Anglia Community Eye Service Limited

ACES (Cambridge)

Inspection report

39-41
Petty Cury
Cambridge
CB2 3NB
Tel: 07787796058

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

Ratings

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

Summary of findings

Overall summary

We carried out an inspection of ACES (Cambridge) using our comprehensive methodology on 17 and 20 September 2022. This was the first time we inspected the service. We rated it as good because it was safe, effective, caring, responsive, and well led:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good treatment records. Senior managers collected safety information from multiple locations and used it to improve the service.
- Managers and executives monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and had access to good information. Staff provided excellent care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it.
- 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 engaged well with patients and received overwhelmingly good feedback.
- 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 their planned procedures
- 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 very clear about their roles and accountabilities. There was a fully embedded and systematic approach to improvement, which made consistent use of recognised improvement methodology. Improvement was seen as a way to deal with performance and for the organisation to learn.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	We rated this service as good because it was rated good for safe, effective, caring, responsive and well led. See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to ACES (Cambridge)

ACES (Cambridge) is an independent provider of NHS ophthalmic care in the community and one of the first centres at a national level to take fast track cataract surgery out of a hospital setting.

The service provides a community acute day care service for cataract surgery. The service is offered to patients choosing to come to Anglia Community Eye Service for day surgery who are referred by either their GP or Optometrist

The service does not currently offer other ophthalmological surgery options but could expand services to other surgical procedures. It has undergone 120 procedures between January and September 2022.

The service first registered with CQC in June 2021. ACES (Cambridge) has a registered manager in post and is registered with the CQC to provide the following regulated activities:

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

The service does not treat children.

The main service we inspected was surgery, which incorporated diagnostic and screening checks of the eyes before and after treatment. We have not reported this aspect separately.

The service did not provide outpatient appointments at the time of our inspection therefore this was not included in our report.

How we carried out this inspection

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

This was an unannounced inspection.

An inspector carried out the inspection on 17 and 20 September 2022 with off-site support from an inspection manager. During the inspection, we spoke with four members of staff, the onsite manager and the registered manager for the organisation. We also spoke with four service users and their loved ones and were present during two surgical procedures with the service users consent. We reviewed four patient's notes, feedback forms and online reviews. We also reviewed a range of policies, procedures 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.

Summary of this inspection

Outstanding practice

The service showed great dedication to the innovation and improvement of their clinical outcomes and developing the clinical skills of their workforce. We saw outstanding examples of innovation through the use of biostatistics and the development and investment of equipment to deliver the best patient outcomes for patients with dense cataracts as well as developing an accredited level five national qualification for the service's staff.

Areas for improvement

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

Action the service SHOULD take to improve:

- The service should continue to implement their strategy to create clearly identifiable ACES (Cambridge) policies and branding on site (Regulation 17).
- The service should fully embed their audit and review process to eliminate duplication and improve streamlining of patient paper record documentation (Regulation 17).

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

Are Surgery safe?

Good

We have not previously inspected the service. We rated it as good because:

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, which was comprehensive and met the needs of patients and staff. We reviewed the mandatory training modules and saw that the training programme supported staff and patient needs.

The service had a training matrix which identified the required training for each staff group. Medical staff were overseen by the medical director who ensured they had received and kept up to date with relevant training.

Managers monitored mandatory training and alerted staff when they needed to update their training. We saw training management records which indicated that the rostered staff present on the day of the inspection had a 96% completion rate for their mandatory training. At provider level the completion rate for the surgery team was 96.4% against the corporate target of 85%. The surgeon team had a 100% completion rate of all their mandatory training modules.

Compliance with mandatory was reviewed monthly by senior managers. All staff we spoke with said they had been given time at work to complete the topics.

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 could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff received training specific for their role on how to recognise and report abuse. Safeguarding training was included in the service's induction and annual mandatory training.

Good

Surgery

Clinical staff from the surgery team and surgeons received mandatory safeguard training to level three for adults and level one for children. The completion rates of these modules met the corporate target of 85% for both staff groups.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. There were safeguarding alert posters displayed on clinical noticeboards which clearly described how to make a safeguarding referral and who to inform if they had any concerns. The service had access to trained safeguarding level four advisors at provider level.

Staff knew to raise any concerns initially with the assigned safeguard lead at the service, who escalated it to the provider safeguard lead if required.

The safeguarding policy was a provider level policy that was comprehensive and was up to date in its review.

