

# Review of compliance

## Moorfields Eye Hospital NHS Foundation Trust Moorfields Eye Hospital

<b>Region:</b>	London
<b>Location address:</b>	162 City Road London EC1V 2PD
<b>Type of service:</b>	Acute services with overnight beds
<b>Date of Publication:</b>	April 2012
<b>Overview of the service:</b>	Moorfields Eye Hospital, based in City Road, is managed by Moorfields Eye Hospital NHS Foundation Trust and is the main hospital site. The hospital provides treatment and care of NHS patients with a wide range of eye problems, from common complaints to rare conditions, which require treatments not available anywhere else in the UK. Moorfields is also a postgraduate teaching centre and a national centre for ophthalmic research.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Moorfields Eye Hospital was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

### How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 7 February 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

Over 7th and 8th February 2012, nine compliance inspectors conducted visits to eleven clinics/ departments and one ward at Moorfields Eye Hospital in City Road as follows:

We visited Accident and Emergency Department (A&E), Clinic 2, Clinic 3, Clinic 4, Clinic 5, Clinic 11, Retinal Therapy Unit, Mackellar Day Care Ward, the Patient Advice and Liaison Services (PALS) and Patient Advice and Support Services (PASS). At the Richard Desmond Children's Eye Centre, we visited the Children's Accident and Emergency Department and Fourth Floor Children's Clinic. We conducted observations in all the areas we visited, spoke to 42 patients and 18 staff in total and looked at patient records.

Patients who use the services spoke highly of the hospital and of its reputation for providing excellent specialist care, and praised the hard work and positive attitude of the staff. People told us they felt involved in their care and treatment and had sufficient information to make informed decisions.

Very few people we spoke to had concerns or complaints about the service they had received. However few people were aware of the procedures for putting forward suggestions or making complaints to the Trust. The main complaint reported by a small number of people was of long waiting times on occasions in outpatient clinics and in A&E. However waiting times in A&E did not exceed the four hour government target. A minority of patients spoke of experiencing inconvenience when needing treatment and being confused about whether to attend A&E or the clinic where they were previously treated. A number of patients were not clear about how to manage their treatment after advice that

staff had given them. However we found no areas of non-compliance with the Health and Social Care Act 2008 (HSCA) and some areas for improved practice. This was in order to ensure that the Trust continues to maintain compliance and to build on its reputation of providing a high quality of service to its patients

## **What we found about the standards we reviewed and how well Moorfields Eye Hospital was meeting them**

### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

People who use services are consulted about their needs and are treated with dignity and respect. People are provided with healthcare information, but this information could be better distributed in waiting areas around the hospital. Signs and notices displaying patient information could improve in some parts of the hospital to meet the needs of people using the service.

### **Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it**

Moorfields Eye Hospital has satisfactory arrangements in place to seek consent to treatment from people who use services. However consent forms in accessible formats for people with visual impairment and in alternative languages could be more easily available to patients who use services.

### **Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

Overall people who use services receive a high standard of care and treatment with excellent practice shown by staff throughout the hospital. On occasions, staff could be clearer with patients about their condition to ensure that people understand what to expect and how to manage their treatment.

### **Outcome 06: People should get safe and coordinated care when they move between different services**

Moorfields Eye Hospital makes good links with external professional agencies to ensure that people who use services receive safe and coordinated care, treatment and support.

### **Outcome 07: People should be protected from abuse and staff should respect their human rights**

Moorfields Eye Hospital has suitable arrangements in place to ensure that people who use services are safeguarded against the risk of abuse.

### **Outcome 08: People should be cared for in a clean environment and protected from the risk of infection**

Moorfields Eye Hospital has suitable arrangements in place to protect people who use services from acquiring healthcare associated infections.

**Outcome 09: People should be given the medicines they need when they need them, and in a safe way**

Moorfields Eye Hospital manages medicines effectively to ensure that people receive their medicines promptly and safely.

**Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare**

The hospital premises are generally adequate and safe for its purpose. The Trust is working towards improving the physical environment in the hospital to meet the needs of its patients.

