Northamptonshire Newmedica Limited

Newmedica Community Ophthalmology Service

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

This is the first time we inspected this service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service generally controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They generally managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink 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, supported them to make decisions about their care, and had access to good information. Services were available 7 days a week.
- 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:

- At the time of the inspection, there was no alcohol gel available when entering the theatre environment, this was rectified following the inspection.
- We saw 1 member of staff wearing a necklace in the theatre environment and 1 member of staff not wearing a face mask correctly. Both were addressed on the day.
- We found medicines in theatre were not stored safely in locked cupboards when staff were not in the area. When we raised this, they were locked away and staff made aware.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	We rated it as good see the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to Newmedica Community Ophthalmology Service

Newmedica Community Ophthalmology Service is operated by Northamptonshire Newmedica Limited. The service started operating in March 2022. The Newmedica Group is commissioned by NHS organisations to provide ophthalmology services (clinical eye care) for mainly NHS patients.

The service also offers private patients access to services which accounts for a smaller part of their activity. The service is registered to provide the following regulated activities:

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

All surgery undertaken by the service is adults only, providing day case, ophthalmology surgery under local anaesthesia. There are no overnight patient stays. The ophthalmic team consists of:

- Ophthalmology consultants
- Optometrists
- Registered nurses
- Clinic assistants
- Theatre technicians
- Administration staff.

Support services are provided from a central team, this includes NHS commissioning, contract management, finance support, governance and policies, IT systems and marketing.

The location had a registered manager who had been in post since the location opened and was first registered with CQC in March 2022.

From October 2022 to September 2023, the service undertook 3,268 surgical procedures. The majority of these patients were seen as part of the cataract surgery pathway or for glaucoma treatment.

The main service provided at this location was surgery with the majority of outpatient appointments being provided as part of the surgical pathway. We did not inspect the outpatient services separately as part of this inspection as the main service was surgery.

This was our first inspection of this location.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on 3 October 2023. The team that inspected the service comprised of 2 CQC inspectors. During the inspection visit, the inspection team:

- Spoke with the registered manager and 10 members of staff, including registered nurses, a consultant, clinical support staff and administration and human resources staff.

Summary of this inspection

- Spoke with 4 patients.
- Looked at 5 patient medical records.
- Observed care and treatment provided in the centre.
- Looked at a range of policies, procedures, audit reports, notes and other documents relating to the running of the service.

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 SHOULD take to improve:

- The service should ensure that staff comply with infection control practices. (Regulation 12: Safe Care and Treatment).
- The service should ensure that all medication is locked in stored cupboards when not in use. (Regulation 12: Safe Care and Treatment).

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Is the service safe?

Good

This was the first time we inspected the service. We rated it as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training. The service provided mandatory training for staff and monitored completion rates. Staff told us they received reminders to complete mandatory training and were also reminded at staff meetings.

The service provided statutory and mandatory training using a combination of 'face to face' training and e-learning. Training included modules in fire safety, conflict resolution, equality, diversity and human rights, mental health training which included learning difficulties and dementia, infection prevention and control, basic life support and moving and handling. Staff had a list of training they would need to complete dependent on their job role. Compliance with mandatory training was 98% which exceeded the 95% target.

Consultants completed mandatory training within their substantive NHS post. They provided annual confirmation of completion of this training to the service in line with the organisation's practising privileges policy. They also had access to the training provided by the service.

Managers had implemented a monthly 'all stop' day (where clinical activity did not take place and staff focused on updating their skills, learning and governance updates), where they could update their mandatory training.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse.

Good

Surgery

Safeguarding training was provided to level 2 in safeguarding adults and children for all staff working within clinics and theatres. Administrative staff received level 1 and level 2 training in safeguarding adults and children. This was in line with national guidance.

There were 2 staff within the service who were trained to level 3 safeguarding. The central governance business partner for the organisation received level 4 training and the head of quality and patient safety received level 5 training.

Staff knew how to identify adults and children at risk of, or suffering significant harm and, if needed, would work with other agencies to protect them.

At the time of the inspection 100% of staff who required training had received adult safeguarding training at levels 1, 2 and 3 and childrens level 1. This exceeds the target of 95%. For level 2 childrens safeguarding training, 95% of staff had completed this, which met the target of 95%.

