

Optegra UK Limited

Optegra Solent Eye Hospital

Inspection report

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

Ratings

Overall rating for this location

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Overall summary

Our rating of this service improved. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Not all staff had received training on how to protect people from abuse in line with national guidance.
- The service did not always control infection risk well. Signs and routing around the environment, for infection control purposes, were not always clear for patients and staff. Signs indicating maximum occupancy in communal spaces were not always observed.
- Staff did not always respect patient's privacy and conversations in waiting areas could be overheard by others.
- There were fabric chairs in all waiting areas and consultation rooms, this prevented effective cleaning and we saw these were not cleaned between patients.
- The service did not take account of all patients' individual needs and there were limited support services for patients with a learning disability or for those living with dementia.

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating

Good



Summary of each main service

Our rating of this service improved. We rated it as good because:

- Some staff had training in key skills, and managed safety well.
- All areas we visited were visibly clean. Staff regularly completed cleaning schedules and there was oversight from managers to ensure compliance.
- There were systems and processes to ensure the premises and equipment used by the service were clean, secure, maintained and suitable for the purpose for which they were being used.
- Records were accurate, secure and complete for every patient who attended the clinic for surgery.
- The service managed safety incidents well and learned lessons from them.
- Risks to patients were assessed and monitored at pre assessment, and then checked again prior to treatment.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it.
- Managers monitored the effectiveness of the service and made sure staff were competent.
- We saw that staff gained consent to treatment and this was documented fully in all the records we reviewed.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills.

Summary of findings

- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.
- The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Not all staff had not completed children's safeguarding training which was not in line with the national guidance.
- We found room and fridge temperatures were not always monitored.
- Not all patients were given a copy of their consent form to take home.
- Signs indicating maximum occupancy in communal spaces needed due to COVID 19 were not always observed.

Outpatients

Good



Our rating of this service improved. We rated it as good because:

- There were enough staff to care for patients and keep them safe.
 - Some staff had training in key skills, understood how to protect patients from abuse, and managed safety well.
 - Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well.
 - Safety incidents were managed well and staff learned lessons from them.
 - Staff provided good care and treatment and gave patients pain relief when they needed it.
 - Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.
 - Key services were available in line with patient requirements. People could access the service when they needed it and did not have to wait too long for treatment.
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Summary of findings

- Staff treated patients with compassion and kindness, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

However:

- Not all administrative staff had not completed children safeguarding training which was not in line with national guidance.
- The service did not take account of all patients' individual needs and there were limited support services for patients with a learning disability or for those living with dementia.
- Staff did not always respect patient's privacy and conversations in waiting areas could be overheard by others.
- There were fabric chairs in all waiting areas and consultation rooms, this prevented effective cleaning and we saw these were not cleaned between patients.
- The service did not always control infection risk well. Signs and routing around the environment, for infection control purposes were not always clear for patients and staff

We rated this service as good because it was safe, effective, caring, responsive, and well led.

Summary of findings

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Summary of this inspection

Background to Optegra Solent Eye Hospital

Optegra Solent Eye Hospital is operated by Optegra UK Limited. Optegra UK Limited is part of a nationwide company, which has seven hospitals and two outpatient clinics in the UK. The hospital provides services to people over 18 years old.

The hospital was opened in 2010. It is located on the ground floor of a multi-business development in Whiteley, Hampshire. The hospital had five consulting rooms, a reception area, seven diagnostic rooms, three operating theatres, a treatment room and pre- and post-operative areas.

The main services provided were ophthalmic surgery and ophthalmic outpatients. The service provided services to private patients and NHS patients under contract from local NHS commissioning groups. Surgical services provided included cataract surgery, refractive eye surgery, oculoplastic surgeries, retinal diagnostic, general ophthalmic surgical services, and ophthalmic disease management.

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

The service is registered to provide the following regulated activities:

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

The service has been registered with CQC since April 2011. The service has been inspected once in 2017 and rated as requires improvement overall. At the time of our 2021 inspection, the service did not have a CQC registered manager.

Track record on safety (December 2020 to November 2021):

- One never event
- One serious incident
- No incidences of hospital acquired infection

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out the inspection on 23 November 2021. We spoke with one relative, six patients and over 20 staff. We reviewed 21 patient records. We reviewed patient feedback from the previous 12 months.

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

Areas for improvement

Action a service 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 ensure that staff competency training for safeguarding is compliant with the Safeguarding Children and Young People: Roles and competencies for Healthcare Staff, Fourth Edition 2019 Intercollegiate Document, to ensure children and young people are protected from abuse. The training must be delivered at the level according to the job role. Regulation 13 (2).
- The service should ensure room and fridge temperatures where medicines are stored are monitored and recorded to ensure medicines remain effective. Regulation 12 (1)
- The service should ensure it has measures in place to meet accessibility needs of patients with learning disabilities and those living with dementia. Regulation 9 (1)
- The service should ensure that furnishings comply with infection prevention and control guidance. Regulation 12 (1)
- The service should ensure that audits are undertaken to monitor local practice against national guidelines Regulation 17 (2).
- The service should consider using existing interpreting services for patients whose first language is not English and avoid using family members to communicate.
- The service should consider holding all clinical conversations in private areas where possible, where this is not staff should take measures to avoid being overheard.
- The service should consider how it applies infection prevention control guidance to waiting areas and room occupancy to enable adherence and understanding.
- The service should consider introducing a process for all patients to be supplied with a copy of their consent form.






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
Outpatients	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Surgery

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

Are Surgery safe?

Good 

Our rating of safe improved. We rated it as good.

Mandatory training

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

The service followed the provider's corporate mandatory training policy. Staff were required to undertake a wide range of general and role specific mandatory training modules in line with their policy and training schedule.

Training records we reviewed showed staff had completed training in modules including but not limited to, basic life support, consent, fire safety, health and safety, information governance, infection control and moving and handling.

Managers monitored mandatory training using a training tracker and alerted staff when they needed to update their training. Staff told us they received an email monthly reminding them of training that was due to expire.

Overall, 93% of clinical staff, 95% of administrative staff and 96% of the bank staff were compliant with mandatory training. Clinical staff did not meet the service's mandatory training target of 95%.

Safeguarding

Staff had not received all the training appropriate to their role for safeguarding adults as well as children and young people.

Administrative staff had not completed any level of children's safeguarding training in line with the national intercollegiate document: Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (fourth edition: January 2019). This document provides a clear framework which identified the competencies required for all healthcare staff. The document states the principle that every contact counted.

Surgery

Safeguarding training for both adults and children for all staff groups was lower than the service's target of 95%, except for bank staff who were 100% compliant in adult safeguarding. Records showed that 87% of clinical staff had completed adult safeguarding training. Similarly, for safeguarding children 89% of bank staff and 73% of clinical staff had completed, which did not meet the service's target.

Although training compliance did not meet the service's target, staff were aware of their role and responsibilities in making safeguarding referrals. Staff knew how to make a safeguarding referral and who to inform if they had concerns. They told us they could access the referral online and also showed us where they would find information about the steps to take in reporting a safeguarding incident. Several members of staff gave us an example of a safeguarding concern that had been raised recently and the outcome of this referral. This showed that the service was proactive in sharing learning with staff. Staff said it had helped refresh the steps they should take if they recognised a safeguarding concern and also what signs constituted abuse.

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.

All areas we visited during our inspection were visibly clean, dust free and tidy.

Staff cleaned the equipment they used after each patient. Cleaning logs were completed each day.

We saw staff were bare below the elbow and demonstrated an effective hand washing technique in line with 'five moments for hand hygiene' from the World Health Organisation (WHO) guidelines on hand hygiene in health care. The service completed monthly hand hygiene audits and performed well in these. Result showed a compliance rate of 98% in the August 2021 audit.

