

# Newmedica Community Ophthalmology Service

## Quality Report

Cromwell Primary Care Centre  
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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from 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?	Good	
Are services well-led?	Outstanding	

# Summary of findings

## Letter from the Chief Inspector of Hospitals

Newmedica Community Ophthalmology Service was operated by Lincolnshire Newmedica Limited. It was an ophthalmology clinic that provides surgical procedures in addition to pre-surgical assessment clinics. The surgical procedures mainly consist of cataract surgery, with 903 operations between January 2018 and December 2018.

The service has had a registered manager since 2017, when it was first registered with CQC. We inspected this service using our comprehensive inspection methodology on 15 May 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: were they safe, effective, caring, responsive to people's needs, and well-led? Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The main service provided by this service was a surgical service.

We have not rated this service before. We rated it as **Good** overall because:

- 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 managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- 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.
- 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 treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- People could access the service when they needed it and received the right care in a timely way.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles. The leadership drove continuous improvement and staff were accountable for delivering change.
- There were high levels of staff satisfaction across all equality groups. Staff were proud of the organisation as a place to work and spoke highly of the culture.
- There were consistently high levels of constructive engagement with patients and staff, including all equality groups.
- Innovative approaches were used to gather feedback from people who use services and the public, including people in different equality groups.

However:

- The sound level in the minor operations room was not compliant with HTM03-01 (Heating and ventilation of health sector buildings HTM 03-01). The 49dba (target 45 dba or below) sound level is due to the air flow within the theatre space. Ear protection is offered to staff and patients.

Following this inspection, we told the provider they should make three improvements, even though a regulation had not been breached, to help the service improve. Details were at the end of the report.

# Summary of findings

Ann Ford

Deputy Chief Inspector of Hospitals (North)

# Summary of findings

## Our judgements about each of the main services

### Service

### Surgery

### Rating Summary of each main service

Good



We found that:

- The service had enough staff to care for patients and keep them safe.
- Staff had training in key skills, understood how to protect patients from abuse, and managed safety well.
- The service managed safety incidents well and learned lessons from them.
- Managers monitored the effectiveness of the service and made sure staff were competent
- We found good governance and audit systems.
- Staff treated patients with compassion.
- People could access the service when they needed it and did not have to wait long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills.
- The leadership drove continuous improvement and staff were accountable for delivering change.
- There were high levels of staff satisfaction across all equality groups. Staff were proud of the organisation as a place to work and spoke highly of the culture.
- Governance and performance management arrangements are proactively reviewed and reflect best practice.
- There were consistently high levels of constructive engagement with patients and staff, including all equality groups.
- Innovative approaches were used to gather feedback from people who use services and the public, including people in different equality groups.

However;

- The sound level in the minor operations room was not compliant with HTM03-01 (Heating and ventilation of health sector buildings HTM 03-01). The 4dba increased sound level is due to the air flow within the theatre space. Ear protection is offered to staff and patients.

# Summary of findings

- The pain relief provided to patients were topical local anaesthetics to prevent pain and sensation during cataract surgery and other procedures. There were no additional pain assessments completed and the service did not collate pain and comfort during surgery data from patients. The service did not audit pain in patients post operatively. However, these have been added to the patient pathway since the inspection.
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# Summary of findings

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Good 

# Newmedica Community Ophthalmology Service

**Services we looked at:**

Surgery

# Summary of this inspection

## Background to Newmedica Community Ophthalmology Service

Newmedica Community Ophthalmology Service was operated by Lincolnshire Newmedica Limited. The service opened in 2017. It was a private hospital in Grimsby, South Humberside. The service primarily serves the communities of South Humberside. It also accepts patient referrals from outside this area.

The hospital has had a registered manager in post since October 2017. At the time of the inspection, a new

manager had recently been appointed and was registered with the CQC in June 2019. When the inspection was undertaken in May 2019 the manager was awaiting confirmation of their registration with CQC.

Lincolnshire Newmedica Limited provides a comprehensive ophthalmology (clinical eye care) service consisting of consultations, diagnostics, outpatient procedures and surgical interventions.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector, and a specialist advisor with expertise in ophthalmology. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection.

## Information about Newmedica Community Ophthalmology Service

The hospital has an operating theatre, as well as examination and treatment rooms. was registered to provide the following regulated activities.

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

The service operates as a single speciality acute service with no overnight beds

During the inspection, we visited the operating theatre, examination and treatment rooms. We spoke with seven staff including clinic assistants, ophthalmic surgeons and senior managers. We spoke with six patients. During our inspection we reviewed six patient records.

However, we could not observe any operating procedures as we attended on a day when the operating theatre was not in use.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. This was the services first inspection since registration with CQC.

Activity (January 2018 to December 2018)

- There were 1,020 day case episodes of care recorded at the clinic; of these 989 were NHS-funded and 31 non-NHS funded.
- There were 4,317 outpatient total attendances in the reporting period; of these 4,252 were NHS-funded and 65 non-NHS funded.

Ten surgeons work at the clinic under practicing privileges. Eight of the surgeons were consultant ophthalmologists whilst two were associate specialists in ophthalmology. Four of the consultants were also clinical directors and partners of the service. There was an operational manager, a clinical services manager, two senior clinic assistants, a clinic assistant and a clinic receptionist. The service also has its own bank staff. No controlled drugs were kept by the service.

Track record on safety

- There were no never events in the reporting period.
- There were no serious injuries in the reporting period.
- Five complaints were received in the reporting period.

