East Point Vision @ James Paget University Hospital

Quality Report

Lowestoft Road
Gorleston-on-Sea
Great Yarmouth
NR31 6LA
Tel:01493 452420
Website:info@eastpointvision.co.uk

Date of inspection visit: 4 and 18 September 2017
Date of publication: 07/12/2017

This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

East Point Vision (EPV) opened in 2016; and is located in Gorleston. EPV is a private patient ophthalmic service, which operates from consulting rooms based in the local NHS foundation trust.

The service is set over two floors and has a reception area, one consulting room, a diagnostic area, an operating theatre and pre and post treatment areas. All five partners are full time NHS consultant ophthalmologists.

Summary of findings

The service provides ophthalmic health screening care and surgery to privately funded patients. This includes outpatient investigations for glaucoma, diabetic retinopathy, macular degeneration disease and invasive procedures such as non-laser cataract surgery, intravitreal implants and vitreoretinal surgery.

We inspected this service using our comprehensive inspection methodology. We have reported our inspection findings against the two core services of Surgery and Outpatients as these incorporated the activity undertaken by the provider. We carried out the announced part of the inspection on the 4 September 2017, along with an unannounced visit to the provider on the 18 September 2017.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The main service provided by this hospital was non-laser cataract surgery. Where our findings on surgery– for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the surgery core service.

We rated this service as good overall because;

- Patients were treated with care and kindness.
- Patients were provided with an out of hours contact number for any concerns or advice required post treatment.
- The service managed staffing effectively and had processes in place to ensure that staff had the appropriate skills, experience and training to keep patients safe and to meet their care needs.
- Patient feedback was collected, analysed and used to make improvements/changes to the service.
- Results from the patient feedback survey undertaken by the provider indicated patients were satisfied with the care they received.
- All clinical and non-clinical areas were visibly clean and well maintained.
- There were effective processes in place to ensure that medicines were stored and checked appropriately.
- The results of local audit demonstrated positive outcomes for patients.

However

- We found there were eight days in a three-month period in which the daily checks for the blood glucose monitoring equipment was not checked.
- The provider did not have a process in place to meet the needs of patients with complex needs

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve.

Heidi Smoult

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good	Surgery was the main activity of the hospital. Where our findings on surgery also apply to other services, we do not repeat the information but cross-refer to the surgery section. We rated surgery as good overall. We found: • There were processes in place to ensure that staffing levels met the needs of patients. • Staff had the appropriate training, experience and qualifications for their roles. • We observed that patients were treated with dignity, respect and kindness. • There were processes in place to ensure that medicines were stored and managed correctly in line with organisational policies and legal requirements. • Local audits were conducted to identify best practice and areas for improvement. • Patients were provided with a 24-hour contact number post treatment or surgery. However we found; • There were eight days in a three-month period in which the daily checks for the blood glucose monitoring equipment was not checked. • The provider did not have a process in place to meet the needs of patients with complex needs
Outpatients and diagnostic imaging	Good	We rated outpatients and diagnostic imaging as good overall. • Staff had the appropriate training, experience and qualifications for their roles • There was a system for reporting and recording significant events. • All clinical and non-clinical areas were visibly clean and well maintained. • The outpatient clinic achieved a 100% compliance on a 'Glo and Tell' handwashing audit.

Summary of findings

Contents

Summary of this inspection

Page

Background to East Point Vision @ James Paget University Hospital 6

Our inspection team 6

Why we carried out this inspection 6

How we carried out this inspection 6

Information about East Point Vision @ James Paget University Hospital 7

The five questions we ask about services and what we found 8

Detailed findings from this inspection

Outstanding practice 26

Areas for improvement 26

Good

East Point Vision @James Paget University Hospital

Services we looked at
Surgery; Outpatients and diagnostic imaging.

Summary of this inspection

Background to East Point Vision @ James Paget University Hospital

East Point Vision (EPV) opened in 2016; and is located in Gorleston. EPV is a private patient ophthalmic service, which operates from consulting rooms based in the local NHS foundation trust.

The service is set over two floors and has a reception area, one consulting room, a diagnostic area, an operating theatre and pre and post treatment areas. All five partners are full time NHS consultant ophthalmologists.

The service provides ophthalmic health screening care and surgery to privately funded patients. This includes outpatient investigations for glaucoma, diabetic retinopathy, macular degeneration disease and invasive procedures such as non-laser cataract surgery, intravitreal implants and vitreoretinal surgery.

Our inspection team

The team that inspected the service comprised of a CQC lead inspector and one other CQC inspector. The inspection was overseen by an inspection manager and Fiona Allinson Head of Hospital Inspection for East Anglia and Essex.

Why we carried out this inspection

This was the services first inspection since registration with CQC in April 2016.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We have reported our inspection findings against the two core services of Surgery and Outpatients as these incorporated the activity undertaken by the provider. We carried out the announced part of the inspection on the 4 September 2017, along with an unannounced visit to the provider on the 18 September 2017.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

During the inspection, we visited the consultation room, operating theatre and ambulatory day care suite. We spoke with 13 members of staff including matron, registered nurses, theatre staff and administrative and support staff. We also spoke with seven patients. We placed comment boxes at the hospital before our inspection, which enabled staff and patients to provide us with their views. We received eight 'tell us about your care' comment cards, which patients had completed prior to our inspection. We interviewed the registered manager, chair of the Medical Advisory Committee (MAC), and reviewed 10 sets of patient medical records.

Summary of this inspection

Where our findings relate to both activities, we do not repeat the information but cross-refer to the surgery section.

Information about East Point Vision @ James Paget University Hospital

East Point Vision (EPV) is a private patient ophthalmic service, which operates from consulting rooms based in the local NHS foundation trust. EPV primarily serves the communities of Great Yarmouth and Waveney.

The facility provides a comprehensive ophthalmic service to privately funded patients covering the complete patient pathway from ophthalmic consultations and diagnostics through to disease management or treatment. These includes outpatient investigations for glaucoma, diabetic retinopathy, age related macular degeneration (AMD) and invasive procedures such as non-laser cataract surgery, intravitreal implants and vitreoretinal surgery.