The service carried out an environmental hygiene audit and results from the October 2021 showed a compliance rate of 100%. There were sufficient numbers of hand washing sinks available, in line with Health Building Note (HBN) 00-09: Infection control in the built environment. Soap and disposable hand towels were available next to sinks and instructions on how to effectively decontaminate hands were displayed above the sinks.

Hand gel dispensers were available at key points throughout the service for staff, patients, and visitors to use. For example, there was a hand gel dispenser at the reception desk and available between one area of the unit to another. We saw staff using these throughout our inspection.

Staff followed infection control principles including the use of personal protective equipment (PPE) and the use of hand sanitising gel. PPE and hand sanitising gel was available across theatres and outpatient areas including at the entrance to the building and the reception. We observed staff asking patients who had entered the building without a mask to put on a mask while in service and encouraged the use of hand sanitising gel.

We saw in theatres there was a separate area for staff to wash their hands in readiness for surgery. We saw that water taps and doors to the theatres were touch free to minimise the risk of cross contamination.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment generally kept people safe. Staff managed clinical waste well. However, we saw COVID-19 safety signage was not always clear or followed.

Surgery

The service was based on the ground floor of a shared building. The waiting room was light and airy, with plenty of seating available while also maintain social distancing.

The provider ensured repairs to equipment were carried out if equipment broke down. There was a service level agreement with an external company for the day to day maintenance of equipment. Failures in equipment and medical devices were reported through the technical support team. Staff told us there were usually no problems or delays in getting repairs completed. All equipment conformed to the relevant safety standards and was serviced annually. A service of theatre equipment had been carried out in the last 12 months.

There were local rules for the use of the laser and a risk assessment for its use. The local rules provide guidance on the safe use of lasers. The local rules contained methods of safe working practices and listed those staff who were authorised for its use with details of the Laser Protection Supervisor and Laser Protection Advisor.

The laser room had an illuminated warning sign outside the room and a lockable door. This ensured patient and staff safety to avoid accidental exposure to the laser. We observed that the door was kept locked when not in use and the keys for the laser were kept locked to prevent unauthorised use.

The theatre had an integrated management system, which ensured airflow was maintained in line with the Royal College of Ophthalmologists ophthalmic services guidance. Records showed ventilation was checked regularly and serviced annually to meet the required standards.

Staff carried out daily safety checks of the resuscitation trolley on a daily basis in line with Resuscitation Council (UK) guidelines (2021). The trolley was tamper evident and staff recorded the replacement tag each time the seal was broken for access. We reviewed the trolley's logbook and found them to be completed with no omissions and up to date. We found all equipment was working and all consumables were in date.

The service used a combination of single use and reusable surgical instruments. All surgical instruments were prepacked, dated and kept in a designated area within the theatre. We saw all storage units were clean and the stock rotated.

There was a list of reusable surgical equipment including hand pieces and phaco handpieces (ultrasonic handpiece used in the removal of the natural lens during cataract surgery) which were packaged and sent to an external service for cleaning, disinfection and sterilisation. We saw that these were stored separately when used and were kept moist in line with the Department of Health technical memorandum on decontamination. Staff correctly disposed all single use equipment in the clinical waste bins in the dirty area.

Records showed fire extinguishers were serviced in June 2021 and these were placed in prominent positions. Fire alarm testing was conducted every Tuesday afternoon. Fire exits were accessible and clear from obstructions. Information on actions to take in the event of a fire were displayed throughout the service, including where the muster point was located.

There was a one-way system for entering and exiting the main reception however, the signs were not always clear to follow to ensure there was segregation of people in and out of the service particularly in the main waiting area. After our inspection the service manager sent evidence that the service had taken action to improve the signage and ensure staff and patients were adhering to the one-way system from moving around in the waiting area.

Surgery

The service did not display signs indicating the maximum room capacity except in the staff room. This meant staff did not always know how many people could be in a room at any one time to safely maintain social distancing. We observed that staff were mindful of this despite the lack of signage and in most patient areas we did not see overcrowding. However, at lunch time we noted the staff room which had a maximum capacity of six had been occupied by over 10 members of staff.

Assessing and responding to patient risk

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

The service had developed pathways to ensure that patients received safe care and treatment. We saw that a pathway for patients undergoing eye surgery included checklists of assessments completed. For example, medication, observations, the type of eye drop used, sight marking, anaesthesia details and pain score. We saw that the implants used were added to the pathway to aid traceability.

The service used the 'World Health Organization (WHO) "Five steps to safer surgery checklist". We observed the WHO checklist being undertaken in accordance with guidance. All staff knew what their role and responsibilities were in relation to the WHO checklist, and there was good staff engagement. The WHO checklist is a national core set of safety checks for use in any operating theatre environment. The checklist consists of five steps to safer surgery. These are team briefing, sign in (before anaesthesia), time out (before surgery starts), sign out (before any member of staff left the theatre) and debrief.

For all procedures we saw, staff fully completed all the required checks. We reviewed World Health Organisation Surgical Safety checklist audit results, which showed a high level of staff compliance with the checklist. Results showed theatre staff had achieved 100% in the October 2021 audit.

Staff continually monitored and observed patients throughout their surgical procedure and during recovery. Patient records were completed to reflect observations including blood pressure, pulse and oxygen saturation levels.

All patients were treated as a day case under a local anaesthetic or intravenous sedation. When intravenous sedation was used an anaesthetist was always present and responsible for its administration and the monitoring of patients under sedation throughout the procedure.

The service provided staff with basic life support training. Records showed that 90% of clinical staff and 100% of bank staff were compliant with basic life support training.

Staffing

The service had nursing, medical and support staff with the right qualifications, skills, training and experience to keep patients safe. Managers regularly reviewed and adjusted staffing levels and skill mix.

Staffing levels were checked regularly to ensure suitable levels were maintained. The clinical lead for surgery was responsible for producing monthly staff rotas and this was displayed on the staff notice board.

Managers used bank staff to cover planned and unplanned absence and to supplement current establishment vacancies. We were told bank staff used by the service had previously worked there as substantive staff therefore were familiar with local policies and procedures and offered continuity of care to patients. However, comments from the employee engagement survey in 2021 suggest that the service should recruit more substantive staff instead of using bank staff to ensure there was consistency.

Surgery

At the time of our inspection, the service employed six registered nurses, two assistant theatre practitioners and one healthcare technician.

The hospital did not directly employ any medical staff but had three ophthalmologist consultants listed on their website under practising privileges scheme. Practising privileges is a term used when doctors have been granted the right to practise in an independent hospital.

At the time of our inspection the service has 1.6 whole time equivalent vacancy for a registered nurse and two healthcare technician vacancies in theatres.

We asked the service to submit records of their staff sickness, agency and bank usage however, we were not provided with these for our review. From our observations there were enough staff to meet the needs of the patients.

Records

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

Patient notes were comprehensive, and all staff could access them easily. The service used both electronic and paper records. We saw these were stored securely and archived in the service's archiving room when patients had reached the end of their treatment.

We reviewed six patient records and found that they adhered to the National Ophthalmic Database. Patient records had patient name, identifying number and date of birth noted, consent to treatment, risks where applicable and pre-operative assessments were completed. There was also a full record of the patient care from pre-operative appointment, surgery and post-operative follow up. All entries were legible, signed and dated. We noted that patient records included multidisciplinary input where required.

Staff recorded the serial number of the implants in the patients' records, as well as any other equipment used during surgery. This meant there was an audit trail available if there were any later issues.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines. However, fridge and room temperatures were not always checked and recorded in line with the service's policy.

The service had a medicines management administration policy which was in date and in line with relevant legislation.

