

My-iClinic

Quality Report

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

Ratings

Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Summary of findings

Letter from the Chief Inspector of Hospitals

My-iClinic is operated by My-iClinic Limited. The clinic opened in 2012 and offers outpatient and day surgery facilities in North London. The clinic is situated on the ground floor of a residential block and includes one operating theatre, a pre and post-operative area, three consultation rooms as well as four separate areas designed for tests to be carried out.

The service provides surgery, services for children and young people, and outpatients and diagnostic imaging. During our reporting period of April 2016 to March 2017, the hospital recorded 345 visits to theatre, all of which were for cataract surgery. The clinic only performed surgery on adults. There were 458 outpatient attendances recorded, 14 of which were by children and young people under the age of 18. Children were treated for squint (an eye condition, where the eyes do not look in the same direction. This means that one eye may not focus on an object someone is looking at.) The majority of outpatient attendances were for pre-operative and post-operative cataract consultations; 74 attendances were for laser procedures post cataract surgery and 19 for intravitreal injection for the treatment of age related macular degeneration.

We inspected this service using our comprehensive inspection methodology. We carried out an announced inspection on the 19 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 surgery. Where our findings on surgery service– for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the surgery core service.

Services we rate

We rated this service as requires improvement overall because:

- There was no system to ensure the correct storage of medicine in the outpatient area.
- Although the clinic used a surgical safety checklist, we observed some steps of the checklist were not fully embedded in practice.
- Daily checks of the sterilisation machine were not routinely completed, which was not in line with manufacturer's guidance.
- Cleaning products were not stored in locked cupboards as required by the Control of Substances Hazardous to Health Regulations 2002 (COSHH).
- The service did not participate in National Audits and there were no system in place to monitor clinical outcomes and benchmark against similar services.
- There was limited local audits to monitor compliance against the local policies.
- There was no Medical Advisory Committee in place to provide oversight on quality.
- Discussions during the discharge process were not held in private and could be overheard by other patients.
- Although the clinic offered services to children and young people, staff did not have access to a paediatric nurse. This was not in line with Royal College of Nursing guidance.
- Although the leadership team were aware of some of the risks within their service, these risks were not formally recorded on a risk register or regularly discussed to ensure these risks were being mitigated.
- The clinic did not have a laser protection advisor to provide the appropriate professional assistance in determining hazards and assessing risks related to laser use.

Summary of findings

- The waiting area did not have a children's area and there were no activities or toys available.

However:




- We saw that systems were in place to ensure a good level of cleanliness and hygiene throughout the clinic.
- Systems were in place for staff to report incidents and we saw incidents were investigated and staff received individual feedback.
- A maintenance schedule was in place to ensure all equipment at the clinic was maintained and serviced.
- Theatre list and clinics were planned in advance and there were enough staff with the right skills to ensure patients received safe care.
- Patient care pathways were based on National Institute for Health and Care Excellence (NICE) and Royal College of Ophthalmology guidelines.
- Staff were up to date with their mandatory training and we saw staff also received additional competency training for the specific tasks that they undertook.
- Pain was assessed post-operatively and we saw patients received appropriate advice on how to manage their pain after discharge.
- The rate of post-operative complication was lower than the national average.
- Without exception, patients told us they were treated with kindness and compassion by all staff.
- Patients spoke positively about the service and the care they had received.
- Patients were fully involved in their care and staff explained procedures to them as well as providing them with clear written information.
- Staff spoke very positively about the leadership of the service; staff felt engaged and enjoyed working at the clinic.
- We saw effective communication and partnership working between the different professional groups.
- Patients were able to self-refer to the hospital and the service arranged appointment and surgery times to meet the needs of the individual patient. This included staggered surgery times to ensure patients were not waiting for long periods of time.
- The management team worked hard to engage staff and we saw staff views were listened to. Attempts were also made to engage with the public and promote the services offered by the clinic.

Amanda Stanford

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Requires improvement 	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. Staffing was managed jointly with outpatients and diagnostic imaging We rated this service as requires improvement overall.
Services for children and young people	Not sufficient evidence to rate 	Children and young people's services were a small proportion of hospital activity. The main service was surgery. Where arrangements were the same, we have reported findings in the surgery section.
Outpatients and diagnostic imaging	Requires improvement 	Surgery and outpatients and diagnostic imaging were the regular activities at the service. Surgery was the main activity of the hospital. Where our findings relate to both activities, we do not repeat the information but cross-refer to the surgery section.

Summary of findings

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Requires improvement 

Location name here

Services we looked at

Surgery, Services for children and young people and Outpatients and diagnostic imaging.

Summary of this inspection

Background to My-iClinic

My-iClinic is operated by My-iClinic Limited. The service opened in 2012. It is a private clinic offering private eye consultation and surgery in North London. The hospital primarily serves the communities of North London and the surrounding areas. It also accepts patient referrals from outside this area and overseas.

The hospital has two registered managers, one in post since August 2013 and the second since December 2014.

The hospital provides day surgery only. Patients were operated on and discharged within a day, hence, there were no beds at the hospital as patients did not stay overnight.

The clinic only offered private services and NHS patients were not treated at the clinic.

The hospital is registered to provide the following regulated activities:

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

Our inspection team

The team that inspected the service comprised a CQC lead inspector and two specialist advisors with expertise in ophthalmic surgery and theatre management. The inspection team was overseen by Nicola Wise, Head of Hospital Inspection.

Information about My-iClinic

During the inspection, we visited the outpatient and surgical areas of the clinic. We spoke with six staff including; registered nurses, health care assistants, reception staff, medical staff and senior managers. We spoke with three patients and one relative. We also received 18 'tell us about your care' comment cards which patients had completed prior to our inspection. During our inspection, we reviewed seven sets of patients' records.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. The service has been previously inspected and the most recent inspection took place on 14 November 2013, which found that the service was not meeting all standards of quality and safety it was inspected against. The service was meeting the standards of; 'Consent to care and treatment', 'Care and welfare of people who use services', 'Cleanliness and infection

control and 'Safety, availability and suitability of equipment'. The service was not meeting the standards of 'Assessing and monitoring the quality of service' and 'Supporting workers'.

Activity (April 2016 to March 2017)

- In the reporting period of April 2016 to March 2017, there were 345 day case episodes of care recorded at the clinic; all of which were funded privately.
- There were 458 outpatient attendances in the reporting period; of these 14 were for children and young persons under the age of 18. All outpatient attendances were funded privately.
- Two ophthalmologists worked at the clinic and were also the directors, and a third ophthalmologist had recently started working at the clinic under practising

Summary of this inspection

privileges. There were two nurses and four health support workers working as bank staff. The clinic also employed a patient services manager and a part time receptionist.

Track record on safety

- There were no Never events or serious incidents at the clinic during the reporting period.
- There were six clinical incidents reported, all of which occurred in surgery. All six incidents were categorised as no harm incidents.
- There were no incidences of hospital acquired Methicillin-Resistant Staphylococcus Aureus (MRSA), Methicillin-Sensitive Staphylococcus Aureus (MSSA), Clostridium difficile (c.diff) or hospital acquired E-Coli.

- There were three reported complaints during the reporting period, of which one was also reported to the CQC.

