- The service should consider training on dementia for staff.
- The service should consider subscribing to the Independent Sector Complaints Adjudication Service.

Summary of findings

Contents

Summary of this inspection — Page

Background to Community Health and Eyecare Limited — 7

Information about Community Health and Eyecare Limited — 7

Our findings from this inspection

Overview of ratings — 9

Our findings by main service — 10

Summary of this inspection

Background to Community Health and Eyecare Limited

The hospital is one of a number of centres across the country specialising in the treatment of eye conditions. In the north west of England the main office is in Preston. Patient bookings and administration took place at the Preston office and senior leaders were based there.

This hospital in Blackpool mainly provides cataract surgery to the population of Fylde and Wyre. Most patients were referred from the NHS on a patient pathway agreed with the local commissioners. Outpatient services are also provided to support cataract surgery and to monitor glaucoma. YAG laser is also provided as an outpatient service by optometrists. (YAG capsulotomy is the treatment for posterior capsule opacification – which is a common complication of cataract surgery)

This service had never been inspected before.

The regulated activities are

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

There is a registered manager who has been in post for four months.

The main service provided by this hospital was surgery. Where our findings on surgery – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the surgery service.

How we carried out this inspection

The hospital was inspected by a bank inspector. The inspection was overseen by an inspection manager and a head of hospital inspection.

We reviewed information about the service before the visit. During the inspection we visited all areas of the hospital. We spoke with the registered manager, three optical assistants, one registered nurse, three patient coordinator's and a trainer for the service. We spoke with three patients and viewed post-operative care for two patients.

We viewed 10 records including prescription charts and consent documentation.

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.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Summary of this inspection

Action the service SHOULD take to improve:

- The service should consider staff training for dementia.
- The service should consider subscribing to the Independent Sector Complaints Adjudication Service.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Outpatients

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

Are Outpatients safe?

Good

For mandatory training, safeguarding, assessing and responding to patient risk, staffing, medicines, records and incidents see the surgery 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.

The outpatient areas were visibly clean and well furnished. The outpatient areas were cleaned by contract cleaners.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Audits showed all staff had training in infection, prevention and control. Training rates were 100%. All staff had competencies for hand washing as part of their mandatory training and training rates were at 100%. We observed staff washing their hands during the inspection. An audit in January 2022 showed that 95% of staff were compliant with hand hygiene.

Staff followed infection control principles including the use of personal protective equipment (PPE). We saw that PPE was plentiful and staff used it.

Patient toilets were checked every hour for cleanliness and this was recorded.

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 hospital was purpose built over two floors. It was light and rooms were spacious.

All equipment was logged on an asset register. We saw that all equipment was appropriately serviced.

All areas of the hospital were checked daily and this was audited, we saw that 100% of rooms had been checked in January 2022.

Good

Outpatients

There was a resuscitation trolley which was located outside theatre. There was a defibrillator on the trolley and an oxygen cylinder. There were daily checks and comprehensive monthly checks. We saw that all checks were documented and that this was audited. The audit for January 2022was 100%. There were also two first aid kits, one on each floor in the reception areas.

The laser room had appropriate signage to show when the laser was in operation. The door could not be opened when the laser was in use. The room had black out windows. A laser safety audit was conducted every month and this was at 100% in the January 2022 audit cycle.

All equipment in the outpatient department was checked daily and the audit for January 2022 showed 100% compliance with the checks.

Are Outpatients effective?

Inspected but not rated

Please see the surgery report

Are Outpatients caring?

Good

Please see the surgery report

Are Outpatients responsive?

Good

Please see the surgery report

Are Outpatients well-led?

Good

Please see the surgery report

Good

Surgery

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

Are Surgery safe?

Good

Mandatory training

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

Staff received and kept up to date with their mandatory training. When mandatory training was due, staff were notified by human resources and given a day to complete all their training. There was a 90% target for mandatory training. At the time of the inspection mandatory training rates were 100%.

Medical staff training was organized by the main office which was in Preston. Training records for medical staff were kept at the main office.

The mandatory training was comprehensive and met the needs of patients and staff. It included life support training, infection prevention and control, health and safety, consent and mental capacity and equality and diversity.

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.

