



Independent health

The London Eye Diagnostic Centre

Date of inspection: 6 April 2022

Our findings

Overall summary

This was the first time we rated this service. We rated it as requires improvement.

- There was a lack of full oversight of training. The maintenance of equipment was not always managed well. Managers had not reviewed staffing levels since the service had reopened.
- Managers did not always monitor the effectiveness of the service. Staff did not always follow policies to best practice and national guidance. There was no training specific to staff's key skills.
- There was not a complaints process in place.
- Governance processes not effective. Arrangements to monitor quality and performance were not taking place. Senior leaders were not engaged with staff to plan and manage services. Managers were not gathering feedback on the patients' experiences about the service.
- We wrote to the service after our visit using our powers under Section 31 of the Health and Social Care Act 2008 and requested an urgent response to some of our findings. We were provided with an action plan that covered our initial concerns. See individual sections below for further details.

However;

- Staff had training in key skills and understood how to protect patients from abuse. The premises were clean and the service controlled infection risk well. The design, maintenance and use of premises kept people safe. They managed medicines well. Staff assessed risks to patients and kept good care records.
- Staff provided good care and treatment. Staff worked well together for the benefit of patients, supported them to make decisions about their care and had access to good information. Key services were available to suit patients' needs.

- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people and took account of patients' individual needs.
- Leaders were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

Background to inspection

The London Eye Diagnostic Centre is registered to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury. The service offers diagnostic ophthalmic tests, specialist consultations and laser treatment for glaucoma. The service was last inspected in 2013 and has not been rated before. There is currently no registered manager in place.

The London Eye Diagnostic Centre occupies a separated area on the ground floor of a property in Harley Street. The property is managed by another healthcare provider who also provides some services to the London Eye Diagnostic Centre such as human resources, cleaning, safeguarding leadership and an incident reporting framework.

How we carried out this inspection

We carried out a comprehensive unannounced inspection on 6 April 2022. Our team included a lead inspector and a specialist advisor. We reviewed records and documentation and spoke with patients, managers and staff.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Areas for improvement

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

Action the service MUST take to improve:

- The service must ensure that arrangements are in place to monitor the quality of provision of employment and training checks carried out by the host provider on staff with practising privileges. (Regulation 17(2)).

- The service must ensure that arrangements are in place to understand the patient voice through feedback such as a patient survey. (Regulation 17(2)).
- The service must ensure that a complaints process is in place. (Regulation 17(2)).
- The service must ensure that equipment is properly maintained (this requirement relates to an action plan already provided. See the environment and equipment section in safe below). (Regulation 15(1)).
- The service must ensure it is clear what policies and procedures they are working to (this requirement relates to an action plan already provided. See the evidence-based care and treatment section in effective below). (Regulation 12).
- The service must ensure appropriate support is available to the manager (this requirement relates to an action plan already provided. See the leadership section in well led below). (Regulation 18(2)).
- The service must ensure that arrangements are in place to assess, monitor and improve the quality and safety of the services provided (this requirement relates to an action plan already provided. See the governance section in well led below). (Regulation 17(1)(2)).

Action the service SHOULD take to improve:

- The service should consider reviewing staffing requirements to meet the changing needs of the service.
- The service should ensure that staff receive specialist training for their role.
- The service should ensure that patients are able to access a chaperone if requested.
- The service should ensure that quality monitoring includes access and flow issues such as letters reaching patients in a timely manner and appointment delays.

Diagnostic imaging

Summary of this service

See the summary above for details.

Is the service safe?

This was the first time we rated safe. We rated it as requires improvement.

Mandatory training

The service provided mandatory training in key skills to staff and made sure everyone completed it. However, there was a lack of oversight of training compliance rates for staff with practising privileges.

Mandatory training was provided by the host provider who the London Eye Diagnostic Centre rented space from. Compliance rates for the ophthalmic technicians was checked by the practice manager. Training included infection control, fire safety and basic life support. Compliance rates were reported as 90%.

There were no arrangements in place to monitor the the training compliance rates for medical staff with practising privileges which were managed by the host provider through their HR function. See the governance section in the well led part of this report for further details.

Safeguarding

Staff understood how to protect patients. Staff had training on how to recognise and report abuse.