Services provided at the hospital under service level agreement:

- Clinical waste removal
- Interpreting services
- Laundry
- Maintenance of medical equipment
- Pathology and histology

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

- We saw the surgical safety checklist was not fully completed and marking of the eye was not carried out; this was not in line with best practice guidance.
- Cleaning products were not stored in locked cupboards as required by the Control of Substances Hazardous to Health Regulations 2002 (COSHH).
- Staff were not routinely completing the daily checks required for the sterilisation machine.
- The risk of cross contamination of the work surfaces between the 'clean' and 'dirty' utility area had been identified but no actions had been taken.
- Processes were not in place to ensure correct storage of medicines in the outpatient area.
- The clinic did not have a laser protection advisor to provide the appropriate professional assistance in determining hazards and assessing risks related to laser use.

However:

- We observed a good level of cleanliness and hygiene throughout the clinic.
- Systems were in place for staff to report incidents and staff also received individual feedback from incidents they reported.
- A maintenance schedule was in place to ensure all equipment at the clinic was maintained and serviced.
- Staffing was planned in advance and there were enough staff on duty on every shift to ensure patients received safe care.
- There was good compliance with mandatory training, including safeguarding training.

Are services effective?

- The service did not participate in National Audits and there was limited clinical outcomes data available.
- There were no systems in place to record clinical outcomes and benchmark against similar services.
- There were limited audits being carried out at the clinic to monitor compliance with policies.

However:

- Patient care pathways were based on National Institute for Health and Care Excellence (NICE) and Royal College of Ophthalmology guidelines.

Requires improvement



Requires improvement



Summary of this inspection

- Pain relief was monitored post-operatively and patients were given advice on how to manage pain.
- The rate of post-operative complication was lower than the national average.
- Staff received the appropriate training, and competencies were signed off prior to staff working independently.

Are services caring?

Good



- We saw staff interacting with patients in a caring, kind and compassionate way.
- Feedback from patients was very positive and patients told us staff were excellent and provided a good level of care.
- Patients told us staff kept them well-informed. They were given opportunities to ask questions about their care and relatives were encouraged to be involved.
- Information on pricing was included in the patient information leaflets and clearly explained to patients.

However:

- Discussions during the discharge process were not held in private and could be overheard by other patients.

Are services responsive?

Good



- Patients we spoke with told us the appointment system was easy to use and they had no problems arranging a suitable appointment.
- Theatre lists were finalised in advance and patients were asked to attend at staggered times on the day of their operation. This ensured patients were not waiting for a long period of time for their surgery.
- Patient knew how to complain, and we saw that all complaints were investigated fully within the agreed timescale.

However:

- Although staff had access to translating services, we saw evidence that relatives were being used to interpret in some cases.

Are services well-led?

Requires improvement



- Although the directors and senior nurse were aware of some of the risks within their service, these risks were not formally recorded on a risk register.

Summary of this inspection

- The leadership team had not identified some of the risks, such as the lack of a paediatric nurse and laser protection advisor and non-compliance with all steps of the surgical safety checklist.
- Risks were not discussed regularly in order to ensure mitigating plans were in place.
- The clinic did not have a medical Advisory Committee in place to provide oversight on safety and quality of services.
- The clinic did not carry out regular audits and it was therefore unclear how the leadership team understood the quality and safety performance.

However;

- The service had a mission statement and clear vision which was developed with staff at the clinic. The senior management team was clear of their strategy, which was to develop the refractive surgery service.
- All staff we spoke with were very complimentary of the leadership of the service and told us that the management team were very visible and approachable; they felt 'like a family.'
- The management team worked hard to engage staff and we saw staff views were listened to. Attempts were also made to engage with the public and promote the services offered by the clinic by holding open afternoons for the local community.
- The senior management team met regularly to discuss quality and safety issues.

Detailed findings from this inspection






Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Services for children and young people	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Outpatients and diagnostic imaging	Requires improvement	N/A	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement

Notes

Surgery

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

Are surgery services safe?

Requires improvement 

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

Incidents

- There was a system in place for reporting of incidents. Staff we spoke with during our inspection were aware of the types of situations where incident forms should be completed, including near misses. Staff told us they would complete a paper incident form and hand over to the senior nurse, who investigated all incidents at the clinic. The senior nurse transferred these incidents onto an electronic system during their investigation.
- There were no never events reported during the reporting period. 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 were six clinical and eight non-clinical incidents reported between March 2016 and April 2017. We reviewed details of all reported incidents, and noted clinical incidents included intra-operative or post-operative complications and equipment issues were classified as non-clinical incidents.

- Staff received individual feedback from the senior nurse, who also told us learning from incidents was discussed at appraisals and regular staff meetings. However, when we reviewed minutes of staff meetings, we did not see evidence of learning from incidents being shared.
- Although all incidents reported did not cause harm to patients, staff understood the need to be open and transparent when something goes wrong, in line with the Duty of Candour requirement. 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.

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

- The hospital did not use a clinical quality dashboard to monitor safety or patient outcomes.

Cleanliness, infection control and hygiene

- We observed all surgical areas to be visibly clean, and staff responsible for cleaning had received appropriate training, and were supplied with nationally recognised colour-coded cleaning equipment. This enabled them to follow best practice with respect to minimising cross-contamination. Staff understood cleaning frequency and standards, and we saw checklists were in place to ensure a consistent level of cleanliness and hygiene.
- There was easy access to personal protective equipment (PPE) in all areas we inspected and staff used this during their activities as required. We observed all staff were bare below the elbow and complied with infection prevention and control practice, for example hand washing between patients.

Surgery

- All staff undertook an e-learning module on Infection Prevention and Control (IPC) and we noted compliance with IPC training was 100%.
- Hand washing facilities were available with non-touch sensor taps. However handwashing posters were not on display in the surgical areas.
- The operating theatre was set out as per the Royal College of Ophthalmology standards and we saw evidence daily checks, including temperature monitoring, were carried out.
- The senior nurse informed us correct handwashing technique was discussed at staff meetings, and staff had an opportunity to assess their handwashing technique using an ultra violet light at one of the staff meetings.
- There clinic did not undertake hand washing audits, therefore no data was available to indicate compliance by staff. Only one IPC audit took place in April 2017, where the registered manager mainly reviewed the environment and general cleanliness of each area of the clinic. Although there were some areas noted as requiring improvement by the service, such as regular cleaning of carpets and air vents, no re-audit had taken place to ensure these findings had been addressed.
- There had been no incidence of healthcare acquired infection in the last 12 months and the surgeons were very proud of their low infection rates; only one case of Endophthalmitis (infection inside the eye that can develop after cataract surgery) had been reported since the clinic opened in 2012.
- The clinic had an Infection Control Policy in place and we observed this policy had been reviewed in January 2017.
- We observed correct segregation of waste, including clinical waste and sharp items. Sharps boxes were available in surgical areas, and the clinic had a contract with an external company for the collection and correct disposal of sharp boxes. All sharp boxes we saw had been correctly assembled, dated and not overfilled.
- Decontamination of reusable medical devices was carried out within the clinic. Dirty sets were passed through to a room containing a washer, through a hatch from theatre. The wrapping and sterilisation of the sets took place in a clean room. However we observed sets were transported between the washer and the sterilisation area in boxes. These boxes were in contact with work surfaces in both the 'dirty' and 'clean' areas. Although staff used sanitising wipes to clean the boxes between uses, there was a risk of cross contamination of

work surfaces. This risk had been recognised by the senior team and included in meeting minutes dated July 2016 but at the time of the inspection, no actions had been taken to reduce this risk.