Nursing staff received training specific for their role on how to recognise and report abuse. All staff were trained to level two for safeguarding for adults and children and young people. Hospital managers were trained to level three for safeguarding for adults and children and young people. Mandatory training rates were 100% for safeguarding.

Medical staff received training specific for their role on how to recognise and report abuse. Records for the medical staff training were kept at the main office in Preston.

There had been no safeguarding incidents in the last 12 months. Safeguarding incidents across all the hospital sites were reviewed at the clinical effectiveness group (CEG) which met every three months.

Good

Surgery

Staff knew how to make a safeguarding referral and who to inform if they had concerns. There were safeguarding flow charts around the hospital which provided information about who to contact if staff had any concerns. Staff had appropriate disclosure and barring service checks in place and monitored appropriately. These records were kept at head office.

Cleanliness, infection control and hygiene

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

Theatre areas were clean and the pre assessment room and post-operative recovery room had suitable furnishings which were clean and well-maintained.

The hospital generally performed well for cleanliness. Theatre areas were cleaned by theatre staff from the hospital.

All staff had training in infection, prevention and control. Training rates were at 100%. All staff had competencies for hand washing as part of their mandatory training and training rates were at 100%. We observed staff washing their hands during the inspection. An audit in January 2022 showed that 95% of staff were compliant with hand hygiene.

Staff followed infection control principles including the use of personal protective equipment (PPE). We saw that PPE was plentiful and staff used it.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

Covid-19 measures were in place across the hospital. All patients had their temperature checked on arrival at the hospital. Patients were asked to self- isolate for 10 days before their procedure or to produce a negative polymerase chain reaction (PCR) test within three days of the date of their surgery. Surgical patients were segregated on arrival into their own waiting area.

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 hospital was purpose built over two floors. It was light and rooms were spacious. The theatre was on the ground floor.

All equipment was logged on an asset register which was kept at the Preston office. There were servicing records at Blackpool and we saw that all equipment was appropriately serviced.

All areas of the hospital were checked daily and this was audited. We saw that 100% of rooms had been checked in January 2022.

The hand pieces used in theatre were removed following each procedure and flushed through in the dirty utility room. Equipment was taken off site for decontamination.

There was a resuscitation trolley which was located outside theatre. There was a defibrillator on the trolley and an oxygen cylinder. There were daily checks and comprehensive monthly checks. We saw that all checks were documented and that this was audited. The audit for January 2020 was 100%.

There were daily water checks that were documented.

Staff disposed of clinical waste safely. There was a clinical waste audit which was at 100% in January 2022.

Assessing and responding to patient risk

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

There were daily team briefs in theatre to support communication within the theatre team.

The hospital used the World Health Organisation (WHO) checklist for cataract surgery. We saw in patient records that the checklists had been completed. The completion of checklists was routinely audited and was at 100% for January 2022.

All the registered staff were trained to level three immediate life support and other staff were trained to level two basic life support. When there were any patients in the hospital there was always at least one member of staff trained to level three immediate life support and two members of staff trained to level two basic life support on site.

Patients were monitored during their procedure for blood pressure and heart rate by theatre staff. We saw that these observations were recorded in the patient records. The eye to be operated on was identified by an arrow on the forehead of the patient. Patient details were checked during all stages of the pathway.

There were exclusion criteria for patients attending for surgery. The service would not accept anyone who had a cardiac event in the previous three months, anyone with severe heart failure, renal failure, or sepsis or anyone taking antibiotics.

Patients were not offered sedation by the service but could ask their GP for sedation if they felt they needed it. Patients were asked to inform the staff at the hospital if they had taken sedation for monitoring purposes and so the hospital could ensure that they had somebody with them overnight. The staff at the hospital told us that very few people required sedation.

Patients were screened for venous thromboembolism if appropriate.

Complex patients were referred to NHS specialist hospitals if necessary.

Patients were given an emergency contact number if they had any problems following surgery. This was the number for the provider. The administration staff also gave the local hospital number so that patients could contact the hospital if they had any concerns.

Medical and nurse 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.

There were four patient co-ordinators, four optical assistants who carried out diagnostics and had roles in theatre and two registered nurses. The service was fully staffed.