**Services provided at the clinic under service level agreement:**

- Clinical and or non-clinical waste removal

# Summary of this inspection

- Interpreting services
- Laser protection service

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We rated it as **Good** because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service controlled infection risk well.
- 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 enough medical and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- 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.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

However;

- The sound level in the minor operations room was not compliant with HTM03-01 (Heating and ventilation of health sector buildings HTM 03-01). The 4dba increased sound level is due to the air flow within the theatre space. Ear protection is offered to staff and patients.

**Good**



### Are services effective?

We rated it as **Good** because:

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.

**Good**



# Summary of this inspection

- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- 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.
- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.
- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions.

However;

- The pain relief provided to patients were topical local anaesthetics to prevent pain and sensation during cataract surgery and other procedures. There were no additional pain assessments completed and the service did not collate pain and comfort during surgery data from patients. The service did not audit pain in patients post operatively. However, these have been added to the patient pathway since the inspection.

## Are services caring?

We rated it as **Good** because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- All feedback received from patients we spoke with was positive.
- Staff provided emotional support to patients, families and carers to minimise their distress
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

**Good**



## Are services responsive?

We rated it as **Good** because:

- The service planned and provided care in a way that met the needs of individual people and the communities served. It also worked with others in the wider system and local organisations to deliver care in a way to ensure choice and flexibility.
- The service was inclusive and took account of patients' individual needs and preferences. This included people with protected characteristics under the Equality Act.

**Good**



# Summary of this inspection

- During the inspection we observed dementia appropriate signage and signposting and identified that training had been provided for all staff who came into contact with patients. The service also provided Alzheimers events such as Alzheimers awareness days.
- Staff made reasonable adjustments to help patients access services, including those people who are in vulnerable circumstances. They coordinated care with other services and providers.
- People could access the service and appointments when they needed it and received the right care in a timely way that suited them. Technology was used proactively to enable those to happen.
- Newmedica aimed to exceed the 18 week Referral to Treatment (RTT) under the NHS Constitution. Newmedicas new referral services has shown that 100% patients attend their first appointment within 8 weeks of referral
- In addition to this Newmedica tracked all patient pathways against the relevant RTT targets (72% of patients were seen within 4 weeks).
- 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 could demonstrate where improvements had been made as a result of learning from complaints.

## Are services well-led?

We rated it as **Outstanding** because:

- Leaders had the integrity, skills and abilities to run the service. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles. The leadership drove continuous improvement and staff were accountable for delivering change.
- 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.
- The service had shown a continually Improving culture by introducing Clinical Practice Improvement Boards within the clinic to highlight complaints, compliments, audits, and the vision of the organisation.

**Outstanding**



# Summary of this inspection

- Toolbox Talks were held to continually embed good practice around MCA, Safeguarding, person-centred care delivery.
- There were high levels of staff satisfaction across all equality groups. Staff were proud of the organisation as a place to work and spoke highly of the culture.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- The 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 consistently high levels of constructive engagement with patients and staff, including all equality groups. Innovative approaches were used to gather feedback from people who use services and the public, including people in different equality groups.
- 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.

# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

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

# Surgery

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

## Are surgery services safe?

Good 

Our rating of safe was **good**.

### Mandatory training

- The service provided mandatory training in key skills to all staff.
- Staff received mandatory training. The mandatory training rates were 100% for managers, 100% for nurses, 96% for consultants, and 96% for clinic assistants and administrators. We spoke with a senior clinic assistant and a clinic assistant who told us they had completed all their mandatory training.
- The mandatory training was provided by a combination of on-line training and face-to-face training. This included basic life support resuscitation training.
- The mandatory training was recorded on an electronic human resources system held by the provider. This allowed the provider to monitor staff's mandatory training needs.

### Safeguarding

- There was a safeguarding policy in place which was in date and had been regularly reviewed.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service has a policy for code of practice and good conduct of clinical staff when dealing with Vulnerable

Adults and a range of additional policies to ensure services were guided to meet the needs of all patients. A safeguarding lead had been nominated locally with direct responsibility for building local awareness and to develop networking links to local groups.

- Safeguarding training was a core mandatory training subject. There was a national safeguarding lead within the provider, whilst the service's clinical services manager was the local safeguarding lead. The local safeguarding lead was trained to level three for adults and level two for children. All other staff has completed level 1 and level 2 safeguarding training for adults and children. Compliance rates were 100%.
- We were advised that there were plans in place for the senior clinic assistants to be trained to level three in adult safeguarding.
- An introduction to PREVENT training (PREVENT was about safeguarding people and communities from the threat of terrorism) was being rolled out to all staff for completion by the end of 2018/19.
- The safeguarding training was completed by the ophthalmologists at the NHS trusts at which they were substantively employed. The registered manager told us that the intention was to introduce safeguarding training as part of the induction for all future ophthalmologists.
- The service had recently made a referral to the local safeguarding team relating to a patient raising concerns about her treatment at a care home, and allegation of the care home changing her GP.