The service has access to a dedicated ophthalmic operating theatre, which has an adjoining ambulatory day care suite. EPV uses the facilities once a week on a Monday evening for elective surgery, which is, predominantly cataract surgery under local anaesthesia, no emergency surgery is undertaken

Nursing staff are provided through a service level agreement (SLA) with the local NHS trust. Five ophthalmic consultants delivered all care and treatment to the patients under practicing privileges

East Point Vision accepts patient self-referrals by telephone or written enquiries, from GPs, in response to advertising, and direct referral.

The service is registered to provide the following regulated activities;

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

East Point Vision has had a registered manager in post since April 2016. The registered manager is also the clinical lead for the service.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as good because:

- The service had a sound track record for safety. There was one clinical incident, and no non-clinical or never events reported between April 2016 and March 2017.
- In the period between April 2016 to March 2017 there were no reported intra-operative complications of PCR(Posterior capsule rupture).
- During the reporting period, there were no incidences of hospital-acquired infections.
- The provider used a locally adapted World Health Organization (WHO) surgical safety checklist for cataract surgery. This was a process for ensuring that a number of safety checks were completed including patients' identity, completed consent, allergies, identifying and marking the operated eye for surgery prior to the procedure.
- Staff recognised how to respond to patient risk and there were arrangements to identify and care for deteriorating patients.
- Staff were aware of their responsibility to safeguard vulnerable adults from abuse. There were clear internal processes to support staff to raise concerns.
- The registered manager and staff were aware of their responsibilities in relation to duty of candour. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- There was an 'out of hours' emergency call system providing patients with a 24 hour mobile number following their discharge.
- Patient records were well maintained, legible and up to date. We saw that they were stored securely and noted regular auditing took place.
- Audit data revealed compliance with hand hygiene practice and general cleanliness audits demonstrated a clean environment.

However, we also found the following issues that the service provider needs to improve:

- We found there were eight days in a three-month period in which the daily checks for the blood glucose monitoring equipment was not checked.

Summary of this inspection

- The provider did not have a process in place to meet the needs of patients with complex need.

Are services effective?

Good

We rated effective as good because:

- There were effective procedures in place to ensure medical staff were appraised, competent and revalidated. This was monitored through the East Point Vision's Medical Advisory Committee (MAC).
- East Point Vision (EPV) had a service level agreement (SLA) with the local NHS trust, which detailed arrangements for sharing policies and procedures developed by the trust. We saw that EPV monitored these policies to ensure that these were in date and updated to reflect best practice.
- EPV did not participate in national audits. This was due to the low patient volume, which meant national benchmarking could not be achieved. However, the service did undertake some local audit and measured patients' outcomes through patient feedback. There had been no negative outcomes recorded with all patients reporting an improvement in their condition following treatment.
- Consent was consistently well recorded and audited.
- Staff were aware of the requirements of the Mental Capacity Act and Deprivation of Liberty safeguards.

Are services caring?

Good

We rated caring as good because:

- Patient's privacy and dignity were maintained and they were well respected at all times. We saw positive interactions between staff and patients.
- The service received consistently positive feedback from patients. We reviewed feedback from April 2016 to March 2017 and found that out of eight individually test areas, patients scored the service as excellent.
- The satisfaction survey also demonstrated that 100% of patients would recommend the service.
- Patients we spoke with were complimentary about the service. One patient was very complimentary about the staff 'they are lovely'. One patient had written on the comment card, 'the care received was first class'.

Are services responsive?

Good

We rated responsive as good because:

Summary of this inspection

- Access to the service was seamless and without delay. Outpatient appointments were offered immediately upon referral and were usually attended within two weeks. Surgical appointments were available within a month or sooner for all patients'.
- There was no cancellation of procedures between April 2016 to March 2017.
- There was an effective complaints procedure in place.

Are services well-led?

Good

We rated well-led as good because:

- The service had a clear vision and staff were aware of this.
- The leadership team was proactive and approachable. Staff told us that they felt comfortable in raising concerns and that they had confidence these would be taken forward.
- Staff felt there was an open and honest culture within the service.
- There was informal cross-organisational learning and sharing of data between EPV and the local NHS trust.
- There was a governance framework in place, with the local NHS trust providing EPV with assurances on a quarterly basis on mandatory training, audits and incidents.
- All EPV ophthalmologists were able to access continuous audit data on operative complications and outcomes on all NHS procedures.
- Data relating to EPV was submitted to the Private Healthcare Information Network (PHIN) that publishes independent, trustworthy information to help patients make informed treatment choices.

Good

Surgery

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

Are surgery services safe?

Good

Incidents

- The provider had a policy and procedure in place for recording adverse events relating to the care and treatment of patients. The inspection team viewed the policy and noted it was in date.
- There were no never events in the reporting period April 2016 and March 2017. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- There had been one clinical incident in the reporting period from April 2016 to March 2017. In line with East Point Vision (EPV) policy, the incident had been investigated, to identify areas for improvement and opportunities for learning. The incident had resulted in no harm to the patient and was recorded in the treatment records of the individual patient involved. There had been no non-clinical incidents.
- We were confident that staff would act and report an incident if one was to occur. Staff were able to provide examples of when they would report an incident. We spoke with two members of staff who described the incident reporting process in detail.
- Patient safety concerns and best practice was shared through cross-organisational management and clinical team meetings between the local NHS trust and EPV. Our review of the minutes from these meetings confirmed that incidents and patient safety concerns were a standard agenda item. The registered manager disseminated this information back to the team by email.
- The minutes from the Medical Advisory Committee (MAC) meetings from September 2016 to May 2017 demonstrated that incidents and safety were discussed and there had been no notifiable incidents during this period.
- The inspection team viewed the providers' duty of candour policy and noted it was in date. The registered manager and staff were aware of their responsibilities in relation to duty of candour. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. In the reporting period of April 2016-March 2017, no incident had met the threshold for managing in line with this regulation.

