

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Moorfields Eye Hospital

162 City Road, London, EC1V 2PD

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Date of Inspection: 13 February 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cooperating with other providers</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard

## Details about this location

Registered Provider	Moorfields Eye Hospital NHS Foundation Trust
Overview of the service	Moorfields Eye Hospital, based in City Road, London, 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. Moorfields is also a postgraduate teaching centre and a national centre for ophthalmic research.
Type of service	Acute services with overnight beds
Regulated activities	Diagnostic and screening procedures Surgical procedures Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We carried out a visit on 13 February 2013, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information we asked the provider to send to us.

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### What people told us and what we found

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During the inspection we spoke with 31 people who used the service and 9 members of staff. We also checked the patients' records and observed the environment and communication between staff and the patients. We visited clinics 1, 2, 4, 5 and the Accident and Emergency department. We also inspected the Richard Desmond Children's Eye Centre including Children's Accident and Emergency Department and the day case unit.

People felt that staff provided them with information about their treatment. A person said staff gave them "a lot of time". People felt that their questions were answered by the staff and they received "a very good service". This indicated that patients had information about their care and treatment to be able to make decisions.

People had access to healthcare information through the leaflets and television screens in the waiting areas. People felt that the staff were "effective". One person told us that staff "were thorough, checked everything". People described the hospital as being "second to none".

Arrangements were in place to make sure that patients were protected from abuse. The Trust's safeguarding policy, which had been recently updated, was detailed and most staff were aware of the procedures to follow to record and report any incidents of abuse. We noted that staff had support and training to enable them to provide care and treatment that met people's needs.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent

judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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Most of the people we spoke with felt that they had a good experience of the service. They felt that they had enough explanation about their conditions and treatment and that staff were "patient" and "polite". Most people told us that staff explained their treatment to them in language they could understand. Comments by the patients included: "I am satisfied; [my] treatment has been good". A parent of a child said: "Consultants give people a lot of time. Parents always get the answers they need. I think it is a very good service." However, a patient felt that the use of some terms such as "triage" could be confusing to them. Senior staff were aware that staff needed to use plain English so that the words used were understood by patients. All the patients we spoke with told us they did not need assistance from interpreters as they all spoke English. We noted from patients and discussion with staff that the hospital had facilities to arrange interpreters when required. We also noted that a number of staff working at the hospital spoke different languages and were available for the patients when needed.

At our last inspection in 2012 we judged that people were provided with healthcare information, but this information could be better distributed in waiting areas around the hospital. We stated that signs and notices displaying patient information could improve in some parts of the hospital to meet the needs of people using the service. From our observation and discussion with senior staff it was evident that improvements had been made to the signs and notices displaying patient information. We noted that signs were clearly marked and patients "had no problems" finding their way around the hospital. However, the leaflets we saw were not available in different languages. None of the patients we spoke with thought this was a problem as they spoke English.

Staff were seen to be friendly and respectful to patients. They called patients by their name, waited and greeted them before leading them to a consultation or treatment area. All the people we spoke with appreciated this and said the staff were very polite. We noted that patients were seen in private, in cubicles or rooms, so that personal information was not shared with others.

## Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

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The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

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At our last inspection we judged Moorfields Eye Hospital had satisfactory arrangements in place to seek consent to treatment from people who used services. However, we noted that patients would benefit from consent forms presented in accessible formats including alternative languages. During this visit patients told us that staff gave them clear information for them to be able to make decisions about their care and treatment. They also confirmed that they had been asked and signed a consent form before their treatment.

Patients' records, which we saw, were signed and dated by the patients to confirm that patients made decisions about their treatment. Staff told us that a consultant or surgeon sought the patients' consent before surgery. We noted that staff asked for patients' verbal consent before undertaking a pre-observation assessment. The Care Quality Commission national survey of people's experiences of accident and emergency services indicated that compared to the other services the trust scored better at involving people in decisions about their care and treatment. Staff told us that where a patient lacked capacity an appropriate decision would be made for them with the involvement of a next of kin or professionals such as social workers. All the children we saw in the children's ward during the inspection were accompanied by carers who consented for them.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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All the people we spoke with were satisfied with the care and treatment they received. Most of these people told us they had been coming to the hospital for years and they had always been happy with their treatment. A person who said they had been using the hospital for twenty three years told us that they had "excellent" treatment throughout that time. Another person told us that the hospital was "second to none, I think it is excellent". A number of the patients we spoke with felt that they received the right information and treatment and that their needs were met.