Staff had training on how to recognise and report abuse and they knew how to apply it. Staff were aware of their responsibilities in relation to safeguarding vulnerable adults and children. The practice manager was knowledgeable about making a referral to the local authority and in recognising vulnerability and abuse.

The outpatients' nurse manager for the host provider, who acted as the link between the two providers, reported there was a designated lead for safeguarding adults and children in their organisation who also took the lead for the London Eye Diagnostic Centre.

It was reported by managers that there were no consultants with practising privileges who were paediatric trained, which meant that children were not seen in the service. However, there were no arrangements in place to monitor training for medical staff with practising privileges which was managed by the host provider through their HR function. See the governance section in the well led part of this report for further details.

Cleanliness, infection control and hygiene

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

Staff kept equipment and the premises visibly clean. They used control measures to prevent the spread of infection. Cleaning was provided by the host healthcare provider as part of a service level agreement. The practice manager had reviewed the cleaning schedules, which included the identification of high and low surfaces and the frequency of cleaning. This included daily, twice daily and weekly cleaning. This was monitored by the practice manager.

The premises were clean. There was hand wash and gel in many locations. The toilets were clean. The consulting room had hand gel, hand wash and universal wipes for hands, surface disinfection and cleaning of non-invasive medical devices.

Environment and equipment

The design, maintenance and use of premises kept people safe. The maintenance of equipment was not always managed well.

The service rented space in a building which was managed by another healthcare provider. They occupied a separated area towards the rear of the ground floor. It consisted of two pre-test rooms, a laser treatment room, manager's office, reception area, kitchen and consultation room. The kitchen was being refitted to become a second consultant room which would replace the second room currently located on the fourth floor, meaning the service would be completely self-contained in to one area. There was a patient waiting area shared with the host provider and located nearby.

A recent environmental assessment had taken place which recommended moving the second consulting room and included a review of the flooring and carpet which were to be replaced.

Clinical waste was the responsibility of the host provider and was managed well. There were fire canisters located in the corridor; both CO2 and H2O.

The practice manager maintained a record of when each machine used by the service to assess and treat patients had been serviced. This record showed that three of the five had been maintained well. However, with two of the five the service could not be assured that the machines had been properly maintained.

There was no service contract in place for the that carried out visual field diagnostic tests. The digital retinal camera was last serviced in June 2019 with records indicating a future service date of June 2020. However, the machine had not been serviced since June 2019. A fault had been reported on the visual field diagnostic test machine two days before our visit and the practice manager had organised quotes with the manufacturer for the options of service and repair or just repair. The machine was in the process of being fixed but the process of seeking payment authorisation from the lead consultant had revealed that although it had been spot serviced in October 2021, there was no current service contract in place.

Due to the concerns we had about this issue, we wrote to the provider using our powers under Section 31 of the Health and Social Care Act 2008 requesting an urgent response. We were provided with evidence to demonstrate that service contracts were now in place for the digital retinal imaging machine and visual field diagnostic testing machine.

Portable appliance testing (PAT) testing of electrical equipment was out of date. While some plugs and machines had stickers to indicate when they had last been PAT tested, others did not. The most recent PAT testing to take place was indicated as November 2020 with a due date of November 2021 which had not occurred.

Due to the concerns we had about this issue, we wrote to the provider using our powers under Section 31 of the Health and Social Care Act 2008 requesting an urgent response. We were provided with evidence to demonstrate that all equipment had now been PAT tested.

The Local Rules for safe use of the laser machine to treat glaucoma were dated July 2018 and were last reviewed in July 2019. This meant they were out of date. The log that recorded use of the laser contained within the out of date Local Rules had been signed ten times in 2022. There were however, two other sets of Local Rules held within a file box in the treatment room, both provided by different Laser Protection Advisors that were both within date but were not being used and had not been signed by any of the practitioners. This meant that safe use of the laser could not be assured.

Due to the concerns we had about this issue, we wrote to the provider using our powers under Section 31 of the Health and Social Care Act 2008 requesting an urgent response. We were provided with evidence to demonstrate that up to date Local Rules were now in use. We were also provided with emails to all laser practitioners stating that that use of the laser will not be permitted unless the Local Rules were signed.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks.