The service had separate safeguarding adults and safeguarding children policies which were within review date and referenced relevant legislation and guidance. This contained information for staff on how to identify adults and children at risk. Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had a clear process for reporting safeguarding concerns, using an electronic reporting system. This meant if a safeguarding incident was reported it would be automatically flagged to relevant safeguarding leads. Safeguarding concerns were discussed at monthly quality and improvement meetings, attended by the operational director who shared the learning with staff.

There were no safeguarding incidents reported in the 12 months prior to our inspection.

Recruitment pathways and procedures were in place to ensure relevant recruitment checks had been completed for all staff. These included a Disclosure and Barring Service (DBS) check, occupational health clearance, references and qualification and professional registration checks.

Cleanliness, infection control and hygiene

The service generally 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, including clinic and theatre areas were visibly clean, tidy and had suitable furnishings which were clean and well-maintained. There were adequate storage facilities, no items were stored on the floor. Storage areas were tidy and free from clutter. Seamless easy-clean floor coverings were used throughout all clinical areas, waiting rooms and toilets. This made cleaning easier and more effective.

The environmental cleaning was provided by a contractor out of hours. The service carried out spot checks and audits to ensure completion and oversight. Staff carried out daily cleaning of the equipment and environment. We saw cleaning and alcohol wipes were available throughout the clinic.

The service had an up-to-date infection prevention and control policy which included information on hand hygiene, cleaning, waste, specimens and managing communicable disease.

Decontamination and sterilisation of equipment was sent to an external company. We saw a trolley in the dirty utility room with equipment ready for collection. Clean and sterile equipment was stored in a clean storage area. Some single use items were also used.

Good

Surgery

Staff generally followed infection control principles including the use of personal protective equipment (PPE). However, we saw 1 member of staff wearing a necklace in the theatre environment and 1 not wearing a face mask correctly. Both of these observations were fed back and addressed on the day.

Hand-washing and sanitising facilities were available for staff and visitors. We observed staff using hand sanitising gel appropriately during the inspection. There was no hand sanitising gel available when entering the theatre environment. We provided feedback on the day and following our inspection, we saw evidence that a hand sanitising gel dispensers were positioned outside the theatre door.

The service provided staff with PPE, such as gloves and masks.

The service performed consistently to a high standard for infection prevention and control, hand hygiene, waste, and sharps management. Audits undertaken from September 2022 to August 2023 showed cleaning audits were above 98% and hand hygiene audits were above 93%. We saw evidence of learning from audits and staff were given reminders about hand hygiene.

Most staff wore theatre scrubs including admin staff. Staff were given enough scrubs and took them home in plastic bags with instruction on washing them. Staff would change on arrival to work and before they left work.

Staff worked effectively to prevent, identify, and treat surgical site infections (SSI). From March 2022 to August 2023 there was 1 SSI reported and, the SSI rate was 0.03% over this time. We saw evidence that staff had collaborated with the local NHS trust in managing this SSI and the patient was offered additional appointments.

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 service had suitable facilities to meet the needs of patients. The building had been adapted prior to opening to suit the needs of patients. There was adequate car parking directly outside with access from the front and back of the building.

The building was modern, with the service located on the ground and first floor. The reception area, outpatients and administrative office were all based on the ground floor. Theatres and the recovery area were on the first floor with lift access. Theatres was designed to allow a smooth patient flow. There was a wheelchair available if required and there were accessible toilets on both floors. Access to administrative offices and theatres was restricted with keypad access.

There was appropriate ventilation in the operating theatre in line with national guidance Health Technical Memorandum 03.01 on specialist ventilation. We saw certificates of compliance with air changes, ongoing maintenance, and information on daily checks.

The service had undertaken legionella testing, water outlets and sinks were flushed to reduce the risk of legionella build-up in line with Health and Safety Executive guidance.

Fire extinguishers had within date service checks and there were signs pointing out fire exits throughout the service. There were dedicated fire wardens who carried out fire and evacuation scenarios.

Substances deemed hazardous to health were locked away inside the clinical store which was also locked and controlled by keypad access. This meant people using the service did not have access to substances which could damage their health.