Patients we spoke with said they felt safe and were treated respectfully by all staff.

ACES (Cambridge) had clearly defined recruitment pathways and procedures to help ensure the relevant recruitment checks had been completed for all staff. These included disclosure and barring service (DBS) checks prior to appointment along with occupational health clearance, references and qualification and professional registration checks.

Cleanliness, infection control and hygiene

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

Clinical and waiting areas were visibly clean and had suitable furnishings which were clean and well-maintained. All staff had received mandatory training in infection prevention and control (IPC) and we saw that all areas were cleaned to a good standard and had suitable furnishings which were clean and well-maintained. Flooring and chairs were made from easy clean materials.

Staff used records to identify how well the service prevented infections. Cleaning records were up-to-date and indicted that areas were cleaned regularly. Cleaning staff were contracted and permanently allocated to the service. We observed staff cleaning high touch surfaces and other areas such as utility rooms during the day. The registered manager told us that specialist contractors were engaged to perform regular deep cleans including those such as ‘high areas’ and air conditioning filters.

Staff followed infection control principles including the use of personal protective equipment (PPE). We reviewed the audits conducted by the service which showed 98.6% compliance with IPC measures in August 2022 and 98% in March 2022. On the day of our inspection the service was 100% compliant with IPC measure during the surgical pathway.

The service had ample supplies of PPE items such as disposable aprons and gloves in dispensers on walls and we saw these items being used. There were hand washing guidance posters prominently displayed in each room. Antimicrobial hand-rub dispensers were mounted on the walls at strategic points in each room as well as at the reception desk. Spill kits were readily available to assist staff to safely clean any fluids from floors or work tops.

We observed staff cleaning equipment after patient contact. Additionally, cleaning equipment and consumables were colour-coded and a purpose-built trolley used to help prevent cross-contamination.

Good

Surgery

We observed that staff followed the principals of good hand hygiene at all opportunities during the surgical pathway. Audits from the service also demonstrated 100% compliance with hand hygiene during the months of July and June 2022.

An external contractor was employed to decontaminate reusable equipment. Staff explained that an immediate clean was undertaken after each procedure by designated staff. Items were labelled for traceability prior to collection by the contractor.

Clinical waste was correctly separated in colour-coded bins, stored safely for collection and managed effectively by an external contractor to prevent cross contamination.

Environment and equipment

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

The design of the environment followed national guidance. The service occupied two floors of a building complex and shared facilities with the other tenants. There was a main reception desk where patients and visitors were directed to the ACES (Cambridge) reception and waiting area.

Clinical facilities included an operating theatre along with a diagnostic and consulting room sited on the first floor and a recovery room for post-surgery follow up and information. The clinical areas were accessible by wheelchair using a lift and stairs were also available.

Theatre suite lighting, ventilation, equipment and surgical consumables met national standards. Staff carried out daily safety checks of the clinical areas and equipment. We saw that this was carried out as part of the team brief, debrief and daily safety and activity check document. We reviewed the document used on the day of the inspection and found that all checks and assurances had been completed accurately. We also reviewed the resuscitation trolley and found that safety checks had been undertaken.

Non-public areas such as store cupboards, clinical waste room and clinical areas were secured by keypad locks to control access. Staff ensured doors were closed behind them when entering or leaving the rooms.

Storage areas were visibly clean and well-organised. However, we found one storage area that was overloaded with boxes. Staff and the manager were aware of this and there was a risk assessment and action plan in place to ensure the safety of staff who accessed the room.

Fire safety equipment and safety evacuation signs were located at key points and we saw fire evacuation aids throughout the clinic.

External contractors were used to check the environment and equipment, such as fire extinguisher servicing, fire system testing, gas safety and portable appliance testing. We checked a selection of electrical devices and saw they were labelled with the dates of the most recent test which provided a visual check that they had been examined to ensure they were safe to use.

Staff carried out daily safety checks of specialist equipment. ACES (Cambridge) managers had equipment service and calibration records that matched identification labels placed on the items. Managers explained that equipment records, and inventories were maintained with the support of provider level services who also managed the servicing contracts.

Good

Surgery

The service disposed of clinical waste safely. Waste was correctly separated, and clinical waste disposed of appropriately. We heard how the contract with the waste collection agency was managed effectively and communication was easy should collections or changes need to be made.