Staff completed risk assessments for each patient. Eye examinations took place for each patient in pre assessment clinics. The information went to the consultant prior to the clinic taking place. Each individual consultant carried out assessment based on individual need and risk of each patient. We reviewed five sets of patient notes from the consultant in clinic on the day of inspection. Treatments were clearly documented and updates to the GP had been provided appropriately.

The log for recording patient treatment for eye laser procedures recorded any adverse incidents, the laser had been used ten times between 1 January 2022 and 6 April 2022 and no adverse incidents had been recorded.

Staffing

Managers had not reviewed staffing levels recently.

The service currently had one practice manager and two ophthalmic technicians who supported ten consultants with practising privileges. There had been a reduction in staff when the service partially closed during the pandemic when they lost two technicians and administrative support.

The practice manager had been in post for five weeks at the time of our visit following a four month period when the post was vacant. Staffing numbers had not been reviewed since the service had fully reopened. The practice manager and two technicians took responsibility for answering the phones, completing administrative tasks such as record keeping and staffing the reception area. This was in addition to their own work and the developmental work the service was currently engaged with. We observed both technicians and practice manager completing receptionist and administrative tasks alongside their other duties.

Medical staff worked on practising privileges agreements. This included the two directors who were both consultants and owned the business. The management and administration of practising privileges were the responsibility of the host provider at 25 Harley Street. Human resources were also organised by the host provider who managed all recruitment processes. There were no arrangements in place to monitor the provision of human resources management that was being provided, including staff with practising privileges. See the governance section in the well led part of this report for further details.

Records

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

Patient records were paper based. Patient records were kept off site in a location described as a secure location two streets away and retrieved for each day's clinic. Six consultants held their own records four were managed through the London Eye Diagnostic Centre. Records were scanned and sent via a secure online record filing facility for storage. We reviewed five sets of patient notes from the consultant in clinic on the day of inspection. Records of treatments and consultations were up to date, clear and legible.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

The only type of medicines used by the service were eye drops for intraocular pressure, which were stored and managed by the host provider's pharmacy. Eye drops were stored in a locked medication cupboard or fridge to which only authorised staff from the host provider had key access to. They were requested on signed request forms as per the host provider's pharmacy policy and documented in patient notes.

Eye drops were then provided to the LEDC doctor at the start of their clinic. Eyedrops were single use and disposed of safely in the sharps bin in the clinic. At the end of each clinic, unused eyedrops were collected by nurses in preparation for the next clinic. The host provider had clear policies and protocols for management of medication and carried out regular audits on medication storage and documentation.

Incidents

There was a system in place to manage patient safety incidents.

It was reported that the service used an online incident reporting system provided and managed by the host provider. The host provider's governance team received reports on incidents which would then be reviewed and reported back to the practice manager. There had been no incidents of any kind reported by the service in the last 12 months.

Is the service effective?

We did not rate effective.

Evidence-based care and treatment

The service were not providing care and treatment based on national guidance and evidence-based practice.

It was reported there were some London Eye Diagnostic Centre policies and some from the host provider that were applicable, but it was not understood by the service which applied to them. There was no understanding of who took lead responsibility for reviewing this. This meant the service were not working to any guidance from identified policies or procedures. This meant the service were not able to assure themselves they followed best practice or evidence-based guidance.

Due to the concerns we had about this issue, we wrote to the provider using our powers under Section 31 of the Health and Social Care Act 2008 requesting an urgent response. We were provided with an action plan which stated: That a full policy review was due to take place by 16 May 2022 and quarterly thereafter. That staff members now had access to all policies on the intranet. That policies and procedures will to be part of all induction by 21 April 2022.

Patient outcomes

It was not clear whether the effectiveness of care and treatment was being monitored to make improvements and achieve good outcomes for patients.

It was reported that measuring the outcomes of laser eye surgery was down to each individual consultant. However, the service was unable to provide further information. We were also told that the service had partially stopped during the pandemic and the new practice manager was trying to make a better patient pathway.

Competent staff

Staff's work had been appraised. The service were working on making sure staff were competent for their roles.