### Cleanliness, infection control and hygiene

# Surgery

- The clinic rooms and operating theatre were visibly clean and free of clutter.
  - We examined the clean and dirty sluice areas which were fit for their intended purposes. Cleaning materials, mops and other cleaning equipment were appropriately and safely stored.
  - There was a policy for infection prevention and control that was reviewed frequently, with the last review being in September 2018.
  - All clinical staff had completed infection control training. The completion rate was 100%.
  - We saw the results of cleaning audits which showed 94% compliance in November 2018, 100% compliance in December 2018, and 98% compliance in January 2019.
  - There were also hand hygiene audits which showed 100% compliance in November and December 2018, and January 2019.
  - The risk register highlighted that the air handling unit in the clinic and theatre facility at Cromwell Primary Care Centre had no temperature control, and there were known faults to the chiller unit. As a result the clinic and theatre rooms were regularly hot above 25 degrees Celsius. This posed a risk of infection during surgical procedures. The facilities management company had been informed and were aware of the known fault. The service had had an action plan to fix known issues and were working towards this.
  - Personal protective equipment (e.g. gloves, aprons, eye protection) and sharps boxes were readily available for staff to access and utilise.
- Environment and equipment**
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.
  - The service had a policy for ensuring safety, availability and suitability of equipment which was in date and had been reviewed five times in four years.
  - We found both operating and clinic rooms contained the appropriate equipment which had been properly maintained under maintenance contracts. The dates and results of the previous tests and when the next checks were due on each piece of equipment was readily available.
  - The ventilation, scavenging and air exchange systems in the operating theatre were serviced and tested by a suitably qualified organisation in March 2019. Recommendations for renewal of a fan motor was made, whilst several areas were reported to be poor in the verification report. The service had an action plan in place to address the ventilation concerns.
  - It was also the case that the sound level in the minor operations room was not compliant with HTM03-01 (Heating and ventilation of health sector buildings HTM 03-01). The 4dba increased sound level is due to the air flow within the theatre space. Ear protection is offered to staff and patients.
  - All electrical equipment had undergone portable appliance testing (PAT).
  - There was a room specifically designed for the use of laser equipment. We reviewed the Local Rules for laser safety, and there was a laser protection advisor and laser protection supervisor appointed.
  - Resuscitation equipment was for single-patient use and latex-free, whenever possible. Where non-disposable equipment was used, a policy for decontamination between use in different patients was implemented.
  - There was signage about laser safety and a laser safety audit undertaken annually.
  - We saw a copy of the daily clinical checklist which highlighted the daily equipment checks which included resuscitation equipment, fridge temperatures, and ophthalmic theatre equipment.

## Assessing and responding to patient risk

- The service had a policy in place for care of the deteriorating patient. The policy was in date and regularly reviewed.
- The SBAR communication tool was used for the escalation of care and treatment amongst all healthcare professionals in Newmedica.

# Surgery

- 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.
- In the case of ophthalmic or medical emergencies patients were transferred to the nearest acute hospital facility. There was a policy in place for medical emergencies.
- Newmedica operated seven days per week providing clinical care including outpatient clinics and theatre activity. The duty manager and duty clinical director provided supported as was the first point of contact out of hours (after 5pm weekdays and weekends) for all Newmedica staff working who encountered issues they felt they needed to escalate and for patients who had undergone surgery and required immediate support.
- Assessment clinics were undertaken to ensure the patients were fit to undergo surgery or other treatments at the clinic. Patients with serious health problems were excluded in the interests of patient safety. These exclusion criteria meant such patients were not normally referred to the clinic but if they were they were identified at the assessment clinics. In such cases they were informed of where they could obtain the treatment they required.
- The World Health Organisation (WHO) safety checklist was audited in the operating theatre for both cataract surgery and minor operative procedures. In December 2018 there was 86% compliance, whilst in January 2019 there was 67% compliance. In minor operative procedures there was 98% compliance in December 2018, and 87% compliance in January 2019. These figures show that the provider was not complying with the requirement to undertake the WHO safety checks on all occasions. However, improvement was observed on the day of inspection.
- All patients were called the day following surgery to check how they were doing and to ask if they have any questions.
- A telephone number was noted on the information booklet for patients to ring should they have any clinical concerns. An out of hours line was also available for patients to call should this be necessary.

- The patient information leaflet provided to patients contained recommended patient information from The Royal College of Ophthalmologists: Cataract Surgery Guidelines.

## Nursing and support staffing

- The service had enough support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank staff a full induction.
- Two senior clinic assistants, and a clinic assistant, were directly employed by the service. These staff provided trained professional support services to the ophthalmic surgeons.
- Theatre staff including nurses and operating department practitioners were employed from the service's employment bank. This was because surgery was not undertaken every day of the week, but twice a week, including Saturdays. However, the registered manager informed us there was an intention by the provider to move consistent bank staff to permanent contracts, where appropriate.
- We read that if staff levels were reduced below 75% the operational director, divisional head and service manager would redeploy staff to support critical functions. If staffing levels reduced to below 30% further reorganisation of staff and discussions with other teams would be undertaken to ensure adequate support for Newmedica critical activities.
- The service had a robust recruitment and approvals process to ensure that all relevant recruitment checks had been completed.
- Management support to the nursing and support staff was provided by a clinical services manager.