Staff carried out daily safety checks of specialist equipment, such as the resuscitation trolley. Resuscitation equipment was easily accessible and located on a purpose-built trolley in the theatre area. There was an emergency grab bag in the outpatient's area. The resuscitation trolley would also be brought to outpatients if required. Resuscitation equipment had been checked daily and an up-to-date checklist confirmed all equipment was ready for use.

There was a dedicated room for YAG (Yttrium Aluminum Garnet) laser procedures (treating cloudiness after cataract treatment). Specific staff were trained to use the equipment required for this procedure. The service had dedicated laser supervisors to ensure safety of the equipment and room. The room had a visual 'in use' warning sign outside the door to show when the room was in use and to alert staff not to enter.

The service had enough suitable equipment to help them safely care for patients and up to 2 hours of uninterrupted power supply if there was power failure.

Staff disposed of clinical waste safely. We saw bins with appropriate labelling for different kinds of waste. The waste was bagged and stored in a sealed unit until collection outside the building in a dedicated area.

Sharps boxes we saw were not over filled and were labelled correctly.

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.

The service provided ambulatory care where no general anaesthesia or sedation was used. All treatment was carried out as a day surgery admission under local anaesthetic. The service had a clear inclusion and exclusion criteria. Consultants completed assessments for each patient at their first outpatient appointment. Checks were made to ensure the patient was suitable to undergo surgery. Patients who did not meet the criteria were referred back to the referrer or local NHS hospital for onward referral. For example, staff described an incident where a patient's blood pressure was high on the day of surgery. The surgery was cancelled, and they were referred to a local NHS hospital for investigations and further treatment.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Patients had to be medically fit for surgery before the service could deliver treatment and so deterioration was rare. However, appropriate equipment, training, and protocols were in place. All patients attended a pre-operative assessment prior to surgery to ensure they were fit enough for surgery. Patients would receive a call 24 to 48 hours prior to admission to check if anything had changed with their medical history or medication and to answer any patient queries.

All staff were trained in basic life support (BLS). Registered healthcare professionals were trained in immediate life support (ILS). Surgeons were trained in ILS. If a patient deteriorated the service would commence emergency treatment and dial 999 for assistance. Following recent learning from the quality improvement forum there would always be a staff member trained in ILS on duty when clinics and theatre were running. We saw the compliance for BLS and ILS training was 100% with refresher training booked in October 2023.

Good

Surgery

World Health Organisation (WHO) checklists were completed in line with the National Patient Safety Agency and surgical safety including the completion of safety checklists. We reviewed 5 patient records and saw WHO checklists were completed correctly when required. The WHO checklists were audited monthly, and we saw compliance was 100% from July to September 2023.

Patients could access a 24-hour emergency telephone line. A duty manager was on call; they would verbally assess the patients' needs and staff could contact the consultant for advice if required. The registered manager was always available out of hours.

Staff shared key information to keep patients safe when handing over their care to others. Information relating to individuals who had received treatment at the service was passed on to their GP and optician to ensure information was shared. Post operative and follow up appointments were generally carried out by local opticians, but the service also offered appointments to patients and would follow up care if required.

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, staff a full induction.

The service had enough nursing and support staff to keep patients safe. Staffing levels reflected demand on the service and known treatment support needs. The organisation had agreed minimum staffing for the service and surgery would only proceed when the standard staffing levels and skill-mix was confirmed. The manager could adjust staffing levels daily according to the needs of patients. All theatre lists were pre-planned so the number of staff required for each shift could be pre-determined. Surgery was always consultant led. As a minimum there were 2 registered nurses and 2 theatre assistants, this was in line with guidance from the Association for Perioperative Practice. The registered manager advised us that if there were not enough staff the list would not go ahead.

Two optometrists were employed, and they mainly manage the glaucoma and cataract pre-op assessment services.

Managers limited their use of bank staff and used regular staff familiar with the service. All staff had a period of induction, and supervision where required, on commencing work at the service.

Nursing staff had completed their Nursing and Midwifery Council re-validation checks and updates to develop their competencies.

The service regularly reviewed staff absence and recruitment and retention information. At the time of our inspection there were 2 theatre nurse vacancies and 1 administrative vacancy. When a staff member left, the role would be reviewed to assess the needs of the service.

Medical staffing

The service had enough medical 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 locum staff a full induction.