Performance and appraisals were managed by the practice manager. However, the practice manager had been in post for five weeks at the time of our inspection following a four month absence of a manager. In the absence of a practice manager, appraisals of the two technicians had been completed by the outpatients' nurse manager from the host provider.

The practice manager and the outpatients' nurse manager for the host provider were in the process of assessing the key skills and needs of the staff. There was currently no budget for training in key skills for the technicians. However, it was reported this was being addressed but remained a work in progress.

Due to the links of the lead consultants, the practice manager had completed induction and an e-learning package at a nearby NHS specialist eye hospital. It was reported they had liaised with administrators and bookings team at the hospital and would be getting access to their systems for learning. The practice manager also had times in his diary for induction sessions with the specialist eye hospital operations manager.

Multidisciplinary working

All those responsible for delivering care worked together as a team to benefit patients. However, some systems were in need of improvement.

There was a team of two ophthalmic technicians who supported the consultants' assessments. We found pre assessments clinics were taking place in a timely and effective way.

There were a number of aspects of cross working with the host provider. This included systems managed by the host's governance team, regular meetings with the host provider's outpatients' nurse manager and provision of services such as clinical waste management and cleaning. However, it was reported that the service had partially stopped during the pandemic and there had been a four month absence of a practice manager. As a consequence, systems were not as joined up as they may have been in the past and the service was working on improvement.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment.

Staff gained consent from patients for their care and treatment. The service obtained consent from new patients for each new procedure. The service used the host provider's consent process and forms including for laser eye treatment.

Is the service caring?

This was the first time we rated this service. We rated it as good.

Compassionate care

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

Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed staff speaking with patients in a kind, patient and respectful manner. Patients said staff treated them well and with kindness. Patients we spoke with on the day of our visit were longstanding patients who told us that staff were caring in their attitude towards them.

It was reported that patients were able to access a chaperone if this was requested. However, there was no information available to patients that suggested this was the case and no one in the service had received any training to provide this. The outpatients' nurse manager from the host service told us they were awaiting chaperone training.

Emotional support

Staff provided emotional support to patients to minimise their distress.

Staff gave patients and those close to them help, emotional support and advice when they needed it. The London Eye Diagnostic Centre was an independent outpatients service. Staff understood the emotional impact that a person's condition had on their wellbeing. We observed staff being supportive to patients.

Understanding and involvement of patients and those close to them

Staff supported and involved patients to understand their condition and make decisions about their care and treatment.

Staff explained what was happening to patients and made sure they understood their care and treatment. We observed staff speaking with patients in a way they could understand. Patients we spoke with told us that staff had time to answer all of their questions to their satisfaction, which gave them a better understanding of their treatment.

Is the service responsive?

This was the first time we rated this service. We rated it as requires improvement.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of the people and communities it served.

Facilities and premises were appropriate for the services being delivered. The service was located in a building which was managed by another healthcare provider. They occupied a separated area

towards the rear of the ground floor apart from one of the consulting rooms, which was in the process of being relocated into the same space. This was part of a reconfiguration which brought all facilities into the same space for patient convenience and better flow.

Patients registered their presence with the host provider at the front desk. The patient waiting area was located just beyond the front desk and next to the area occupied by the London Eye Diagnostic Centre. It was a calming relaxing environment with a water machine.

Meeting people's individual needs

The service took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

Patients were advised on access, parking and public transport prior to their appointment and were able to use the back entrance to the building, which was utilised by patients with mobility issues.

It was reported that most patients were longstanding patients who returned regularly to see the main clinicians and the service was aware of their individual needs and preferences. We spoke with two patients on the day of our visit, both of whom were longstanding patients. Both told us they thought the service was accommodating of their needs.

Access and flow

People could not always access the service when they needed it.

Bookings and follow up appointments were managed by the London Eye Diagnostic Centre for four of the 10 consultants. Other consultants managed their own bookings through their own administration processes.

We spoke with two patients on the day of our visit, who both outlined some challenges they had experienced with receiving care in a timely way, but both told us that overall, the service had been responsive to their needs.