## Medical staffing

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

# Surgery

- Ten ophthalmic surgeons worked at the clinic under practicing privileges. Eight of the surgeons were consultant ophthalmologists whilst two were associate specialists in ophthalmology. An associate specialist was a senior doctor who works on a consultant rota. Four of the consultants were also clinical directors of the service. All the medical staff were from local NHS Trusts and held practising privileges with Newmedica.
- Newmedica have a responsible officer (RO) and appraisal leads. The RO and appraisers were supported by Newmedica's human resources team. The appraisers were appropriately trained, and doctors have access to their RO for advice around revalidation requirements and continued personal development (CPD). The RO also monitored revalidation dates and reviewed annual appraisals.
- The service maintained a database of nurses' registration and revalidation dates and had reviewed processes to support staff through revalidation.
- The service had practising privileges procedures in place as part of their recruitment and approvals process and policy.
- Employment Checks outlined in the Newmedica policy were carried out in accordance with 'NHS Employment Checks Standards and Care Quality Commission (CQC) Regulation 5 'Staffing'. The Registered Managers and Nominated Individual were responsible for ensuring that medical practitioners working within their businesses have the appropriate checks in place.
- The human resources manager undertook audit and monitoring of compliance against this policy and escalating non-compliance to the Registered Managers and Medical Advisory Committee (MAC).
- The MAC had delegated responsibility from the Newmedica Board to approve and monitor the engagement of Medical Practitioners.
- Patient records were held on a combination of electronic and paper based recording systems. The registered manager told us they were moving from their present electronic patient record data base to what they felt was a more efficient system for managing cataract surgery patients.
- The service had an NHS e-Referral Service (ERS) in Nottingham who triaged the referrals electronically and sent them to the ophthalmologists for clinical triage assessment.
- The European Union "General Data Protection Regulation" came in to force on 25th May 2018. Newmedica was compliant with the legislation. Newmedica had undergone the necessary process and policy change to enable the General Data Protection Regulations. Training, process mapping, policy review and due process to ensure compliance at all levels had taken place, was monitored through the Information Governance Committee and reported to the Board.
- Records were taken off site by staff travelling between the base site and satellite clinic. There was an information governance policy in place and an information governance committee oversaw practice. Only paper records were taken off site. The security measures to maintain the safe transfer included the use of a security tag (which seals the bag). This had a security code and was counter-signed by a member of staff which offered additional security to confirm which records were being taken off site.
- We had no concerns in relation to the completion, management or storing of records.

## Medicines

- The service had a medicines management policy in place to support staff. The policy was in date and had been reviewed seven times over a five year period. This policy outlined legislative and best practice relating to the safe and secure handling of medicines, including controlled drugs and was intended for use by all staff employed by Newmedica. It included guidance on the ordering, storage, prescribing and administration of medicines.

## 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.
- We saw that there was a records management policy in place. This policy was in date and reviewed annual at the time of inspection.

# Surgery

- There was a room specifically set aside for the storage of medicines. All the medicines in the room were secured appropriately and checks were made to ensure that medicines were within their use by date.
  - Medicine management was monitored and audited by the service the service on a monthly basis.
  - Given the single speciality delivered Newmedica prescribe a very limited range of medication, all of which comply with national guidance for the specific condition and local formulary requirements. Newmedica had appointed an external pharmacy services in an advisory and supply capacity. The advisory services would include pharmacy audits, procurement support, Patient Group Directions/ prescriptions and technical advice.
  - The service used Patient Group Directives (PGD's) which allowed healthcare professionals to supply and administer specified medicines to pre-defined groups of patients. PGD's could only be used by healthcare professionals.
  - As a single speciality organisation, the use of antibiotics was minimal. Antibiotics were used as the core treatment for perioperative cataract surgery regime in line with best practice. Additional postoperative antibiotic eye drops were only prescribed on a case by case basis.
  - Fridge temperatures were monitored on a daily basis by following the daily clinical checklist which included minimum and maximum temperature checks. Additionally, In the medicines' room was a medicines' fridge which was electronically monitored, and a record kept of the temperature.
  - We found that on one occasion the drug fridge had been switched off and £800 worth of drugs had to be destroyed.
  - The service provided post-operative information to patients regarding their take home meds for example eye drops and how to open the bottles.
- Incidents**
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service had an incident reporting policies in place to support staff. The policy was in date and reviewed annually.
  - All incidents underwent a formal investigation. Service Managers were supported by the Governance Team and the Lead Clinician for that service. All incidents were discussed at the local service governance meeting to help identify root cause and prevention on recurrence. Clinical incidents were also discussed at the Medical Advisory Committee, operational incidents at the Quality Management Committee and data incidents at the Information Governance Committee.
  - Dissemination of learning was facilitated through operational management group meetings as well as a medical advisory committee bulletin and a monthly governance newsletter.
  - In the service's monthly report for April 2019 four incidents were reported. Two involved sharps being left on an instrument tray sent to an external sterilisation unit. A third incident involved the inappropriate packing of theatre equipment by an external sterilisation unit. The fourth concerned a patient who had complained they had been waiting for over a month for an appointment at an NHS trust following an urgent referral by the service.
  - The actions from the first two incidents were that theatre staff should be more meticulous in removing sharps before sending instrument trays for sterilisation. The service said that the third incident showed that staff were fully aware of the checking procedures and acted accordingly to prevent any patient harm. They also said that it tested the service's contingency options in that patient cancellations were prevented by working with another Newmedica.
  - The dashboard for the monthly report showed there had been one incident in January six in February, and two in March 2019.
  - Other incidents including an interruption to the surgical service because the operating theatres scavenging system had broken down. Although there was a reserve

# Surgery

this could not be activated as it did not prove possible to switch to the back-up system. This led to the service being closed to surgery and patients, with their permission, being taken in a mini-bus to another site for their surgery. This was discussed at the time with CQC during an engagement meeting. They told us that lessons were learned that led to the service improving their business continuity plans. The service now has a contract with a firm that could bring in a mobile theatre unit if required. Additional maintenance had also been contracted by the service.

## Are surgery services effective?

Good 

Our rating of effective was **good**.

### Evidence-based care and treatment

- The service provided care and treatment based on national guidance and evidence-based practice. Staff protected the rights of patients in their care.
- The service had standardised pathways based on guidance issued by the Royal College of Ophthalmology.
- The service regularly reviewed risk and performance at a local level at partner meetings and team briefings.
- A range of Key Performance Indicators [KPIs] and a quality balance scorecard was used to inform the teams of performance and feedback from incidents, risk assessments and the risk register. This information was used to assess the effectiveness of measures and actions taken by the service to ensure continual service improvement.
- The service undertook regular audits to measure the outcomes of surgery and uses benchmarking data to compare practice.
- The balance scorecard also monitored information on activity performance (e.g. theatre, activity versus plan), quality (e.g. incident rates, complication rates, complaints) and patient feedback (dignity and respect, likely to recommend etc).
- We reviewed twelve policies at random and found that all were in date, had been regularly reviewed and had referenced national best practice guidance.