Medicines were stored securely in locked cupboards or fridges. Keys to access medicines were held by the team lead of each area.

We checked the controlled drugs stored in the theatre including medication for the reversal of anaesthesia. Controlled drugs are medicines liable for misuse that required special management. We saw the controlled drugs cupboard was locked, and we checked a random sample of stock levels. We saw the correct quantities in stock according to the controlled drug book and that all were in-date. The controlled drugs book also showed complete records of the controlled drugs.

Surgery

Staff prescribed and supplied patients with take home eye drops. A full explanation was given to them during the discharge process, which included the purpose of the medicine, frequency, duration and possible side effects. Staff checked to ensure that the patient was able to administer the drops themselves or had a friend or relative to support them.

Staff did not always check and record fridge and room temperatures to ensure medicines remained suitable for use. Records showed that there had been some omissions in the checking and recording of fridge temperatures however, senior staff had taken action to improve this and ensure staff understood their responsibility to ensure fridge temperatures were checked daily.

We also noted that eye drops were stored in a locked cupboard in the recovery room. However, there was no process of checking and recording the room temperature to ensure the temperature did not fall above or below the manufacturer's recommendations.

Incidents

The service managed patient safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

There was a system for recording and acting on significant events and incidents. There was an incident policy which was accessible to staff. Staff we spoke with understood their duty to raise concerns and report incidents and near misses.

Staff reported serious incidents clearly and in line with the hospital's policy. The manager admitted that the reporting of incidents between September 2020 and September 2021 was lower than they expected. Therefore, they had held a recent training session to raise awareness amongst staff of what needed to be reported including near misses and this had resulted in an increase in incidents reported.

Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

The service had reported one never event in the last 12 months relating to wrong site surgery. Although the incorrect treatment was applied to the wrong eyes, both eyes had a similar treatment planned and the incident resulted in no harm. We saw that duty of candour had been applied and the patient was monitored post-surgery to ensure there were no long last effects.

In accordance with the Serious Incident Framework 2015, the service had reported one serious incidents (SIs) which met the reporting criteria set by NHS England/Improvement in the previous 12 months prior to our inspection.

We reviewed the root cause analysis investigation for this incident which related to a patient developing endophthalmitis following surgery. There had been no deviation from the normal processes. We saw that appropriate and timely support had been given to the patient and a recommendation to review the current protocol for endophthalmitis cases for potential causative or common factors.

Managers shared learning about never events and serious incidents with their staff through the regional newsletter and with the NHS trust that had been involved in the aftercare following the identification of the incident.

Surgery

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Are Surgery effective?

Good 

Our rating of effective stayed the same. We rated it as good.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Managers checked to make sure staff followed guidance. New and updated guidance was evaluated and shared with staff.

Clinical staff we spoke with told us they 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) and The Royal College of Ophthalmologists (RCOphth) clinical guidelines. Staff had access to all guidance was accessed on-line.

Nutrition and hydration

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

Staff offered refreshments to patients following their procedures if it was safe to do so. Patients and visitors had access to hot drinks or drinking water in the waiting room.

Pain relief

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

Pain relief was discussed with patients as part of their pre-operative assessment and following surgery. We saw from records that pain relief was documented in the patient records and patients we spoke with confirmed that pain had been discussed with them throughout their treatment.

Patients were advised verbally, and provided with written information, to contact the clinic immediately if they experienced excessive pain.

Patient outcomes

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

Surgery

Between July 2020 and June 2021, the service has reported one case post-surgical of endophthalmitis out of 2520 surgical cases. Post-surgical endophthalmitis is an inflammation of the internal eye tissues and can be a severe complication of ocular surgery, most commonly caused by an infection. During the same period the service reported no other unplanned outcomes.

Information about the outcomes of patients' care and treatment was collected and monitored by the service. Outcome audits were a part of the service's audit programme. Staff we spoke with were aware of the collection of data for auditing which included patient satisfaction through patient satisfaction questionnaires and the friends and family test (FFT). The results and any action plans were shared with staff to ensure staff remained up to date with customer satisfaction and their role in making effective changes for improvement.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. The audit programme included a medicines management, health records and patient flow.

The service engaged with the Private Healthcare Information Network (PHIN) so that data could be submitted in accordance with legal requirements regulated by the Competition Markets Authority (CMA). All providers of private healthcare in the UK, including most NHS hospitals, are required by law to submit data to PHIN. The service had partly submitted data for nine out of the expected 12 months between July 2020 and June 2021. Data showed that the most common procedure during that time was cataract surgery. Other data showed that private patients had slightly more procedures carried out by the service compared to NHS with 605 procedures compared with 505 procedures respectively during this period.

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.

Managers gave all new staff including bank staff a full induction tailored to their role when they started working for the service. This included mandatory, on the job and developmental training.

There was a process to ensure that all staff including medical staff at the service had the right qualifications, competence, skills and experience necessary in order for them to carry out their role within the organisation.

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff including bank staff had received an appraisal within the last 12 months or had one scheduled in the following weeks after our inspection. All staff we spoke with told us that there were opportunities for further training and were given time to enhance their skills. They were encouraged to gain qualifications to assist them in their roles.

Optegra Limited UK had processes to ensure medical staff granted practising privileges at the hospital, held the required level of training and experience to allow them to perform refractive eye procedures.

All appropriate checks such as disclosure and barring service (DBS), General Medical Council (GMC) and specialist registration and health screening were carried out before practising privileges were granted and the medical advisory committee reviewed these annually to ensure medical staff were safe to continue practicing. Records from November 2021 showed a compliance rate of 94% for practice privilege.

Surgery

Multidisciplinary working

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

Staff we spoke with told us they worked well together and knew what each person's role was. There was a good team ethos that focused on patient safety and ensuring patients had a positive experience.

Staff worked across health care disciplines and with other agencies when required to care for patients. Patient care records showed that they were completed by different staff to inform every part of the patient journey.

We observed positive working relationships between managers and the staff groups. We observed managers across the department to have close professional relationships with the staff and provided them with advice and guidance as required.

Seven-day services

The service was open from Monday to Friday from 8am to 6pm including bank holidays.

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.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Capacity was first assessed at the pre-assessment stage in order for the service to make the necessary adjustments prior to patients attending for their appointment. They recorded a patient's mental capacity to make a decision to ensure all staff looking after the patient through their patient journey could support the patient adequately.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Consent to treatment was a two-stage process. Consent to surgery was discussed with patients during their outpatient appointment and before having the surgery. Patients were required to sign the consent form following their consultation to show they had fully understood

the procedure they were undergoing. The second stage of the consent process required the patient to sign the consent form on the day of surgery following a consultation and a 'cool off' period to ensure patients made informed decisions about their care.

Patients were seen by the surgeon before their operation and consent was discussed and the forms signed. However, in the patient records we reviewed, not all patients were given the patient copy of the consent to take home.

We were told that any treatment, including fees, was fully explained to the patient prior to the procedure and that people then made informed decisions about their care.

Are Surgery caring?

Our rating of caring stayed the same. We rated it as good.

Surgery

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients said staff treated them well and with kindness.

The service had started recording compliments staff received from patients. Patient comments included, “how marvellous the service was”, “blown away with everyone’s kindness” and “everyone was fantastic”.

The service had recently started asking NHS patients to complete the Friends and Family Test at the end of every visit. In October 2021, of the 255 responses received 236 patients said their experience had been “very good” and 16 patients said it was “good”. The service received an overall positive score of 99%.

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. We observed this during our inspection. Staff told us they were aware of the patient’s individual needs prior to the appointment and had allowed the patient to attend with a relative for support, although at the time the service was limiting the number of visitors in attendance to only the patient in line with COVID-19 guidance.