Clinical Quality Dashboard or equivalent (how does the service monitor safety and use results)

- The service did not use a dedicated quality dashboard, however they attended quarterly cross-organisational meetings with the local NHS trust to discuss safety incidents and audit results. Staff told the inspection team that the registered manager emailed all pertinent information to them.

Cleanliness, infection control and hygiene

- All areas were visibly clean and well maintained.

- We reviewed quarterly environmental audits carried out in March 2017 and June 2017. Audit scores revealed the operating theatre was 100% and the ambulatory day care suite achieved 89% compliant with cleanliness standards. An action plan was in place to address the ambulatory day care suites cleanliness standards.
- There were effective processes and policies in place to maintain hygiene and provide guidance. An infection control policy was in place and in date. The policy referenced guidance from the National Institute for Health and Care Excellence (NICE) which sets out explicit guidance based on best practice.
- There were appropriate hand washing facilities. Adequate supplies of hand sanitizer, aprons and gloves were available throughout including patient areas such as reception. We saw staff decontaminating their hands appropriately during pre and post-operative assessments.
- During the reporting period, April 2016 to March 2017, there were no incidences of hospital-acquired methicillin-resistant Staphylococcus aureus (MRSA), methicillin-sensitive Staphylococcus aureus (MSSA), Escherichia coli (E-Coli) or Clostridium difficile.
- We reviewed the MRSA screening policy, which was in date and reflected current guidelines and best practice. Screening was performed on patients who met specific criteria.
- The decontamination of reusable medical devices and surgical instruments was in line with the Department of Health national guidance. The decontamination service was provided by the local NHS trust under the SLA.
- During our inspection, we observed all staff were compliant with best practice in relation to having 'arms bare below the elbow' and were seen to wash their hands at regular intervals prior to and after patient contact. The hand hygiene policy was based on the World Health Organisation's (WHO) 'five moments for hand hygiene'. The five moments for hand hygiene focuses on five moments when hand hygiene should take place, these are, before patient contact, before undertaking a clean or aseptic procedure, following an exposure risk, after patient contact and after contact with a patient's surroundings. Handwashing posters were in appropriate areas demonstrating the hand washing technique.
- Within the operating environment we noted staff were appropriately dressed, and following a full scrub technique. Theatre footwear was washable. Hand hygiene audit results for the months of January 2017 to June 2017 revealed that 100% of staff were compliant with hand hygiene guidance. This audit included all grades of staff.
- The changing areas were free of clutter and visibly clean, with plenty of scrub suits (specialist surgical clothing) and shoes. Different colour scrub suits were provided for staff to change in to if they needed to leave the department.
- We observed nurses informing patients what to look out for after treatment such as signs of inflammation or infection.

Environment and equipment

- There was a process in place for the provision, servicing and maintenance of equipment for EPV under the service level agreement (SLA) in place. The service had access to a maintenance team should this be required. We reviewed the SLA in place and noted it had concise details regarding the equipment available to use including an inventory of items.
- At the time of our inspection all corridors, clinical and non-clinical areas were free from clutter and all exits were accessible.
- All areas were well lit and clearly signed as to what each area pertained to.
- Clinical waste bins were clearly identified and located throughout the departments. Different coloured lining bags were in use to ensure correct segregation of hazardous and non-hazardous waste. However, we noted whilst in theatre that there was no indication on the clinical waste bags of date or case, to allow for tracking and traceability this was not in line with best practice guidelines (Association for Perioperative Practice 2016 Standards and Recommendations for Safe Perioperative Practice). We raised this issue with the senior manager and were advised this was not part of the local policy.
- Sharps containers were correctly labelled and all within safe 'fill' limits.

- The service had access to the use of three resuscitation trolleys. One was in the outpatients' clinic corridor, one shared with the ward and one in theatre. During our inspection, we checked the trolleys, resuscitation equipment, medicines and consumables. We noted that the trolleys had been checked on a daily basis. The trolleys had the required equipment available for use during a collapse/cardiac arrest. Defibrillators were within their service date and clearly labelled to state when the next service was due. All resuscitation drugs were in date and stored securely in tamper evident packaging.
- All staff had received training in the use of the emergency/resuscitation equipment.
- We examined various pieces of medical equipment within clinical and non-clinical areas. We checked two blood pressure machines and found both pieces of equipment to be visibly clean and within their service date (November 2017). We checked two wall mounted oxygen and suction units all were in working order, all equipment was clean and intact.
- We saw a range of fire extinguishers strategically placed and within their expiry dates.
- We found there were eight days in a three-month period in which the daily checks for the blood glucose monitoring equipment was not checked.

Medicines

- There was a medicines management policy in place under the SLA, which was in line with national guidance and statutory requirements.
- Medicines were supplied and monitored through the SLA.
- The service had a local protocol in place that clearly referenced trust policies in relation to the administration, dispensing and prescribing of medicine. We reviewed this local protocol and noted it was in date.
- We checked eight medications in the consulting room, twelve medications in the ambulatory day care suite and six medications in the operating theatre all medicines were within their expiry dates. The storage cupboards were locked, tidy and well organised.
- We reviewed 10 prescription records, seven retrospectively and three for patients we met on the day of our unannounced inspection. All prescribing clinicians and staff who administered medicines were clearly identified and entries were dated. Allergies were clearly documented on each record and where appropriate, antibiotics had been prescribed following trust guidelines for antibiotic prescribing. Medication had been given as prescribed. One of the retrospective prescription charts did not have the patient's documented allergy; however, it was documented in the nursing records.
- Daily monitoring and recording of the medication fridge temperatures and ambient room temperatures where medications were stored was in place. We reviewed the medication fridge temperature record from 4 July 2017 to 3 September 2017 and found these had been recorded daily without gaps. The maximum and minimum temperatures had not been exceeded.