Good

Surgery

The service had enough medical staff to keep patients safe. There were 4 clinical partners who were consultant ophthalmologists. All were registered on the general medical council. Any training and appraisals carried out within their substantive NHS posts were shared with the service. They also had access to the online training.

Assessments of applications for medical staff were carried out by the central Medical Advisory Committee (MAC). Consultants generally had fixed days when they would work at the service and activity was split between outpatients and surgery. There was a policy for fitness to practice which included information required to be able to work within Newmedica services.

Locum consultants were used to support the service and cover annual leave. Locum consultants had the same application process as substantive posts and required MAC approval.

The service had recently agreed to support medical doctors training. Medical staff who worked with the consultant in their NHS post could also work at Newmedica Northampton to support their training and development. During our inspection we saw 1 junior doctor working under the supervision of a consultant.

The service had a consultant on call during evenings and weekends, 365 days a year.

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. We reviewed 5 patient records for a mixture of conditions. They contained patient's consent forms, pre-operative assessment, procedure records and discharge information. We found consent was completed in those patients requiring it, notes were legible, signed and dated by staff. Where patients were undergoing cataract surgery the cataract care pathway was completed in full in line with the WHO safety recommendations. All labels for lenses and equipment sets were attached.

Records were stored securely in the administrative area in locked cabinets. Only authorised staff had access to them. Patients' records were passed between staff and departments safely and not left unattended. Some patient records and tests were available electronically. Computer systems were password protected.

Medical record audits were carried out monthly and we saw compliance was 100% from July to September 2023. Monthly audits were also carried out on biometry patient notes to ensure all information was recoded correctly. Audits from March to August 2023 demonstrated 100% compliance.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. The service had a medicines management policy, which ensured staff practices were in line with national guidance.

Checks were made to ensure any out-of-date medicines were disposed of. No controlled drugs were used within the service. Medicines were prescribed by consultants.

Good

Surgery

Staff generally stored and managed all medicines and prescribing documents safely. Medicines were stored neatly and securely within locked cupboards. However, during the inspection we found drugs in the theatre were not stored safely in locked cupboards when staff were not in the area. When we raised this, they were locked away and staff were made aware.

Fridge temperatures were monitored electronically, and staff checked to ensure these were within the required range. We saw evidence these were monitored and recorded daily when the building was open.

Staff completed medicines records accurately and kept them up to date. We viewed 5 patient records where medicines had been prescribed and saw that all medicines prescribed were signed for by a consultant. Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Patients were given verbal and written advice when discharged.

Ophthalmic assistants were trained to dispense eye drops to patients and completed specific competencies for this role. They also prepared drugs and eye drops to take home, which were checked by the registered nurse or consultant prior to dispensing. There was a local policy to support this practice.

The medicine cupboard keys were kept in a locked drawer in the recovery area in the theatre. However, during our inspection we saw the key was left in the locked drawer, but the nurse was still in the area at this time. We raised this with the manager during our inspection.

Medicines management audits were carried out quarterly, the last audit in July 2023 was 100%.

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. The service used compliance software to report and record all incidents. All staff we spoke with were familiar with this software and were comfortable using it to report incidents. The service had a policy for incident reporting which outlined the expectations for staff in the event of an incident.

From October 2022 to October 2023, the service had reported 91 incidents. No serious incidents or never events had occurred during this time. Incident rates were compared to other Newmedica locations nationally and monitored for trends and themes. Themes included delays in treatment, errors on patient information, patients attending on the wrong days and medication left unattended.

Leaders described a good reporting culture amongst staff and staff felt happy to raise concerns. We saw at the 'all stop' day meetings all staff were provided with information on any learning from incidents both locally and from other sites. Learning included improving communication, checking of patient information and changing storage arrangement for eye drops. We saw information that patient safety alerts were shared with staff.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if things went wrong. All staff we spoke with were clear in their understanding of the duty of candour and felt the service was open and honest.

Good

Surgery

Is the service effective?

Good

This was the first time we inspected the service. We rated it as good.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service followed National Institute for Health and Care Excellence (NICE) guidelines. Policies we reviewed were up to date and had been approved by the appropriate governance processes. The policies were referenced and developed, in line with the Royal College of Ophthalmologists standards. There were standard operating procedures and established pathways to support staff available on the organisation's intranet and staff knew how to access the documents. Policies were monitored at a corporate level to ensure consistency amongst each Newmedica services. Staff were provided updates of changed policies through 'bitesize bulletins' and there were discussions of policies at local and national meetings.