- We saw evidence the senior nurse had attended relevant training on management and decontamination of surgical instruments, and other staff in theatre had also received training and completed competencies for the safe use of the washer and steriliser. Both the washer and steriliser were maintained through a service level agreement with an external company and we saw evidence regular servicing had been carried out. The latest test certificate indicated the steriliser to be within manufacturers HTM 01-05 testing requirements. However we observed gaps in the daily checks staff at the clinic were required to perform for the steriliser and highlighted this to the senior nurse .

Environment and equipment

- A resuscitation bag was available in a clearly marked area outside of the theatre. We checked the resuscitation bag and found all the equipment and anaphylaxis(severe allergic reaction) medication was in date. Paediatric equipment, such as face mask and oropharyngeal airway was also available. The bag was checked weekly and we saw signed checklists to evidence this. However, security tabs were not present on the resuscitation bag, which meant staff would not be aware if the bag had been tampered with.
- The resuscitation bag contained an automated external defibrillator (AED) and the Resuscitation Council (UK) poster on the use of an AED was displayed on the wall next to the resuscitation bag. The battery of the AED was checked and replaced at regular intervals.
- Records available indicated that the clinic had an ongoing maintenance schedule to check and service the equipment available, including theatre equipment. The management team told us any equipment or areas of the environment that needed to be repaired or replaced were actioned rapidly in order to maintain the safety of patients.
- All surgical areas were observed to be tidy and well maintained; they were free from clutter and provided a visually clean environment for patients, visitors and staff to move around freely.

Surgery

- We noted cleaning products were not stored in locked cupboards as required by the Control of Substances Hazardous to Health Regulations 2002 (COSHH). This posed a health and safety risk.
- Patients' records included stickers with barcodes to allow for traceability of lens implants. Lenses were ordered specifically for each patient and the clinic held a record of each order. Patients were also given a card to keep which contained the barcodes and unique reference numbers for their implants.

Medicines

- We looked at patients records which detailed current medicines, any allergies and a medical history, in order to ensure that any medicines prescribed by the consultants were safe to be given.
- The clinic had an up to date medicines management policy and staff confirmed they had access to this. The policy covered medicines storage, administration and reporting of medicine incidents and adverse reactions. The policy did not cover dispensing of medication in detail although we saw that health support workers(HSW) were routinely dispensing eye drops for patients to take home.
- The surgical pathway document contained a section where surgeons prescribed the medications for patients to take home. However, during the inspection, we saw that HSW had already dispensed eye drops to a patient without the surgeon's signature being present on one occasion.
- There was a patient group directive in place for the administration of paracetamol by a registered nurse post-operatively. Nursing staff at the clinic were aware of what factors to consider prior to administration, and told us this was not routinely done as most patients did not experience post-operative pain.
- We saw evidence all HSW at the clinic had undergone specific competency training for the administration of eye drops, and some staff had also completed a medicine administration course.
- With the support of a pharmacist, the senior management team were introducing patient specific directives (PSD) for HSW to administer pre-operative drops. We saw copies of the PSD which were being introduced. However, at the time of our inspection, HSW's were administering the drops without a PSD, although this risk had been identified and was being addressed. The PSD were ratified and included in the patient pathway immediately following our inspection. We saw the updated pathways with the PSDs included.
- We saw prescriptions for pre-operative eye drops, including specific instructions on dosage. These were signed by the surgeon during the outpatient appointment.
- Medicines dispensed for patients to take home, which were mainly eye drops, did not have the correct dispensing labels. However, staff provided patients with written and verbal information as well as labelling the drops for patients who had undergone bilateral surgery. This had also been identified as a risk by the pharmacist and arrangement was being made for a local pharmacy to dispense the medication with the correct labelling.
- Medicines were stored securely and appropriately, including those requiring refrigeration. Regular monitoring of the temperature of the refrigerator was recorded via a data logger which was stored in the fridge at all times.

Records

- Records were a mixture of electronic and paper. Images and tests results were stored electronically. All other documentation was recorded on paper.
- Paper notes were stored alphabetically and securely onsite. Once the episode of care had been completed, staff scanned the paper records on to the electronic system and disposed of the paper records confidentially.
- We reviewed seven sets of records and saw patients were asked to complete a pre-consultation questionnaire to allow staff to fully understand their medical history and identify potential risks.
- Records reviewed contained copies of any referral letters and clinic letters that would be needed for any consultation. Additionally there were copies of post-treatment letters that were sent to other relevant medical professionals.
- We saw evidence of communication with optometrists and GPs prior to surgery, in cases where additional medical information was required. The patient's optometrist and GP also received a discharge letter, unless the patient specifically requested that their GP be not contacted.

Safeguarding

Surgery

- All staff at the clinic had up to date safeguarding training at level 2 for adults and children. Staff we spoke with were aware of their responsibilities in relation to safeguarding vulnerable adults and understood the clinic's safeguarding policy. Staff told us they would rarely need to make a safeguarding referral but were aware of who the safeguarding lead was, and had contact details for the local safeguarding team.
- More junior staff told us they would always discuss safeguarding concerns with the senior staff, who would review the patient and take appropriate actions.
- The designated safeguarding lead for both adults and children was one of the directors (and surgeon). They had undertaken the required level 3 training for children safeguarding as part of their NHS practice.

Mandatory training

Mandatory Training information also relates to the outpatients and diagnostics service inspection.

- Staff undertook mandatory training through e-learning in order to develop and maintain their skills. The training included areas such as Information Governance, Health & Safety including Risk Incident Reporting, COSHH and Manual Handling. We saw all mandatory training was up to date in individual staff folders as well as the mandatory training matrix held by the senior nurse.
- The senior nurse kept a mandatory training matrix and monitored staff training in order to ensure staff had completed the required training to maintain the safety of patients, visitors and themselves.

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

- The clinic had an admission policy which stated 'patient's over the age of 90 years and those with underlying medical conditions would only be considered after a thorough assessment. Patient with American Society of Anaesthesiologists (ASA) grade 3 or above could not undergo surgery at the clinic.
- Patients were asked to complete a questionnaire about their general health and any previous eye problems and treatment on their first appointment. The surgeon reviewed this with the patient during their initial consultation.
- All patients arriving for surgery were required to have an escort. Staff informed us that patients remained at the

clinic until they felt well enough to go home. Once discharged and aftercare information had been discussed with patients, and they were confirmed as visually well, they were supported to leave with their escort. Follow up appointments were confirmed prior to the patient leaving the clinic.