Records

- All medical records were paper based and stored securely on site in the registered managers' office, which had restricted access by lock to unauthorised staff.
- The provider had a local protocol in place for medical records. We reviewed this document and noted it was in date. There were clear standards and procedures in place for the secure storage, and maintenance of medical records.
- We viewed 10 sets of medical records and noted appropriate pre-operative assessments, care and treatment plans were present.

Safeguarding

- Staff were aware of their responsibility to safeguard vulnerable adults from abuse. There were clear internal processes to support staff to raise concerns. Staff understood their role and responsibilities and were able to describe them to the inspectors. We spoke with three members of staff who were all clear on the process of how to report a safeguarding concern
- Safeguarding training was carried out on a yearly basis under the SLA in place. Within this agreement, staff had access to a named safeguarding lead at the trust.

- EPV had a local protocol in place, which was read in conjunction with the relevant local trust policies including the Safeguarding Adults Policy, which was available on the trust intranet.
- There had been no reported safeguarding incidents in the reporting period April 2016 to March 2017.
- Level 2 Adult and Child Safeguarding level 2 training for nursing staff on the ambulatory day care suite was 91% and 100% of operating theatre were compliant.

Mandatory training

- Mandatory training was provided and monitored through the existing service level agreement (SLA) with the local NHS trust. Up to September 2017 figures provided showed that mandatory training compliance for the nursing staff on the ambulatory suite was 89% against a target of 95%.,theatre staff mandatory training compliance was 98% and medical staff mandatory training compliance was 100%
- Mandatory and statutory training was provided by a combination of e-learning and face-to-face training sessions. Staff were able to access e learning through the trust's intranet site. Mandatory and statutory training was made up of 21 modules including adult and child safeguarding, equality and diversity, falls prevention, manual handling, infection control and information governance. However, staff told the team that it could be difficult booking the training due to limited spaces. If this became a problem, they escalated it to either the matron or the education team who would arrange additional training sessions when possible.

Assessing and responding to patient risk (theatres, ward care and post-operative care)

- Due to the short period of time patients were in the department, venous thromboembolism (VTE) risk assessments were not routinely undertaken. NICE guideline outlines key guidance for clinical staff on venous thromboembolism risk assessment and treatment. We viewed the policy and the risk assessments in place to manage patients who were on anticoagulation therapy, which was in line with current national guidelines, there were no reported cases of hospital acquired VTE or pulmonary embolism (PE) from April 2016 to March 2017.
- Pressure ulcer risk assessments and falls assessment were not routinely carried out due to the short period of time patients were in the department; however, we observed that the operating trolley had a pressure-relieving mattress.
- The provider used the World Health Organization (WHO) Surgical Safety Checklist for Cataract Surgery. We observed staff were compliant with this policy, and the overarching principles of the WHO surgical safety checklist and the National Patient Safety Agency (NPSA) 'five steps to safer surgery' guidance. This was a process for ensuring that a number of safety checks were completed including patients' identity, completed consent, allergies, identifying and marking the operated eye for surgery prior to the procedure and audited the compliance. A WHO observational audit for May 2017 was 100% compliant.
- On the day of the inspection, we observed the initial team brief, staff verbalised their roles and responsibilities and any potential concerns were identified.
- There was a process in place to ensure that the service was able to track the lens implant. This meant that if the service needed to recall or trace a lens the provider would be able too.
- Staff in theatre completed instrumentation checks against tray checklists however; the check was not recorded correctly on the checklist. This meant that should there be a query regarding a missing instrument there was no way of tracking at what point this occurred. This was not in line with best practice, The Association for Perioperative Practice 2016 (AFPP) states that 'The staff involved in the counting procedure must be able to recognise and identify the instruments and medical devices in use. Tray lists should be available providing an accurate record of instruments. Instruments should be counted audibly, singularly and viewed by the scrub practitioner and allocated circulator'. We raised this with the theatre manager who stated because the instrumentation was delicate and small that linear visibility checks were sufficient.

Good

Surgery

- We observed all patients treated on the day of inspection had baseline observations of pulse, respiration and blood pressure pre and post procedure performed in the ambulatory day care suite as part of the medical assessment.
- Resuscitation services were provided under the existing SLA in place with the trust who provided support from a resuscitation services team should the need arise
- All nursing and medical staff had achieved a100% compliance rate for Basic Life Support (BLS) training
- As part of the SLA with the local NHS trust there was a protocol in place for the management of medical emergencies for patients having surgery under a local anaesthetic. The inspection team viewed the document, it was noted the protocol commenced March 2016 there was a review year but no review date. Information from the provider after the inspection stated the review date was 31 March 2020.

Nursing and support staffing

- To ensure that staffing levels and skilled mix met the needs of the service a dedicated pool of senior staff organised the nursing staff rotas. The senior staff informed the inspection team that there were rarely any issues with a lack of staffing as all staff were motivated to work additional hours.
- The senior team assessed and anticipated the numbers of staff required for clinics based on the number and type of procedures that were being undertaken for that session. This information was then used to plan and schedule the appropriate numbers of nursing staff required.
- Staff told us there were enough staff on duty to maintain patient safety and staff rotas we looked at confirmed this.

Medical staffing

- Five ophthalmic consultants delivered all care and treatment to the patients under practicing privileges.
- Patients were booked onto theatre lists based on the consultants' working day,
- The operating consultant provided 24-hour cover by providing patients with their mobile number.
- Where the patient's own consultant was not available, cover was provided by another consultant

Emergency awareness and training

- The provider was based within the local NHS trust, and shared the local NHS trust business continuity plans for seasonal fluctuations, and the impact of adverse weather and disruption to staff.

Are surgery services effective?