The service used National Safety Standards for Invasive Procedures (NatSSIPS). NHS England recommends use of NatSSIPS as best practice to improve patient care and safety. The service used a Local Safety Standards for Invasive Procedures (LocSSIPs) based on NatSSIPS. We saw quarterly audits were carried out. At the time of our inspection the most recent audit has taken place in July 2023 which showed 100% compliance.

Nutrition and hydration

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

The service provided treatment under local anaesthetic so there was no restriction on diet or fluids before surgery. Staff made sure patients had access to food and drink if required. Patients attending for day surgery were offered tea and biscuits following operations. Hot and cold drinks were available in the outpatient's department. Staff told us if the patient required any further meals, they would buy them on the day.

Pain relief

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

Staff assessed and managed the pain of patients well. Surgery was undertaken using local anaesthetic. Staff monitored for signs of pain or discomfort throughout the patients care and treatments. Monthly pain audits were carried out with showed compliance was consistently100%.

Staff gave patients verbal and written advice should they feel any discomfort or pain on discharge.

Patient outcomes

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

Good

Surgery

The service participated in relevant national clinical audits. Managers and staff used the results to improve patients' outcomes. All staff were actively engaged in activities to monitor and improve quality and outcomes.

The service participated in relevant national clinical audits. They submitted data to the National Ophthalmology Database Audit (NODA) run by the Royal College of Ophthalmologists. NODA measures the outcomes of cataract surgery. At the time of our inspection the service had not received a full report of outcomes as they had not been operating long enough to submit full data. However, they reviewed the data which showed they had positive outcomes for patients.

Managers used information from the audits to improve care and treatment. Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Managers shared and made sure staff understood information from the audits. We saw evidence of monthly and quarterly audits, information was shared with staff and action taken if required, such as reminding staff about documentation.

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. A number of checks were carried out by the organisation before staff commenced employment. We saw a database which demonstrated when each individual employee had completed a clear disclosure and barring (DBS) check, references had been taken and checks on qualifications had been made. For consultants this also included general medical council membership, indemnity insurance and revalidation and appraisal dates. For nursing staff information collected included DBS issue number, references and nursing and midwifery council pin numbers.

Managers provided a full induction to all new staff tailored to their role. All staff underwent a 6-month probationary period when they started working within the service. Staff were expected to have an oversight of all areas of the service and spent time in each part of the service as part of their induction. Staff told us they felt their induction was comprehensive and they had been well supported.

Staff had to pass competency assessments in their own area of work before the end of the probationary period. They had a regular one to one meeting with a manager during their probation period and regularly thereafter. Annual appraisals took place where staff could discuss training and development needs. At the time of our inspection 85% of staff had completed an annual appraisal, with 2 outstanding which were planned to be completed in October 2023. The registered manager carried out weekly one to ones with team leaders and daily huddles took place to review staffing and raise any concerns.

Staff were proactively supported and encouraged to acquire new skills. The provider had a one-year management course for aspiring managers. They supported staff to complete the course and gave them time to complete self-directed learning and develop new skills. The service provided in-house training for theatre and ophthalmic technicians. We saw evidence staff had attended these course.

The service had link nurses for certain roles such as infection prevention and control. These roles were to raise awareness in a specific topic, carry out audits and be a role model.

Staff who undertook YAG (Yttrium Aluminum Garnet) laser procedures (treating cloudiness after cataract treatment) were trained to use this equipment. The service had dedicated laser supervisors to ensure safety of the equipment and the environment.

Good

Surgery

Newly appointed consultants were given a reduced theatre list to enable them time to become familiar with the environment, equipment, and processes. The theatre lists were increased gradually to allow them time to become familiar with the service.

Managers made sure staff attended team meetings or had access to minutes when they could not attend. All staff were expected to attend a monthly governance day and were provided with minutes should they not be able to attend. This was an opportunity for all staff to come together as no operations or clinics would take place on this day. During the 'all stop' day there was a governance meeting, information was shared with staff, and they could update their mandatory training.

