

Custom Vision Clinics Limited

Custom Vision Clinic

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

We rated it as good because:

- Staff were compliant with mandatory training. All staff received the appropriate levels for safeguarding for their roles. Staff followed infection prevention and control guidance. All areas were clean and tidy. Risk assessments were completed for each patient. Staff had the right qualifications and skills to provide the right care and treatment. Staff kept comprehensive records regarding patient care, and these were stored securely. Medicines were safely stored in locked cupboards where appropriately. The service managed patient safety incidents well.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff gave patients enough to drink to meet their needs. Staff assessed and monitored patients regularly to see if they were in pain. Staff monitored the effectiveness of care and treatment. The service made sure staff were competent for their roles. Consultant Ophthalmologists, nurses, and other healthcare professionals worked together as a team to benefit patients. Staff supported patients to make informed decisions about their care and treatment.
- Staff treated patients with compassion and kindness. Staff supported and involved patients to understand their condition and make decisions about their care and treatment. Staff provided emotional support to patients, families, and carers to minimise their distress.
- The service planned care to meet the needs of local people 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. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- Leaders had the skills and abilities to run the service. The service had a vision for what it wanted to achieve. Staff felt respected, supported, and valued. Leaders operated effective governance processes, throughout the service. Leaders and teams used systems to manage performance effectively. The service collected reliable data and analysed it. Leaders and staff actively and openly engaged with patients and staff to manage the service. All staff were committed to continually learning and improving services.

However:

- The service should ensure that all risk assessments for substances hazardous to health (COSHH) are completed.
- The service should be able to provide written information available in a range of languages.
- The service should consider providing an audio induction loop for hearing impaired patients.
- The service should consider displaying information how to make a complaint in the relevant areas.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Refractive eye surgery	Good 	We rated it as good. See summary above for details.



Summary of findings

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Summary of this inspection

Background to Custom Vision Clinic

Custom Vision Clinic Limited first registered with CQC on 29 March 2017. The clinic provides diagnostic and screening services for ophthalmic conditions, along with laser eye surgery, lens replacement and keratoconus treatment and surgery. The service provides treatments for adult's patients who self-fund their care and treatment. The clinic has eleven permanent team members two consultant ophthalmologists one full time and one part time, one optometrist, two registered nurse, three ophthalmic technicians and an extended patient care team. The clinic operates as a day service.

Regulated activities for the service were diagnostic and screening procedures, surgical procedures and treatment of disease, disorder, and injury. The service has a registered manager in post. We have not inspected this service before.

How we carried out this inspection

The team that inspected the service comprised a CQC lead inspector, and one other CQC inspector and specialist advisor who had a background in Ophthalmology. The inspection team was overseen by Sarah Dronsfield Head of Inspection. We spoke with seven members of staff and four patients and reviewed 14 sets of patient records and nine staff files.

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






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Refractive eye surgery	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Refractive eye surgery

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

Are Refractive eye 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. Staff were 100% compliant with mandatory training. Mandatory training included basic life support, safeguarding, infection prevention and control and fire safety. Staff told us they were aware of what training was available and when they needed to complete it by.

The mandatory training was comprehensive and met the needs of patients and staff. Qualified staff completed medicines and laser specific accredited training. Staff told us that training was broad and relevant to their role.

Managers monitored mandatory training and alerted staff when they needed to update their training. The registered manager was responsible for ensuring staff completed their mandatory training. There was an online training matrix, which showed when staff training was due to expire.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. The clinic had a safeguarding lead and all staff had the appropriate levels of safeguarding for their roles. This is in line with intercollegiate guidance (2019).

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Although staff had received training in safeguarding, staff said they had limited opportunities to use their safeguarding training due to the nature of the service. Staff told us they would refer to the policy to make sure they were referring correctly. There were two flowcharts on display in the clinic advising who to contact with a safeguarding concern.

Cleanliness, infection control and hygiene

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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.

All areas were visibly clean and had suitable furnishings which were clean and well-maintained.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff were observed to adhere to bare below the elbow and had the correct personal protective equipment on when providing care. Staff washed their hands and used hand gel between patients.

Staff used records to identify how well the service prevented infections.

Cleaning records were up to date and demonstrated that all areas were cleaned regularly in line with the clinic's policy. Hand hygiene audits were carried out quarterly and showed 100% compliance at time of the inspection.

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

Staff worked effectively to prevent, identify and treat surgical site infections. There had been no healthcare acquired infections prior to inspection. There had only been one incident of endophthalmitis last year, the first case in 10,000 patients since opening. This incident was investigated and changes to practice identified and implemented.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The design of the environment followed national guidance. The facility consisted of the coach house and the grange clinic. Both sites include an open reception area, consultation room, an operating suite, and a diagnostic area along with pre-op and post op rooms. Toilet facilities were available and suitable for disabled access. The reception waiting area was bright and comfortable. The patients journey from admission flowed with ease into the consultation and surgical areas. The décor in the rooms were pleasant with murals on the wall.