Good

Evidence-based care and treatment

- All the policies viewed were in line with evidence-based standards, with the latest National Institute for Health and Care Excellence (NICE) and the Royal College of Ophthalmologists (RCO) guidelines.
- East Point Vision (EPV) did not participate in national audits. This was due to the low patient volume, which meant national benchmarking would be difficult to achieve. However all five partners worked full time as NHS consultant ophthalmologists and participated in the National Ophthalmology Database Audit; this was a snapshot audit of cataract surgery quality from 56 NHS funded centres.
- Microbial protocols were in place to ensure that antibiotics were prescribed and administered for patients in the operating theatre. The use of prophylactic antibiotics was based on guidance from the RCO and is recognised as best practice. We reviewed 10 sets of medical records, the administration of antibiotics were clearly documented on the patients' prescription records.
- All patients attended a nurse led pre-assessment clinic, where specific investigations and assessments were carried out; this was in line with the RCO guidance and was recognised as best practice.

Pain relief

- Pain relief was administered by injecting local anaesthetic to the area around the eye or topical eye drops were administered into the eye prior to the procedure. This was in line with joint guidelines from the Royal College of Anaesthetists and the Royal College

of Ophthalmologists (2012). Patients were not routinely offered pain relief post-surgery. However should patients request analgesia then their consultant could prescribe it.

- Patient information leaflets advised the patients on what pain relief may be required once they had returned home.
- The medical records audits and the patient comment feedback cards did not indicate concerns with pain management.

Nutrition and hydration

- Although patients remained on the ambulatory care ward for a short period after the procedure, a light meal of sandwiches or snacks and hot or cold drinks were offered.

Patient outcomes

- Due to the low patient volume, the service did not participate in the National Ophthalmic Database Audit (NODA). This national audit collated information received only from NHS trusts, which meant that EPV were unable to participate. However as the five partners worked within the local NHS trust as consultant ophthalmologists, they participated in the NODA through this process and were able to access continuous audit data on operative complications and outcomes.
- EPV benchmarked their surgical outcomes against the National Ophthalmology Database Audit. In the reporting period April 2016 to March 2017 there had been no reported intra-operative complications of PCR (Posterior capsule rupture).
- All patients were contacted 24hours post-surgery and seen in the clinic two weeks post operatively, where they were given a feedback form to submit to their optometrists. The optometrists completed the form providing information on the patient's visual and refractive outcomes post-surgery and it was returned to EPV. These results were audited on an annual basis, with the results discussed at the Medical Advisory Committee (MAC).
- EPV clinical audits from August 2016 and March 2017 demonstrated that patients' visual outcomes were better than the national average.
- A quarterly surveillance report form was completed in conjunction with the theatre manager. Any trends/ complications that had occurred were discussed at the MAC meetings.
- There had been no cases of unplanned readmission within 28 days of discharge in the reporting period April 2016 to March 2017.
- Data relating to EPV was submitted to the Private Healthcare Information Network (PHIN), which publishes independent, trustworthy information to help patients make informed treatment choices.

Competent staff

- Nurse training and competency checks were provided through the existing SLA. These consisted of a set of 11 skill sets that all staff working on the ambulatory suite needed to complete with the support of a mentor. This could take from six months to a year to complete; a certificate of competency was presented to staff on completion.
- Nursing staff told us that they had training to meet their learning needs and were supported and encouraged to develop their skills. One nurse told the inspection team they had received funding for a specialist eye-training course.
- Nursing staff told us they were all encouraged to attend an eye based training day annually at the local NHS hospital. This course covered anatomy and physiology of the eye and its associated conditions and staff learnt about all of the latest treatment and procedures.
- We viewed medical staff records and noted all medical staff had an up to date personal development plan and were 100% compliant with their mandatory training and appraisals. We noted that General Medical Council (GMC) registrations were in date and they had a current licence to practice.
- For the reporting period of April 2016 to March 2017, 92% of nursing staff on the ambulatory suite had received an appraisal with one not completed.
- Theatre staff appraisal rate was 75% with two not completed.

Multidisciplinary working

Good

Surgery

- We observed good communication and teamwork within the ambulatory day suite, operating theatre team and the surgeon.
- Staff told us there was a good multidisciplinary teamwork approach that supported the care pathway of a patient having surgery under a local anaesthetic. Medical support was easily accessible with a nominated anaesthetist and their contact number highlighted on the operating theatre communication board for each session.
- The service implemented the objectives of The Academy of Royal Colleges Guidance for Taking Responsibility: Accountable Clinicians and Informed Patients. Every patient we spoke with knew the name of their consultant, anaesthetist and nurse co-ordinating their care.
- Patients were discharged into the care of a family member. To ensure continuity of care the patients discharge letter was faxed to their GP the following day.

Access to information

- All EPV medical records were in paper form and held securely on site. The consultants had access to the patients NHS records through an electronic system.
- Staff working for EPV told us that they had all the information required to deliver safe and effective care. Once patients had attended their pre-assessment appointment their notes were kept on the ambulatory day suite and stored securely ready for when the patient arrived for their procedure.
- Discharge letters were faxed to the GP the following day.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- EPV had a policy for consent to treatment or examination. This policy was within its review date. Staff had access to this policy on the intranet. We reviewed ten sets of patient notes, all of which had documented that patient consent was gained prior to care or treatment.
- In line with RCO guidelines, 'Surgery must not take place on the day on which the procedure recommendation is made. A minimum cooling off period of one week is recommended between the procedure recommendation and surgery'. Our review of patients' records confirmed that EPV met these guidelines.
- Monthly audits were carried out to ensure consent was obtained prior to treatment. We reviewed the audit results for May 2017. Of the 16 sets of patients' records, consent had been documented in 100% of all care records.
- Staff had a good understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards and were able to explain in detail how the processes worked and to discuss their roles and responsibilities with the inspection team. MCA and DOLS training for both medical and nursing staff was a 100% compliant. A staff member described to the team how they would recognise a patient who may lack capacity and how this would be managed.

Are surgery services caring?

Good

Compassionate care

- East Point Vision (EPV) undertook a patient satisfaction survey on a rolling basis. The patient satisfaction survey for 2017 revealed a return rate of 50%, which is comparable with surveys conducted by other organisations. The survey consisted of twelve questions relating to specific aspects of the service and whether or not the patient would recommend the service to others. Results revealed that out of a maximum score of five points, both nursing staff and consultants received 4.71. The overall satisfaction rate for the clinic was rated at 4.77 out of five.
- Patients were asked if they would recommend the clinic to a friend or relative. Results showed that 100% of patients would recommend this service.
- Patients we spoke with were complimentary about the service. One patient told us how reassuring the experience had been. There were complimentary comments about the staff such as 'they are lovely' and 'the care received from the surgeon and his team was first class'.