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 across health care disciplines and with other agencies when required to care for patients. Staff worked effectively with referring partners such as community opticians and shared information to ensure continuity of care. GPs and opticians were contacted to share information about patients and their treatment with the provider to ensure all agencies could care for patients safely and effectively.

We observed positive communication taking place amongst staff and staff told us they worked well together and felt part of a team.

Seven-day services

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

The service was provided 7 days a week.

Following their surgery patients had access to an emergency contact number which was accessible 24 hours a day 7 days a week. A manager and a consultant were always on call to provide advice and guidance should a patient have concerns following surgery.

Health promotion

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

The service supported that national priorities to improve the populations health. Patients completed a lifestyle questionnaire and information on falls, weight and smoking were provided.

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 had an up-to-date consent and mental capacity policy which included information on general consent and the Mental Capacity Act 2005 (MCA). Compliance with MCA training was 100%.

Good

Surgery

Consultants assessed patients for their suitability for surgery. When patients could not give consent, staff made decisions in their best interest, considering patients' wishes and liaising with their carers and relatives, although staff told us this was very rare. Consultants provided patients with information on their treatment. Leaflets were provided to patients relating to specific eye conditions that would be treated by the service. The providers website also provided patients with information about eye conditions and treatment.

We saw staff clearly recorded consent in patient records. They provided information on the potential risks, intended benefits and alternative options before each treatment. We reviewed the records of 2 patients who had been for surgery on the day of our inspection. We found consent had been recorded appropriately.

Consent audits were carried out monthly. From July to September 2023 the compliance was 100%.

Is the service caring?

Good

This was the first time we inspected the service. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

Patients said staff treated them well and with kindness. One patient told us that 'the service was very good from the moment I walked through the door.' Another patient told us staff were compassionate, friendly, and welcoming. We observed staff spoke politely and with respect to patients attending the service.

Staff followed policy to keep patient care and treatment confidential. We saw doors were closed when treatment and conversations occurred. We witnessed staff knocking on doors before entering a room and staff introduced themselves.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients.

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. Patients told us staff explained clearly what to expect following treatment and they knew who to contact if they had any concerns.

Staff understood the emotional and social impact that a person's care, treatment, or condition had on their wellbeing and on those close to them. The service offered patients the opportunity to have an additional member of staff in theatre who could hold their hand and offer support, reassurance and distraction during surgery. There was a policy on hand holding and all staff including admin staff could take on this role.

Good

Surgery

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. The service provided patients with information on their procedure, and this was also available on the service website.

We spoke with 4 patients, and they told us they felt involved in their care. One patient told us they had sufficient information for what was happening before, during and post-surgery. They also knew who to contact if they needed anything. Another patient told us that staff took time to explain everything, and they could ask questions.

Patients gave positive feedback about the service. From April to July 2023, the average friends and family response rate was 37%. Patients who responded stated they were extremely likely or likely to recommend the service to friends and family. The service also carried out a carers feedback survey. The results were positive with 100% of carers agreeing or strongly agreeing that they were treated with respect and involved in the patient's assessment and discharge process.

Is the service responsive?

Good

This was the first time we inspected the service. We rated it as good.

Service delivery to meet the needs of local people.

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services, so they met the needs of the local population. Most patients were funded through the NHS. The service supported the NHS to undertake ophthalmic procedures where there were large numbers of patients waiting to be seen. The service had contracts with local integrated care boards and worked closely with them to understand demand.

Patients could self-refer for private appointments or were referred by their GP or optician.

The organisation managed patient referrals on an electronic patient administration system. Patients could choose to attend the service including a time and day suitable for them.

Managers monitored and took action to minimise missed appointments. From April to August 2023, 2% of patients cancelled or did not attend appointments. The service contacted patients to make further appointments if required.

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.

The service was fully accessible to patients with limited mobility and wheelchair users. There were disabled parking bays, accessible toilets, and a lift if required. A wheelchair was available on site for patients who needed it.

Good

Surgery

Managers made sure staff, and patients, loved ones and carers could access interpreters or signers when needed. Information on interpreting services was readily accessible and there were information leaflets available in different languages. Staff had access to a telephone interpreting service, we saw posters advising staff how to access this. During our inspection we saw an interpreter on site being used for a patient consultation.