- The service submitted data to PHIN (The Private Healthcare Information Network) which included admitted patient care, data completeness, adverse events and patient feedback.

### Nutrition and hydration

- Appropriate nutrition and hydration were available for patients if and when required.

### Pain relief

- The pain relief provided to patients were topical local anaesthetics to prevent pain and sensation during cataract surgery and other procedures. There were no additional pain assessments completed and the service did not collate pain and comfort during surgery data from patients. The service did not audit pain inpatients post operatively. However, these have been added to the patient pathway since the inspection.

### Patient outcomes

- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- Due to the single specialty nature of Newmedica, there were a limited number of national audits that were relevant. Newmedica does not currently participate in national clinical audits or national confidential enquiries.
- The team advised that they benchmark performance internally across their locations and also compare data patient outcomes with national patient outcome rates. Any concerns relating to performance would be the subject of a 'deep dive' at the corporate MAC.
- A balance scorecard was used to monitor and improve performance. This contained information on activity performance (e.g. theatre, activity versus plan), quality (e.g. incident rates, complication rates, complaints) and patient feedback (dignity and respect, likely to recommend etc).
- A regular programme of internal audits was undertaken as part of the quality assurance strategy. The findings were used to benchmark against standards and guidelines set by relevant national bodies such as the Royal College of Ophthalmologists (RCOphth) and National Institute for Health and Care Excellence (NICE). All audits were presented and discussed at the MAC.

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- The service reported audit outcomes through a national ophthalmic database. The audits undertaken were in: posterior capsular rupture following cataract procedures, endophthalmitis post cardiac surgery, and biometry accuracy in cataract surgery. Visual outcomes, peri-operative complications, and post-operative complications and infections were also audited. The service reported above average outcomes on these measures to the provider's central quality management committee, for their review.
- Although the service reported above average outcomes from clinical audits they told us that as the clinic had only been in operation since 2017 it did not yet have enough data to compare with other ophthalmology services.
- We found there was good multidisciplinary working within the service. This resulted from the clinic having a small team who told us they worked closely together across disciplines.
- We saw that services were delivered in conjunction with a multi-disciplinary team consisting of optometrists, nurses and clinical technicians, which sought to improve how ophthalmology services were traditionally delivered.
- We also saw evidence of multidisciplinary external working with local GPs, NHS Trusts, and opticians.
- Patients who required a certificate of visual impairment and discussion of their needs were referred to an independent social work centre.

## 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.
- In addition to the mandatory training modules a syllabus of training was available for clinic assistants, and those wishing to become senior clinic assistants.
- We found that all senior clinic assistants and clinic assistants received regular yearly appraisals, and supervision.
- We saw a spreadsheet that showed that the ophthalmologists had undergone revalidation. The dates when they were next due revalidation were recorded as was their revalidation status, which was described as being compliant.
- We were advised that any person who worked on behalf of Newmedica would receive an induction where they commence employment for the first time; in a new role; in a new place; and when delivering a new service.

## Multidisciplinary working

- All those responsible for delivering care worked together as a team to benefit patients. They supported each other to provide good care and communicated effectively with other agencies.

## Seven-day services

- Newmedica operated seven days per week providing clinical care including outpatient clinics and theatre activity. Surgical operating procedures took place on two or three occasions each week.

## Health promotion

- The service provided patient information which included health promotion including information when patients could drive or operate machinery, wearing a plastic shield or returning to work post-surgery. Additional information was available on the service website.
- There was wellbeing signposting for both patients and employees. We saw that there were employee feedback boxes for staff to be able to raise issues anonymously, mindfulness and stress relieving information in staff areas and monthly team building activities.
- There was promotion of eye-health awareness and signposting for patients to prevent isolation and hospital admission. This included supporting local community in eye health awareness and active involvement with the PEC (primary eye care) and PPG (preperimetric glaucoma) meetings to promote eye health awareness.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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- Staff supported patients to make informed decisions about their care and treatment. They knew how to support patients who lacked capacity to make their own decisions.
- The service had a mental capacity act (MCA) and consent policy in place which were up to date and reviewed annually.
- Patients were given information based on Royal College of Ophthalmology guidance at the initial referral stage. This provided information on risks and benefits, so patients were informed in preparation for their consultation.
- Consent forms were completed at the pre-assessment stage. We reviewed six consent forms that were appropriately completed and signed by the patient and clinician.
- The registered manager told us that all staff undertook training in consent, the Mental Capacity Act and Deprivation of Liberty Safeguards. This training was organised by the provider and undertaken in face-to-face training provided by a lawyer in London. Training records confirmed that 100% of staff had completed MCA training.

## Are surgery services caring?

Good 

Our rating of caring was **good**.

### Compassionate care

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- We were unable to observe any patient care during this inspection. However, following the site visit we spoke with six patients who had undergone cataract surgery. They all reported that the care was compassionate.
- The team used feedback from the Family and Friends Test to ensure high patient satisfaction was maintained.
- The friends and family test published April 2019 showed satisfaction rates between 93% and 100% based on 28 responses. Ninety-three percent of respondents said

they were extremely likely to recommend the service to friends and family if they needed similar care or treatment. All respondents said the environment was clean, that staff worked well together. In addition to this all respondents stated that staff had treated them with dignity and respect. All patients were involved in decisions about their care.