Assessing and responding to patient risk

The practitioner completed and updated risk assessments for each patient and removed or minimised risks. They knew what to do when there was an emergency.

Clinicians, staff and managers described how the service assessed patients, confirmed their suitability for surgery and selected suitable replacement lenses. We saw completed risk assessments in all 4 patient records we reviewed.

ACES (Cambridge) patients were informed of the risks and benefits of the procedures performed and these were documented in the patients' notes and in the patient information booklet. Staff shared key information to keep patients safe when handing over their care to others.

All patients had a preoperative clinical assessment including a medical questionnaire and check that they could lie flat and keep still for the duration of the surgery, which was required for the procedure. Additionally, patients underwent a range of eye tests carried out by staff and surgeons to ensure the correct lenses were used for the cataract procedure.

Surgery and treatment were carried out under non-invasive local anaesthetic (eye drops).

The service followed an adapted World Health Organisation (WHO) five steps to safer surgery checklist, which was observed in use in theatre and completed in records reviewed. Audits reviewed from the service showed 100% compliance for surgical safety. We observed one surgery and reviewed four patient notes and all had correctly completed checklists.

Staff shared key information to keep patients safe when handing over their care to others. The service had a daily team brief and debrief which included all necessary key information to keep patients safe. These were conducted each morning and at the end of the day and risks were identified such as allergies and other possible complications. The lead nurse and a manager gave updates and shared learning which were recorded on the daily team brief sheets.

General practitioners and referring opticians were kept informed about patients' treatment and when they were discharged. Opticians participating in post-operative follow up were provided with discharge treatment details.

We observed nursing staff giving post-operative advice and medication instructions to patients. This was supported using patient advice leaflets. Patients were also observed for a short period to ensure no immediate clinical complications occurred post-surgery. Patients departed with a relative or carer and wore a protective eye shield post-surgery.

The service had a deteriorating patient policy in accordance with national guidance. Staff we spoke with knew what to do in an emergency and we saw that staff had completed mandatory training in basic life support or emergency first aid with some staff trained to immediate life support level. Staff told us they would call 999 services if a patient deteriorated to a point where they needed the service. On each day of surgery, a team leader and respective team members were identified as the resuscitation team. This was clearly documented in the team brief and theatre area.

Good

Surgery

A fully equipped resuscitation trolley was located in a central area of the service. We saw that emergency equipment items were checked on operating days and recorded on log sheets, which were collected by the site management and audited. We saw that 100% of checks were completed.

All surgical procedures were elective, and both the host and service staff had on-call managers and clinicians who could be reached by phone. ACES (Cambridge) operated a call support line which patients were invited to phone if they had any concerns at any stage. Additionally on the discharge letter an emergency contact number was provided for out of hours emergency concerns.

Arrangements were in place for patients to see an on-call specialist at another hospital in the region or be referred to NHS urgent care facilities. Managers and clinicians told us there had been no unplanned returns to theatre or transfers to hospital in the previous year.

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 manager could adjust staffing levels daily according to the needs of patients. On the day of their surgery, patients were managed by the team of surgeons and nursing staff, along with the health care assistant and reception colleagues.

The registered manager was supported with staffing needs at provider level. Any leave or absences were covered from within the team, or if safety numbers were not met, by staff on the ACES staff pool. All nurses and staff on the ACES pool where clearly identified and recorded by levels of qualification and specialty.

Managers made sure all bank staff had a full induction and understood the service. Staff told us shifts were always covered.

Data showed the service had always matched the clinical staffing level needs for the day in accordance with guidance issued by the Royal College of Nursing: Setting safe nurse staffing levels, and the Association for Perioperative Practice (2016): Standards and recommendations for safe perioperative practice. Staffing practices were aligned and supported by the service's staffing policy.

Surgeons for the service were directly contracted by the provider. Qualifications, training needs and skills appraisal were directly monitored at provider level. The service had enough surgeons to ensure their lists were covered.

Records

Detailed records of patients' care and treatment were kept safe. Records were clear, up to date, stored securely and easily accessible.

Patient notes were comprehensive and could be accessed easily. Patient notes were a combination of paper and electronic records. Paper records were those used for consent, patient information booklet and the surgery documentation record used during the surgical procedure. Electronic documents related to the patients' electronic medical record.