- Contact numbers for the clinic, including out of hours arrangements, were on the aftercare advice leaflets which staff discussed with patients. There was an ophthalmologist available at the clinic during working hours and out of hours, the clinic's phone was diverted to one of the ophthalmologists. They would be able to provide advice or arrange to see the patients urgently, if required. All post-operative patients were given their surgeon's mobile number as part of the discharge process.
- All staff at the clinic had received training on Basic Life Support (BLS) and staff informed us they would call the emergency services if a patient's condition suddenly deteriorated during their time at the clinic. The service did not provide surgery under sedation and anaesthesia, which would warrant Advance Life Support (ALS) training.
- We saw an adapted version of the World Health Organisation (WHO) surgical safety checklist was present in the patient records we reviewed. However, during our inspection, we observed two cases and saw the checklist was not established. Patients were not asked to confirm their identity, allergies were not mentioned, and there was no sign out process, including instruments and swab count. We highlighted this to the senior nurse and she confirmed this was the practice at the clinic as they felt asking patients to confirm their identity could make them nervous and because it would be obvious if something had been left behind in the eye.
- We also observed the eye was not marked for administration of drops and prior to surgery, which was not in line with best practice recommendation by the National Patient Safety Agency.

Nursing and support staffing

- The clinic did not employ any nursing staff but had two bank registered nurses, one of which was the senior nurse and a registered manager. There was also a pool of four bank health support workers (HSW). Nurses and HSW's worked flexibly across surgery and outpatients during their shifts.

Surgery

- Surgery generally took place on two or three days per week, according to demand. The senior nurse did not use an acuity tool to establish staffing levels but planned staffing according to procedures happening on that day. The management team explained there would always be a scrub nurse, a circulating nurse/HSW in theatre and another HSW for the admission/discharge area. Staff we spoke with confirmed this level of staffing was consistently adhered to and staff underwent a competency based training prior to working in each role.
- There was a part time receptionist employed by the clinic and a full time patient services manager, who were responsible for patient liaison work as well as administrative tasks. The patient services manager had also undergone the necessary training and competencies to act as an HSW when required.
- During our inspection, the management team informed us an additional bank marketing administrator had been recruited to develop the refractive surgery service, since the acquisition of the new refractive laser equipment.
- We saw that all exit fire doors were unobstructed and fire escapes were clear. Staff we spoke with were clear of the evacuation procedure in the event of a fire and we saw evidence the fire risk assessment was recently updated.
- A business continuity plan was in place to assist staff in managing incidents such as power or IT failure. The leadership team had risk assessed the probability of a major electrical failure as negligible and therefore did not have a back-up generator in place.

Are surgery services effective?

Requires improvement 

Medical staffing

- The two hospital directors were the main medical staff working across surgery and the outpatients department at the clinic. A third ophthalmologist had recently been granted practicing privileges, following all the necessary checks. All the medical staff were on the specialist register of the General Medical Council (GMC).
- When a consultant was unavailable, one of the other consultants provided any medical input required for their patients. Staff at the clinic were kept informed of consultants' unavailability and who to contact in their absence.
- One of the directors was the nominated Laser Protection supervisor (LPS) but there was no Laser Protection advisor (LPA) at the clinic at the time of the inspection. The LPS informed us the other director was undergoing the necessary training to register as the LPA.
- One of the clinic directors was usually available during usual opening hours to review patients who might be experiencing difficulties post-operatively.
- The clinic did not currently have a Medical Advisory Committee (MAC) but the directors informed us they were in the process of setting one up to provide oversight of the medical practice at the clinic.

Emergency awareness and training

Evidence-based care and treatment

- Patient care pathways were based on National Institute for Health and Care Excellence (NICE) and Royal College of Ophthalmology guidelines. One of the directors told us they received regular updates on NICE and Royal College of Ophthalmology guidelines as part of their NHS practice. The information is shared with colleagues and used to review current practice at the clinic, as indicated.
- The senior nurse also told us they received National Patient Safety Alerts and alerts from the Medicines and Healthcare products Regulatory Authority. This meant they had accurate and up to date information confirming that best practice guidance was used to improve care and treatment and patients' outcomes.
- There was limited audit activity at the clinic and the directors and the senior nurse acknowledged this was an area they had already identified for improvement. Some audits were carried out, such as IPC and cleaning audits but these did not take place regularly and the IPC audit did not include hand washing.

Pain relief

- The pre-operative patient information leaflet included information about pain management post-operatively and patients were advised to take their regular pain relief should they require it.
- We observed local anaesthetic drops were applied pre-operatively to ensure the patient did not feel any discomfort. Patient feedback indicated they did not experience pain during their procedure and most did not require pain relief post-operatively.

Surgery

- Post-operatively, staff assessed patient's pain while carrying out their routine observations. If patients express any pain or discomfort, they were administered paracetamol before being discharged. Staff reinforced to patients to take their usual painkillers if required once they were discharged. Patients were advised to contact the clinic if their pain did not subside.
- The clinic did not audit how many patients required pain relief prior to discharge.

Nutrition and hydration

- The clinic offered only day case procedures, hence meals were not provided. Patients had access to access to water and hot drinks while at the clinic.

Patient outcomes

- The hospital did not participate in any national audits and did not contribute to the National Ophthalmic Database Audit (NODA). The purpose of NODA is to collate anonymised data collected as a by-product of routine clinical care using electronic medical record (EMR) systems for the purposes of national audit, research and establishing meaningful measures for revalidation. The directors informed us they were in the process of updating their EMR and this would in turn facilitate participation in audits.
- The hospital did not engage with the Private Healthcare Information Network (PHIN) so that data could be submitted in accordance with legal requirements regulated by the Competition Markets Authority (CMA). However, the senior management team informed us they were looking at ways to engage with PHIN.
- There had been three cases of unplanned returns to theatre during the reporting period. Two of these were due to the rotation of the lens used in the original cataract surgery and the third return to theatre was to repair a leaky wound post cataract surgery. All three patients were followed up and there was no significant harm sustained.
- There was one case of Posterior Capsule Rupture during the reporting period. PCR is a recognised complication of cataract surgery, occurring in around 1 in 50 patients (just less than 2%). Rates are higher in those with known risk factors, for example dense cataract. The clinic had undertaken 146 bilateral and 102 unilateral cataract surgeries, which makes their PCR rate 0.25%, which is better than the national average.

- The ophthalmologists requested feedback from the optometrists carrying out follow-up checks for patients post cataract surgery, to ensure the desired outcome had been achieved. We saw the feedback collected was very positive overall. However this was generally subjective and patient experience feedback. There was a lack of outcome data to demonstrate the effectiveness of the surgical procedures being carried out at the clinic.

Competent staff

- All staff we spoke with and records we reviewed indicated 100% of staff had received an appraisal within the last 12 months. Staff told us that they found this of use and that there was ongoing informal supervision that assisted them in identifying areas of skill they wished to develop.
- Health workers had all completed or were in the process of completing their Care Certificate. We also saw evidence that HSW's also have specific competency based training for task specific to the clinic, such as administering eye drops and using specific pieces of equipment.
- The hospital had a competency based training programme for nurses and HSWs We saw each staff member had a personal competency and mandatory training folder where they stored their certificates and recorded evidence of learning and development.
- Two of the three ophthalmologists practicing at the clinic received training and appraisals through their NHS practice. The third surgeon held practicing privileges at another large group of hospitals and his appraisal was carried out as part his work there. The directors had access to these appraisal documents.
- Staff told us of a recent trip to Switzerland, where they had the opportunity to visit the site where their equipment came from as well as shadow a similar eye clinic. Staff spoke very positively about this experience to better understand the equipment they were working with and learn from the practice of their peers.
- The clinic regularly hosted Continuous Education and Training sessions (CET) for optometrists and other staff working in ophthalmology. We saw that these sessions were generally fully booked and staff at the clinic also got an opportunity to attend these sessions to contribute to their own professional development.