Good

Surgery

- Patient's privacy and dignity was maintained and they were well respected at all times. We saw many positive interactions between staff and patients.
- We observed a nurse fully explain the medicines for post-operative care to a patient, with the emergency contact number and a patient information cataract leaflet. The nurse spoke in a kind and dignified manner towards the patient and asked the patient if they had any further questions.

Understanding and involvement of patients and those close to them

- Staff spent time talking to patients and their relatives. We saw how patients and their relatives received information about eye drops in a way that they could understand.

Emotional support

- Relatives were able to stay with the patient. One patient told the team that they found this very reassuring.
- The service had access to an Eye Clinic Liaison Officer or ECLO (also known as Sight Loss Adviser or Vision Support Officer). Often eye clinic patients can find dealing with the emotional and practical impact of changes to their sight to be overwhelming. ECLO are often the first point of contact for patients coping with sight loss and have an important role in providing practical information, emotional support and in signposting other services

Are surgery services responsive?

Good

Service planning and delivery to meet the needs of local people

- Facilities and premises at the hospital were appropriate for the services that were planned and delivered.
- In response to a verbal complaint about the waiting times, the provider had amended the time that patients arrived for their surgery.

Access and flow

- The service did not have a formal exclusion criteria policy; however, they did have an admissions policy. The policy clearly stated patients would receive a full assessment, prior to treatment and if there were any contraindications, treatment would not be offered.
- Patients had timely access to initial assessment, diagnosis and treatment
- Access to the service was seamless and without delay. Surgical appointments were available within a month after the initial outpatient review or sooner for all patients.
- Senior staff told us they did not audit waiting times. However, we spoke with four patients who told us that the service had been quick, efficient and responsive.
- To ensure continuity of care patients saw the same ophthalmology consultant throughout their patient journey.
- Patients arrived late afternoon for their planned surgery; most patients arrived between 4.30 and 5 pm for the list to commence promptly at 5.30pm.
- The consultant saw all patients prior to their procedure.
- All patients were treated as a day case under a local anaesthetic. All patients who had procedures under local anaesthetic would walk to and from theatre to the day surgery suite.
- The consultant reviewed patients and nurses discharged the patients following surgery ensuring the patients were fit to go home.
- A copy of the discharge letter was given to the patient on discharge. A copy was faxed to the patient's GP the following day. The letter recorded the procedure the patient had and details of any post-surgery medication they had been given to take home with them.
- The service had a process in place to monitor the rate of cancelled operations and patients who 'did not attend' (DNA). There was no cancellation of procedures or DNAs between April 2016 to March 2017

Meeting people's individual needs

- The service provided equal access for people with physical disabilities. Staff were experienced in caring for patients who were visually impaired.

Good

Surgery

- To assist people with visual impairments, guide dogs were permitted in most parts of the building.
- Staff told us they had access to translation services in person or via the telephone system.
- There was a hearing text service in place for staff use with patients with hearing problems
- There was a full range of information leaflets on various ophthalmic conditions and in line with RCO guidance, the information was in an easy to read format.
- EPV had no formal policy or process to meet the needs of patients living with dementia or with a learning disability. The admitting consultant assessed the patients' suitability for surgery on an individual basis.

Learning from complaints and concerns

- Patients received information should they want to make a complaint or raise a concern. Complaints leaflets were available and the process of making a complaint described in the 'Patient Guide' leaflets, which all patients received prior to consultation and treatment.
- The service had an effective complaints procedure in place, which had been reviewed within the last 12 months. There had not been any formal complaints over the reporting period of April 2016 to March 2017. However, the registered manager talked through with the inspection team a verbal complaint he had received and how this was managed.
- Minutes from the MAC meetings itemised complaints on the agenda and any learning points highlighted and actioned. These would be followed through by the registered manager with any learning points and sharing of information with the NHS trust as appropriate.

Are surgery services well-led?

Good

Leadership / culture of service related to this core service

- The clinical lead was proactive and approachable. Stafftold us that they felt comfortable in raising concerns and that they had confidence these would be taken forward
- Staff felt there was an open and honest culture within the service.

Vision and strategy for this core service

- There was a documented statement of vision and guiding values. The vision and aims 'were to provide consistently, safe, caring and friendly standards of care in partnership with the patients, their families and carers tailored to the needs of the individual patient'.
- The provider had a clear strategy to develop the service and this included employing a paediatric ophthalmologist and exploring ways of working with the local commissioners.

Governance, risk management and quality measurement

- There was a close working relationship between the clinical and services managers of both the trust and provider with regular dialogue, sharing of information, and cross-organisational learning. There was a strong emphasis on collaboration, openness, and teamwork, with the focus on putting the patient first.
- EPV had a clear organisational structure in place with defined roles and responsibilities.
- The trust on a quarterly basis provided the registered manager with mandatory training rates, infection control audits, sharing of incidents and appraisal rates.
- The provider adhered to the National Safety Standards for Invasive Procedures (NatSSIPs), which set out the key steps necessary to deliver safe care for patients undergoing invasive procedures. We observed a pre operating list safety brief and completion of the World Health Organisational (WHO) checklist; all staff were fully involved and engaged with all of the process. We reviewed 10 sets of patient records and saw staff placed completed checklists in all patient notes.
- There were effective procedures in place to ensure medical staff were appraised, competent and revalidated. This was monitored through the Medical Advisory Committee (MAC) who on an annual basis ensured those consultants working under practicing privileges submitted evidence such as their annual appraisal and GMC registrations to demonstrate their fitness to practice. Full practicing privileges reviews were undertaken on a bi-annual basis.