Good

Surgery

We checked a sample of 4 recent paper records and found all to be accurate and complete. However, in one of the records we found duplicated documents that were not used in the patient files. The service manager and staff informed and assured us there was an audit and review in process to eliminate duplication and improve streamlining of patient paper record documentation.

Patient treatment notes were commenced by the ACES (Cambridge) team on receipt of the referral and shared with the team as the patient progressed through each stage of assessment, surgery and then discharge. Communication and access to key information for patient safety and identifying correct steps in the surgical process were easily retrievable.

ACES (Cambridge) headquarters managed the distribution of discharge letters back to each patient's referrer, be it the optometrist or the GP.

Records were stored and archived securely. Records were stored and archived securely using paper and electronic files. Paper records were stored securely in a locked cupboard and the electronic records were password protected. We observed staff maintaining the confidentiality of appointment and enquiry records. Computer screens were not kept 'unlocked' or left unattended.

Staff had completed record keeping and information governance awareness as part of induction and mandatory training. We saw that completion rates for this annual training were 100% among all staff groups.

The service also audited their record keeping in line with their record keeping standards of practice and policy. The audit demonstrated 100% compliance with the established standards.

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. We observed staff following processes to administer medicines safely. Staff completed medicines records accurately and kept them up-to-date.

Staff prescribed drops using patient specific directions (PSD). These were administered by health care technicians who recorded administration on the patients' care record.

The service managed and provided prescribed drops to patients at discharge. Surgeons prescribed specific eye medications where required.

Staff completed medicines records and allergies were recorded and updated for in all patient records we reviewed.

Staff stored and managed all medicines and prescribing documents safely. We saw that medicines were stored securely in temperature-controlled refrigerators that were monitored electronically. Designated staff had access to the locked medicine room and all stock including controlled drugs were logged, signed and dated correctly when used. Controlled drugs are drugs that are subject to high levels of regulation as a result of government decisions about those drugs that are especially addictive and harmful.

Controlled drugs were checked regularly, and record logs we reviewed were complete. External arrangements were in place to remove expired stock and to destroy unused controlled drugs if required.

Good

Surgery

The service had a medicines discharge policy. Medicines checked were in date.

Medicine fridge temperatures were clearly displayed and recorded. An electronic alert system automatically notified the responsible staff if any refrigerators went out of range. We saw all temperature records were completed.

Staff followed national practice to check patients had the correct medicines when they were treated and discharged. Post operatively we observed patients were seen by staff to ensure they understood how to administer their drops and the importance of hand hygiene.

The service circulated emails and used the staff brief meetings in the morning to highlight any safety alerts and incidents to improve practice.

Incidents

The service managed patient safety incidents well. Staff recognised and knew how to report incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. Managers ensured that actions from patient safety alerts were implemented and monitored.

There were no clinical complications reported at the service since January 2021 that were classified as serious incidents or adverse events. The service had not reported any never events at this location.

Staff knew what incidents to report and how to report them. Managers stated that all incidents, should they occur, would be investigated with support of their local policies and following national guidance.

At a provider level patient safety and operational incidents were discussed at the clinical governance meeting to help identify root cause and risk mitigation. Patient safety incidents were also discussed at the medical advisory and clinical governance meetings at a national level. Any data incidents were reviewed at the information governance committee.

ACES (Cambridge) provided learning from incidents or near-misses through staff group meetings as well as via the company intranet, corporate bulletins and the morning team briefs.

Managers and staff understood their obligations under Duty of Candour. This statutory duty, under the Health and Social Care Act (Regulated Activities Regulations 2014) requires providers of health and social care services to notify patients (or other relevant persons) of certain safety incidents and provide them with reasonable support.

Are Surgery effective?

Good

We have not previously inspected the service. We rated it as good because:

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.

Good

Surgery

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service had a range of policies, protocols and standard operating procedures to support the delivery of services. As an example, the service supported the delivery of care with clinical directives that otlined the cataract surgery process as well as biometric and intra operative lens selection.

There were standardised pathways based on guidance issued by the Royal College of Ophthalmology. Other sources of guidance included the NHS and National Institute for Health and Care Excellence (NICE).

The service undertook regular audits to measure the outcomes of surgery and benchmarked the data with a national partner organisation to compare data and support best practice.

Nutrition and hydration

Staff gave patients drinks to support them during their stay.

Drinks facilities were available in the waiting areas on both floors. Staff offered patients drinks as they were waiting or after the surgery.