Multidisciplinary working

Surgery

- All staff we spoke with told us that all the disciplines worked well together and there was a mutual respect for each other's profession.
- The hospital had effective relationships with community eye practitioners such as optometrists and opticians. We saw evidence optometrist received a letter post-operatively and feedback from optometrist was actively sought.

Access to information

- Staff had access to patient records either via paper copies or scanned document stored electronically. There had been no incidence where patient records have not been available to staff when needed.
- The electronic system was also used to store images of the eye taken during consultation, including measurements.
- Staff had access to up to date policies through a policy folder kept in the administrative office.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The clinic had an up to date consent policy, which referred to the Mental Capacity Act, 2005 and the process to follow if a patient is deemed not to have capacity to consent.
- We saw consent forms were completed in all of the six records we reviewed, with signatures from the consenting clinician and patient. Consent forms made reference to the patient information booklet where the procedure was fully explained as well as risks associated with it. We observed a consultation where consent was gained and saw that the clinician went through the patient information booklet with the patient and ensured they fully understood what they were consenting for.
- Consultants and nursing staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act, 2005. All staff underwent training on the Mental Capacity Act, 2005 and Deprivation of Liberty Safeguards as part of their safeguarding training

Are surgery services caring?

Good 

Compassionate care

- Patients were greeted by staff on the reception desk and were treated with dignity and respect by all staff during their time at the clinic.
- We saw staff interacting with patients in a caring, kind and compassionate way. Patients told us staff were excellent and provided a good level of care.
- We received 18 comment cards from patients and they all included very positive comments about the staff and the care received at the clinic. Comments included 'staff very friendly and take care to put you at ease', 'I have always received excellent care and everyone is extremely helpful and kind.'
- We observed staff giving post-operative advice in the admission/discharge area, with another patient present and overhearing. There is a risk that patients may not ask more personal questions due to the lack of privacy during the discharge process. We were told this was the usual practice and staff had not recognised that patients' privacy and dignity was not maintained.

Understanding and involvement of patients and those close to them

- Patients told us staff kept them well-informed. They were given opportunities to ask questions about their care and knew they could always speak to someone if needed.
- Patients' feedback indicated they had been involved in their care from the start. Comments included 'kept me well informed about everything', 'was able to ask questions and given clear information', 'consultant is very thorough and took time to listen and answer any queries.'
- We observed staff taking time to explain follow up care and instructions to patients and to answer their questions following surgery. This included how to correctly insert eye-drops at home; they also advised on take home medication details and after-care such as bathing and cleaning the eye.

Surgery

- Relatives were encouraged to be involved and ask questions. Patients were asked to have an escort to help them return home after their surgery; we saw relatives were present when nursing staff explained post-operative care and how to administer eye drops.
- Patients who wish to see videos of the procedures in order to better understand their proposed surgery were directed to the clinic's website where videos were posted.

Emotional support

- Patient were given time to make their decision and any additional questions they may have were answered clearly by staff.
- We observed staff providing reassurance to a nervous patient, with additional support given when it was required, such as holding the patient's hand during the procedure.

Are surgery services responsive?

Good



Service planning and delivery to meet the needs of local people

- The clinic only offered elective private eye treatment, which meant that service planning was carried out in advance. Operating lists were planned according to demand and we saw the clinic generally ran two to three operating lists every week.
- Patients were offered a choice of when they could have their surgery, and we saw patients were able to reschedule their surgery if they contacted the clinic.
- The clinic had invested in a new laser and was planning to develop a refractive surgery service to expand the range of services on offer.

Access and flow

- Referrals to the ophthalmologist were usually via the patients' GP or optometrist. Patients were also able to self-refer by contacting the clinic to book an appointment.
- Once a decision to operate was made in clinic, the consultant agreed a suitable date for surgery with the

patients. We saw the clinic had a proportion of overseas patients, who preferred to have their surgery within days of their consultation and the clinic worked hard to accommodate these requests.

- Theatre lists were finalised in advance and patients were asked to attend at staggered times on the day of their operation. These ensured patients were not waiting for a long period of time for their surgery.
- Records reviewed and discussion with the manager showed that there was one incidence of unplanned transfer of a patient to another health care provider in the last 12 months. This was due to an unforeseen intra-operative complication. This meant that the service was able to recognise and address any potential complications to maintain quality of care to patients.
- There had been one incidence of a non-clinical cancellation during the reporting period of April 2016 to March 2017 due to refraction calculations not being available and we saw the surgery was rescheduled for the next week. The clinic was not recording incidences of clinical cancellations, for example when surgery was postponed due to high blood pressure.

Meeting people's individual needs

- Staff had access to a language translation telephone line service to facilitate conversations with patients who did not speak English. Staff we spoke with told us they cannot recall using the language translation telephone line service as the patients usually had family members to translate on their behalf. Consent forms were designed to ensure the signature of the translator was included, if the patient did not understand English. However, in the records we reviewed, we saw that the spouse of a patient had signed the consent form as the translator. This is not in line with best practice guidance.
- Patients were provided with a comprehensive information booklet, explaining the procedure and aftercare during their pre-operative consultation. Patients informed us that they had sufficient time to consider the information provided about their proposed surgery, including any risks and benefits.
- Staff we spoke with told us they rarely cared for patients living with dementia, or those with a learning disability. However, staff could explain the special measures they might take in these situations, such as ensuring they were first on the list and allowing carers to be present in theatre, if required.

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- After the inspection, the provider told us that six members of staff had completed dementia awareness training.
- The clinic could be accessed by those who had a physical disability as the consulting rooms and theatres were all situated on the ground floor; there was appropriate disabled access to the building. A wheelchair was available for patients who may require it.
- Leaflets were available in the outpatient reception area covering the range of treatments available at the clinic, including clear pricing. There was also information available on the complaints process.
- All patients were offered water and a hot beverage as well as a range of snacks post-operatively.

Learning from complaints and concerns

- There was an up to date complaints policy in place. This outlined the process of making a complaint and the roles and responsibilities of those involved..
- The clinic received three complaints during the reporting period. We saw complaints were investigated within the agreed timescale by the nominated individual; the response sent to the complainant contained an explanation and an apology on behalf of the clinic.
- Managers told us complaints, compliments and learnings from incidents were shared at team meetings. We looked at meeting minutes and saw no evidence complaints were discussed.

Staff told us that in cases when patients were unhappy with aspects of their care, they would escalate to the RM and aim to resolve any issues verbally.

Are surgery services well-led?