- One patient comment said “found whole experience reassuring and positive. Felt looked after. Staff (all) were excellent”. Another said, “everything was carried out professionally. A third patient had said “the staff are lovely people very helpful and caring couldn't fault anything”.
- Newmedica Lincolnshire recognised the need to treat patients with compassion, kindness, dignity and respect. This was demonstrated in the many compliments received by the service from patients thanking the staff for the kindness and caring approach.

### Emotional support

- Staff provided emotional support to patients, families and carers to minimise their distress.
- The registered manager explained to us how patients with a diagnosis of macular degeneration received emotional support. As there was no cure for this condition the patients were put in touch with support networks such as the Macular Society. The society would then assist them in obtaining aids and further assistance to mitigate the effects of this condition.
- We were also told how the service worked with befriending charities in the local Grimsby area.

### Understanding and involvement of patients and those close to them

- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- We reviewed a cataract pathway leaflet, and leaflets on laser treatments, that were designed to give patients an understanding of what to expect when attending the clinic. There was also a leaflet with frequently asked questions (FAQs).

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- There was a system for seeking patient feedback in addition to an invitation for patients to take part in a participation group. However, there was no evidence that this group had met although the service had only been in operation for two years.

## Are surgery services responsive?

Good 

Our rating of responsive was **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.
- The Newmedica Group was commissioned by NHS organisations to provide ophthalmology services (clinical eye care) to service users who were patients being treated by the NHS. It also intended to provide private ophthalmology services to patients who were paying for their own treatment or that were funded by private medical insurance.
- During the inspection we found that the service was a consultant-led and consultant-assured ophthalmology services which were delivered in conjunction with multi-disciplinary teams of optometrists, nurses and clinical technicians, which sought to improve how ophthalmology services were traditionally delivered.
- The service aims to integrate its services within the wider NHS and private eye care landscape ensuring bi-lateral links and interfaces were created between primary care and secondary care to ensure a seamless experience for patients.
- The service provided to local people was through NHS treatments, which was 99% of the clinical work undertaken.
- The service operated two days per week. The operating days tended to be one day in the week (Monday to Friday) and one day over the weekend (Saturday). This provided the option for patients to choose a day in the normal working week (Monday to Friday), or over a weekend when a working relative may be available to assist with travel arrangements and support.
- A telephone number was noted on the information booklet for patients to ring should they have any clinical concerns. An out of hours line was also available for patients to call should this be necessary.

### Meeting people's individual needs

- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- The service responded to patients by providing patient centred care that was aimed at the specific needs of each individual patient e.g. at the initial appointment information was sought from the patient to determine if additional consideration was required e.g. was the patient deaf? Is the patient confused or have dementia? Does the patient require a hoist? Does the patient require an interpreter? There was a lift up to the floor where the service was delivered, offering access to wheelchair users. There was a wheelchair on site for anyone requiring the use of one.
- Interpretation and translation services were available through a contracted service provider. This included in non-English languages and for patients who communicated in British Sign Language (BSL). As patients were only seen following referral and appointment the service was in a position to book these services in advance.
- We found during the site visit that the reception desk was in an area that could easily be overheard, leading to possible breaches of patient confidentiality. At the time of the visit the service dealt with this by taking patients into a separate room if confidential conversations were required. However, as this was only a mitigatory approach the service told us they were installing a new reception desk in a more confidential area away from the patients waiting to be assessed. Shortly after the completion of the inspection the registered manager provided us with written and pictorial evidence that these changes had been made.
- The service had an equality plan in place dated 2019 to 2021. The workforce equality objectives were to attract,

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maintain and develop a diverse workforce; to engage with the diverse communities; and to improve the equality outcomes for their workforce; and aim for diversity of people in leadership and management roles.

- Written information regarding pre/post-operative care was available for patients on the Newmedica website and in leaflet format from the clinic.
- Information was available on the Newmedica website about ophthalmic conditions.

## Access and flow

- People could access the service when they needed it and received the right care in a timely way.
- Patients were referred via the central NHS e-Referral Service (ERS), by GP or optician. One triaged nationally, Newmedica Lincolnshire clinically triaged their patients.
- Newmedica aimed to exceed the 18 week Referral to Treatment which was the target under the NHS Constitution. Newmedica's new referral services has shown that 100% patients attend their first appointment within 8 weeks of referral.
- The service had access to information to show how many patients were waiting for new or follow up appointments and surgery. Newmedica tracked patient waiting times continuously at all points along their pathway. For new patients the service focussed on the time taken from referral to first appointment, with KPIs that monitored the number of patients waiting more than 4 weeks and 8 weeks from their referral.
- During follow up, patient focus was on the time taken from due date to their appointment, with KPIs that monitor the number of patients that were more than 2 weeks and more than 4 weeks overdue. These measures were reviewed at service governance meetings and reviewed monthly at Newmedica's Medical Advisory Committee.
- In addition to this Newmedica tracked all patient pathways against the relevant RTT targets (72% of patients were seen within 4 weeks), with a monthly deep dive validation process that investigated and addressed any individual breaches.

- There were 19 incidences of patients having their operations cancelled for nonclinical reasons over a 12 month period from January 2018 to December 2018. In the event of any patient cancelled due to nonclinical reasons all patients were rebooked within 28 days.
- If there was a cancellation patients could be brought in sooner than their booked appointment if they consented.
- The service monitored the numbers of patients who were transferred out for additional medical assistance. We found that a minimal number of patients had been transferred to a local acute hospital.