Emotional support

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

All patients we spoke with felt staff had given them sufficient information about their procedure and were able to discuss it with staff. We saw staff give the patient comprehensive written and verbal information about their on-going care. This included eye care, follow-up appointments, hobbies and counselling on medicines. This helped patients understand how to care for themselves and recognise any post-operative complications.

On the Optegra UK Limited website there was testimonials of patients would had previously undergone procedures, this provided support for patients as they heard it from a patient’s perspective.

One comment from a patient stated the staff looked after the patient so well and helped to calm their nerves throughout the appointment.

Understanding and involvement of patients and those close to them.

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

Patients gave positive feedback about the service. They praised the staff for their professionalism skills and knowledge and told us they would recommend the service.

The service gave patients clear and comprehensive information to help them make informed choices, including the cost of services. All patients we spoke with said they were aware of what their surgical procedure involved and that it had been explained to them thoroughly and clearly. Patients told us they had been given time to ask questions to ensure their expectations were managed.

Surgery

We saw positive interactions between staff and patient relatives. Staff made sure relatives were kept informed, in particular when surgery was over, and the patient was recovering so they knew when the patient would be ready to be picked up.

Are Surgery responsive?

Good 

Our rating of responsive improved. We rated it as good.

Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met the needs of the local population. The service was part of the COVID-19 recovery support programme, supporting the NHS and clinical commissioning groups in their recovery plans and this remained a priority for the provider going into 2022. This meant that local people did not have to remain on an extended NHS waiting list due to delays caused by the COVID-19 pandemic. One patient commented that it was “marvellous that they are helping the NHS to provide this treatment. There are so many waiting, it is far more than the NHS can handle and so it is wonderful that Optegra can help people as they did me”.

The service provided a range of eye treatments including, laser eye, lens replacement surgery, cataract surgery and vitrectomy. Patients completed a comprehensive pre- assessment questionnaire prior to their first consultation so that staff could tailor their treatment.

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.

Medical questionnaires were provided ahead of appointments for patients to indicate their personal and individual needs. This allowed staff to ensure there was the necessary support available when the patient attended their appointment. Staff told us support was arranged and booked by Optegra UK Limited’s central team. This included mental capacity and dementia resources, requests for interpreters for patients who did not have English as a first language and British Sign Language (BSL) interpreters and translated information leaflets.

The service had information leaflets available in languages spoken by the patients and local community and in large print if requested.

Chaperone services were available on request and signs were displayed within the service.

Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. There was ramp access to the premises and accessible toilet facilities on the ground floor.

The provider had worked with ‘fight for sight’ that are a UK charity dedicated to pioneering eye research to prevent sight loss and treat eye disease.

Surgery

Staff told us it was important to take time to assess individual patient needs, especially where they acted as barriers in accessing services, for example related to sight problems, age or disability. Staff described examples where appointments had to be extended and where reassurance and support given to enable patients to complete procedures.

However, there was minimal signage in waiting areas, when there were signs these were not in a large print and may not be clear for someone with visual loss. There was also no adaptive signage for patients with a learning disability or for those living with dementia.

Access and flow

People could access the service when they needed it and received the right care promptly.

The service provided care and treatment for patients referred by their GP, optometrist or who self-referred and NHS patients.

Staff said patients were given staggered times to arrive for surgery. This meant that patients were not required to wait long before their surgery was performed. Patients informed us that they had not waited long before their surgery and from our observations, patients were quickly seen and treated.

Patients were moved to the discharge area once they were fit enough to leave the theatre area. This area was staffed so patient observations could be taken. The use of this area ensured that once a patient was discharged from recovery the next patient could be taken through to the theatre to aid theatre throughput. Patients remained in the discharge area until they were well enough to be discharged.

Between December 2020 and November 2021, the service carried out 4,847 surgical procedures.

The service monitored referral to treatment times as part of the quality data required by NHS contracts to meet the 18-week Referral to treatment (RTT) pathway. There were no breaches of the 18-week pathway recorded, and patient feedback did not raise concerns about waiting times for treatment. The service aimed to treat patients within six to eight weeks of receiving a referral.

Managers worked to keep the number of cancelled operations to a minimum. Cancellations rates were low, and records showed that in the reporting period from December 2020 to November 2021 the average cancellation rate was 1.2%.

Between July 2021 and November 2021, theatre utilisation was reported at 97%. The service had plans to operate a six-day week service and open a second operating theatre to meet to the increased demand for eye surgery.

The number of patients who did not attend was monitored by the central team within Optegra UK Limited. The did not attend rate for the 12 months leading up to our inspection averaged 1.9%. Optegra UK Limited monitored and took action to minimise missed appointments. Optegra UK Limited's central office sent patients letters informing them of their appointment. Additionally, patients were sent a text reminder two days before the appointment in an attempt to reduce missed appointments.

Managers ensured that patients who did not attend appointments were contacted. Staff told us the appointment was rescheduled two more times before the patient was discharged to the referring service or clinician if they failed to attend.

Surgery

Learning from complaints and concerns

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

The service had a complaint policy which included timescales for acknowledging and responding to complaints with investigation outcomes. The service's patient experience manager was the designated responsible person to handle all complaints

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them. Staff told us they attempted to resolve the complaint as and when it happened and if it could not be resolved they would signpost the complainant to the complaints policy.

Patient complaints were managed effectively. We reviewed five complaints shared by the service which were shared with staff for learning.

Staff gave examples of how they used patient feedback to improve daily practice. We reviewed evidence of some examples post inspection. For example, a patient had raised concerns regarding the post discharge information that they were given and the instructions regarding administration of eye drops. The service had responded to the complaint and made changes to the printed discharge brochures giving more clear post-operative instructions to patients.

Are Surgery well-led?

Good 

Our rating of well-led improved. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

The service was led by a head of clinical services and the head of operations. Both leaders were new to the service but understood the challenges the service faced and told us their focus was to ensure the service was well led and safe.

The leadership team was supported by a team of managers which included a theatre lead, a lead optometrist, a diagnostic lead and an administration lead.

There was an organisational structure that defined who was responsible for each area including infection prevention and control, safeguarding and laser protection supervisors.

We saw strong leadership, commitment and support from the management team. Staff told us managers were responsive, accessible and available to support staff during challenging situations.

Surgery

At the time of our inspection the service did not have a CQC registered manager however, the head of clinical services was in the process of applying to become registered.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action.

Optegra UK Limited's vision was "20:20 with laser". The provider had shared its priorities for 2021/22 which included the digital transformation strategy which planned to transform the organisation from a manual into a digital organisation. The other strategy was the customer engagement centre strategy which planned to evolve the contact centre into an interactive engagement centre, where customers are serviced across integrated digital and telephony channels.

The provider had a set of values which were; "we are focused, we are safe, we are brave, and we move fast" which were displayed on the corporate website and in the service.

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.

The service had a culture of celebrating staff achievements. This could be from managers to staff or between colleagues. The staff notice board had an area where staff could write messages of thanks to each other on the board and this was displayed for all to see.

Staff undertook mandatory annual training on equality, diversity and human rights. There was a provider level diversity and inclusion policy and strategy called 'Be You@Optegra', this focused particularly on LGBTQ+, Black Asian and Minority ethnic staff, disability, mental health, culture, women and single parents. We saw evidence the service reported workforce equality indicators and monitored these in line with their policy to measure improvement and impact.

The service awarded an employee of the month plaudit, this was based on patient feedback and staff nominations. At provider level there was also an awards programme where staff could nominate other team members for recognition in certain areas, these included:

- Exceptional Patient Experience
- Outstanding Change
- Inspirational Leader
- Team of the Year
- Stand Out Star

All staff we spoke with were positive about working for the service. They described feeling valued and supported in their role and told us the overall culture of the service had improved significantly over the last two years.