**Outcome 11: People should be safe from harm from unsafe or unsuitable equipment**

Suitable arrangements are in place to ensure that people are protected from the risk of insufficient or unsafe equipment.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

The needs of people who use services are met by competent staff who receive proper training and support.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

Moorfields Eye Hospital NHS Foundation Trust has a range of governance measures in place to monitor and to improve service provision. The Trust regularly seeks the views of people including their experiences of care and treatment to bring about improvements in their service.

**Outcome 17: People should have their complaints listened to and acted on properly**

Moorfields Eye Hospital NHS Foundation Trust has a system in place for identifying, receiving, handling and responding to complaints and comments.

**Actions we have asked the service to take**

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

## **Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

# Outcome 01: Respecting and involving people who use services

## What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

## What we found

### Our judgement

There are minor concerns with Outcome 01: Respecting and involving people who use services

### Our findings

#### What people who use the service experienced and told us

People who use services told us that doctors and nurses gave clear explanations about their condition and treatment and answered any questions they had. Comments we received included, "Staff are very good here. They always explain what's happening and what they're going to do." "I've had an operation here twice. Both times they explained the procedure well." These typically reflected other comments we received from the majority of patients. Most people told us that their privacy and dignity was always respected.

Patients and their relatives or carers overall praised the staff at Moorfields Eye Hospital very highly. People described staff as being courteous and helpful. Comments they gave included, "Everyone is always polite, friendly and patient." "The attitude and approach of staff is really good." "In all the time I've been here staff have been excellent." Staff shared similar views about the service experienced by patients, with comments such as, "Consultants give people a lot of time. Parents always get the answers they need. I think it is a very good service."

#### Other evidence

Throughout the areas we visited we saw that staff engaged positively with people who used the services and addressed people respectfully. Two of the day surgery wards in

the hospital were designated as exclusively male or female wards. The department had a philosophy statement that all patients had a right to privacy and dignity and to be treated in a manner that recognised their rights and individuality. This statement was seen displayed in parts of the hospital.

In some parts of the hospital we found that posters and notices on the walls were in small print, which could present some difficulty for visually impaired people to read them. In some areas, signage could improve, such as in Mackellar Ward, to show where reception was located. We found that it was not always easy for patients to follow signs around the hospital and observed many patients asking for directions.

We found that there was a variety of patient information available on topics including healthcare, patients' rights and community services. Most of this information was found in the corridor close to the Patient Advice and Liaison Service office, which is some way from the clinics. Whilst information leaflets were available about the treatment of eye conditions, they were not always distributed to the clinics where they could be more useful and accessible to people. We did not see patient information available in other languages. Some of the staff we spoke to were not aware that information could be translated into different language formats. Staff told us that family members would usually accompany people if English was not their first language, or they would access the Languageline service to communicate with patients. Some staff said they could book an interpreter if needed. We saw information about Languageline and instructions on how to use it in staff and meeting rooms.

We spoke with staff at the Patient Advisory and Liaison Service (PALS). The service provides advice and information about a wide variety of issues including NHS services, access to medical records and entitlement to reimbursement of travel costs.

### **Our judgement**

People who use services are consulted about their needs and are treated with dignity and respect. People are provided with healthcare information, but this information could be better distributed in waiting areas around the hospital. Signs and notices displaying patient information could improve in some parts of the hospital to meet the needs of people using the service.

## Outcome 02: Consent to care and treatment

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Where they are able, give valid consent to the examination, care, treatment and support they receive.
- \* Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- \* Can be confident that their human rights are respected and taken into account.

### What we found

#### Our judgement

There are minor concerns with Outcome 02: Consent to care and treatment

#### Our findings

##### What people who use the service experienced and told us

People told us that staff always sought their consent prior to any treatment. A patient in the Retinal Therapy unit told us how they could not read the consent form due to their visual impairment. They said that the nurse read out the form to them and guided their hand to sign it. Another patient said that they were asked to sign a consent form but could not see it properly, which they found frustrating. The patient was able to take the form away and return it signed.

##### Other evidence

Most people using the service had mental capacity and were able to consent to treatment. Staff with whom we spoke said that the consultant or surgeon obtained consent from the patient prior to surgery and laser treatment. Staff asked for verbal consent for pre-observation assessments. One staff member said that they did not think consent forms were available in other languages including Braille. Staff said that consent forms were usually given to patients to take away and examine prior to any procedures. We found evidence of consent forms for various procedures in patient files. These had been completed appropriately by patients and doctors.