Patients could request a chaperone to accompany them to their appointments.

Patients were day cases who did not require overnight stays and they were provided with light refreshments, such as biscuits, tea, coffee, and water.

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.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The waiting times for NHS patients were within the required 18-week referral to treatment time (RTT) target. From October 2022 to September 2023 the service completed 3268 surgical procedures, the majority were cataracts. The service proactively collaborated with the integrated care board on waiting times. From October 2022 to September 2023, 96% of patients RTT was within 18 weeks.

The service monitored waiting times and ensured no one waited too long for treatment. Referral could be made directly from a GP or an optician. Appointment times were flexible, and we saw patients were given a choice of dates and times.

Surgery times were staggered so patients did not have to wait too long before they were seen, and the waiting area did not become crowded. On the day of our inspection appointments were running to time.

There was a comprehensive pre-operative assessment to reduce risks and complications. This ensured the patients were fit for surgery and reduced delays to their treatment pathway. Patients received a phone call 24 to 48 hours prior to treatment to ensure nothing had changed with patients' medical history or medication.

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.

Patients, relatives and carers knew how to complain or raise concerns. Information on how to make a complaint was available at the service. We saw posters and leaflets in the main reception area clearly advertising how a patient could raise concerns or make a formal complaint.

Any concerns or complaints raised informally were monitored for themes and trends. Staff understood the policy on complaints and knew how to handle them. All staff we spoke with were comfortable in handling complaints and were able to advise what action they would take. All staff were familiar with the duty of candour and stated they were honest and open with patients.

Managers investigated complaints and identified themes. The service had received 2 formal complaints from September 2022 to August 2023, both had been responded to within 20 working days.

Good

Surgery

Managers shared feedback from complaints with staff and learning was used to improve the service. We saw information about complaints was discussed at the staff all stop day and learning about improving communication was shared.

Is the service well-led?

Good

This was the first time we inspected the service. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

There was effective leadership at all levels. Leaders demonstrated the required levels of experience, integrity, capacity, and capability needed to manage and lead the service. Leaders understood the challenges to quality and sustainability and took proactive action to address them. Managers demonstrated leadership and professionalism.

The clinical service was led by an operations director who was also the registered manager. There were 4 clinical partners who were consultant ophthalmologists. The operations director and clinical partners were supported by a lead for each service including a theatre manager and an outpatient's manager.

The service was led on a day-to-day basis by the operations director who was based full-time within the service. Each service lead had clearly defined roles and responsibilities. This was supported by an effective recruitment program ensuring the skills and abilities of leaders matched the job profiles required within the service.

The registered manager was the operational director for the service who also attended several committees within the national Newmedica group. The nominated individual for the service was a consultant partner who worked clinically within the service. All consultants were invited to the central medical advisory committee (MAC) or had access to the minutes.

Staff spoke highly of the registered manager and their ability to lead the team. Staff told us managers were accessible, visible, and approachable. One member of staff said the support of the registered manager was always available and another said they felt they could call on any of the managers and consultants if there were problems. There appeared to be a cohesive working relationship between leaders in 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.

The service had a clear vision and strategy. The vision was 'changing lives through better sight and eye health' to make a positive difference to people's lives. There was a realistic strategy for achieving the priorities and delivering good quality sustainable care.

Good

Surgery

Staff understood the vision and quality measures of the service and how it had set out to achieve them. Staff said they were working to make a positive difference in people's lives. The staff worked in a way that demonstrated their commitment to providing high-quality care in line with this vision.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Managers supported an open and honest culture by leading by example and promoting the service's values. All staff we spoke with felt supported, respected, and valued. The culture was centred on safety and the needs and experience of patients. Staff told us they felt proud to work in the organisation. The culture encouraged openness and honesty at all levels within the organisation. Staff told us they felt able to raise concerns and they were listened to by the leaders of the service. Staff described a 'no-blame culture' which empowered them to raise any concerns.

The service encouraged feedback from patients and their carers and reviewed these and shared any comments and learning with staff. We saw a 'You said,' 'We did' notice boards in the main waiting area that included comments from patients such as patients raising concerns about travelling to the centre, the service now send a map and directions with appointment letters.

The service provided opportunities for career development. Staff had attended leadership courses and theatre practitioner courses to enhance their skills. Staff could discuss their learning needs during their one-to-one discussions with managers.