## 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.
- There was a complaints' policy which was in date and had been reviewed on an annual basis.
- Newmedica's target to respond to complaints was within 20 working days. Staff were supported with their investigations and the complaint process from the governance team. When the service received a formal complaint an acknowledgement was sent within three days.
- When the service receives a formal complaint an acknowledgment of the complaint was sent within three days and a response was sent to the patient within 20 days.
- The service has received five formal complaints in the previous 12 months. These complaints concerned expectations around the visual results of ophthalmic surgery. The registered manager explained that in such cases the patient could be referred for a second opinion.
- There was a mechanism in place within the service to ensure lessons were learned and consideration was given to the concerns raised in the complaint. The complaints received had resulted in change and included the implementation of a staff comment card and patient appointment cards (with advice line contact numbers).

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- Information on how to make a complaint was displayed on site and on the service website.

## Are surgery services well-led?

Outstanding



Our rating of well-led was **outstanding**.

### Leadership

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The leadership drove continuous improvement and staff were accountable for delivering change.
- The clinic management was provided by an operational manager who also the CQC registered manager. The senior consultant was a partner in the business who was a surgeon based in in an NHS trust/local area.
- The service locally was led on a day to day basis by the operations director who was based full-time within the service. A consultant lead was present when activity was undertaken. The partners of the group operated within an agreed format and infrastructure supported by an established committee structure.
- There was a monthly partner forum which brought together members of the executive director team and the operations directors to encourage discussion, learning and review of how services were performing at a national level. This provided an opportunity to share good practice, lessons learned and peer support.
- The partners were visible and approachable within the business and promoted a culture of openness and transparency to support multi-disciplinary working.
- We were advised that the managing director and other senior directors visited the service a number of times over the year to meet the teams on the ground, gain feedback, discuss any issues and seek resolution.

- Staff were encouraged to contribute to the development and growth of the service by being involved in discussions and on-going review of service provision.
- Staff we spoke with were aware of the leadership structure and were satisfied with the systems of communication.

### 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.
- There was corporate Newmedica mission statement. This was that their mission was to make eyecare better for patients, the NHS, those who fund healthcare, and the community in general.
- The vision indicated that this was a new service that wished to expand, in that their vision was to deliver an exceptional, accessible and cost effective service to NHS and private patients; by establishing a national network of ophthalmology partnerships.
- The service had a dementia strategy in place dated 2018-2019. The strategy aims were for the service to become a dementia friendly organisation with environments and processes that caused no avoidable harm to patients with dementia; to deliver person centred care that supports the patient with dementia and their carer; and to develop a skilled and effective workforce able and unafraid to champion compassionate person-centred care.
- During the inspection we observed dementia appropriate signage and signposting and identified that training had been provided for all staff who came into contact with patients. The service also provided Alzheimers events such as Alzheimers awareness days.

### Culture

- There were high levels of staff satisfaction across all equality groups. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The

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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 Newmedica Lincolnshire team operated within an open culture and staff were updated on all organisational service developments.
- Staff and managers, we spoke with confirmed there was an open culture within the clinic.
- Newmedica had a nominated Freedom to Speak Up Guardian and an associated whistleblowing policy. In 2018 there were no concerns raised under the policy.
- Equality & Diversity training was included in Newmedica's mandatory training matrix for employees and bank staff.
- The service completed staff surveys in order to monitor the culture within the organisation.

## 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.
- Governance and performance management arrangements were proactively reviewed and reflect best practice.
- Newmedica operated an integrated governance framework. The integrated governance framework consisted of three committees that reported to the board of directors on a monthly basis outlining clinical, safety and quality, risks and trends together with the actions being taken. We found that the medical advisory committee was responsible for clinical matters; the quality management committee was responsible for operational standards and the information governance committee was responsible for information security.
- We reviewed meeting minutes from these committees that indicated that there was an integrated governance framework that ensured there was a system of governance that cascaded down to clinics such as the one in Grimsby. The meetings we reviewed consisted of three quality management committees and four partner meetings.

- The service had shown a continually improving culture by introducing Clinical Practice Improvement Boards within the clinic to highlight complaints, compliments, audits, and the vision of the organisation.
- Toolbox Talks were held to continually embed good practice around MCA, Safeguarding, person-centred care delivery.

## Managing risks, issues and performance

- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- A formal risk management process was in place throughout the governance committee structure to ensure a clear line of sight of all risks potentially affecting the organisation and mitigation.
- An incident or complaint was recorded on the provider's electronic governance recording database. The head of patient safety then allocated an investigating officer.
- There was also evidence of risks, issues and performance being discussed at quality management committees and partner meetings.
- A risk register was maintained on which there were eight recorded areas of risk as of December 2018. The risks were graded according to severity using a risk scoring system. Controls to ensure the risks were managed were also described on the risk register that was in spreadsheet graph form. The scoring system had numerators between one and twenty, with twenty describing the highest level of risk.
- The highest number on the risk register we reviewed were two moderate risks, with a numerator of twelve. One risk involved an air handling unit in the clinic and theatre that had no temperature control leading to high temperatures. The control measure adopted by the service was to ensure that the facilities' services' contractors altered the inlet temperature to 21 degrees Celsius.
- The second of these higher graded risks was that the theatre ceiling did not meet HPN26 infection control

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standards. The control measure was for the ceiling to be replaced. The theatre ceiling had already been identified prior to the Inspection and is clearly detailed on the risk register. Plate testing and air flow have been routinely carried out with most recent plate testing showing 0 CFU (colony forming units).

- The service had robust business continuity plans in place which looked at staffing issues, problems with the facilities such as a power failure, adverse weather, and adverse unforeseen incidents. The service had actions in place to mitigate risk and to process to manage unexpected events.
- Newmedica aimed to exceed the 18 week Referral to Treatment under the NHS Constitution. Newmedica's new referral services has shown that 100% patients attend their first appointment within 8 weeks of referral.
- In addition to this Newmedica tracked all patient pathways against the relevant RTT targets (72% of patients were seen within 4 weeks), with a monthly deep dive validation process that investigated and addressed any individual breaches.