There were two optometrists and a surgeon who were permanently employed by the service and who rotated between the Preston and Blackpool locations. Staffing was organised by the Preston site for these staff.

Good

Surgery

The hospital used sessional staff including surgeons and optometrists. This was organised from the Preston office and all the staff had received a full induction. The manager told us that the same staff were used and had been attending the hospital since it opened.

The hospital occasionally used agency staff if they needed to cover sessions due to sickness/absence. All staff had a thorough induction and had a full understanding of the service.

Records

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

Patient notes were paper and on completion of all treatment they were scanned and stored electronically.

The patient record followed the patient journey through the surgical pathway. They were easy to follow and comprehensive and included medication charts and consent forms. There was a red box to highlight any allergies.

We viewed 10 patient records and all had been fully completed. Record completion was audited by the service and was at 100% in January 2022.

Records were stored securely in locked cabinets in offices with keypads.

On completion of treatment paper records were archived and were removed off site for storage.

Medicines

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

Medicines were stored in locked room in lockable cupboards. The temperature of the room was controlled and this was audited by the service.

All medicines were signed out of storage and there was a log with the opening balance of stock so that medicine usage was monitored. Batch numbers were recorded for each patient.

Expired stock was signed out by two members of staff and stored in blue bins. It was collected and removed off site when appropriate.

Medicines were mainly eyedrops given to patients following their cataract procedure as part of the integrated cataract pathway. The prescription chart was part of the patient record and was signed by the surgeon who carried out the cataract procedure. This was audited by the service and was at 95% in January 2022. An action plan had been put in place to improve compliance to 100%.

Medicine errors were monitored as part of the quality monitoring for the hospital and there had been no medicine errors in January 2022.

Medical staff could issue a prescription if necessary and prescription pads were kept in a locked cupboard and their use was monitored and audited.

Good

Surgery

Incidents

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

Staff knew what incidents to report and how to report them. There was an electronic system for incident reporting Incidents could be linked to patient records if appropriate.

Staff raised concerns and reported incidents as part of the incident policy for the provider organisation. The service had no never events or serious incidents in the last 12 months.

Managers shared learning with their staff about incidents and events that happened elsewhere in the organisation at monthly staff meetings.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong.

There was evidence that changes had been made because of feedback. There had been a recent incident where a patient had fallen on the stairs at the hospital. Visible tape had been put on the edge of the stairs to make them more visible. There had been two needlestick injuries in theatre where organisational policy had not been followed. Appropriate actions had been put in place following the incidents.

Managers investigated incidents thoroughly. Root cause analysis techniques were used and this was shared at the Clinical Effectiveness Group (CEG) meetings. The provider looked for any themes and trends across all the hospital sites.

The hospital was aware of any safety alerts relating to their service and these were discussed at the CEG.

Are Surgery effective?

Good

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

The provider had reviewed several standard operating procedures and policies so they were up to date with current guidelines. These guidelines from the National Institute of Health and Care Excellence included age related macular degeneration, glaucoma, diagnosis and management and cataracts in adults' management.

The hospital used an integrated patient pathway for cataract surgery and used a standard operating procedure for the pathway.

Good

Surgery

The clinical effectiveness group (CEG) was responsible for the oversight of clinical policies, procedures and guidelines. Clinical policies and standard operating procedures were a standing agenda item. The minutes of the meeting dated 8 December 2021 showed the medicines management policy had been updated and improved and the administration of eyedrops by non- registered staff had been clarified.

All new policies went through an equality impact assessment process before they were sent to the CEG for approval.

Nutrition and hydration

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

Patients were offered refreshments following surgery. Water was available throughout the hospital.

Pain relief

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

Staff assessed patients' pain using a scoring tool and medicines could be dispensed if required. Pain scores were recorded in the patient records.

Patients were given advice on post- operative pain following surgery.

Patient outcomes

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

The provider participated in the National Ophthalmic Database on cataract surgery from the Royal College of Ophthalmologists and showed that complication rates for cataract surgery were below the national average. A recognised complication of cataract surgery is posterior capsule rupture (PCR) and the database reported an anterior vitrectomy rate which includes PCR of 0.46% in 2020 to 2021 for this provider. The England average was 1.10%.