Requires improvement 

Leadership / culture of the service

- The leadership team at the clinic consist of the two directors and the senior nurse. The leadership team had been in post for a number of years and they worked well together.
- Staff talked positively about the senior nurse and directors. Staff told us they were very visible and approachable and they felt 'like a family.' Staff gave

- examples of how the management team had accommodated request for flexible working patterns to fit in with their other commitments such as caring responsibilities.
- Staff we met were welcoming, helpful and friendly. Many staff had worked at the hospital for a number of years, which demonstrated their job satisfaction. They told us they were happy and proud to work for the service.
- Staff told us how the management team recognise their personal situation and was very accommodating. A staff member gave us an example of how their working hours were tailored to meet childcare commitments.
- Senior staff told us they promoted a culture of openness by speaking with staff and empowering them to suggest ideas for change.

Vision and strategy

- The clinic's mission statement is 'striving to provide surgical and clinical care of an exceptionally high standard, with affordable prices, timely care and consistently positive patient outcomes.'
- The vision is 'to be recognised as the leading choice in providing private eye health by opticians, patients and other healthcare professionals, particularly in the field of cataract, glaucoma and laser.'
- Staff contributed to the development of the mission statement and vision, and identified the five core values that underpinned these. The values were 'excellence, patient focused/driven, proactivity, accountability and respect.'
- The strategy was to develop the refractive surgery service and increase the number of consultants with practicing privileges.

Governance, risk management and quality measurement

- The senior nurse and practice manager formed part of the senior management team. They met bi-monthly to discuss quality and safety as well as compliance with regulations. Minutes from these meetings also showed staff competencies were discussed and areas of additional training were identified.
- Patient satisfaction results were discussed at the quarterly all staff meeting and we saw evidence staff were given the opportunity to suggest areas for

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improvement. Staff told us suggestions for improvement were taken on board such as new a self-service tea and coffee machine for the reception area.

- A medicine management committee was created in March 2017 to oversee all aspects of medicines stored and prescribed at the clinic as well as medical supplies used during surgery and COSSH. The senior nurse, practice manager and pharmacist was included in that committee. Minutes from one meeting that had taken place prior to our inspection showed the recommendations from the pharmacist were being implemented. This was to improve the quality of care, such as the introduction of a PSD for HSW's to administer eye drops.
- The clinic did not currently have an operational Medical Advisory Committee (MAC) but the need for an MAC had been recognised due to the expansion plans and the directors were in the process of setting this up.
- Although the directors and senior nurse were aware of the risks within their service and were already taking actions to address these, (such as setting up a medicine management committee and MAC), these risks were not formally recorded on a risk register.
- There was limited audit activity and it was therefore unclear how the leadership team understood compliance with local policies as well as the clinic's performance on the safety and quality of services offered.
- The leadership team had not identified all the risks within the service, such as the lack of a laser protection advisor and paediatric nurse.

Public and staff engagement

- Staff told us that being a small team enabled good communication with all team members and they felt very involved in planning the future of the service.
- Staff completed an annual feedback survey to inform the management team of any areas they have identified for improvement and where they feel they may require more support.
- To engage the local population and increase awareness of the services offer, the clinic organised open afternoons, where the general public can walk in for a free eye test.
- The management team told us the clinic made every effort to be an active member of the local community. They had established links with the local school and donated recyclable boxes for children to use in their artwork.

Innovation, improvement and sustainability

- The clinic has recently secured the services of a pharmacist to assist with medicines management process.
- The management team have also recognised the need for an MAC and are in the process of getting this group set up.
- The main focus of the clinic for the next year is to increase the refractive surgery service and attract additional surgeons under practicing privileges. Staff are all very enthusiastic about expanding the service and are all working together to make this a success.

Services for children and young people

Safe	Not sufficient evidence to rate ●
Effective	Not sufficient evidence to rate ●
Caring	Not sufficient evidence to rate ●
Responsive	Not sufficient evidence to rate ●
Well-led	Not sufficient evidence to rate ●

Are services for children and young people safe?

Not sufficient evidence to rate ●

Because of the very small number of patients under 18 years of age we did not have enough evidence to rate this service

Incidents

For our detailed findings on medical staffing please see the Safe section in the Outpatient and Diagnostic and surgery report.

Cleanliness, infection control and hygiene

For our detailed findings on cleanliness, infection control and hygiene please see the Safe section in the Outpatient and Diagnostic and surgery report.

Environment and equipment

For our detailed findings on environment and equipment please see the Safe section in the Outpatient and Diagnostic and surgery report.

- A resuscitation bag was available in a clearly marked area outside of theatre. The bag contained paediatric equipment, such as face mask and oropharyngeal airway for use in an emergency.
- There was no designated area for children and young people and waiting rooms and consultations rooms were used by both adults and paediatric patients.

Medicines

For our detailed findings on environment and equipment please see the Safe section in the Outpatient and Diagnostic and surgery report.

Records

For our detailed findings on environment and equipment please see the Safe section in the Outpatient and Diagnostic and surgery report.

Safeguarding

For our detailed findings on environment and equipment please see the Safe section in the surgery report.

- The ophthalmologist and orthoptist who were the only professionals directly involved in children and young people consultations. We saw evidence they both had the required children safeguarding level 3 training. If any other staff was required to offer assistance, they would work under the direction of the ophthalmologist. However, staff treating children and young people did not have access to a professional with level 4 children safeguarding training.

Mandatory training

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

Nursing staffing

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

- A paediatric orthoptist was a bank member of staff who offered consultation sessions at the clinic, as required. We saw evidence this member of staff had received a local induction and the clinic held a record of their training, including safeguarding training.

Services for children and young people

- Staff at the clinic did not have access to a registered paediatric nurse, which was not in line with the Royal College of Nursing guidance.

Medical staffing

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

- One of the ophthalmologists offered consultations to children and young people.

Emergency awareness and training

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

Are services for children and young people effective?

Not sufficient evidence to rate

Evidence-based care and treatment

For our detailed findings on evidence based care and treatment please see the Effective section in the Outpatient and Diagnostic and surgery report.

- The clinic had a range of policies which were applicable for the children and young people service but there were no specific policies in place for the paediatric service.

Pain relief

For our detailed findings on pain relief please see the Effective section in the Outpatient and Diagnostic and surgery report.

Nutrition and hydration

For our detailed findings on nutrition and hydration please see the Effective section of the surgery report.

Patient outcomes

For our detailed findings on patient outcomes please see the Effective section in the Outpatient and Diagnostic and surgery report.

Competent staff

For our detailed findings on competent staff please see the Effective section in the surgery report.

Multidisciplinary working

For our detailed findings on multidisciplinary working please see the Effective section in the surgery report.

- Staff told us the ophthalmologist and orthoptist worked well as a team.
- The ophthalmologist told us if she identified the need for a paediatrician's input, she would discuss this with the parents and then refer to one of her paediatrician colleagues.

Access to information

For our detailed findings on access to information please see the Effective section in the Outpatient and Diagnostic and surgery report.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

For our detailed findings on Consent, Mental Capacity Act and Deprivation of Liberty Safeguards please see the Effective section in the Outpatient and Diagnostic and surgery report.

- Staff told us children and young people were always accompanied by an adult with parental responsibilities and consent for examination and test was obtained with the adult present.

Are services for children and young people caring?