Staff told us that they always sought consent from parents of children who needed treatment. They told us that treatment could not go ahead unless a parent or carer was present. We looked at the file of a 15 year old person who had attended paediatric A&E

unaccompanied for treatment. Staff noted in their file that they had contacted the person's father to seek and obtain consent prior to treating them. For children in care, staff were required to contact social services to find out who was legally able to give consent.

**Our judgement**

Moorfields Eye Hospital has satisfactory arrangements in place to seek consent to treatment from people who use services. However consent forms in accessible formats for people with visual impairment and in alternative languages could be more easily available to patients who use services.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

There are minor concerns with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

The vast majority of patients were very satisfied with their care and treatment. We saw very good practices in meeting the care and support needs of patients in a person-centred manner, throughout our visit. We observed one man with a sight impairment, for example, who was supported by staff and sensitively helped to his seat. The man told us that staff were always very helpful in getting him around the hospital. We saw committed staff, leading to people receiving a high standard of care and support.

The most frequent positive remarks from people were about the excellence of the service. Some commented on the service being "world class." Many patients told us the hospital had saved their sight. This included one patient who described his consultant as "Absolutely brilliant. A star." Other patient comments included, "The doctors are excellent at diagnosing and treating eye conditions. I can't fault the service." "My treatment was excellent. I had emergency treatment for a detached retina." "Staff were brilliant and fast at dealing with my eye...the technology is not available elsewhere. They're pioneering. They pulled out all the stops and everybody was really good." Many people told us they wanted to recommend the hospital to others.

People who used the service at the Retinal Therapy Unit were also complimentary about the staff, for example one patient told us, "Staff are all wonderful. I've been to this clinic 32 times. I would be blind if I hadn't come here." However patients told us that the entire process of seeing the doctor, getting prepared for treatment to the completion of their procedure took a long time. When we discussed this with the Trust they were aware of this issue and the need to keep the process as short as possible and to keep

the patient informed about how long they would need to spend at the clinic.

A small number of patients were less satisfied with their service. Of those patients, two described having had post surgery complications and needing corrective procedures. Two other patients were confused about whether to attend A&E or the clinic where they were previously treated and were caused some delay and inconvenience. Three patients told us how they found individual staff to be quite abrupt when talking to them. Three other patients told us they did not know how to treat their condition at home following advice they were given at A&E. This was due to their eye condition not responding as well or as expected to treatment. Their discomfort was prolonged and one person re-visited A&E to seek further advice. Whilst most people highly rated their service, these discussions showed that there was room for improvement in the way that staff communicated with patients. This was so that patients could understand more clearly how to manage their condition and to be clearer about hospital processes.

### **Other evidence**

We found examples of good and excellent practice in meeting the care and welfare needs of people who use services at City Road hospital. This was primarily through the caring attitude, skills and professionalism of staff in addition to the specialist facilities and treatments available to people. For example, the Retinal Therapy Unit was awarded a Retinal Therapy Award of Excellence for the years 2009 and 2010 from The Macular Disease Society. In the Richard Desmond Children's Eye Centre, play workers were available to support children who needed treatment. The play areas were aimed at helping children to adjust to a potentially distressing experience, and help reduce stress and anxiety.

We found evidence that patients' needs were appropriately risk assessed and met. Patients were seen in order of priority in A&E, using a colour coded triage system. Patients with the most urgent needs were seen straight away. Staff advised that approximately 300 patients were seen in the department every day. One patient told us they had received surgery within two days of having had an eye test. A consultant at A&E told us: "It is actually a phenomenal service. Things that have improved are the consultant cover; staffing A&E with consultants, not juniors. We spot the urgent stuff and sort them out. There are rapid pathways to clinics and people are seeing world experts on the same day." Staff working in A&E told us that a paediatric consultant was now available in the evenings and weekends in response to a high number of child attendees during these times.

We reviewed a sample of patients' files across the hospital and found these to be of a high standard, reflecting each persons' individual needs and clearly recording all their treatment.