The overall complication rates for 2020 to 2021 were 0.78% % for the provider with an intra-operative complication rate of 0.62% and a post-operative complication rate of 0.13%.

In the period April 2021 to October 2021 the hospital carried out 1732 procedures. There were 21 complications which gave an overall site average rate of 0.29%. In January 2022 there were no unplanned returns to theatre, no returns to theatre within 28 days of discharge and one patient required a second procedure.

Each surgeon who worked for the provider had their outcomes and complication rates measured to identify any competence issues.

As part of the commissioning arrangements for the service, the clinical commissioning groups collected data including hand washing data, did not attend information, GP outcomes letters, general ophthalmology information and YAG laser outcomes. (YAG laser capsulotomy is the treatment for posterior capsule opacification, which is a common complication of cataract surgery.)

Good

Surgery

The hospital had a comprehensive audit programme including equipment, medicines, records, patient safety, surgical reporting, patient satisfaction and human resources. These were completed monthly and fed back to staff at monthly staff meetings. Action plans were put in place if the target of 95% was not achieved in each audit. The information was also shared with the other hospital sites at the clinical effectiveness group.

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.

There was a clinical education lead who had developed a clinical education team across the organisation. They had developed a competency framework for all the roles in the organisation to deliver the service. Training was provided by trainers for each area of the competency framework and staff were signed off when deemed competent.

There was an optical assistant role which involved some diagnostic work and some work in theatre. We saw the competency documentation for a new member of staff who was an optical assistant and how the various competencies had been signed off when completed and when the trainer was happy with their performance.

The service developed its own staff and there was succession planning. All staff had a development folder. We spoke with staff who said that they enjoyed the varied roles in the delivery of care.

Staff had annual appraisals and monthly one to one meetings with the service manager.

Practising privileges were granted and reviewed by head office for medical staff and for the optometrists. Competency assessments and induction for these staff was the responsibility of the head office in Preston.

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 worked well together across the hospital to provide safe care to patients. This included the surgeons and the optometrists.

Teamwork was effective in the delivery of care so that patients moved seamlessly along the treatment pathway. Staff understood their roles and supported each other.

There was an ethos of team work to support the delivery of care. Multidisciplinary team staff meetings were held monthly

Seven-day services

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

The service usually ran Monday to Friday with surgery starting at 8.00am. Additional theatre sessions were put on at weekends if necessary.

Good

Surgery

Health promotion

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

Patients were given advice on smoking cessation if appropriate**.**

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. The service used consent forms from the NHS and consent from four if patients lacked capacity.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. We saw that consent was documented in the patient record and was audited. In January 2022 the audit was 100%.

Staff made sure patients consented to treatment based on all the information available. The risks of surgery were part of the consent form.

All staff received and kept up to date with training in the Mental Capacity Act.

Treatment and surgery only took place on a person who lacked capacity if they were accompanied by their representative who had lasting power of attorney for health.

Consent was two stage. It was taken during the patient first visit to the hospital when they were seen by the optometrist and then again on the day of surgery by the surgeon.

Are Surgery caring?

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. There were thank you cards around the hospital thanking staff for their care and praising the service.

Patients said staff treated them well and with kindness. We spoke with five patients during the inspection. They said the care and treatment that they received was efficient and staff were caring. One patient said that the service could not be faulted. They had asked what they wanted to be called during their time at the hospital. Another patient said that they were delighted with their treatment and described the staff as very caring.

The hospital scored 98.8% on the patient satisfaction survey for January 2022, 95 patients were surveyed in the month.

Good

Surgery

Staff followed policy to keep patient care and treatment confidential. All staff had received training for customer service, confidentiality, and consent.

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. We saw that staff supported patients who were anxious about their surgery. Any patients who was anxious had this noted in their record so staff were aware of this when the patients attended for surgery.

We spoke with a patient who was anxious before surgery and they told us that the surgeon had been supportive. They had asked for a commentary on their surgical procedure which had helped their anxiety. Patients who had attended for treatment on their first eye almost always attended for treatment on their second eye.

Patient feedback about the service was that the staff gave patients confidence in the service and helped to put patients at their ease.