Staff carried out daily safety checks of specialist equipment. There was resuscitation equipment available for use in a patient emergency. Staff completed daily checks of stock and tamper prevention seals were fitted to the emergency bag. There was also a defibrillator on site which was checked appropriately.

The service had enough suitable equipment to help them to safely care for patients. The laser suite was separate to the main clinic and theatre. The registered manager was the laser protection supervisor for the service. The operation keys for the lasers were kept in secure designated areas when not in use. The laser-controlled areas were clearly defined, and warning notices were clearly visible when in use. We saw evidence that all relevant staff had read and signed the 'Local Rules' and we saw these were followed in theatre. This was in line with the Medicines and Healthcare products Regulatory Agency Surgery (MHRA) guidance on lasers, intense light source systems and light-emitting diodes (LED's) – guidance for safe use in medical, surgical, dental, and aesthetic practices (September 2015).

Staff disposed of clinical waste safely. Waste was separated with colour coded bags for general and clinical waste. Sharps bins were assembled correctly and not overfilled. These were disposed of in line with national guidance. The

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service had agreements with external companies for the removal of waste which were in date. The controls were mainly in place for substances hazardous to health (COSHH), however, the folder containing COSHH risk assessments was deemed to be a 'work in progress.' Not all risk assessments had been completed but managers had printed out safety guidance for most of the products used in the clinic.

Assessing and responding to patient risk

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

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident. Patients were assessed for their suitability prior to treatment. A full medical history and eye examination of the patient was undertaken at pre assessment including allergies. Staff used the World Health Organisation five steps to safer surgery checklist prior to treatment. We observed staff making these checks and documenting the checklist.

In the event of a patient requiring an emergency transfer whilst undergoing care, this would be via a 999-emergency paramedic call and transfer. There was a resuscitation policy and the necessary resuscitation equipment was available.

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.

The service had enough nursing and support staff to keep patients safe. The service had planned staffing levels to keep people safe. The team was small and did not need to use a staffing tool to plan staffing numbers. The registered manager and nominated individual worked at the clinic full-time, there was also an optometrist on site during clinical hours.

The service had no vacancies at the time of inspection and the service had exceptionally low sickness rates. Managers limited their use of bank and agency staff and requested staff familiar with the service.

Managers made sure all bank and agency staff had a full induction and understood the service. We saw that bank staff completed a full induction and competencies check before working in clinical areas

Records

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

Patient notes were comprehensive, and all staff could access them easily and records were stored safely. The service used a mixture of paper notes and an electronic system. Patient details were collected and stored on the organisations electronic records system. This included information following pre-assessment, theatre, discharge, and post-operative care. Paper records were scanned onto the electronic system once completed. All scans could be viewed electronically. We reviewed 14 patient files and found the notes to be legible, complete, dates recorded where indicated and all notes contained signed consent documents.

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Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording, and storing medicines. All medicines were ordered from an external pharmacy. The clinic used both topical and local anaesthesia. Medicines was prescribed by the surgeon who had an Independent Prescribing qualification. Staff documented administered medications appropriately.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. During discharge, patients were given clear verbal and written instructions about the administration of their eye drops.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. Medicines were stored within the pharmacy store cupboard in a locked room. For medicines that required cold storage, a locked fridge was provided, and fridge temperatures were recorded. All medicines we checked were in date, labelled and sealed correctly.

Staff followed current national practice to check patients had the correct medicines. Prescription labels were attached to each medicine package clearly stating the patients name, date, and instructions for use.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. The clinic had access to a medicines management tool that helps to manage risks and improve outcomes.

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. They followed clear guidelines and could describe the process for reporting incidents.

Staff raised concerns and reported incidents and near misses in line with provider's policy. We were told about two incidents that had occurred from November 2021 to January 2022. We reviewed the incidents outcomes and action plans had been implemented and changes to working practices identified. The outcomes were shared with the teams.

There had been no serious incidents or never events prior to our inspection.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong. The registered manager and staff understood their responsibilities under duty of candour. Prior to this inspection there had been no incidents that met the threshold for duty of candour to be applied.

Staff met to discuss feedback and look at improvements to patient care. Every day the surgical team would have a debrief for each patient to discuss any ways where they could improve patient care.

Refractive eye surgery

Are Refractive eye surgery effective?

Good 

Evidence based care & treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Policies were stored electronically in date, version controlled and accessible to staff. Treatment was delivered in line with the Royal College of Ophthalmologists Professional Standards for Refractive Eye Surgery. We observed staff working and implementing guidelines from the National Institute for Health and Care Excellence (NICE).