The service recognised staff achievements, birthdays and life events and celebrated these with staff. They held staff social events and recognised staff that had been named as providing good care.

All managers and staff worked collaboratively to improve care, treatment outcomes, quality and patients experience throughout the entire service.

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.

Nationally there was an integrated governance framework which the service was aligned to. Monthly committee meetings took place and were attended by the service leads. These included the MAC, quality management meeting, information governance and executive committee and then a board meeting with directors. Sub board committees and forums reported into these meetings. All levels of governance and management worked effectively together. We saw minutes from both the central and local MAC which included information on incidents and lessons learnt, complaints, audits, training, and recruitment.

The local governance structure included daily safety meetings and monthly governance meetings. Each month an operations and governance meeting would take place where the whole team came together for an 'all stop' day.

The service held regular meetings with the local integrated care boards. They provided monthly governance and quality reports, which included patients' data, outcomes, incidents, complaints, and audits.

Good

Surgery

Staff were clear about their roles and accountabilities and timely information was provided on key performance indicators.

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.

Systems were used well to monitor and manage performance. The service had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service.

Performance and risks were discussed at all levels within the governance system. A systematic programme of clinical and internal audit was undertaken to monitor quality, operational processes, and systems to identify where action should be taken. Records showed audits were discussed at various management and staff meetings.

There were arrangements for identifying, recording and managing risks, issues and monitoring mitigating actions. The service had a risk register which used a tool to identify the impact of the risk on the service and assigned a level of risk. Examples of risks included information on managing COVID-19 and potential impact on supplies. The risk register included mitigations and was regularly reviewed by leads as part of the governance structure.

The service had a business continuity plan that could operate in the event of an unexpected disruption to the service.

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.

There were arrangements to ensure data or notifications were submitted to external bodies as required. The information used in reporting, performance management and delivering quality care was consistently accurate, valid, reliable, timely and relevant. The service had an electronic quality management system, which monitored the performance of the service through data collection on all aspects of the service including incidents, complaints, mandatory training, and audits. Integrated reporting supported effective decision making. All staff had access, with secure logins, to the organisation's intranet to gain information relating to policies, procedures, national guidance and e-learning. All staff were able to demonstrate the use of the system and retrieve information. Staff knew to log out of computers when they were left unattended.

The service had arrangements and policies to ensure the availability, integrity, and confidentiality of identifiable data. Records and data management systems were in line with data security standards. The service provided information governance training for staff.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services.

The service engaged well with patients, staff, and local organisations to ensure people’s views and experiences were gathered and acted upon to improve services. Complaints had been reviewed by service leaders and responses given to patients. Patients were given the opportunity to talk through their complaints with the manager if they wanted to.

Good

Surgery

Patient feedback was sought through different ways including feedback from the NHS Friends and Family questionnaire and the NHS website. Most feedback was extremely positive, and results and comments were shared with staff at 'all stop' days. We reviewed meeting minutes and observed areas for improvement from patient comments were discussed with staff. For example, we saw there were actions to improve communication and patient experiences.

A staff survey from May 2023 had been completed which identified some areas for improvement. Staff were given feedback on the results of the survey with a plan of action on how leaders would respond to the feedback. This included team building exercises, improving communication and better planning to prevent duplication at work. Following the staff survey leaders had planned more staff events and were developing a staff newsletter to improve communication with staff. Furthermore, managers purchased 2 new laptops and located these in a quiet space for staff to be able to access emails and information easily.

The service had developed a carers feedback survey for carers to provide feedback on the service and communication. The results were positive with 100% of carers agreeing or strongly agreeing they were treated with respect and involved in the patient's assessment and discharge process.

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.

Staff throughout the organisation told us they were committed to learning and improving. There was a strong focus on developing the skills of staff to promote their professional growth within the service.

Staff told us how they felt they had a clear career path within the service and their interests were considered to develop their skills and roles. Training was a high priority and staff were invited to a monthly 'all stop' day where information was provided on the performance of the service and areas needing improvement.

Junior doctors from a local NHS trust were being supported to undertake placements within the service to attend surgery sessions. During our inspection we saw a junior doctor being supported by a consultant in the service to perform surgery.