The majority of patients who spoke to us said that they did not have long waiting times at either A&E or at outpatient clinics. However a small number of patients told us they had experienced long waiting times in A&E and in some clinics in the past year. The Trusts' Annual Plan for 2011-2012 indicated that 99.2% of patients were seen within the four-hour standard in A&E. Waiting times in the hospital were being monitored and work was ongoing to ensure these were kept to the minimum.

### **Our judgement**

Overall people who use services receive a high standard of care and treatment with

excellent practice shown by staff throughout the hospital. On occasions, staff could be clearer with patients about their condition to ensure that people understand what to expect and how to manage their treatment.

## Outcome 06: Cooperating with other providers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

### What we found

#### Our judgement

The provider is compliant with Outcome 06: Cooperating with other providers

#### Our findings

##### What people who use the service experienced and told us

A number of patients told us that the hospital made contact with their doctors as they always received copies of the letters that were sent to them.

##### Other evidence

We saw evidence in patient files of appropriate contact with patient GPs. Discharge letters to GPs gave details of the patients' surgery and post treatment plan and were sent on the day of discharge. The Trust has created a new post of an Eye Clinic Liaison Officer (ECLO), a role which is to be expanded. The ECLO gives advice to patients with a visual impairment and assists patients to link with community agencies to access the support they need.

Staff clearly described the process of discharge and follow-up arrangements in place for patients. Staff advised that patients are observed after surgery and must be able to care for themselves before they are discharged. If patients live alone and need more observation, they may be kept overnight on the observation ward in A&E.

In Mackellar Ward, staff explained that all patients received personalised discharge plans telling them of what to expect. Staff identified which patients were in need of guidance to administer their eye drops and their eye drop technique was assessed. Staff told us that if elderly, frail or disabled patients were unable to administer their own treatment, then they would arrange for district nurses to assist them.

#### Our judgement

Moorfields Eye Hospital makes good links with external professional agencies to ensure that people who use services receive safe and coordinated care, treatment and support.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

Patients throughout the hospital said they felt safe and secure and did not feel anxious about the environment, staff or other people there.

##### Other evidence

Staff demonstrated a good understanding of the types of abuse that people could experience and their responsibilities in safeguarding people from abuse. Staff told us that they received specific training in this area, including mandatory training in safeguarding adults and children. Staff were aware of the need to liaise with other agencies, the patients' GP, family, carers and others who know the patient. Staff were able to tell us how they would escalate matters if they had a safeguarding concern. This showed that staff were familiar with safeguarding policies and procedures and had a good level of awareness of how to keep people safe from harm. Staff advised us that there were specialist safeguarding champions in each department. We saw that the Trust had a referral policy and referral forms to social services for staff to use where they had concerns for vulnerable adults and children.

##### Our judgement

Moorfields Eye Hospital has suitable arrangements in place to ensure that people who use services are safeguarded against the risk of abuse.

## Outcome 08: Cleanliness and infection control

### What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

### What we found

#### Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

#### Our findings

##### What people who use the service experienced and told us

Most of the patients we spoke with told us that they found the hospital to be clean, including the toilet facilities. Patients said they saw staff washing their hands and using hand gels and we observed staff wash their hands in between seeing patients. Staff told us that they washed their hands after seeing every patient and that the equipment they used was also cleaned between each patient consultation. We found that hand gels were available throughout the clinic areas and at the entrances of wards.

##### Other evidence

We observed a good level of cleanliness and hygiene in all the areas we visited. Staff advised that housekeeping staff were responsible for general domestic cleaning whilst nursing staff cleaned the clinical equipment. We saw that commodes had labels with the date and time of cleaning. There were clear systems for storing and removing clinical waste and we noted that 'sharps bins' were not overfilled and were accessible in treatment areas. In the paediatric outpatient clinic, a play worker described how all the play equipment was wiped down at the end of each day with antiseptic wipes. In the Observation Bay at A&E for overnight patients, staff told us that domestic help was available for any spillages; bins were changed every four hours and the whole area had a deep clean every weekend. Staff said they used gloves if patients had discharge in their eyes. We saw adequate supplies of disposal gloves.

Staff in all areas visited were able to tell us about the steps they took to protect people from infectious disease outbreaks, including the use of isolation rooms and appropriate nursing procedures. Staff told us that patients who had viral conjunctivitis in A&E were examined in a red room and that there was a protocol for managing viral conjunctivitis.