Nutrition and hydration

Staff gave patients enough to drink to meet their needs.

Water, tea, and coffee machines were available in the waiting areas. Staff offered patients a drink whilst they were waiting for their appointment. Most patients only attended the hospital for a short period; therefore, food was not routinely provided.

Pain relief

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

Prior to treatment patients were given local anaesthetic drops and this was documented in their care record. We observed staff assessing patients' pain and comfort throughout their procedure. Patients were provided with a leaflet which gave advice on expected symptoms post-surgery and how to treat any pain they might have.

Patient Outcomes

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

The service had been accredited under relevant clinical accreditation schemes and the service participated in relevant national clinical audits. Outcomes for patients were positive, consistent, and met expectations, such as national standards. The clinic used data to monitor the safety and effectiveness of treatment. Data was collated and used to compare patient outcomes against national averages. We saw a report dated January 2021, which showed all five indicators for refractive eye patient outcomes exceeded the national benchmarking figures for refractive patient outcomes when compared nationally. The primary indicator of surgical quality for cataract surgery was the posterior capsular rupture (PCR) percentage score. The clinic scored 0.19%, which was better than the national benchmark average rate of 1.44%.

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Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. We saw managers were undertaking a comprehensive program of audits quarterly. When figures for audits fell below compliance level of 90%, managers increased the audit frequency to monthly and action plans were developed to improve care and treatment.

Managers shared and made sure staff understood information from the audits. We saw that audits were on the agenda to be discussed at team meetings.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's performance and held team 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. Staff had the appropriate skills, knowledge, and experience to deliver high quality care.

Managers gave all new staff a full induction tailored to their role before they started work. There was an induction program in place which included competencies, policies, and procedures. Staff did not practice in any role until assessed as competent. During induction, staff were able to observe all aspects of how the clinic operated and clinical procedures.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. We saw evidence that appraisals were completed for staff in the last 12 months.

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

They made sure staff received any specialist training for their role. There was an array of additional training needed to fulfil the various roles in the clinic. We saw signed competency training certificates for competencies such as biometry competency, visual field testing, preparation of theatre lists and visual acuity measurement competency.

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Every Monday there was a team brief meeting to discuss the plans for the week ahead and there was a briefing before the start of every shift. There was effective working between all staff at the location with good teamwork. One staff member told us they felt happy and relaxed working for Custom Vision and that everyone there was friendly. There were staff team meetings every three months.

Seven-day services

Key services were available to support timely patient care.

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The clinic was open Monday to Friday. Theatre lists mainly occurred every Tuesday, Wednesday, and Thursday. The service had just commenced late night opening every Wednesday to meet the needs of patients who could not attend in the daytime. The service did open on occasional Saturdays to meet patient demand. The surgeon was on call 24 hours a day for any patient to contact should they have post-operative concerns.

Consent, Mental Capacity Act and DOLs

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Staff made sure patients consented to treatment based on all the information available.

Staff supported patients to make informed decisions about their care and treatment. Consent was obtained in lined with national guidance. Only patients who could give informed consent were accepted for refractive eye surgery.

The patient pathways were explained in detail by the consultant to the patient. Written information packs about the range of treatment options, risks, benefits, complications, and costs of treatments were given to the patient.

Patients were given opportunity to change their mind throughout the patient pathway in line with Royal College of Surgeon guidelines, which state that consent requirements include a two-stage process of consent with a period of at least two weeks between the stages to allow the patient to reflect upon their decision.

We saw in the patients record that consent was clearly documented and that they were given a paper copy

Are Refractive eye surgery caring?

Compassionate Care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients said staff treated them well and with kindness. All staff introduced themselves at each stage of a procedure and were observed asking the patients questions about how they were coping with their treatments throughout.

Staff followed policy to keep patient care and treatment confidential. Discussions with patients took place in consulting rooms to ensure privacy and confidentiality

Understanding and involvement of patients and those close to them

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

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

Patients told us they received information in a manner they understood before and after the procedure. They told us they were very happy with the service received and had been afforded the opportunity to ask questions, so they were fully reassured before agreeing to undergo eye surgery.

Patients and their families could give feedback on the service and their treatment, and staff supported them to do this. Feedback from people who used the service and those who were close to them was continually positive. The service conducted patient surveys and, in the patient satisfaction survey of 2021, 100% of patients said that the service was excellent and 95% of patients said that staff were helpful. Patients were also able to give feedback via other consumer review websites.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff provided reassurance and comfort to patients both in private consultations and during the surgical procedure. The service did request patients attend their appointments alone, however patients that required a chaperone/ carer were able to have them attend.

Staff understood the emotional and social impact that a person's care, treatment, or condition had on their wellbeing and on those close to them. Staff were able to explain treatment details and potential side effects in a reassuring manner. We observed patients asking questions and staff were able to answer in a way in which the patient understood.