Not sufficient evidence to rate

Compassionate care

- Staff at the clinic told us they would always ensure children and young people attending the clinic were made to feel comfortable. Staff told us they would do this by ensuring they spoke to the child and young person directly and offered to show them around the clinic.
- Staff would also take the time to show any equipment to be used and at times demonstrated their use on the accompanying adult first to reassure the child or young person.

Services for children and young people

- Since the clinic rarely saw children, we did not speak to any child or young person during our inspection as there were no paediatric sessions booked during our inspection period.

Understanding and involvement of patients and those close to them

- Staff told us they would always provide explanations in a language that children and young people could understand. Images and drawings were also used, where appropriate, to assist in the process.
- Children and young people were given the opportunity to ask questions during their consultation and staff endeavoured to answer every question.

Emotional support

- Children and young persons were always accompanied by an adult with parental responsibility. Staff told us children and young people attending the clinic often had experience of attending their community optometrist beforehand and were therefore generally not distressed by the examination.
- There was a chaperoning policy in place and clinicians had access to chaperones, if required.

Are services for children and young people responsive?

Not sufficient evidence to rate 

Service planning and delivery to meet the needs of local people

For our detailed findings on this section please see the responsive section in the Surgery and outpatient and diagnostic report.

Access and flow

For our detailed findings on this section please see the responsive section in the Surgery and outpatient and diagnostic report.

Meeting people's individual needs

For our detailed findings on this section please see the responsive section in the Surgery and outpatient and diagnostic report.

- The clinic did not have a designated children's area within the waiting room. There were no toys present and staff told us they would usually give children a pen and paper for drawing, on request. Staff told us parents usually brought toys with them for their appointments.
- The senior nurse told us they had a few toys they could use to distract children during their consultation, but not all staff knew how to access these.

Learning from complaints and concerns

For our detailed findings on this section please see the Well-led section in the Surgery report.

Are services for children and young people well-led?

Not sufficient evidence to rate 

Leadership and culture of service

For our detailed findings on this section please see the Well-led section in the Surgery report.

Vision and strategy for this core service

For our detailed findings on this section please see the Well-led section in the Surgery report.

- The clinic did not have a specific vision and strategy relating to children and young people services.

Governance, risk management and quality measurement

For our detailed findings on this section please see the Well-led section in the Surgery report.

- Children and young people services were not discussed as a separate agenda item at the safety and quality meeting and minutes we reviewed confirmed this service was rarely discussed.





Public and staff engagement

For our detailed findings on this section please see the Well-led section in the Surgery report.

Innovation, improvement and sustainability

For our detailed findings on this section please see the Well-led section in the Surgery report.

Outpatients and diagnostic imaging

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

Are outpatients and diagnostic imaging services safe?

Requires improvement 

Incidents

- There was a system in place for the reporting of incidents. Staff told us they would complete a paper incident form and hand over to the registered manager (RM), who investigated all incidents at the clinic.
- There had been no incidents reported for the outpatient service during the reporting period of April 2016 to March 2017.

Cleanliness, infection control and hygiene

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

- On visual inspection, all areas we visited in outpatients appeared clean and tidy, including the toilets.
- There was a sufficient number of handwashing sinks available. Soap and disposable hand towels were available next to the sinks. However, posters prompting hand hygiene and hand gel pumps were not present across the outpatient areas.
- Staff told us and we observed that equipment used to examine patients in the outpatient area was decontaminated after each use. Decontamination wipes were readily available adjacent to each piece of equipment.
- The consulting rooms were carpeted, and fabric chairs were in use in the waiting rooms, as well as the consulting rooms. This was not in line with HBN 00/09: Infection Control in the built environment.

- We saw evidence that the relevant water testing was completed which complied with the water safety management regime HTM 04-01.
- Spillage and cleaning products were available to staff. Cleaning schedules were in place and staff followed the national patient safety agency (NPSA) colour coding scheme for cleaning materials.

Environment and equipment

- We looked at clinical areas including examination pods, consultation rooms and the laser room. Clinical areas were observed to contain equipment that was required for examination and testing as well as the technology to display images to assist in providing patients with information.
- There was an effective equipment maintenance contract in place and all equipment we looked at evidenced that it had been serviced recently. This included the laser machine.
- Most areas observed were tidy and well maintained; they were free from clutter and provided a visually clean environment for patients, visitors and staff to move around freely. However, we saw one of the examination pods outside the consultation rooms had a large number of wires trailing on the floor, which posed a health and safety risk. This was highlighted to the senior nurse, who confirmed immediate action would be taken.
- Entry to the clinic was via an intercom system, which meant that access was controlled by reception staff.
- The laser room in the outpatient department had clear signs on the door although staff were unable to lock this room. Staff told us the door to the laser room was always left open when not in use. When the door was closed, staff knew the laser was being used and would therefore not enter that room. All staff we spoke with

Outpatients and diagnostic imaging

confirmed this arrangement. We noted the laser room was situated in an area where patients would always be escorted by staff, which meant the risk of a patient inadvertently open the laser room door was minimal.

- We saw local rules were in place to cover the use of the laser located in the clinic. These rules describe the procedures to be followed when using lasers, plus required maintenance schedules and timescales for equipment to be serviced. Staff we spoke with were aware of these local rules.
- There was a Laser safety policy in place and we saw evidence the policy was based on The Control of Artificial Optical Radiation at Work Regulations, 2010 and DB(2008)3 Guidance on the safe use of lasers, intense light source systems and LEDs in medical, surgical, dental and aesthetic practices. Risks assessments for laser safety were also in place.
- At the time of our inspection, the clinic did not have a laser protection advisor to provide the appropriate professional assistance in determining hazards and assessing risks related to laser use. This was not in line with the Laser safety standards, BS EN60825-1.

Medicines

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

- Some medicines (eye drops only) were stored in the one of the consultation rooms. We saw these were stored in an unlocked cupboard. The manufacturer's recommendation for one of the drops was for it to be stored in a temperature of 2 to 8 degrees. It also stated that if necessary, it could be stored at temperatures not exceeding 25°C for up to 1 month only. However we did not see evidence that the clinic was monitoring the length of time this medicine was being stored outside of the fridge. This posed a risk that medication was being stored in the cupboard for longer than one month, which is not in line with the recommendation.
- We observed surgeons dispensing eye drops in the outpatient department. The drops were prescribed and labelled. Patients were given a full explanation on the use of the drops and were able to ask questions if they were unclear.

Records

- Records reviewed contained copies of any referral letters and clinic letters that would be needed for any consultation. Additionally there were copies of post-treatment letters that were sent to other relevant medical professionals.
- Records were a mixture of electronic and paper. Images and test results were stored electronically. All other documentation was recorded on paper.
- Staff always had access to patient records during their appointment.
- Biometry (This is a test to measure the shape and size of the eye. It is commonly used to calculate the power of an intraocular lens (IOL) implant required for cataract replacement) results were included in the records with the implant power needed for surgery highlighted.
- Computer systems were password protected, but during the inspection we observed one of the biometry machines had been left unlocked and we were able to see patients' names and test results. We highlighted this to the senior nurse, who immediately asked one of the HSW to lock the machine.

Safeguarding

For our detailed findings on safeguarding please see the Safe section in the Surgery and Children and Young People report.