Infection control was a component in staff induction and all staff attended mandatory annual training. Staff rooms displayed notices about information sessions on infection control awareness. We spoke with the lead nurse responsible for infection control for the Trust who outlined the procedures to clean and prepare rooms on the wards between each patient use. This person told us that robust infection control monitoring systems were in place. For example, The Trust had infection control link staff in clinical areas who conducted fortnightly environmental cleanliness inspections and weekly hand hygiene audits. We were able to find evidence that the infection control team collated the results of these audits and reported these monthly to the Chief Executive. The results were produced in the infection control quarterly board report. We saw evidence in the latest board report that the Trust achieved a green score of 95 per cent and above compliance for maintaining a satisfactory level of cleanliness. It reached the score of 90 per cent and above for hand hygiene.

**Our judgement**

Moorfields Eye Hospital has suitable arrangements in place to protect people who use services from acquiring healthcare associated infections.

## Outcome 09: Management of medicines

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Will have their medicines at the times they need them, and in a safe way.
- \* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

### What we found

#### Our judgement

The provider is compliant with Outcome 09: Management of medicines

#### Our findings

##### What people who use the service experienced and told us

The vast majority of people we spoke with were complimentary about the medicines and treatment they received. Most people told us that staff had explained their medicines to them, why they had been prescribed and any side effects.

##### Other evidence

We looked at how medicines were managed in A&E and in Mackellar Ward. We found that the pharmacist visited three times a week to monitor and replenish stocks of medicine in A&E. We were told that pharmacy could be contacted in between times and would come straight away if needed. We saw that people's medication histories were checked promptly on admission and verified with other sources when necessary, such as with their GP. People's allergies to medicines were very clearly recorded in their notes. Medicines were stored safely and were clearly labelled. Several medicines were kept in fridges and the fridge temperatures were checked each day. We found that controlled drugs were checked and signed by the nurse in charge and countersigned by a second nurse. We were told that the ward did not keep a large stock of medicines as patients mostly collected their own medicines from the pharmacy.

##### Our judgement

Moorfields Eye Hospital manages medicines effectively to ensure that people receive their medicines promptly and safely.

## Outcome 10: Safety and suitability of premises

### What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

\* Are in safe, accessible surroundings that promote their wellbeing.

### What we found

#### Our judgement

The provider is compliant with Outcome 10: Safety and suitability of premises

#### Our findings

##### What people who use the service experienced and told us

The majority of patients we spoke with told us that they were satisfied with the overall environment. Some patients in the Retinal Therapy Unit were less satisfied particularly if spending long periods at the unit. The clinic was based in a narrow corridor, with some uncomfortable chairs. The walls displayed posters providing hospital or healthcare information. We did not observe any pictures to help brighten up or take away attention from the clinical feel of the environment. We found that the clinic had a machine for cold but not hot drinks. Patients would need to visit the first floor to purchase any snacks. This could be an issue for some patients waiting for long periods who were reluctant to leave the clinic. We spoke with the Trust about this who acknowledged the clinic was not ideally located and would benefit from having the comfort of the waiting area reviewed.

We spoke with children and their families in the Richard Desmond Children's Eye Centre. All the parents visiting with their children spoke highly of the service, including the children's facilities available at the centre. One adolescent patient we spoke with however gave us a different view, stating that they felt uncomfortable in the children's A&E as it did not cater for teenagers. We observed that the environment and facilities of the clinical areas were mostly aimed at younger children

##### Other evidence

Treatment areas were clean and appropriately lit and we found sufficient chairs in clinic waiting areas. A&E had a TV screen and patients were able to watch TV programmes whilst waiting. Many parts of the hospital had been recently refurbished as part of a long term plan of refurbishment. However the Trust recognised that increasing numbers

of patients using the service had put pressure on the space available. To address the issue of space as well as the ageing premises, the Trust indicated in recent board minutes that it needed either to redevelop the Moorfields Eye Hospital or to relocate.

A small number of people told us that their privacy was affected by the open consultation and treatment bays. We discussed their views with members of the Trust. It was clear that the Trust had considered the impact of the environment on patient privacy in the recent refurbishment of the premises. Treatment bays had been re-designed with higher walls and sound absorbing materials to increase the privacy of people. However Trust members advised of the need to balance the responsibilities of consultants to observe and monitor the care and treatment of patients with the need to maintain patient privacy.