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.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. There were electronic devices to support patients and their relatives to give feedback about the service.

Patients said that staff listened to what they had to say and gave them time to make decisions about their treatment.

All the patients we spoke with were very positive about the service and the staff who worked at the hospital.

Are Surgery responsive?

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 needs of the local population. The service was provided for patients who lived in Fylde and Wyre. This is a large area and some patients lived a distance from the hospital. Transport was provided for patients who needed it. There was a minibus and a driver employed by the hospital and the hospital had accounts with local taxi companies to bring patients to and from the hospital. The manager said that this had helped to reduce the number of patients who did not attend for their appointment.

The hospital was purpose built on two floors. There was no lift but patients could be seen on the ground floor if required. All rooms were air conditioned. Toilets were wheelchair accessible.

Good

Surgery

Appointments were sent out from the main office in Preston and the administration team dealt with missed appointments and patients who failed to attend for appointments.

Following surgery patients were given a letter that they could take to their GP if they required any further eyedrops. They were also copied into the letter that was sent to their GP with details of the care and treatment they had received. Patients were given instructions on their eyedrops and how and when to administer them. District nursing services were contacted by the hospital if patients could not administer eye drops themselves.

Meeting people's individual needs

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

The service used a company to distribute their appointment letters and a text or email with a link was sent to provide the appointment details. There was a facility to change the language into the patient's language or to provide a larger text size if they required via the setttings on their phone.

There were patient care co-ordinators who planned support for patients prior to their appointment. There was a section on the patient record system for special requirements. This indicated if the patient needed a translator, if they had impaired mobility or used a wheelchair, if they had a learning disability or any mental health condition if they needed third party support with their appointments and treatment. This helped staff to anticipate the needs of the patients during their care and treatment at the hospital. Staff said that they could benefit from training on dementia to help them better understand the needs of these patients.

The service had undertaken an internal assessment of equality system delivery performance and a learning disability improvement standards report. These reports were produced by service commissioners and achieved the required standards.

There was an application on an electronic device that could translate words as they were spoken to patients in their required language. New languages could be added as required. Interpreters could also be booked if necessary.

There was a loop system for those patients who had hearing loss.

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.

At the time of the inspection there was a two week wait for surgery and a one week wait for a first appointment. When the service got busy additional surgical sessions were put on at weekends.

On the surgical pathway for cataracts, patients would see a community optometrist on day one for examination, assessment and referral through local pathways and referral management systems. Patients would attend the hospital on day six for a nursing assessment, consent for surgical listing. On day 10 patients would have their surgery at the hospital and on day 28 they would have their post -operative assessment at the community optometrist. A referral for treatment for the second eye could be made at this time if required.

Good

Surgery

The hospital had to cancel two surgical operating lists in January 2022. The was due to COVID-19. The patients had been reappointed quickly.

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 manager said that they tried to address any patient complaints while the patient was on site if they could.

The complaints policy and the organisational website contained details about the Health Service Ombudsman. There was no information about the Independent Sector Complaints Adjudication service.

The service audited verbal and written complaints. One of the last two complaints was about patient experience which had been resolved by the hospital. The other complaint was about a patient who did not meet the treatment criteria for the hospital.

Complaints were discussed at the clinical effectiveness group meetings to address any themes and trends.

Staff we spoke with said they understood the complaints policy and would work with patients and their relatives to try to address any concerns.

Are Surgery well-led?

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.

There was a clear management structure with lines of accountability and responsibility.

The Preston location was the main location for the service with senior managers including the chief executive officer (CEO) for the service based at that location. Most of the administration including patient appointments was conducted from Preston. Services and governance to support the surgeons and the optometrists were based in Preston. The Blackpool location provided services to patients and was almost a satellite centre.

The provider had a board and there were two sub-committees that fed into the board, the clinical effectiveness group (CEG) and the corporate risk group (CRG). All the hospital managers were members of the CEG.

Staff at Blackpool said that the CEO was a frequent visitor to the Blackpool site and they knew all the staff. The CEO had previously performed surgery at the Blackpool site but had recently retired from surgery.

Good

Surgery

The manager at the Blackpool hospital had been in post for about four months at the time of the inspection. They were hands on with a clinical role at the hospital. The hospital was organised, efficient and well run. The manager was respected by the staff, was visible, and approachable and staff we spoke with were full of praise for the manager.

