

Moorfields Private Eye Centre

Inspection report

50/52 New Cavendish Street
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Moorfields Private Eye Centre to follow up on breaches of regulations from our inspection in February 2022.

CQC inspected the service in February 2022 and asked the provider to make improvements regarding effective governance and auditing processes to enable the service to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. We checked these areas as part of this comprehensive inspection and found the provider made the required improvements.

The service offered ophthalmology (the diagnosis and treatment of eye disorders) related healthcare services to fee-paying patients. The service was open to adults only. The service had recently undergone a transition from a mixed speciality private clinic which provided treatments to patients for dermatology conditions to only providing private patient services for ophthalmology.

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

Our key findings were:

- The service had clear systems and processes to keep people safe. This includes systems in respect of recruitment, infection prevention and control and medicine management.
- Information needed to deliver safe care and treatment was available and accessible to relevant staff in a timely manner.
- The service had reliable systems for the appropriate and safe handling of medicines.
- The service was able to provide evidence consultations of all doctors were undertaken in line with relevant national UK guidelines.
- Staff members had the skills, knowledge and experience to carry out their roles.
- Patients were treated with dignity and respect. Feedback from patient reviews reported staff were kind and caring and involved them as much as they wanted to be in the treatment of their care.
- The service was tailored to meet the needs of individual patients.
- The leadership, governance and culture at the service was used to drive and improve the personalised patient focused care the service provides.

Overall summary

- The service involved patients to support high-quality sustainable services.
- We saw evidence of systems and processes for learning, continuous improvement and innovation.

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

Our inspection team

Our inspection team was led by a CQC lead inspector and a GP specialist adviser.

Background to Moorfields Private Eye Centre

Moorfields Private Eye Centre is an independent clinic located in central London.

Services are provided from: 50/52 New Cavendish Street, London W1G 8TL. We visited this location as part of the inspection on 12 September 2023.

The service offers ophthalmology (the diagnosis and treatment of eye disorders) related healthcare services to fee-paying patients. The service was open to adults only. The service recently underwent a transition from a mixed speciality private clinic which provided treatments to patients for ophthalmology and dermatology conditions to only providing private patient services for ophthalmology.

The service employs a number of self-employed doctors who have practicing privileges to work at the service. All doctors are on the General Medical Council (GMC) register and have indemnity insurance to cover their work.

The team consists of a general manager, department managers, pharmacists, ophthalmic nurses, ophthalmic technicians, healthcare assistants and a team of administrative staff and patient liaison officers.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury and surgical procedures and transport services, triage and medical advice provided remotely.

The service has core opening hours from 8am to 8pm Monday to Friday.

How we inspected this service

Pre-inspection information was gathered and reviewed before the inspection. We spoke with a range of clinical and non-clinical staff prior to the inspection via video conferencing and during the inspection site visit. We reviewed records related to patient assessments and the provision of care and treatment. We also reviewed documentation related to the management of the service and reviewed patient feedback collected by the service.

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

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

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

Are services safe?

We rated safe as Good because:

In our previous inspection in February 2022, we rated safe as requires improvement as we found information needed to deliver safe care and treatment was not always available to relevant staff in a timely manner. We also found the service did not have reliable systems for appropriate and safe handling of medicines. In this inspection, we found the provider created reliable systems to ensure information needed to deliver safe care and treatment was accessible to the relevant staff in a timely manner and to ensure there was safe handling of medicines.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training.
- The service had systems to safeguard children and vulnerable adults from abuse. The provider only provided services to adults and whilst there was no reported safeguarding incidents, staff members we spoke to demonstrated understanding of what constituted a safeguarding concern and what actions to take if a safeguarding incident were to occur. Staff had up-to-date safeguarding training and their understanding was in line with the safeguarding policy embedded into staff training.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- We reviewed a sample of staff records and were assured the service completed the appropriate staff checks at the time of recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Appropriate and up-to-date fire risk assessments and health and safety risk assessments were completed. For example, we saw an appropriate fire evacuation procedure in place which staff were aware of and took into account the profile of people using the service.
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The service conducted monthly infection control audits and focused on topics such as hand hygiene and sharps management. The service regularly updated their policies which were accessible to staff.
- The service had an up-to-date legionella risk assessment in place and regular water checks had been carried out.
- The provider ensured facilities and equipment were safe and equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. Patient numbers increased over the last year and the service recruited more clinical and non-clinical staff. The service planned rotas weeks in advance.
- In our last inspection, staff we spoke to raised dissatisfaction regarding staffing levels. However, in this inspection, staff members we spoke to told us staffing levels had improved and they believed there was a sufficient level of staff to cope with workload.
- There was an effective induction system for staff tailored to their role.

Are services safe?