From our observations we noted positive interactions amongst staff during the inspection. We saw the team communicated well with each other and with patients and saw a cohesive approach to working in a busy service.

All staff we spoke with were positive about their relationships with their immediate managers. Staff felt they could be open with colleagues and managers and felt they could raise concerns and would be listened to. They had confidence that any concerns would be addressed in a timely manner.

Surgery

Governance

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

The service had an established governance structure that supported and ensured there were clear lines of communication across all levels of Optegra UK Limited.

At hospital level, there was a meeting structure which included biweekly incident and complaint meetings, monthly staff meetings, quarterly business reviews and the south region clinical governance and risk committee meeting which were minuted. We reviewed the minutes from the September 2021 business review meeting and the July 2021 south region clinical governance and risk committee meeting minutes. These meetings included performance updates from other locations within the south region which contributed to the sharing of learning across the region.

Minutes from the south region clinical governance and risk committee meeting showed operational updates were shared with all south region hospitals therefore there was a single and clear flow of information to each location.

Management of risk, issues and performance

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

Optegra UK Limited worked to ensure staff and patients were kept safe during the pandemic by the development of a COVID-19 task force to review and interpret all national guidance and support the development of a risk managed pathway. This enabled numerous safety initiatives to be put in place, for example limited and staggered appointment times, temperature checks on arrival, provision of personal protective equipment for patients and staff and hand sanitiser throughout the building.

The service had a local risk register. The likelihood and the impact of the risks were considered and the likelihood and impact to the service if the risk occurred. All risks had controls put in place to reduce the likelihood of the risk occurring. The service had a risk assessment system, which was clearly identified and managed risks, with a process of escalation onto the corporate risk register.

The local risk register had five risks at the time of our inspection. The top risk related to staffing, recruitment and staff sickness and had a current risk score of 12. The manager told us they had recently seen an increase in the number of applications the service was receiving and credited this to the improve culture of the service.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

There were systems to ensure staff had access to information they needed to deliver effective care to patients in a timely manner. There were enough computers in the unit to enable staff to access the systems when they needed to. Staff had individual login information to access the service's IT systems.

Surgery

Staff ensured confidential data was kept secure from unauthorised persons. We saw staff locking their computer screens when they were not in use or away from the desk.

We saw during the inspection that there was a board to ward assurance system in place. We saw that information relating to the performance of the service was shared with the staff and actions were taken to ensure performance was improved.

Optegra UK Limited used the Data Security and Protection Toolkit via NHS Digital to measure their performance against the National Data Guardian's ten data security standards. The provider was meeting all ten standards.

Engagement

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

Managers gathered people's views and experiences to help shape the service. Questionnaires were available for patients and visitors to complete in the reception area.

Managers gathered the views of staff through an employee engagement survey. The 2021 employee engagement survey had an 84% response rate. Staff had the opportunity to say what they would like to stop, start and continue. Concerns reported under the stop included, setting unrealistic timeframes for appointments and long patient lists. Comments for actions the service should start included involving staff, giving them a voice, recruitment and removing barriers. Actions staff said should be continued included continuing to strive to be the best eye hospital delivering outstanding care to all patients, going above and beyond for patients and regular hospital meetings. Actions to continue showed that the priority for staff was to always put patients first and ensure they received the best care.

We saw actions were taken corporately to address some concerns that had been highlighted in the employee engagement survey. Optegra UK Limited had an aim to ensure a supportive and inclusive place to work for everyone, with zero tolerance to discrimination while celebrating equality and diversity in all forms. They had launched 'BeYou@Optegra', a new forum to ensure voices of people with protected characteristics were amplified and provided a safe space for staff to share learning, challenge and make changes to the organisation. The forum had an established team of leaders, leading on particular areas such as disability and mental health and culture. The forum had delivered a number of high-profile events since launching to raise awareness and encourage sharing and learning, for example raising awareness of Ramadan, Pride and Black History Month.

Equality, diversity and human rights was part of the mandatory training programme. Records showed clinical staff had not met the target of 95% with a compliance rate of 93%. There were 100% of administrative staff and bank staff compliant with the training.






Learning, continuous improvement and innovation

Locally there was limited innovation and continuous improvement however, in other parts of the organisation leaders encouraged participation in research.

Optegra UK Limited participated in an international research collaboration designed to better understand the relationship between clinical outcomes and patient-reported outcomes when providers adopt the International Consortium for Health Outcomes Measurement recommended datasets for cataract surgery outcomes.

Optegra Eye Sciences, the hospital group's research and development arm was a partner in an international research consortium to better understand the reasons for and the impact of dry eye after cataract surgery.

Outpatients

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

Are Outpatients safe?

Good 

Our rating of safe improved. We rated it as good.

Mandatory training

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

All staff received and kept up to date with their mandatory training. We saw evidence that showed that training in mandatory training compliance was currently at 93-95% at the time of inspection for clinical and administrative staff. The service employed optometrists within the outpatient's department, compliance for mandatory training in this staff group was 100%.

The mandatory training was comprehensive and met the needs of patients and staff. Training for clinical staff covered areas such as safeguarding, infection control and mental capacity. Staff showed us how they could access training easily on an electronic platform.

Clinical staff completed training on recognising and responding to patients with mental health needs, and dementia.

Managers monitored mandatory training and alerted staff when they needed to update their training. The training system alerted staff and managers when training was due to expire so they knew when to renew it.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. However not all staff had training on how to recognise and report abuse. And safeguarding training compliance did not meet the service's target.

Staff knew how to identify adults and children at risk of, or suffering, significant harm experiencing abuse and worked with other agencies to protect them. Staff were able to give examples of concerns that could indicate a patient was at risk.

Outpatients

Staff knew how to make a safeguarding referral and who to inform if they had concerns. We heard how staff in the outpatient's department had used the safeguarding process for a patient who was vulnerable. They were able to explain the process followed and the steps taken. The service had had completed some internal learning and given feedback using this incident to inform other staff.

All clinical staff received training on how to recognise and report abuse. Safeguarding training formed part of the mandatory training, clinical staff had training in both adult and child safeguarding. However compliance with safeguarding adult was 87% for clinical staff and 67% for optometrists, this was below the service target of 95%. In clinical staff compliance with safeguarding children training was 73% and 67% for optometrists. Bank staff had 100% compliance with adult safeguarding training, however safeguarding children was 89% and therefore below the service target.

Administrative staff had adult safeguarding training. However administrative staff had not completed any children safeguarding training, which was not in line with national guidance that states that all staff working in healthcare services regardless of role should be trained to level 1.

Cleanliness, infection control and hygiene

The service generally controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. We spoke with housekeeping staff who explained the schedules they followed to cover areas. Communal areas such as waiting areas and toilets had cleaning logs on display to show this had been completed. On the day of inspection,, we saw that most areas had been signed, housekeeping staff said those areas not yet complete would be addressed. When we checked later that day, we saw the cleaning had been recorded as completed.

The service performed well for cleanliness. We saw environmental hygiene audits for the previous month had scored 100% compliance against the target of 90%. Waiting areas were clean and well maintained.

Staff followed infection control principles including the use of personal protective equipment (PPE). We saw that PPE was readily available in all clinical areas. Staff knew when PPE should be used, and we saw them using it correctly.

All staff were bare below the elbow and wore clean uniforms. We saw staff following correct handwashing technique and sinks had visual prompts to remind them of this. Recent hand hygiene audits showed 98% compliance in this area against the target of 90%.