As the surgery was undertaken under local anaesthetic, patients were not required to abstain from drinking or eating before their procedure.

Pain relief

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

Eye drops containing local anaesthetic were provided and used during pre-operative assessments and during the surgical procedure.

Patients were also given eye-drops to use at home after discharge and we observed staff explaining to patients how to self-administer these to reduce discomfort.

Patient outcomes

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

The service did not participate in any national clinical audits. However, service managers were aware of national audits such as the national cataract audit done by the National Ophthalmology Database. They stated that non-participation in the national audit was due to the fact that the audit was run between April 2021 and March 2022. The service underwent their first surgeries in January 2022. We were told the data was insufficient to submit before the closing dates.

The service undertook relevant clinical audits and gathered data to benchmark against other similar locations and partner organisations. ACES (Cambridge) managers described how they compared performance internally across their locations and benchmarked patient outcomes with their partner organisation to identify best practice and support performance measurement.

Managers and staff used the results to improve patients' outcomes. They carried out a comprehensive programme of repeated audits to check improvement over time and used information from the audits to improve care and treatment. A regular programme of internal audits was undertaken as part of the service's quality assurance strategy.

Audits and clinical outcomes were reported to the service's NHS commissioners. Outcomes for patients were positive, consistent and met expectations.

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. The service undertook pre-recruitment checks on staff to ensure they were suitable for their role.

Managers gave all new staff a full induction tailored to their role before they started work. Staff we spoke with described how they received a full induction tailored to their role. A central education team monitored compliance with competency based training and managers had access to online training records.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff confirmed they had annual appraisal meetings where they could discuss training needs and opportunities. Staff records showed appraisals and competencies, depending on role, were completed. Appraisal rates for the team were showed that all staff had received an annual appraisal or were booked to receive their appraisal in the near future.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Doctors and surgeons were contracted to ACES (Cambridge) and it was the responsibility of the medical director to supervise and support their appraisals. We heard all doctors were up to date with their appraisals and had the right competencies and registration with their professional bodies to undergo their ophthalmological procedures.

Multidisciplinary working

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

We saw evidence that all staff responsible for delivering care worked closely together to benefit the patients. Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care such as the morning team briefing, and end of day team debrief.

Managers and staff described the ways they worked across health care disciplines and with other agencies when required to care for patients. The service shared information with the patients GP and referring optometrist to ensure continuity of care.

Staff explained how they communicated within the team using emails and a commercially available secure instant messaging service to ensure messages were sent immediately and accurately between the team.

Seven-day services

Good

Surgery

Key services were available to support timely patient care.

The service was open when an operating list was arranged. Additional telephone support was provided by ACES should patients have any queries or require the service to contact them.

ACES (Cambridge) offered separate contact numbers for administrative enquiries such as appointments and clinical concerns. Patients were provided with the national helpline and number information noted in a discharge booklet.

The location did not provide emergency care or treatment but had arrangements with other sites for specialist care if needed. Patients were also given emergency contact numbers should they experience any adverse effects outside of the service's usual operating hours.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support on the day.

We saw posters and leaflet displays that demonstrated the service had relevant information promoting healthy lifestyles and support.

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. Patient records showed that staff gained consent from patients for their care and treatment in line with legislation and guidance.

Clinical staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and knew who to contact for advice. The service had access to provider level support should any significant queries arise.

Staff received consent training as part of their induction and received mandatory training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Compliance with the service's consent and duty of care mandatory training modules was 100% for all staff groups.

We reviewed four completed consent forms and found these were all completed fully and accurately at each stage of the surgical pathway.

Good

Surgery

Are Surgery caring?

Good

We have not previously inspected the service. We rated it as good because:

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 were strong in their praise of all aspects of care. This was also reflected in the scores of the patient survey we saw.

Patients said staff treated them well and with kindness. We spoke with three patients on the day of our inspection. All described a positive experience and said staff treated them well and with kindness. Staff followed company policy to keep patient care and treatment confidential.

We saw evidence of thank you words sent by patients for the care they had received. One statement read “treated as a patient not a number. I felt very comfortable, staff were polite and I felt respect for patients permeated throughout ACES”.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Staff were able to give examples of how they had supported people who were experiencing high levels of anxiety. Staff had information and training to support people living with dementia.

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 praised the way they felt staff took time to interact with them and answer questions.