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. In our last inspection, most of the non-clinical staff failed to identify and described how to manage patients with severe infections, for example sepsis. In this inspection, all staff members we spoke to were able to identify and describe how to manage patients with sepsis and other severe medical conditions patients may be suffering from.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.
- The service perform daily safety huddles each morning in which members of staff were nominated in the event of a medical emergency. This formed part of the services' 'rapid response team' which was created to provide a systematic approach to manage emergency situations. The rapid response team consisted of five separate team members to ensure staff members were prepared in advance if a patient were to suffer from a medical emergency.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place.

Information to deliver safe care and treatment

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

- In our last inspection, care records we reviewed showed limited information was recorded in patients notes with no documented evidence of any action plan or follow up required in a patients' notes. We found most care records were not accessible to the service as they were kept with individual consultants and not available to staff in an accessible way. Since the last inspection, the service updated the format in which care records are kept ensuring relevant notes, documented evidence and action plans were clearly recorded and accessible by relevant staff. We reviewed patients care records and were satisfied all records showed sufficient information was recorded.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

- In our last inspection, we found the service did not carry out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. In this inspection, we found the service had improved clinical oversight with regular medicines audits carried out.
- The service continued to use an on-site pharmacy which was staffed with permanent in-house pharmacists. All prescriptions dispensed by the on-site pharmacy were reviewed by the in-house pharmacists and records were securely kept. In our last inspection, we found the on-site pharmacist did not have access to patients consultations notes. In this inspection, we found the service had implemented an electronic patient record system to access patients' consultations notes along with a mailbox for doctors across the service to provide relevant clinical information about patients who were seen at the service.
- The service was able to prescribe controlled drugs as required and had appropriate systems, arrangements and a risk assessment in place for managing and handling controlled drugs at the premises.

Track record on safety and incidents

The service had a good safety record.

Are services safe?

- There were comprehensive risk assessments in relation to safety issues.
- The service had an up-to-date fire risk assessment in place and were carrying out regular fire safety checks.
- The service had up to date legionella risk assessment in place and regular water temperature checks had been carried out.
- Clinical equipment was checked and calibrated to ensure clinical equipment was safe to use and in working order.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, the service recorded one significant event in the last 12 months. A patient incident took place regarding a treatment received in which a laser machine was set to an incorrect mode. The patient was contacted and a meeting was arranged to discuss the complaint and the outcome. The patient was booked further appointments as a result. A review panel reviewed the incident and requested a report with provided actions to be put in place to prevent any similar incidents occurring again.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Are services effective?

We rated effective as Good because:

We rated the provider as requires improvement in providing effective care in our inspection in February 2022 because we found the service was unable to provide evidence consultations of all doctors were in line with relevant national UK guidelines. We also found prescribing was not audited or reviewed to identify areas for quality improvement. In this inspection, we found the provider improved their system to ensure consultations were undertaken in line with relevant national guidelines and prescribing was consistently audited and reviewed.

Effective needs assessment, care and treatment

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

- From our review of clinical care records, we were assured the provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines and guidelines from the royal college of ophthalmologists.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- In our last inspection, we found consultation notes from clinicians did not contain the appropriate information regarding initial assessments and any clear information regarding a patient's clinical history. In this inspection, we found consultation notes clearly documented the pathway of a patient's diagnosis and information related to any follow up actions.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients.
- The service had comprehensive protocols in place to ensure the effective management and handling of scans to ensure the delivery of safe and effective care.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- In our last inspection, we found the service did not always carry out consultation notes audits and medicines audits. In this inspection, we found the service created a system to ensure consistent consultation notes and medicine audits were performed. The service conducted random audit checks on 40 consultation notes on a monthly basis to ensure there was effective monitoring and assessment of consultation and medicine prescribing. We reviewed a sample of these audits and were satisfied an appropriate monitoring system had been implemented.
- The service used information about care and treatment to make improvements. This included medicines and consultation audits. The service had a 12-month rolling audit programme and analysed the results of their audits in monthly quality forums. Quality improvement programmes included hand hygiene audits and controlled drugs checks.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.

Are services effective?

- Relevant professionals (medical and nursing) were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- We reviewed a sample of staff files and found internal appraisals were regularly conducted. We also saw consultants who had a responsible officer were following the required appraisal and revalidation appraisal.

Coordinating patient care and information sharing

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

- Before providing treatment, consultants at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate if a patient required further examination. For example, with the consent of patients, information was shared with GPs and optometrists.
- If required, patients were directed to the Moorfields Eye Hospital Accident and Emergency department.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- Treatments including fees were fully explained to patients prior to procedures and patients were able to make informed decisions about their care.
- The service website contained relevant information on how the service worked and the costs applied to treatments.

Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care. This included advice that can improve eyecare such as advice regarding smoking cessation.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, we saw leaflets at the service which explained procedures and risk factors of additional support programmes.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

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

Are services effective?