Staff cleaned equipment after patient contact but did not use labels to indicate this had been completed. When asked, staff told us they were assigned to rooms and were the sole staff member working in it, therefore they knew when it had been cleaned. They also cleaned equipment before starting a clinic.

Clinical areas were clean and had furnishings which were visually clean and well-maintained. However, the service had identified on their risk register that some chairs were fabric, this was not in line with building note 00-09 - Infection control in the built environment which states soft furnishings (for example, seating) used within all patient areas should be chosen for ease of cleaning and compatibility with detergents and disinfectants. They should be covered in a

Outpatients

material that is impermeable, preferably seam-free or heat sealed. We were told there was a plan to replace them, the service had also undertaken a risk assessment regarding the chairs. During inspection we saw multiple patients using the chairs without being cleaned. The service provided evidence to state they were cleaning the chairs to reduce an IPC risk, but it was not clear what the frequency of this cleaning was, or the method used.

There was signage and a one-way system in place in the main waiting area in response to COVID-19 guidance. However, we saw that patients found this signage confusing, the direction of travel was not clear, and led to patients not following it. A trolley holding hand sanitiser had also been placed in an area that was not accessible to aid compliance with the one-way system in place. Following the inspection, the provider supplied evidence that changes had been made to this area.

We also saw that staff did not comply with the one-way measures and were not challenged about this by other staff. In addition to this there was limited signage regarding room numbers for effective social distancing, and in areas where this was displayed this was not complied with or highlighted by managers.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use specialist equipment. Staff managed clinical waste well. However, furniture in waiting areas did not follow guidance and areas of risk had no clear timeline for repair.

The service had enough suitable equipment to help them to safely care for patients. There were multiple clinic rooms available and these had equipment to undertake the relevant outpatients' procedures required.

There were local rules for the use of the laser and a risk assessment for its use. The local rules provided guidance on the safe use of lasers. The local rules contained methods of safe working practices and listed those staff who were authorised for its use with details of the Laser Protection Supervisor and Laser Protection Advisor. Staff disposed of clinical waste safely.

There were designated bins for clinical and general waste and signage advising correct waste disposal. The waste bins were emptied daily into a lockable external bin, housekeeping staff told us this was kept in a staff only accessible area. In outpatient rooms we inspected, all sharps bins were dated and closed correctly to avoid spillage.

The design of the environment followed national guidance in most areas. However, the service had identified areas of damaged flooring that prevented effective cleaning. This was on the risk register for the service but there was no date for completion of these works.

Clinic rooms had emergency call bells for staff or patients to use however, staff were unclear if these were tested regularly.

Assessing and responding to patient risk

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

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Staff responded promptly to any sudden deterioration in a patient's health. Patients were risk assessed prior to attending the outpatient department by the bookings team if they were an NHS patient. Private patients were assessed at the clinical consultation appointment with a clinical member of staff. Staff then re-reviewed this information at attendance.

All clinical outpatient staff received training to enable them to deal with life support scenarios. Optometrists also completed intermediate life support training.

There was a resuscitation trolley located in the outpatient areas. We saw that this was locked and was clean. Equipment on the trolley had been tested and records for these checks were completed with no gaps for the two months prior to inspection.

There was a member of staff assigned to replace items that had expired on the resuscitation trolley. Emergency medicines were supplied by another service, but outpatients staff checked these daily to ensure these were intact and in date.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

The service had enough clinical and support staff to keep patients safe. Technicians supported clinics, there was usually one or two technicians per clinic to support optometrists and consultant surgeons.

Managers allocated bank staff to support clinics if shortages were anticipated. The service had low vacancy rates. At the time of inspection there was a shortage of two full time equivalent members of staff, but we were told this was due to a recent increase in approved staff numbers from senior leaders and that these posts were being recruited to.

Managers limited their use of bank staff and requested staff familiar with the service. Managers made sure all bank and agency staff had a full induction and understood the service. We heard how bank staff completed a competency-based training package before working unsupervised in the outpatient area.

The outpatient's department employed optometrists. Optometrists provide primary vision care. Their services range from eyesight testing and correction to diagnosing, treating, and managing changes in vision. The service had enough of this staff group to keep patients safe.

Records

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

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update. Records were stored securely. Results from patient examinations were recorded in the patient's electronic record. The electronic notes system was accessed by individual staff log in. When staff left computers unattended, we saw they locked them to restrict access.

Outpatients

When patients transferred to a new team, for example if another centre within the provider group was closer to patients place of residence, there were no delays in staff accessing their records. The service could also access notes from patients who had been seen in other locations under the same provider. We heard how some information could not be printed from other locations as this function did not produce a document in the same visual format as was used clinically. Where information was needed in both paper and electronic format paper copies these were sent securely.

Administrative staff prepared notes in advance of clinics, notes were stored on site in locked cupboards. However, staff told us there had been instances where clinic notes were missing, and administrative staff had prepared new copies. Staff were not clear if this was followed up to locate the original notes and they did not report this.

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. Optometrists prescribed medicines for the eye to patients. In some circumstances, such as for pre examination drops, these were administered by technicians who completed a competency based annual training pack to do this.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. We heard patients discussing medicines with patients at their appointments and checking to see if there had been any recent changes.

Staff completed medicines records accurately and kept them up to date. Patient records contained details of medicines and this was also documented electronically.

Staff stored and managed all medicines and prescribing documents safely. We saw medicines were stored in a staff only access area. When medicines were stored in clinic rooms these cupboards were locked.

For further information regarding medicines see information under this sub-heading in the surgery report.

Incidents

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

Staff knew what incidents to report and how to report them. Incidents were reported using an electronic reporting system, all staff had training on how to use this. We heard how the system was accessible from all computers and staff showed us how to access this.

Staff raised concerns and reported incidents and near misses in line with provider policy. We saw evidence that staff reported serious incidents clearly and in line with policy.

Managers investigated incidents thoroughly. We reviewed two root cause analysis reports which showed how they had been investigated and appropriate outcomes.

Outpatients

There was evidence that changes had been made as a result of feedback. We reviewed root cause analysis reports that showed how changes had been made. For example, it was identified there was no structure to post discharge phone calls meaning some post-surgical patient side effects were not escalated, a framework was being developed for questions to be asked in response to this.

There were no never events in the outpatients department in the 12 months prior to inspection. Managers shared learning with all of the services staff. Staff told us that never events from other services and locations under the provider had been discussed at staff meetings, this had informed their learning and practice.

Staff received feedback from investigation of incidents, both internal and external to the service. We saw evidence that showed how all incidents and never events were discussed at monthly staff meetings and also featured in the regional newsletter.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Staff gave examples of when they had done this, we heard from staff about an incident where a patient had given eye drops at an outpatient appointment without the information leaflet explaining when they would be needed. Staff waited for the patient to arrive at home and then called to give verbal instructions, this prevented patient distress as the drops would be required on the morning of surgery and it was likely the service would not be open when the patient was required to administer them.

Are Outpatients effective?

Inspected but not rated 

We do not rate effectiveness for outpatient in acute independent hospitals.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers did not check to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The services' policies were developed at provider level by clinical leads. Policies were developed in conjunction with national guidance and best practice evidenced from professional bodies, such as the Royal College of Ophthalmologists, National Institute for Health and Care Excellence (NICE). All the guidelines we were easily accessible on the trust's intranet and were up to date.

Staff showed us how they accessed these policies within the service intranet site. However, managers did not audit their practice locally against national guidance, doing so is considered best practice.

Pain relief

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

Outpatients

Staff assessed patients' pain at outpatient appointments but did not use a recognised tool to do this. Staff gave pain relief in line with individual needs and best practice.

Patients received pain relief soon after requesting it. Pain relief was given at pre surgery consultations by the use of anaesthetic eye drops.