Staff understood the emotional and social impact that a person’s care, treatment or condition had on their wellbeing and on those close to them. Staff were passionate about the impact they could make on improving a person’s vision and referred to it often during discussion with inspectors. They reported being proud to come to work each day because they saw the positive impact they made.

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.

Good

Surgery

Staff made sure patients and those close to them understood their care and treatment. Interactions we observed indicted that staff talked with patients in a way they could understand.

We saw that telephone contact details were included on the discharge instructions for patients to ring should they have any clinical concerns. This was available out of hours for patients to call should this be necessary.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The service collected feedback from patients using a patient satisfaction survey which looked at eight aspects of the patients' care and welfare. Some of the questions were if the surgery team made the patient comfortable and at ease, how satisfied were patients with the surgeon answering all of their questions and how satisfied was the patient with the entire treatment process. Of a maximum score of 10 the service average scores above 9.2 meaning that patients were very satisfied with the services provided.

Are Surgery responsive?

Good

We have not previously inspected the service. We rated it as good because:

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.

The service was commissioned by the NHS to provide cataract surgery to the local adult population. Managers planned and organised services to meet the needs of the local population and took account of their individual needs tailoring their care and treatment as identified at their preoperative assessment.

Facilities and premises were of a high standard and appropriate for the services being delivered.

The service operated one to two days a month and provided the option for patients to choose a day to suit their needs or, for example, when a relative was available to assist with travel arrangements and support. The service could also offer appointments at other locations should the available days not be suitable for the patient.

Meeting people's individual needs

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

ACES (Cambridge) and hospital staff explained how they provided patient-centred care that was aimed at the specific needs of each individual patient. For example, at the initial booking, information was sought from the patient to determine any additional needs such as hearing loss or the need for interpreters.

Good

Surgery

Staff supported and made sure patients living with mental health conditions, learning disabilities and dementia, received the necessary care to meet their needs. They also facilitated and supported the use of chaperone services or made reasonable arrangements for carers and family to support patient needs during the surgical pathway.

The location offered easy access to those with limited vision or mobility. We noted dementia-friendly décor in use and interpretation and translation services were available through a contracted service provider. As patients were only seen following referral and appointment the service was able to book these services in advance.

Rooms, corridors and toilets were spacious enough to accommodate people using wheelchairs. We saw that large-font signs were used throughout to assist people living with vision loss.

Patients were offered an appointment within a couple of weeks from the date of their optical assessment. The service was able to offer appointment dates and times to suit the needs of the patients.

The service was easily accessible for individuals with limited mobility.

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 the timeframes set by the NHS commissioner. The service tracked patient progress at key points of the surgical pathway and reported their data regularly to the senior management team and NHS commissioners.

The service had a referral to treatment time of less than 3 to 4 weeks. The national target was 18 weeks. If there was a cancellation, patients could be brought in sooner than their booked appointment if they consented. Patients underwent the whole surgery pathway on average within 8 weeks.

The service used standardised procedures throughout the patient journey, starting at how the appointment lists were managed. For example, patients who were identified as high risk or unable to undergo surgery were immediately referred to the local NHS hospital. Another example of standardised procedures was that following confirmation of their appointment, patients were sent out written details of their appointment and an information pack about what to expect from the service.

The service reported no did not attend activity since January 2022. A central booking system was in place to manage patient referrals and managers monitored and took action to minimise missed appointments. Additionally, there were processes in place to ensure patients who did not attend appointments were contacted. Patients were contacted prior to their appointment to minimise missed appointments. This included phone and text reminders prior to the appointment as well as follow-up contact.

Managers worked to keep the number of cancelled appointments to a minimum. From January 2022 to the date of the inspection the service had three cancellations. Reasons for the cancellations were clearly identified and out of the clinical services control.

Good

Surgery

Managers and staff worked to make sure patients did not stay longer than they needed to. There were processes in place to ensure that patients were seen and treated in a timely manner.

Following discharge, a discharge pack was provided to the patient. This included emergency contact information and supporting information for the post-surgery care as well as medication for the post-surgical process. The service also underwent a post-surgery telemedicine review carried out by an optometrist to ensure follow up was provided.

The service had a contact centre. Patients could access emergency support by calling the contact centre or the direct contact provided on their discharge booklet.

Staff supported patients when they were referred or transferred between services. If patients were referred to other clinics, then staff would assist with this process. Additionally, discharge letters were sent to referrers soon after the close of theatre to ensure follow up was arranged immediately.