We visited the Richard Desmond Children's Eye Centre, a leading specialist service providing in-patient and outpatient services for children, including an accommodation unit for families. Play areas were located in all clinical floors and we found the environment to be welcoming, bright and suitable for children. Children were able to watch films in the areas we visited on the day of the visit and we saw younger children engaged with a range of suitable play equipment.

#### **Our judgement**

The hospital premises are generally adequate and safe for its purpose. The Trust is working towards improving the physical environment in the hospital to meet the needs of its patients.

## Outcome 11: Safety, availability and suitability of equipment

### What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:

- \* Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- \* Benefit from equipment that is comfortable and meets their needs.

### What we found

#### Our judgement

The provider is compliant with Outcome 11: Safety, availability and suitability of equipment

#### Our findings

##### What people who use the service experienced and told us

People who use the service told us that the equipment they were asked to use always appeared to work well and there had never been any difficulty or problem with equipment.

##### Other evidence

Staff members told us that they found equipment to be in good working order and there were never any shortages of equipment. Staff in all areas of the hospital could tell us who had responsibility for equipment in their department. All said that equipment was quickly repaired by the maintenance department and engineers were brought in on the same or following day. In most areas, we saw evidence that equipment was appropriately tested and currently dated to certify their safety in all parts of the hospital. There was one exception where, in Clinic 3, we saw two oxygen cylinders with labels showing that they were last inspected in 2007 and needed to be reconditioned in 2011. Nursing staff we spoke to told us that the oxygen cylinders were not in use and that staff would call on the 'crash team' in A&E if they needed to use oxygen. Once we advised that disused equipment should not be stored in clinical areas the cylinders were promptly removed. One member of staff told us they regularly attended the medical devices committee and that the Trust was in the process of cataloguing all of their equipment for better auditing.

##### Our judgement

Suitable arrangements are in place to ensure that people are protected from the risk of

insufficient or unsafe equipment.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

We did not discuss staff support with people using the service. However people consistently praised the attitude and caring approach of staff towards patients and commented on their skills and professionalism. These views reflected the views of patients outlined in the Trusts' Patient Experience Board Reports.

In all the areas we visited, staff said that they worked effectively as a team to support people appropriately. One staff member told us, "There is a good ethos here. It is more like a family." Another member of staff said, "I have worked here 10 years. The hospital has a good reputation and I like working here." One nurse who was doing a leadership course told us, "Moorfields is good with training. You get reminders by email for mandatory training. There is funding for personal development."

##### Other evidence

Staff told us that they received induction training when they started work and relevant mandatory and statutory training. This included training to ensure that staff were competent in using hospital equipment.

Most members of staff told us that they felt adequately supported and had time to further develop their skills. One nurse reflected that they sometimes felt pressure, due to the nature of their work, but remained positive overall about their work. None said they felt bullied at work.

One A&E consultant we spoke to said that there was good daily communication and handover at the clinic as well as monthly team meetings. Staff in other areas also said

they had regular team meetings as well as annual appraisals and one to one meetings if they needed more support.

**Our judgement**

The needs of people who use services are met by competent staff who receive proper training and support.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

A number of patients attending clinics told us they had received and completed questionnaires asking them for feedback about their service.

##### Other evidence

We found that clinics had 'Patient Experience Tracker' systems, allowing patients, relatives and visitors to share their experiences of their service. These were not easily visible in some areas we visited. The Trust advised that 11% of patients used this feedback system, which was higher than average in similar settings. A recent Trust board report stated that improved initiatives had been generated by the responses from the trackers. These were reported to include new information leaflets for day surgery patients, better and timelier information regarding delays in clinics, and ensuring that all staff introduced themselves to patients. The Trust had introduced an improved patient feedback system that was replacing the existing patient tracker. This was called the "one minute" comment card and was intended for all people who use services. Patients could rate their service allowing the information to be better analysed. It was thought that this would give better insight into patient experiences and the quality of care with the aim of improving the service.

The Trust audits a wide range of areas including outcomes to patients, return rates and waiting times. One consultant told us that they had completed an audit on return rates and found that patients returned for simple things rather than serious issues. It was identified that staff needed to be clearer with patients about their condition and what they could experience. This also reflected the outcome of our findings in this review and

the results of the most recent 2011 outpatient department survey, conducted by the CQC.