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 provider had a strategy supported by organisational objectives and targets. The vision and values for the service were displayed around the hospital.

The provider worked with local optometrists and local optical committees to develop their services across the health economy.

The service was commissioned by the local clinical commissioning group (CCG) to reduce waiting times and waiting lists for the local population. There were several key performance indicators from the CCG to monitor patient safety and access and flow through the patient pathways.

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.

There was a culture of patient safety and effective teamwork at the hospital. All the staff who worked there said that it was a great place to work. There were opportunities for career development and we saw that several staff had been developed into new roles.

There was an open culture and staff were happy to raise concerns if they wanted to. There were monthly staff meetings for all staff and staff could add agenda items if they wanted to.

There was a staff survey across all the provider organisations and the last survey had a 76% response rate. Staff had responded in the survey about renumeration and holidays and changes had been made by the senior managers. A bonus scheme had been introduced and annual leave entitlement had increased with length of service.

The provider had conducted a workforce race and disability equality standards reports in January 2020. The workforce demographic was slightly above average for people from black ethnic minority backgrounds and there was no concerns of discrimination, verbal abuse or career progression. No concerns were found for the disability survey conducted in 2021.

Governance

Good

Surgery

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

There were effective governance structures, processes and systems of accountability to support the delivery of good quality services and safeguard standards of care.

There were two sub committees of the board, the clinical effectiveness group (CEG) and the corporate risk group (CRG). The aim of the CEG was to provide assurance to the board that clinical systems and processes were effective and robust. The CEG was attended by board members including the medical director, the director of clinical services, the chief operating officer and the hospital managers.

There was an action log so that all actions could be reviewed. The agenda for the meeting held on 2 February 2022 included safety notices or alerts, medicines, incidents, complaints, safeguarding incident, surgical complications and clinical education. The meeting was well attended.

Themes and trends could be identified at this meeting and actions from this meeting were fed down to staff through the monthly staff meetings.

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.

There were systems in place to identify and manage risk in the hospital. There was a risk register that identified the current risks with mitigating actions in place. Leaders were aware of the risks and were able to verbalise them.

The CRG met monthly and provided executive leadership of risk management, ensuring that it was aligned with risk management policy and the corporate risk register. The CRG was chaired by the quality, risk and compliance manager. Each departmental head was a member as was the medical director, interim chief operating officer and director of clinical services. Any significant issues were escalated to the Corporate Board.

Hospital performance was managed through the CEG and the use of the information systems available to the manager. The internal audit system was extensive and we saw that any issues were immediately addressed through action plans. Performance themes and trends from the different locations were discussed at the CEG.

The service had plans for emergencies and there were back-up generators in case of a power failure. There were weekly fire tests and staff knew what to do in case of an emergency.

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 clear performance measures and key performance indicators (KPIs), which were effectively monitored. This included a dashboard and clinical area KPIs.

Good

Surgery

The provider has been certified with ISO 27001 which is an international standard on managing data security and is reviewed independently. There was an internal audit plan to support the ongoing certification.

The provider had ongoing relationships with NHS Digital and other information governance experts. There was also certification to show that the organisation was protected against cyber threats.

There were comprehensive dashboards available to all staff about the performance data which was submitted to partner organisations.

All staff had training in data security awareness every year. This was at 100% at the time of the inspection.

Engagement

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

People who used the service were actively engaged and involved when planning services. Patients were regularly asked to complete satisfaction surveys on the quality of care and service provided. The hospital used the results of the survey to improve the service.

Staff told us they had regular team meetings. Information was shared with staff in a variety of ways, such as face-to-face, email, and noticeboards.

The provider had an engagement and marketing team with mobile staff who engaged with local optometrists. Their purpose was to engage with local optometrists and support local referral pathways. They also worked with clinical commissioning groups and they shared best practice with local optical committees.

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

There was a culture of performance improvement at the hospital with staff trying to improve patient safety and patient experience.

The comprehensive internal audit systems contributed to service improvement as staff could see the changes that needed to be made.

The clinical education team were supporting the staff development and service improvement.