Staff would work with the patients' GPs if there were any safeguarding issues and if patients required community support.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service had processes to include patients in the investigation of their complaint.

The service clearly displayed information about how to raise a concern in patient areas. Staff we spoke with understood the policy on complaints and knew how to handle them.

Managers supported staff with their investigations and managing complaints. Processes were in place for informal and formal complaints the service received. Additionally, ACES (Cambridge) had a complaints policy which was in date and reviewed regularly and set out the expectations from staff and managers when investigating any complaints. The service had not received any formal complaint in the previous year.

Managers described clearly how they would investigate complaints and identify themes. Staff knew how to acknowledge complaints and the complaints process ensured patients received feedback from managers after the investigation was completed.

Senior managers met regularly to discuss complaints and complementary feedback to draw out improvements to patient care.

Managers shared feedback from complaints from other locations and partner organisations with staff and learning was used to improve the services offered at ACES (Cambridge). Staff received mandatory training on complaints handling, conflict resolution and duty of candour.

Patients were able to provide feedback through a patient survey and NHS choices.

Are Surgery well-led?

Good

Surgery

Good

We have not previously inspected the service. We rated it as good because:

Leadership

Leadership of the service

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.

The provider's corporate structure consisted of a chief executive officer (CEO), optometry directors, operations directors, managers and optometrists and the clinical services team which consisted of the surgical services manager, location surgery manager and location surgery team. Surgeons were accountable to the medical director

Senior staff in the organisation, including the chief executive officer, had a background in ophthalmology services so they knew the challenges and issues of the service.

The surgery manager was managed by the surgical services manager. The surgery manager's role was the day to day running of the clinic. The service's managers had the right skills and abilities to run the service.

Staff told us they felt supported by the managers of the service. Staff were aware of their reporting structures and said that local managers were approachable. Clinical staff told us they had support at a clinical and managerial level.

Leaders supported staff to develop. Staff felt the company invested in them and supported them to develop and progress their career

Vision and Strategy

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

The vision and values were displayed on notice boards and on the corporate website. The values of the service were focused on delivering a quick turnaround service with high impact on the quality of life for patients. The service also placed high emphasis on serving the local community and NHS while supporting patients' choices for care.

The vision of the service was to grow into a support network for the NHS that provided all ophthalmic services in a near future. The service also aimed at modernising their electronic systems.

The ACES (Cambridge) vision and values were communicated to staff through their team and governance meetings. Managers and staff spoke about the vision in positive terms and were able to relate it to how they put patients at the centre of the delivery of care and treatment.

Good

Surgery

We reviewed clinical governance meetings and regional team meetings in the past nine months and saw that strategies to deliver the services vision and values were in place and regularly monitored by the clinical managers and senior leadership team.

Culture

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

There were high levels of staff satisfaction across all staff groups. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff felt respected, supported and valued.

The service promoted equality and diversity in daily work and had an open culture where patients their visitors and staff could raise concerns without fear.

Staff told us they felt confident to raise concerns with the leadership team and felt listened to. They were updated on all organisational service developments.

Staff and managers told us that employee surveys were also completed in order to help monitor the culture within the service. We reviewed the most recent staff survey and found that all questions in the staff survey had positive response rates with six out of 10 questions receiving a 100% agreement response.

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.

Leaders operated effective governance processes that evidenced the quality of care. There was a clear structure for governance and sharing of information across all leadership levels, staff working at the clinic and for staff working across the organisation. Daily briefing meetings attended by all staff working at the clinic that day allowed sharing of essential safety, performance and activity information.

Staff were clear about their roles and accountabilities. The surgery manager managed performance and quality of the service through local auditing, the results of which fed into the team meetings and into the surgical services team governance meetings.

Manager and team meetings were recorded and reviewed performance of the service. Actions were tracked, and records showed they had been completed.

There was a medical advisory committee (MAC) that held twice yearly meetings and reported to the board. This committee ensured medical practice and appraisals were reviewed as well as ensuring clinical directives were updated and implemented in line with recent evidence.

Good

Surgery

We reviewed minutes from the provider level governance meetings that indicated there was an effective governance framework and good oversight of the hospital activities undertaken. Clinical governance meetings also reviewed key committee meetings and findings.

Surgery outcomes (clinical and patient reported outcomes) were reviewed on a quarterly basis at the clinical governance meeting and in the MAC.