Staff prescribed, administered and recorded pain relief accurately. There were labels on medicines to remind patients how to administer these, staff also gave a verbal explanation. This was documented on the patients' electronic medicines record.

Patient outcomes

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

Whilst the outpatient department did not specifically monitor patient outcomes, the other specialties such as surgery contributed towards the Private Healthcare Information network (PHIN). See surgery report for more detail.

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. Recruitment staff at provider level checked that staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All staff received a disclosure and barring (DBS) check when they joined the department.

Managers gave all new staff a full induction tailored to their role before they started work.

Managers made sure staff received any specialist training for their role. We heard how there were competency-based induction packages in place and staff shadowed others until they had completed these.

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff we spoke with told us they had received an appraisal and we saw evidence to support this.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. There was a noticeboard in the staff area displaying minutes, newsletters and audit outcomes. Staff had raised in the most recent meeting however that they did not always have time to read these.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff could request additional training courses but technicians in the outpatient's department told us they had not needed to do this.

Multidisciplinary working

Outpatients

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. All staff in the service were able to attend monthly whole staff meetings, there were not meetings specific to the outpatient department.

Patients could see all the health professionals involved in their care at one-stop clinics. For examples patients attending for pre-operative assessment saw technicians who undertook some preliminary diagnostic testing and administered eye drops before seeing their surgeon.

Clinical staff such as technicians told us they had good working relationships with the optometrists and surgeons. They felt able to ask them questions and for advice regarding patient. We spoke with an optometrist and surgeon who told us they felt team communication was positive and staff were respectful and professional at all times.

Seven-day services

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

The outpatients service was open 6 days a week between the hours of 8am – 6pm. Private patients were able to book video consultations online six days a week at a time that suited them.

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. We heard examples of when staff had supported patients with dementia to make decisions about their treatment.

Clinical staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. This training was part of mandatory training and was renewed every three years.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005. Staff could describe and knew how to access policy on Mental Capacity Act and Deprivation of Liberty Safeguards. There was a consent policy in place and staff undertook training in consent every three years.

Staff made sure patients consented to treatment based on all the information available. We heard conversations between patients and clinician to gain consent, these conversations gave detailed information about the benefits and risks of treatment. Patients were able to ask questions before giving consent for treatment and this was recorded in the outpatient clinic and reaffirmed on the day of surgery. There was a period of at least two weeks in between consent and the procedure for privately funded patients, this is known as a 'cooling off period'. A cooling off period gives a patient the chance to change their mind before any procedure. For NHS patients there was also a period of time between consent and any procedure at the time of inspection; this was greater than two weeks.

Outpatients

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Patients information packs given in outpatients contained detailed information regarding procedures and what they would entail. This gave patients an opportunity to consider risk and benefit after their outpatient appointment.

Staff told us consent would always be gained with the use of an independent interpreter when a patient did not speak English.

Staff recorded consent in the patients' records, but this was not always done well. When we reviewed 15 sets of notes, we saw that consent forms had been completed but five of these forms were not completed in full and the role of the clinician signing them was blank. There was also no record of the patient receiving a copy of their consent form in any of these notes.

We were told that any treatment, including fees, was fully explained to the patient prior to the procedure and that people then made informed decisions about their care.

Are Outpatients caring?

Good 

Our rating of caring stayed the same. We rated it as good.

Compassionate care

Staff treated patients with compassion and kindness, and took account of their individual needs but did not always respect their privacy and dignity,

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

Patients said staff treated them well and with kindness. We spoke with two patients who told us how they felt the staff were extremely professional and caring. The service provided patient feedback following the inspection, this feedback referred to staff as being polite, caring and friendly.

Staff did not always follow policy to keep patient care and treatment confidential. Consultation rooms had frosted glass windows and doors were closed when a patient was being seen. All rooms had 'busy/free' signs on the doors, and we observed staff knocking and waiting before entering them. Patients said they felt their privacy was always respected during their appointment. However, we did observe a clinical conversation in the waiting area between clinical staff and a patient that could be overheard.

Staff understood personal needs of patients and how they may relate to care needs. A patient told us how their initial consultation they had been given time for questions and a clear explanation of procedures.

Consultations with patients considered lifestyle factors such as hobbies and also a patient's job. For example, we observed a consultant taking time to discuss how often a patient drove a vehicle and read books to consider what kind of lens replacement would be most suited to their needs.

Outpatients

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff told us how they sometimes had to support patients after they were told they would not be able to have surgery to improve their vision. They said sometimes these patients needed additional support as this could be quite upsetting.

Signage relating to the option to request a chaperone was displayed on a wall opposite the main reception desk and could not be easily seen.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. We saw how there were empty consultation rooms patients could be taken to if they became distressed.

Staff understood the emotional and social impact that a person's condition had on their wellbeing and on those close to them. We heard how they understood the impact of visual difficulties and enjoyed their roles in improving patients' sight.

Staff did not undertake specific training on breaking bad news. Conflict resolution was a part of mandatory training and staff said they thought this helped if a patient became distressed.

Understanding and involvement of patients and those close to them

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

We observed patients being given clear information regarding their next appointment. Staff told patients that letters would be sent to their GP and checked these details with them. Information packs were given to patients with clear contact information.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. We saw that there was information regarding patient feedback services on patient information packs. We also saw cards and feedback on display on staff noticeboards. There were posters regarding safeguarding on display with information on how to report concerns.

Patients gave positive feedback about the service. We reviewed patient feedback, and this was mostly positive and praised staff for their professionalism and caring attitudes.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Patient information packs had been approved as being in plain English and easy to understand by an information clarity organisation.

Staff made sure some patients and those close to them understood their care and treatment. We heard how private patient's pre-treatment consultations and information in advance of attendance had to allow them to absorb information.

Outpatients

However, staff said NHS patients had often attended unaware of why they had been referred to the service, this was most common in patients who had been referred by their opticians. Staff had highlighted this to managers, and we were told work was being done to improve pre consultation information in this patient group.

Are Outpatients responsive?

Good 

Our rating of responsive improved. We rated it as good.

Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met the changing needs of the local population. The service was accessible by public transport and was easily accessed by car or foot. Appointments were available at the weekend; outpatient clinics were held in the day with the latest appointment usually being 6pm.

The service was supporting local NHS services by taking patients from waiting lists to ease pressure in these services. There had been a move to more video consultation within the provider and this was in response to the COVID-19 pandemic and ongoing need to reduce footfall whilst maintaining access to the service.

The service minimised the number of times patients needed to attend the hospital, by ensuring patients had access to the required staff and tests on one occasion. Outpatient appointments gave patients information regarding surgery and all diagnostic tests were performed in one session, technicians administered eye drops and performed some tests. Patients also saw a patient coordinator who gave them information about their next appointment and discussed any availability issues regarding prospective dates for surgery such as holidays or availability of family to support with travel to and from the clinic.

The service had systems to help care for patients in need of additional support. Information in accessible format could be requested by patients in advance of their appointment and staff said this would be done by calling the service and requesting this.

Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted. In the first instance a patient would be phoned to establish the reason for non-attendance, if contact could not be made then a letter with a rebooking was made.

However it had been highlighted by staff in meetings that there were instances of multiple non-attendance for some NHS patients and these had not been chased. Managers told us that they contacted the GP or where appropriate the optician of patients who repeatedly did not attend or engage with the service.

Meeting people's individual needs

Outpatients

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

Staff understood and applied the policy on meeting the information and communication needs of patients of some patients. All standard information packs were approved as being in clear English by an independent service, they were also available in large print. The service had information leaflets available in languages spoken by the patients and local community.