People told us that their appointments had never been cancelled which meant that they were able to receive treatment on time. We noted that the hospital reminded people of their appointments by different means including sending them text messages so they could access the care and treatment they needed.

All the areas we saw were clean and had sufficient seats for the patients. Facilities such as television and leaflets were available in all waiting areas. We noted that the children's ward was appropriately decorated and had books and toys for children. This helped children to be engaged and relaxed while waiting for their treatment.

The hospital had a system for monitoring patient waiting times for the Accident and Emergency department. Staff showed and told us that most of the patients would be discharged within three hours of their arrival at the hospital. We noted that most patients were being seen for assessment by the nurses within twenty minutes of their arrival. One person told us they had visited the hospital several times and the longest time they had ever had to wait was 15 minutes. None of the patients we spoke with was concerned about the waiting times.

Patients felt that the staff were "effective" when communicating with them and providing them with information about their condition and treatment. One person told us that staff "were thorough and checked everything". Another person said they had "brilliant treatment". This indicated that the hospital provided care and treatment that met patients' needs.

**People should get safe and coordinated care when they move between different services**

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**Our judgement**

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The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

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**Reasons for our judgement**

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We checked patients' files and noted that there was correspondence between the hospital and the patients GP. We noted that referrals to the hospital and discharge letters to the GP provided relevant information to enable patients to receive appropriate care and treatment.

Staff explained the discharge process and said that patients were assessed before discharge to ensure that they had appropriate arrangements to be safe at home. Staff said the hospital liaised with other professionals such as social workers and district nurses to arrange support for people who needed it.

People who had been referred to the hospital by their GP felt that the communication between the GP and the hospital was smooth and they did not have to wait long to have their appointments. People felt that information about their conditions was passed on to the hospital. This showed that the hospital worked well with the other healthcare organisations.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People told us that they felt safe in the hospital and they were not anxious about their treatment or the environment. They said the staff explained and reassured them about their treatment. All the people we spoke with felt that the staff were kind and polite.

The majority of staff we spoke with confirmed that they had training on safeguarding and knew how to ensure that patients were protected from abuse. When we asked their understanding of safeguarding most of the staff were able to describe the kinds of abuse people may experience and the action they would need to take to protect people from harm. Staff explained that they would record any suspected abuse, or allegation of abuse, and report it to their manager. However, the provider may wish to note that not all staff we spoke with were confident in their understanding of safeguarding and in the procedure to be followed to protect people from abuse.

The Trust's adult and child safeguarding policies, which had been reviewed this year, were detailed in describing the forms of abuse and giving guidance to staff how and where to report any incidents of abuse that might have occurred internally or externally to the hospital. The policies also contained information about who, among the staff, had a lead responsibility for safeguarding. We noted that safeguarding issues and completed safeguarding referral forms were discussed at the two monthly paediatric service meetings and the monthly safeguarding children group meetings. The Trust's safeguarding policies required information from these meetings to be reported to the Trust Board. All the staff we spoke with indicated that they had seen the Trust's safeguarding policies. These ensured patients were protected from abuse.

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

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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People made positive remarks about the staff. For example, one person said the staff were "all nice" and "very efficient". Another person told us staff were "knowledgeable". This indicated that staff had the skills and knowledge needed to look after patients.

The staff we spoke with felt that they had adequate support from management. They felt managers were approachable and were ready to provide them with the support they needed to undertake their job. Staff told us they attended different training programmes, which included customer care, essential communication, fire training, medicine awareness, patient handling, equality and diversity, safeguarding, and life support. The lists of the training programmes that staff had attended or were due to attend were available electronically and were viewed during the inspection. These indicated that the staff were trained and were able to provide care and treatment that met patients' needs.

Staff told us they attended monthly team meetings. They said they found the meetings useful as they gave them the opportunity to discuss clinical and work related issues. We noted that the staff had annual appraisal. We also noted that newly recruited staff had induction and support from senior and experienced staff.

All the staff we spoke with were happy with their job. A member of staff told us that they wouldn't have worked for over ten years at the hospital if they had not been happy or had not felt supported.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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