The organisation had service level agreements in place (SLA) with third party organisations. Some of which included medicines provision, decontamination of surgical instruments and waste management. We saw evidence these were well managed and regularly reviewed by the service managers.

Management of risks, 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.

The service operated a formal risk management process to ensure risks were identified and mitigation measures put in place.

Managers could identify the three top local risks at the service and had strategies in place to mitigate them. There was oversight by the senior leadership team of all local and combined risk registers. These were reviewed and control measures were in place.

There was also evidence of risks, issues and performance being discussed at clinical governance meetings, team meetings and daily briefing meetings.

The risk register showed items graded according to severity. Controls to ensure the risks were managed were also described on the risk register that was in spreadsheet form. The scoring system had numerators between one and twenty, with twenty describing the highest level of risk. Risks were also rated green, amber and red to easily identify key action areas.

The registered manager had oversight of the service's risks and understood the challenge of risks in terms of quality, improvements, and performance.

Organisational audits took place daily and monthly and were aligned to service compliance and efficacy outcomes. Action plans were included for any audits that reported areas of improvement.

Information management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

The information systems were integrated and secure.

The service had a data protection policy which outlined the purpose for processing personal data and retention periods and disposal methods.

Information security was managed in line with national guidance. There was an information governance committee that was responsible for information security.

Staff completed training in data protection and information governance as part of their mandatory training, compliance was 100%.

The provider used both paper and electronic forms for patient records, surgical notes were in paper form but were scanned into the patients electronic file following surgery. Patient records were detailed and included information from initial consultation, admission, surgery and discharge, which allowed staff easy access to information about the patient's journey.

Hard copies of patient records were filed and stored in a locked office.

Staff needed password access to the computers at the premises when accessing notes and it was not possible for a member of staff to amend medical notes if they did not have the right to. The provider's electronic system held an audit trail so that it was documented when a staff member updated and recorded details of the patient. The provider had a plan in place to move towards theatre notes becoming electronic in the future.

Records could not be edited at a later date without requesting access to records from a central provider team who monitored this.

Any safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and the Central Alerting System (CAS) were reviewed at provider level in line with the established governance processes and cascaded to the appropriate services or service managers.

We were assured the process to submit statutory notifications to relevant stakeholders was efficient and was supported by provider level policies and guidelines.

Engagement

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

Staff had regular engagement with the registered manager at team meetings and by email or instant messaging. Staff told us they felt fully involved in the day-to-day running of the service.

The service encouraged patients to provide feedback using survey forms provided as well as social media reviews or directly by phone or email.

We saw positive examples of feedback that was consistent with comments made by patients to us.

There were consistently high levels of constructive engagement with patients and staff. Staff engagement within the team was encouraged and participation and contribution to team discussions had been established as a way of working following.

Good

Surgery

Learning, continuous improvement and innovation

There was a fully embedded and systematic approach to improvement, which made consistent use of recognised improvement methodology. Improvement was seen as a way to deal with performance and for the organisation to learn. Improvement methods and skills were available and used across the organisation, and staff were empowered to lead and deliver change. Safe innovation was celebrated. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care.

The registered manager encouraged feedback to help ensure the service was learning and improving services to meet the needs of their patients.

The registered manager had oversight of the service's risks and understood the challenge of risks in terms of quality, improvements, and performance.

The service showed there was a culture of continual learning and that their staff looked to continually improve. This was shown through the provider level reporting and investigation of both incidents and complaints and how learning was shared across the organisation.

The provider's corporation was part of the international medical advisory board, this was an independent board made up of experts of ophthalmology. This board gave a platform to discuss outcomes and future initiatives to improve patient outcomes in the future.

The service employed a biostatistician to review ophthalmologist outcomes, these results were used by the service so that the services' ophthalmologist could discuss these outcomes and determine areas for improvement. An example of the use of this data was an innovation programme where the service was looking to improve nomograms for fine tuning visual outcomes for patients with dense cataracts. The project was aimed at providing patients with a better visual outcome and investing in the right equipment to support this.

The service provider recently accredited a level five national qualification. The qualification for the service's staff was an Advanced Professional Ophthalmic Care Diploma. The qualification was aimed at providing advanced eye care treatment skills to health care assistants but was available for all of the service's workforce. This provided a development pathway for the service's non-registered staff as well as future proofing the service's workforce.