Good

Surgery

- EPV monitored patients safety against national guidelines, these included complication rates and patients visual outcomes. The five ophthalmologists who worked in partnership with EPV and the local NHS trust hospital participate in the National Ophthalmology Database Audit; this is a snapshot audit of cataract surgery quality from 56 NHS funded centres.
- The provider did not have a specific risk register but shared the risk register of the local NHS trust. All matters relating to safety, performance, incidents, complaints and alerts were discussed at the quarterly MAC meetings as agenda items. We viewed three papers of minuted meetings for September 2016 through to May 2017 and noted this. As the registered manager and partners all worked within the local NHS trust, they had access to the risk register for the ophthalmology department and any areas of concern that could impact on EPV were discussed, highlighted and manged at the quarterly MAC meetings.
- Data relating to EPV is submitted to the Private Healthcare Information Network (PHIN) this publishes independent, trustworthy information to help patients make informed treatment choices

Public and staff engagement (local and service level if this is the main core service)

- Patients were able to leave feedback and comments via a leaflet requesting any comments.

Innovation, improvement and sustainability (local and service level if this is the main core service)

- As this is a relatively new provider, they are concentrating on developing the service.

Good

Outpatients and diagnostic imaging

Safe	Good
Effective	
Caring	Good
Responsive	Good
Well-led	Good

Are outpatients and diagnostic imaging services safe?

Good

Incidents

- There was a system for reporting and recording significant events. In the 12 months prior to our inspection there had been no reported never events for the outpatient or diagnostic imaging department. Between April 2016 and March 2017, there had been no clinical incidents within outpatient services.
- We saw evidence that information about incidents and learning outcomes were discussed at staff meetings.

Cleanliness, infection control and hygiene

- All clinical and non-clinical areas were visibly clean and well maintained. These services were provided by the trust under the existing SLA.
- There were appropriate hands washing facilities at the outpatient department. Adequate supplies of hand sanitizer, aprons and gloves were available throughout. .
- The clinic achieved a 100% compliance on a 'Glo and Tell' handwashing audit .This audit demonstrates to staff how effective their hand washing technique has been by staff applying a thin layer of a medium onto the hands and inspecting them before and after washing under a UV Checkpoint Lamp, any areas not thoroughly cleaned will be highlighted with a distinctive bright green glow.
- We reviewed environmental audits carried out in March 2017 and June 2017. Audit scores, Outpatients department 94% compliant with cleanliness standards.

Environment and equipment

- The NHS trust was responsible for the provision, servicing and maintenance of equipment for EPV under existing SLA in place. The service had access to the trust's maintenance team should this be required. We reviewed the SLA in place and noted it had concise details regarding the equipment available to use including an inventory of items.
- At the time of our inspection all corridors, clinical and non-clinical areas were free from clutter and all exits were accessible.
- All areas were well lit and clearly signed as to what each area pertained to.
- The main entrance to the clinic was open plan and well lit. Patients who arrived entered through a separate entrance to a specific private patient waiting area, located near the consultation room. There was adequate seating in the patient waiting area.
- The consultation room design was compliant with health building standards. Whilst it was not necessary for the clinic to comply with this, it demonstrated that best practice guidance was taken into account.
- Consulting room and equipment were visibly clean.
- Clinical waste bins were clearly identified and located throughout the departments. Correctly, coloured lining bags were in use to ensure segregation of hazardous and non-hazardous waste.
- Sharps containers were correctly labelled and all within safe 'fill' limits.
- The service had access to the use of a resuscitation trolley placed in the outpatients' clinic corridor. We

checked the trolleys resuscitation equipment, medicines and consumables. We noted that the trolley had been checked on a daily basis. The trolley had the required equipment available for use during a collapse/ cardiac arrest. Defibrillators were within their service date and clearly labelled to state when the next service was due. All resuscitation drugs were in date and stored securely.

Medicines

For our detailed findings on medicines, please see the Safe section in the Surgery report.

- Medicines were securely stored in a locked cupboard within the consulting room. These were kept securely locked at all times. The key was kept in a key safe combination lock, and only the consultant EPV partners and the outpatient nursing Sister had access.
- We checked eight medications in the consulting room all medicines were within their expiry dates. The storage cupboard was tidy and well organised.
- No controlled medication was kept in the department.

Records

For our detailed findings on records, please see the safe section in the surgery report.

- Medical records were stored securely on site in the registered managers' office, which had restricted access by lock to unauthorised staff.
- Staff working for EPV told us that they had all the information required to deliver safe and effective care. Once patients had attended their outpatient consultation their notes were kept on the ward and stored securely ready for when the patient arrived for their procedure.
- We looked at seven sets of patients' records and noted that they were, organised and easy to follow, written legibly signed by the consultant and contained clinic letters, communications with patients and referral letters. ,

Safeguarding

For our detailed findings, please refer to the Safe section of the report in Surgery.

- Up to September 2017, Safeguarding compliance for adults' level 1 and children level 2 was 100% for clinicians and nursing staff working in outpatients

Mandatory training

- All mandatory training was provided through the existing service level agreement (SLA) in place. Mandatory and statutory training was provided by a combination of e-learning and face-to-face training sessions. Staff were able to access e learning through the trust's intranet site. Mandatory and statutory training was made up of 21 modules including adult and child safeguarding, equality and diversity, falls prevention, manual handling, infection control and information governance. However, staff told the team that it could be difficult booking the training due to limited spaces. If this became a problem, they escalated it to either the matron or the education team who would arrange additional training sessions when possible.
- As of up to September 2017, overall mandatory training compliance for staff working in the outpatient department was 98%.

Nursing staffing

For our detailed findings on nursing staff, please refer to the Safe section of the report in Surgery.

- The same nursing staff worked within the outpatients department and surgery.
- The patient attended the outpatient department for consultation purposes. All nursing interactions were performed within the pre-assessment clinic, which was based on the ambulatory day suite. Specifically trained nurses led the pre-assessment clinic. Patients were able to have the appropriate health and diagnostic tests completed,

Medical staffing

For our detailed findings on medical staffing please, see the Safe section in the Surgery report.