The Trust Board has overall responsibility for the strategic direction of the Trust and has a 10 year strategy, 'Our Vision of Excellence.' The Trusts' Annual Plan reported that strong progress had been made towards the achievement of their strategy and identified areas where more work was needed. The Trust has a membership scheme that is open to the public, patients and relatives allowing people to become members of the Trust. This allows them to become more involved with the Trust and to attend regular meetings. The Annual Plan showed that members participated in a range of initiatives, including the refurbishment project and reducing waiting times in clinics.

**Our judgement**

Moorfields Eye Hospital NHS Foundation Trust has a range of governance measures in place to monitor and to improve service provision. The Trust regularly seeks the views of people including their experiences of care and treatment to bring about improvements in their service.

## Outcome 17: Complaints

### What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:

- \* Are sure that their comments and complaints are listened to and acted on effectively.
- \* Know that they will not be discriminated against for making a complaint.

### What we found

#### Our judgement

The provider is compliant with Outcome 17: Complaints

#### Our findings

##### What people who use the service experienced and told us

The vast majority of people we spoke to told us they were happy with the service that they or their relative had received, and had no complaints. One person told us that they had once made a complaint about the availability of a receptionist and that their complaint was taken seriously and handled appropriately. We observed an information leaflet displayed in one clinic that we visited about the Independent Complaints Advocacy Service (ICAS). We also saw cards in a number of areas welcoming patient comments. However few people knew how to complain nor wished to make a complaint. People generally told us they did not know officially how to make any comments or suggestions about the service and said they would speak to the receptionist if they had anything to say.

##### Other evidence

We visited and spoke with staff at the Patient Advice and Support Services (PASS) department and Patient Advisory and Liaison Service (PALS). Although based at City Road, the service covered all the Trust's outreach sites. The PASS team helped to resolve issues, including remedial action, for people who had concerns or complaints. Where a resolution of a concern was not possible then PALS would provide advice about the most appropriate way of taking the issue forward. However most people we spoke to did not know about PASS or PALS. Trust members told us of plans in place to raise more awareness about these services on the information screens in clinic waiting areas.

Staff told us that there was a reporting system for raising concerns, complaints or

logging incidents. We were able to see evidence of completed incident sheets. Staff risk graded complaints and incidents by assessing their seriousness. Any incidents or complaints that were assessed as being high were reported to the nurse manager. Learning points for staff were discussed at team meetings.

We looked at the latest quarterly Board meeting report dated 16 February 2012. This showed that the PASS team had received 47 complimentary letters and 70 complaints across the Trust during the third quarter of 2011-2012. Many of the concerns raised were about administration processes, staff attitudes or waiting time issues. These were said to be taken seriously by the Trust but did not pose a significant threat to the patients' wellbeing. Investigations into concerns raised about clinical issues were reported to reflect that no serious weaknesses in care or harm to patients had been identified.

In addition to PASS and PALS, the Trust had a system to review complaints and comments and identify any areas where changes are necessary as a result of this patient feedback. This was the responsibility of the Learning from Experience Group who ensured that good practice was shared and maintained.

### **Our judgement**

Moorfields Eye Hospital NHS Foundation Trust has a system in place for identifying, receiving, handling and responding to complaints and comments.

## Action we have asked the provider to take

### Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Treatment of disease, disorder or injury	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	<p><b>Why we have concerns:</b> People are provided with healthcare information, but this information could be better distributed in waiting areas around the hospital. Signs and notices displaying patient information could improve in some parts of the hospital to meet the needs of people using the service.</p>	
Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 02: Consent to care and treatment
	<p><b>Why we have concerns:</b> Moorfields Eye Hospital has satisfactory arrangements in place to seek consent to treatment from people who use services. However consent forms in accessible formats for people with visual impairment and in alternative languages could be more easily available to patients who use services.</p>	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p><b>Why we have concerns:</b> Overall people who use services receive a high standard of care and treatment with excellent practice shown by staff throughout the hospital. Staff could, on some occasions, be clearer with patients about their condition to ensure that people understand what to expect and how to manage their treatment.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

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