One patient told us that a follow up appointment was delayed earlier this year which had meant other treatment was also delayed. They told us they were generally happy with the service until the end of 2021 and when the practice manager's post had been vacant. They reported there had been problems with receiving letters after visits and communication problems in getting in touch with their consultant when they were concerned about an eye problem. However, they were now happy with the outcome of treatment, with follow up appointments and with receiving letters after visits. Another patient told us that a concerning eye condition had been identified by an optician but a scheduled appointment at the service for three days later was cancelled with no reason given. They referred themselves to a specialist eye hospital A&E. They told us they were generally happy with the service, but consultations always seemed to be late by 45 minutes. Today their appointment was one hour late. They told us they always received a follow up letter about ten days later.

Learning from complaints and concerns

People were able to give feedback and raise concerns about care received. However, there was no complaints process for timely investigation or sharing lessons learned.

There was no complaints process in place. The practice manager who had been in post for five weeks reported that since their arrival, they had been dealing with complaints as they arose and operated an open door policy for patients.

There was no complaints log in place. There was no information available to patients at any stage of the patient journey that set out a complaints process or expectations regarding timeframes for

response. There was no link to a quality and governance process regarding complaints and no mechanisms to identify themes that patients raised.

Is the service well-led?

This was the first time we rated this service. We rated it as inadequate.

Leadership

Managers were not being properly supported to manage the priorities and issues the service faced.

The practice manager had been in post for five weeks at the time of our visit. Prior to their arrival, the service had been without a practice manager for four months. In the meantime, the two technicians had been completing some management tasks. The outpatients' nurse manager from the host provider had been providing some leadership support such as completing staff appraisals and recruiting the new practice manager.

The outpatients' nurse manager from the host provider had been meeting with the new practice manager on a weekly basis and was the person they went to for advice. Due to the links of the lead consultants, the new practice manager also had links to an operations manager at a specialist eye hospital for support. However, neither arrangement had been defined in writing and remained informal. The practice manager did not have leadership support from within. This meant there was a lack of leadership from the two directors who were also the lead consultants of the service, which was affecting the practice manager's ability to provide a good service. This was especially relevant in the context of improvement and development work taking place.

Due to the concerns we had about this issue, we wrote to the provider using our powers under Section 31 of the Health and Social Care Act 2008 requesting an urgent response. We were provided with an action plan which stated that reporting lines for the practice manager were being implemented including regular 1-1 reviews with the directors / lead consultants which would also be minuted. We were provided with minutes of the first meeting that took place on 11 April 2022.

Vision and Strategy

The service was not yet sufficiently developed to have a vision for what it wanted to achieve and a strategy to turn it into action.

There was a vision to grow and develop the service. However, it was reported that these were early days and this had been discussion only. Along with the host provider there was a desire to grow the business. There was a desire to have a direct referral route into the service. There were also early discussions about a second location.

Culture

Due to recent service disruption, the service was at the beginning of a journey in terms of there being an open culture for patients and staff.

The service had partially closed during the pandemic, lost two technicians and administrative support in the process. They had been without a practice manager for four months and the practice manager had been in post for five weeks at the time of our visit. As a result, there were a number of service priorities that were only beginning to be identified. It was reported that there was focus on building relationships with the staff group and managing improvement.

Governance

There were not effective governance processes in place.

The practice manager of the London Eye Diagnostic Centre and the outpatient clinical manager for the host provider reported there was a service level agreement in place that outlined services provided to the London Eye Diagnostic Centre. However, while some services were easy to identify such as clinical waste, incident management and human resources support, others such as policy provision, designated safeguarding lead, and governance responsibility were not. Both the outpatients' nurse manager for the host provider and the practice manager had not seen the service level agreement so were unaware of its contents. This meant that safety was not assured because it was not clear what should be provided to the service or the extent to which it should be provided.

Due to the concerns we had about this issue, we wrote to the provider using our powers under Section 31 of the Health and Social Care Act 2008 requesting an urgent response. We were provided with an action plan which stated that the service would ensure a copy of the service level agreement was available to the practice manager and the outpatients' nurse manager for the host provider. A second action was stated to review the service level agreement to ensure it encompassed all the services being provided with a completion date of 19 April 2022 stated. Although the service had provided an action plan to address the governance issues, it was too early to assess how effectively embedded these were.