- Five eye specialist partners delivered all the care and treatment under practising privileges. This right is subject to various checks on for example; their professional qualifications, registration, appraisals, revalidation, and fitness to practice declaration.

Good

Outpatients and diagnostic imaging

- Consultants covered their own outpatient clinics on a sessional arrangement

Emergency awareness and training

For our detailed findings on emergency training, please see the Safe section in the Surgery report.

Are outpatients and diagnostic imaging services effective?

We do not currently rate effective for outpatient and diagnostic imaging services.

Evidence-based care and treatment

For our detailed findings on evidence-based care, please see the Effective section in the Surgery report.

- Patients' needs were assessed and care was delivered in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. For example, protocols were followed with regard to national guidance for cataract surgery from the Royal College of Ophthalmologists
- All patients were assessed on an individual basis by the admitting consultant for their suitability for surgery.

Pain relief

For our detailed findings on evidence-based care, please see the Effective section in the Surgery report

Nutrition and hydration

- Food and drink was not provided at the outpatients' facility, patients had access to a water machine in the waiting room.

Patient outcomes

For our detailed findings on patient outcomes, please see the Effective section in the Surgery report

Competent staff

For our detailed findings on competent staff for this core service, please see the Effective section in the Surgery report

- The completed appraisal rate for staff working within the outpatients department from April 2016 to September 2017 was 100%

Multidisciplinary working

For our detailed findings on Multidisciplinary working, please see the Effective section in the Surgery report

- When necessary staff worked together to assess and plan a patients. The inspection team was told by a member of staff that if a patient had a problem instilling their eye drops they could be referred to external services.
- Discharge letters were faxed to GPs following outpatient appointments that detailed the treatment given and advised of any further treatment that was planned.

Access to information

For our detailed findings on access to information, please see the Effective section in the Surgery report.

- Staff had the information they needed to deliver effective care and treatment to people who used services. For example, access to policies, procedures and professional guidance.
- Clinic information and patient notes were accessible to relevant staff.
- Staff working for East Point Vision told us that they had all the information required to deliver safe and effective care. Once patients had attended their pre-assessment appointment their notes were kept on the ward and stored securely ready for when the patient arrived for their procedure.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

For our detailed findings on consent, mental capacity act and deprivation of liberty of safeguards please see the Effective section in the Surgery report

- In line with RCO guidelines, 'Surgery must not take place on the day on which the procedure recommendation is made. A minimum cooling off period of one week is recommended between the procedure recommendation and surgery' EPV met these guidelines.

Good

Outpatients and diagnostic imaging

- Mental Capacity Act and Deprivation of Liberty Safeguards training for both medical and nursing staff was a 100% compliant. A staff member described to the team how she would recognise a patient who may lack capacity and how this would be managed.

Are outpatients and diagnostic imaging services caring?

Good

Compassionate care

- We noted the consultations take place in a comfortable environment with no time restrictions, allowing detailed discussion with the patient and the consultant.
- We observed a consultant introduce himself and shake the patient's hands when they were called in for their consultation
- We observed the consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Healthcare professionals introduced themselves to the patients in their care. Nursing staff explained their roles and responsibilities.
- We observed good interactions between the pre-assessment nurse and the patients. Patients were treated with respect and kindness

Understanding and involvement of patients and those close to them

- Patients told us they felt involved in decision making about the care and treatment on the day of their surgery. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choices of treatment available to them.

Emotional Support

- If required the service had access to an Eye Clinic Liaison Officer or ECLO (also known as Sight Loss Adviser or Vision Support Officer). Often eye clinic patients can find dealing with the emotional and practical impact of changes to their sight to be overwhelming. ECLO are often the first point of contact for patients coping with sight loss and have an important role in providing practical information, emotional support and in signposting other services

Are outpatients and diagnostic imaging services responsive?

Good

For our detailed findings on this section, please see the Responsive section in the Surgery report.

Service planning and delivery to meet the needs of local people

- Facilities and premises at the hospital were appropriate for the services that were planned and delivered. On arrival, patients reported to a small purpose built reception area specifically for East Point Vision patients. There was sufficient space and plenty of available seating.
- Food and drink was not provided at the outpatients' facility patients had access to a water machine in the waiting room

Access and flow

- Patients accessed the service via telephone or written enquiries, referrals from GPs or optometrist, in response to advertising, and direct referral.
- Outpatient appointments were offered immediately upon referral and were usually attended within 2 weeks.
- There was a seamless transition from the consultation appointment through to the patients follow up appointment following the procedure.
- To ensure continuity of care patients saw the same ophthalmology consultant throughout their patient journey

Meeting people's individual needs

For our detailed findings on meeting, people's needs please see the Responsive section in Surgery.

- The service provided equal access for people with physical disabilities. Staff were experienced in caring for patients who were visually impaired.

Good

Outpatients and diagnostic imaging

- For visually impaired patients guide dogs were permitted in most parts of the building.
- Staff told us they had access to translation services in person or via the telephone system
- There was a hearing text service in place for staff use with patients with hearing problems

Learning from complaints and concerns

- There had been no complaints about the outpatient department since the service opened.

Are outpatients and diagnostic imaging services well-led?

Good

Leadership and culture of service

For detailed findings on Leadership and culture of the service, please refer to the Well –led section in the Surgery report.

Vision and strategy for this core service

For detailed findings on Leadership and culture of the service, please refer to the Well –led section in the Surgery report.

Governance, risk management and quality measurement

For detailed findings on Leadership and culture of the service, please refer to the Well –led section in the Surgery report.

Public and staff engagement

For detailed findings on Leadership and culture, please refer to the Well –led section in the Surgery report.

Innovation, improvement and sustainability

For detailed findings on Leadership and culture, please refer to the Well –led section in the Surgery report.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure there are appropriate processes in place to monitor equipment checks.
- The provider should ensure they have a process in place to meet the needs of patients with complex needs.