Are Refractive eye surgery responsive?

Service planning and 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.

The service treated adult patients only who were over the age of 21. The service had systems to help care for patients in need of additional support or specialist intervention. All cases were elective, and patients were pre assessed before surgery. Patients with specific needs such as physical disabilities were identified at pre assessment. This was a private clinic that patients elected to use through personal choice. The clinic could accommodate wheelchairs but there was no specialist lifting equipment such as a hoist. Patients unable to get onto a bed independently would not meet the criteria for surgery. Patients whose more complex needs could not be met by the service were referred on to a provider that could safely meet their specific requirements. Surgery that required general anaesthetic was undertaken at a local hospital

Meeting people individuals needs

Refractive eye surgery

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.

The service did not have information leaflets available in languages spoken by the patients and local community. Information leaflets given to patients suggested that patients, loved ones and carers could get help from interpreters or signers when needed. However, staff did not know how to access interpreters and said they would use their personal telephones to translate if required. There was no audio induction loop available for hearing impaired patients. We were told of a deaf patient who attended for a consultation who was able to ask questions of the surgeon and the surgeon typed the responses on the computer for the patient to read. The service agreed to look at this and to act.

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

Referrals were received by phone and patients were contacted within 48 hours to book an appointment for a pre-assessment clinic. Patients were also able to contact the service via the provider's website. Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed time frames.

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 complaints process was detailed in literature that was emailed to every patient who attended the clinic. The service did not display information about how to raise a concern in patient areas. Patients were asked to write to the registered manager and were given the email and postal address to send the complaint to. Staff understood the policy on complaints and were able to show us a system for reporting these. Managers investigated complaints, identified themes and any identified were investigated and audited in line with complaints policy. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers also shared feedback from complaints with staff, and learning was used to improve the service.

Are Refractive eye surgery well-led?

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.

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There was a clearly defined system of leadership for all staff working in the clinic. All staff we spoke to in the clinic were clear how the leadership structure worked. We observed good leadership that was visible and approachable. The service had a small team and the registered manager and nominated individual worked in the clinic full time. Staff that we spoke with told us they had confidence and trust in the leadership across the service.

Vision and strategy

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

The service had a vision. We were told by the consultant ophthalmic surgeon that they wanted to grow and develop the organisation and to continue to provide the highest quality service to enhance people's quality of life. We saw evidence of documentation that demonstrated their vision and strategy for the service. Staff that we spoke with understood the vision and had opportunity to have input into the development.

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.

Staff said they were very proud of the service they delivered and described their colleagues as supportive. All staff told us they had good working relationships with their colleagues. Staff lunches are paid for by the provider each day at the restaurant on the business park. Staff were patient focused, and the culture was focused on the needs and experiences of people who used the service. The patient experience was extremely important to all the team, and this was evident when we spoke to staff. Feedback that was gathered from patients was always discussed within the team.

Governance

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

The day to day running of the clinic was overseen by the clinical registered manager who would delegate roles to other leads. The clinic relied upon the expertise of the team for the safe and effective care delivered. The clinic had a program of internal audits used to monitor compliance with policies such as hand hygiene, WHO checklist and theatre briefs. Audits were completed on a monthly and quarterly basis and audit findings were shared at the clinical governance meeting. The clinic participated in national audits including the National Ophthalmology Database. The clinic was in the process of setting up a medical advisory committee (MAC) with an external consultant to oversee the clinical governance. We saw documentation to support this, and the first meeting was scheduled.

Managing risk, issues, and performance

Refractive eye surgery

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The clinic had a risk register which recorded key risks to the service. We found that each risk was described, with mitigating actions and controls in place. Risks identified were discussed at the clinical governance meetings. The clinic planned well for emergencies and staff understood their role if one should occur. Policies such as business continuity and fire safety, were accessible and detailed what action should be taken in the event of disruptive incident.

Managing information

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 clinic had clear performance measures and key performance indicators which were effectively monitored. The dashboard parameters were presented in a format to enable it to be used to challenge and drive forward changes to practice. The parameters had been set in agreement with local and national thresholds, which allowed the service to benchmark themselves against national outcomes.

Engagement

Leaders and staff actively and openly engaged with patients and staff to plan and manage services.

The service received feedback from the public through online surveys and the results were used to improve the service. It was clear they recognised the value of public engagement. Staff received updates via emails, newsletters written by a different member of staff each month and team meetings. The registered manager hosted an annual Custom Vision party (when able) and invited former patients to attend.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Leaders had introduced a new platform for collecting patient data ahead of their appointment; it included assessing their quality of vision and quality of life. We saw this platform was being used to measure patient outcomes to improve people lives and drive improvement. Leaders had plans to expand the service to develop an educational resource and develop local links with local teaching hospital.