- Staff members we spoke to understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

Patients were involved in decisions about their care and treatment. Staff treated patients with kindness, respect and compassion.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. Patients were emailed with a request to provide feedback on the care they received. Any feedback received was analysed by the management team and responded to.
- The provider collected qualitative feedback the patients monthly on topics such as care received from the clinical/reception team, punctuality of appointments and the privacy received during appointments. In July 2023, the provider recorded 70 responses to their survey which showed mostly positive results and comments.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.
- The service had comprehensive patient information leaflets available explaining various clinical procedures. Leaflets included information regarding treatment procedure, aftercare, possible side effects and success rate.
- The service developed an easy read information leaflets regarding 'what to expect when you visit the clinic'. This included information about the premises, team members, assessment procedures and how to prepare for appointments.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Patients were told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- We were able to note from patient feedback, patients felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

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

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. For example, late evening appointments until 8pm were available for patients who were unable to attend during normal working hours.
- The facilities and premises were appropriate for the services delivered and were recently refurbished to interconnect two buildings. The service operated on three different floors and there was a lift available for patient use.
- Reasonable adjustments had been made so people in vulnerable circumstances could access and use services on an equal basis to others.
- The service website and service leaflets included information for patients regarding access to the service, consultation and treatment fees and how to make complaints.

Timely access to the service

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported the appointment system was easy to use.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint. The complaints policy included information of the complainant's right to escalate the complaint to the Independent Sector Complaints Adjudications Service (ISCAS).
- The service had complaint policy and procedures in place. The policy contained appropriate timescales for dealing with complaints.
- The service received one complaint in the last 12 months. A patient complained about a treatment received in which a laser machine was incorrectly set to a wrong mode. The patient was contacted, and a meeting was arranged to discuss the complaint and the outcome. The patient had been booked further appointments as a result. A review panel reviewed the incident and requested a report with provided actions to be put in place to prevent any similar incidents occurring again.

Are services well-led?

We rated well-led as Good because:

In our previous inspection, we found there was a lack of good governance in some areas. In this inspection, we found the provider implemented systems and the appropriate monitoring to ensure there was governance in areas that required improvement.

Leadership capacity and capability;

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The service recognised the need to implement systems to ensure there was effective monitoring of consultations and prescribing, as well as the safe handling of medicine. We were assured systems and processes were implemented through speaking to staff and reviewing clinical care records of patients.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had strong support and link with Moorfields Eye Hospital and aimed to use the support to deliver patient-centred services whilst offering high-quality clinical care. The service had realistic, thought-out strategies to achieve these aims and supporting business plans to achieve priorities.
- The service was expanding and recruited further staff to manage the increased workflow.
- The service developed its vision, values and strategy jointly with staff and external partners.
- Staff members we spoke to were aware of and understood the vision, values and strategy and their role in achieving them. They were passionate in helping the service achieve its aims and continue to grow.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff members we spoke to felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients with individualised care plans.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, the service ensured complaints and significant events were recorded and responded to in within set timeframes. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence these would be addressed.

Are services well-led?

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. We reviewed a sample of staff files and observed staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff, including nurses, were considered valued members of the team. They were given protected time for professional time and evaluation of their clinical work.
- Consultants who worked at the service were required to carry out a minimum of four sessions annually at Moorfields Eye Hospital.
- There was a strong emphasis on the safety and well-being of all staff. The service ensured there were annual health and safety risk assessments for the safety of patients and their staff. Staff members were able to use an employee assistance programme and make suggestions through a suggestions box.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- In our last inspection, we found there was a lack of good governance in some areas and improvements were required. The service went through a structural change and solely focused their care and treatments in ophthalmology whilst no longer offering dermatology services. In this inspection, we observed there to be processes and systems to support good governance and management. There were clear responsibilities and a governance system in place which meant roles were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities as the service had lead roles in different areas.
- Leaders had established appropriate policies, procedures and activities to ensure safety and assured themselves they were operating as intended. There was strong clinical oversight which meant areas of work, such as the monitoring of consultation notes and prescribing of medication, were appropriately monitored. We also observed strong oversight of non-clinical aspects of the service.

Managing risks, issues and performance

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

- In our last inspection, we found some processes were not in place to identify, monitor and address risks. For example, we found monitoring of specific areas, such as the management of medical records, required improvement. In this inspection, we found arrangements were in place to ensure there were effective processes to manage risks; we found the management of medical records and the reviewing of prescription activity were now effectively managed.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents as the service were committed to their daily safety huddle and rapid response team.

Are services well-led?

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The service held regular governance and multi-disciplinary meetings in which quality and sustainability were discussed. Staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture. The service had a strong support network with Moorfields Eye Hospital and benefitted from their expertise, knowledge and policies. Staff members we spoke to demonstrated a strong intention to maintain patient satisfaction levels and this was reflected in the services' regular patient surveys.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- There were systems to support improvement and innovation work.