There were no arrangements in place to monitor the quality or the safety of the services being provided to the London Eye Diagnostic Centre by the host provider through a governance framework. This meant that safety could not be assured because there were no reporting mechanisms in place for when things went wrong.

It was reported that it was the responsibility of the host provider to provide a governance framework to monitor the quality and safety of the service. However, it was also reported that no information or reports regarding the quality or safety of the service were being fed into this governance process and representatives from the London Eye Diagnostic Centre did not attend any governance meetings. The practice manager had met with the governance lead for the host provider and had identified this as a future action.

Due to the concerns we had about this issue, we wrote to the provider using our powers under Section 31 of the Health and Social Care Act 2008 requesting an urgent response. We were provided with an action plan and evidence to demonstrate that a number of actions had been completed: An organigram of reporting lines had been produced and circulated to all staff. Weekly service management meetings to review performance including governance and services had been resumed. Safeguarding reporting lines had been circulated to all staff. The practice manager was booked onto a level 3 safeguarding course due to take place on 18 May 2022. The weekly service management meetings now included formal reporting on incidents raised, trends, learning and quality improvements. Staff were made aware that one of the lead consultants was a member of the host provider's Medical Advisory Committee and that the service could also raise governance concerns through this route. Quarterly meetings to monitor the quality and safety of the service level agreement had been established and formal SLA review meetings with the director of operations for the host provider to be established on a quarterly basis. This was stated as due for completion by 16 May and ongoing.

The practice manager met with the outpatients' nurse manager from the host provider on a weekly basis for ongoing service development and action points. The practice manager held weekly

meetings with the two technicians. Meetings documented operational successes and challenges and identified actions. The staff team held a safety huddle each morning.

Management of risk, issues and performance

Systems were not in place to manage risks and issues effectively.

There was no programme of audit to check on the quality and safety of the service. The practice manager, who had been in post for five weeks had this on his 'to do' list among other service priorities. They had so far gathered information regarding the audit model of the host provider and planned to adopt a similar programme that would be tailored to the needs of their own service. They had also carried out assessments on the premises and conducted a cleaning audit. However, at present systems were not in place to manage risks and issues effectively.

Due to the concerns we had about this issue, we wrote to the provider using our powers under Section 31 of the Health and Social Care Act 2008 requesting a response. We were provided with an action plan and evidence to demonstrate that an audit programme had been established and would be overseen by the management meeting. An audit calendar was provided although it was too early to assess how effectively embedded these were.

Responsibility for patient billing and payment for room and premises rental was covered by the host provider. Regarding indemnity insurance it was reported that the outpatients' nurse manager for the host provider had spoken to their chief executive and confirmed that insurance was provided under a separate policy.

Information Management

Staff could find the data they needed, in easily accessible formats. Information systems were secure.

Patient record systems were currently paper based. The host provider and the service shared the same IT provider. There were some plans to move to an online patient information system which were in very early stages among other service priorities.

Patient records were kept off site in a location described as a secure location two streets away. Patient lists were provided to the service in advance and records were retrieved from the secure location for each day's clinic. Records were scanned and sent via a secure online record filing facility for storage.

Six consultants held their own records four were managed through the London Eye Diagnostic Centre. Some non-managed consultants travelled with their own patient records in paper form others bought laptops with them. The practice manager was awaiting a secure NHS.net account.

Engagement

Leaders were not openly engaging with patients. There were no mechanisms in place for the two directors and lead consultants to engage with staff.

Leaders and staff actively and openly engaged with patients. We observed staff having an open and engaging manner with patients.

Although patients interacted with staff in an open way, patients could not give formal feedback on the service or their treatment because a patient survey was not taking place and there was no other mechanism in place for understanding the patient voice. Patients who had concerns or issues could speak to the practice manager, but there was no other way of gathering patient feedback. The service saw 200 patients a month.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

The service had partially stopped during the pandemic and had just been without a practice manager for four months. The new manager had been in post for five weeks at the time of our visit and had identified a number of things that needed attention as well as a number of improvements they could make to the service. This included to the environment, IT systems, improvements to the patient flow and improvement to governance and quality monitoring. It was however, early into their tenure and improvements were at the planning stage at the time of our visit.