The service provided an accessible information policy post inspection that gave clear steps on how to respond to the needs of those patients. Staff told us they could book interpreters easily if there was advanced notice. Signers could also be booked for patients with hearing loss and the reception was fitted with a hearing aid loop.

Staff told us in the event of a patient needing to practice religion through prayer that a consulting room could be used but they had not needed to do this.

Patients requiring transportation to appointments would book this with their GP. The service did not take patients who could not move independently however there was a wheelchair available in reception if a patient requested this.

Facilities and premises were not always appropriate for the services being delivered. There was a large free car park that had dedicated disabled bays. The service was accessed by a set of stairs but there was also a ramp for wheelchair access. There was signage directing patients to the service in the car park and inside the main building.

Patients were directed to waiting areas by staff. This meant staff knew where patient was waiting when they needed to bring them into a clinic room for consultation or diagnostic test, and that patients did not need to find their own way.

However there was minimal signage in waiting areas, when there were signs these were not in a large print and may not be clear for someone with visual loss. There was also no adaptive signage for patients with a learning disability or for those living with dementia.

The service only saw patients who were able to transfer themselves independently, such as from a seated position to standing or between a wheelchair to chair. Patients who walked with a walking aid such as a stick were able to attend the clinic. However, the chairs in all waiting areas were at a low height which could make sitting and rising from them difficult. We also observed that all chairs had static arm rests inhibiting the size of the seat and this would not be appropriate for bariatric patients.

There was no access to information or communication aids to help patients with a learning disability. Staff told us that patients with a learning disability would be supported by their carer or family member.

Interpreting services were available for a range of dialects and written information could be supplied in alternate languages such as Polish, Pakistani and Urdu. There was signage in reception advising patients that they could request interpreting services.

However staff in outpatients told us they would often use family members to translate some information such as appointment times and medicine administration at appointments, this is not best practice.

Access and flow

Outpatients

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to treat and discharge patients were in line with national standards.

Patients were able to book an initial video consultation for as soon as the next working day through the provider website. Video consultations were used to assess the suitability of patients and were provided free of charge.

Private patients could choose their appointment time, so it did not impact on religious worship, NHS patients were not able to do this in advance but could change their appointment time after receiving it.

Managers monitored waiting times for private patients. The service had been supporting two NHS trusts by prioritising appointments for their +102 and 52 weeks wait patients. It had been recognised that workload from NHS services had impacted on these waiting times, but these were still within the services' targets.

Managers worked to keep the number of cancelled appointments to a minimum. When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible. NHS cancellation rates were reported to clinical commissioning groups. The service monitored cancellation rates and this information was actioned at provider level to ascertain ongoing actions.

Staff had raised in meetings the impact of large numbers of NHS patients on clinic capacity and felt there was not always time to complete diagnostic tasks within the clinic appointment times, however, we saw no evidence of any action the managers were taking in regard to these concerns.

Learning from complaints and concerns

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

The service had a complaints and claims policy that had been developed at provider level. The aims of the policy were to ensure effective management of compliments and complaints. Staff understood the policy on complaints and knew how to handle them. Staff showed us the policy could be accessed through the intranet.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. We reviewed complaints received by the service and saw patients had been contacted regarding the outcome of their complaints.

Managers investigated complaints and identified themes. The service captured data on both formal and informal complaints, within its internal reporting systems so that themes could all be monitored.

Patients, relatives and carers we spoke with knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern or complaint in waiting areas. We saw there were complaints leaflets available and staff knew how to find them. The service also displayed their Independent Sector Complaints Adjudication Service (ISCAS) certificate in reception although this was not in an area that was easily seen. ISCAS provides independent adjudication on complaints in independent healthcare and membership for services is voluntary.

Outpatients

Managers shared feedback from complaints with staff and learning was used to improve the service. Complaints were discussed at staff meetings and learning outcomes were communicated at these meeting and in meeting notes and newsletters.

We reviewed evidence post inspection which gave examples of how the service used patient feedback to improve outpatient services. For example, a patient had complained that they had been unable to discuss their appointment via telephone and calls were not answered. The service had acknowledged the patient's complaint and responded to this issue by increasing staff numbers for answering inbound calls.

Are Outpatients well-led?

Good 

Our rating of well-led improved. We rated it as good.

Leadership

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

Staff were clear on the organisational structure and who they reported to. They felt the managers were approachable and they could raise concerns with them. The outpatient department was managed by a by a head of clinical services and the head of operations. There was also a deputy outpatient lead who managed the area in the leader's absence.

We saw that leaders had respectful and warm relationships with staff. In a recent staff survey the statement "I have a manager who is approachable, inspirational and supportive. They provide regular feedback and act as a role model the area with the highest score with 7.2 out of 10, this was considered a positive response".

For our detailed findings on leaderships please see the Well led section in the surgery report.

Vision and Strategy

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

The service had a strategy in place that had been developed at provider level. In outpatients the strategy was focused on the continued implementation of video consultations to improve efficiency and private patient bookings. The strategy recognised that efficient clinics resulted in higher patient bookings.

We spoke with a patient who had a video consultation and they were positive about the meeting and said it gave them confidence in the service and their staff.

Outpatients

For our detailed findings on vision and strategy please see the Well led section in the surgery report.

Culture

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

Staff spoke positively of the service, they told us it was a good place to work and they felt valued. We saw staff engaging positively with each other and there was a clear sense of teamwork. There was a provider led policy on bullying and harassment, but staff and managers told us they not had to use this.

The service had a whistleblowing policy that staff could access via the intranet.

Staff undertook mandatory annual training on equality, diversity and human rights.

For our detailed findings on culture please see the Well led section in the surgery report.

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.

Staff told us there were clear lines of information communication and governance. All staff in the service were able to attend monthly governance meetings where incidents, complaints, and compliments were shared. Learning from incidents was also shared at these meetings. Changes in policy were discussed at these meetings and staff were informed of any changes to them in advance. Minutes from these meetings could also be reviewed by staff after the meetings.

For our detailed findings on governance please see the Well led section in the surgery report.

Management of risk, issues and performance

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

There were recruitment procedures in place for all outpatient staff prior to commencing employment and this included where applicable to their role checks on fitness to practice, professional indemnity and registration. All staff had a disclosure and barring service check. Appraisals and re-validation of professional registration was monitored at provider level and requested where renewal was required.

Outpatients

Staff said they received regular support and were made aware promptly of concerns as well as being given praise. The service had taken patients from NHS waiting lists and patient numbers were reviewed by senior leaders. However, it was not clear how NHS patients waiting for initial outpatient appointments with the service were monitored for ongoing risk.

For our detailed findings on management of risk, issues and performance please see the Well led section in the surgery report.

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 outpatients service used an electronic notes system to record information. Staff securely accessed clinical note records, when computers were not attended, we saw that they were locked to restrict access. Paper copies of these notes were also produced for outpatient clinics. However, staff told us that paper notes could sometimes not be located, and new copies were made; they were not clear what investigations were done into locating the original set and acknowledged they did not report this.

For our detailed findings on managing information please see the Well led section in the surgery report.

Engagement

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

There was limited specific areas about engagement in relation to the outpatient service. All patients were encouraged to provide feedback following appointments and this was displayed in waiting areas and on the provider website. The service also displayed a review rating on the website that was calculated from feedback supplied to an external review site not affiliated to the service. Prospective patients could also view videos containing frequently asked questions through the website.

For our detailed findings on engagement please see the Well led section in the surgery report.

Learning, continuous improvement and innovation

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

There were limited specific areas of learning and improvement for the outpatient service. Optometrists and nursing staff supported outpatient technicians to undertake training and gain competency to administer pre examination eye drops, this was annually renewed.

Outpatients

For our detailed findings on Learning, continuous improvement and innovation please see the Well led section in the surgery report.