## Managing information

- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- There was an information governance committee that was responsible for information security.
- The management system used for the collection and review of corporate and management information was a database called RADAR that was used at all the provider's locations.
- There was also an electronic human resources system called BambooHR that was used as a database for employees and surgeons working under practicing privileges.
- Information security was managed in line with The European Union "General Data Protection Regulation" which came in to force on 25th May 2018.

## Engagement

- There were consistently high levels of constructive engagement with patients and staff, including all equality groups.
- Leaders and staff actively and openly engaged with the public and local organisations to plan and manage services.
- The workforce race equality standards (WRES) data showed that the service was activity monitoring and submitting data.
- Staff engagement within the team was encouraged and participation and contribution to team discussions was becoming an established way of working following changes to the management structures and lines of responsibilities.
- Newmedica annual engagement survey looked at three key measures of a sustainable engagement. The key measures were as follows: engagement (hearts and minds), enablement (resources, tools to do the job well) and energise (work-life balance, energy needed to perform well throughout day). The results of Newmedica's survey indicated that 76% of employees were sustainably engaged.
- Since the survey, engagement sessions had taken place to enable management to listen to staff feedback and their ideas on improving on sustainable engagement. An 'Insight Action Plan' had been developed as a result of the feedback and the two areas focused on for 2018/19 was around respect and recognition related to communication and improvement in line management practice.
- Newmedica held a 'Company Day' periodically, where all senior managers, clinic and support staff from across the company met in an off-site environment. This had a formal meeting element followed by an informal networking opportunity for all members of staff to meet the wider team. Topics at these events had included: defining vision & values, organisational structural changes and employee survey results.
- In addition to the friends and family test (FFT) patient were asked to grade six specific aspects of the Newmedica service along a three point scale (excellent, satisfactory or poor) as a way of gaining additional feedback.

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- Response rates and positive recommendation percentages were closely monitored throughout the year. Responses were tracked against internal targets to monitor performance within the service.
- The service engaged with the Alzheimer Society in the design of the clinic so that it met the needs of people living with dementia.
- Feedback received from patients during the out of hours on-call had also been considered and resulted in changes to practice. For example, pre-operative discussions regarding the options available, risks and benefits were more robustly discussed, and patients were issued with the patient information booklet for surgery listed and directed to the section where they were encouraged to write down any questions, they may have concerning their treatment plan or options. The information booklet was in large font and printed black on yellow.
- The service used feedback from patients to identify the need for any changes or updating of information provided. Feedback from patients post-operatively during out of hours contact to the duty manager had resulted in clearer instructions and a demonstration provided in clinic on how to open the eye drop bottles as this was a recurring theme. The method of opening eye drops bottles varied e.g. one bottle required to turn tight and release to pierce the bottle, so the drops could be administered, other bottles required a seal to be broken and pulled.

## Learning, continuous improvement and innovation

- Innovative approaches were used to gather feedback from people who use services and the public, including people in different equality groups.
- 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.
- The service took part in audits of outcome measures validated by the Royal College of Ophthalmologists.
- The CQUIN payment framework enables commissioners to reward providers by linking a proportion of the provider's income to the achievement of national and local quality improvement goals. 2.5% of Newmedicas contract value was conditional on achieving the three quality improvement goals. For 2017/18, Newmedica had CQUINs specified in five out of eight CCG contracts. Newmedicas agreed CQUINs for 2017/18 were:
  - Improvement of Staff Health and Wellbeing.
  - Achieving an uptake of flu vaccinations by frontline clinical staff.
  - Availability of services and appointments to be published on the NHS e-Referral Service.
 Newmedica has achieved a positive level of attainment in each of the five CCG contracts that have CQUINs specified.
- Newmedica have five key improvement priorities for 2018/19. These were to be monitored quarterly during 2018/19 and reported to the board of Directors:
  - Dementia Strategy.
  - Audit Programme.
  - Patient and Carer Engagement.
  - Implementation of Local Safety Standards for Invasive Procedures.
  - Improving Staff Engagement.
- The service had undertaken a number of initiatives to improve patient safety and the quality of care. These included improvements to the environment of the facility, including a theatre improvement plan to upgrade the environment of the theatre.
- Due to long standing issues with the building ownership, a number of the improvements had been taken unilaterally and funded by the service, even though technically they would be the responsibility of the Landlord.
- As the service has grown, it has outgrown the original space allocated. The service therefore identified a need for more facilities (office space, storage, consulting and diagnostics spaces) and engaged proactively with NHS Property Services to secure additional space on the first floor.
- The service identified the need to clarify roles and responsibilities and made changes to substantive operational management posts. This resulted in the

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creation of the Clinical Services Lead post. This post provided improved clinical supervision, overview and support for the Clinical Assistants, as well as dedicated expertise in the operation of a day surgery service.

- The service had also identified dementia champions due to the patient demographic of service users.

# Outstanding practice and areas for improvement

## Outstanding practice

- Leaders had the integrity, skills and abilities to run the service. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles. The leadership drove continuous improvement and staff were accountable for delivering change.
- 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.
- The service had shown a continually Improving culture by introducing Clinical Practice Improvement Boards within the clinic to highlight complaints, compliments, audits, and the vision of the organisation.
- Toolbox Talks were held to continually embed good practice around MCA, Safeguarding, person-centred care delivery.
- There were high levels of staff satisfaction across all equality groups. Staff were proud of the organisation as a place to work and spoke highly of the culture.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- The 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 consistently high levels of constructive engagement with patients and staff, including all equality groups. Innovative approaches were used to gather feedback from people who use services and the public, including people in different equality groups.
- 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.