Mandatory training

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

Nursing and other staffing

For our detailed findings on nursing staffing please see the Safe section in the Surgery report

- The clinic did not employ any staff. Two nurses, health support workers (HSW) and one optometrist provided sessions on the bank.
- The optometrist only worked in the outpatients department, whilst nurses and HSW's worked across surgery and outpatients.
- Arrangements were in place to ensure enough staff with the right skill mixes were on duty to meet patient's needs.

Medical staffing

Outpatients and diagnostic imaging

For our detailed findings on medical staffing please see the Safe section in the Surgery and Children and Young People report.

- The clinic had a policy for the granting of practicing privileges. There was currently one ophthalmologist and one orthoptist with practicing privileges.
- The orthoptist covered clinics on a sessional basis and this was usually alongside one of the directors, who was responsible for the paediatric service.
- One of the ophthalmologists was the designated laser protection supervisor. However there were no laser protection advisor in place at the clinic at the time of the inspection. The management team informed us a member of staff had been identified to attend the relevant training but this was yet to take place.

Emergency awareness and training

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

Are outpatients and diagnostic imaging services effective?

We do not currently rate the effectiveness of outpatient's services.

Evidence-based care and treatment

For our detailed findings on Evidence based care and treatment for this core service, please see the Effective section in the Surgery report.

- The policies we reviewed were up to date and included relevant best practice guidance such as National Institute for Health and Care Excellence (NICE) and The Royal College of Ophthalmologist.
- There were systems in place to ensure staff were kept up to date with any updates on guidelines as well as National Patient Safety Alerts and alerts from the Medicines and Healthcare Products Regulatory Authority

Pain relief

For our detailed findings on pain relief for this core service, please see the Effective section in the Surgery report.

Nutrition and hydration

For our detailed findings on nutrition and hydration for this core service, please see the Effective section in the Surgery report.

Patient outcomes

For our detailed findings on patient outcomes for this core service, 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.

- All staff had up to date mandatory training and had received an appraisal in the last year.
- Reception staff had received first aid training and knew the procedure to get help should a patient feel unwell while in the waiting room.

Multidisciplinary working

- We observed good team working between the ophthalmologists, nursing staff and administrative staff. Each member of the team was clear on the role they had to play in the patient journey and there was mutual respect for each other.
- Patients attending for consultation for cataract surgery were seen by the ophthalmologist, optometrist and nurse/HSW, and all necessary tests were carried out in one appointment. Staff worked well together to ensure the patients were not kept waiting for long periods of time.
- The clinic also had good links with external optometrists who referred patients for consultation and also reviewed them post-operatively.

Access to information

- We looked at how information needed for staff to deliver effective care and treatment was made available. We saw that patient files were available for each appointment and staff had a good awareness of the clinic's policies.
- Referrals to the clinic was usually paper based or self-referrals. Written referrals were included in the patients' records.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Outpatients and diagnostic imaging

- The service had a policy for consent to examination and treatment, which set out the standards and procedures for obtaining consent from patients.
- Consent was obtained by the surgeon who was going to perform the treatment. We observed one surgeon providing written and verbal information to the patient in order to ensure consent was as informed as possible.
- Permission was also obtained from patients at the consultation stage, to enable the service to contact their GP if required.

Are outpatients and diagnostic imaging services caring?

Good 

Compassionate care

- Throughout the inspection we witnessed staff being compassionate and caring. This was supported fully by the patients we spoke with as well as the comment cards we received. They all expressed positive views about their experiences at the hospital.
- Feedback about clinic reception staff was very positive. Patients told us the staff were very friendly and helpful. One patient told us 'they always greet you with a smile and put you at ease.'

Understanding and involvement of patients and those close to them

- The ophthalmologist had large screens where images of the patient's eye were displayed and we saw patients were given a full explanation. The images and treatment options were explained in full.
- Reception staff told us clinics generally ran on time, however they always informed patients if there was a delay, and updated them regularly.
- One patient we spoke with told us the pricing had been clearly explained; they felt they had all the information required to make a decision on whether to proceed with treatment at the clinic.

Emotional support

- Chaperones were offered and available if required. Family members were able to accompany patients throughout their journey in outpatients.

- Information on support groups such as RNIB, who provide advice to people with sight loss, was available on-line and staff were able to print out relevant leaflets for specific patients when this was needed.

Are outpatients and diagnostic imaging services responsive?

Requires improvement 

Service planning and delivery to meet the needs of local people

- The service provided pre-planned elective services only, which meant they were able to control the numbers of patients. Data we reviewed showed the outpatient clinics had spare capacity to accommodate additional patients if required.
- All appointments were booked directly with the clinic and the patient services manager oversaw the smooth running of the booking system. Staff told us patients were always offered a choice of appointment and they could not recall when a clinic had ever been cancelled.
- Where a patient has many tests at a single visit, the cost of all the tests and consultation is capped at a fixed price. These meant patients attending the clinic for a consultation were aware of the maximum cost upfront.

Access and flow

- The service offered clinic appointments and treatments between the hours of 9am and 6pm, Monday to Friday, but staff told us special requests for a Saturday appointment would be considered on an individual basis.
- The service did not monitor waiting times both prior to an appointment being arranged, or when patients arrived for their appointment. Staff told us there was no waiting list and patients were offered the next available appointment when they contacted the clinic. Once patients checked in at reception, they were usually seen on time. Patients did not express any concerns with waiting times at the clinic.
- On arrival, patients reported to the main reception where they would then wait until collected, and then

Outpatients and diagnostic imaging

taken to their consultation room. The clinic was organised in way to ensure patients did not have to wait long in-between seeing the optometrist, ophthalmologist and HSW.

- Patients we spoke with told us the appointment system was easy to use and they had no problems arranging a suitable appointment when they contacted the clinic reception.

Meeting people's individual needs

For our detailed findings on Meeting people's individual needs please see the Responsive section in the Surgery report.

- The reception and waiting area was bright and spacious. There was comfortable seating and patients had access to tea, coffee and water while waiting.
- There was also a range of leaflets covering a range of common eye conditions and treatment options, including cataracts, macular degeneration, and glaucoma. Information was available in large prints or other languages online and staff could print these for specific patients if required.
- The service made reasonable adjustments for wheelchair users and people with restricted mobility. The clinic was laid out on one level, and doors and corridors were wide enough to accommodate a wheelchair. Staff had access to a wheelchair for patients with mobility impairments.
- Translation services were available for patients who required this service. Staff we spoke with told us they were aware of the translation service but this was rarely used.

Learning from complaints and concerns

For our findings on Learning from complaints and concerns please see the Responsive section in the Surgery report.

Are outpatients and diagnostic imaging services well-led?

Requires improvement 

Leadership and culture of the service

For our detailed findings on this section please see the Well-led section in the Surgery report.

Vision and strategy for this core service

For our detailed findings on this section please see the Well-led section in the Surgery report.

Governance, risk management and quality measurement

For our detailed findings on this section please see the Well-led section in the Surgery report.

Public and staff engagement

For our detailed findings on this section please see the Well-led section in the Surgery report.

Innovation, improvement and sustainability

For our detailed findings on this section please see the Well-led section in the Surgery report.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- The provider must ensure the processes are in place to ensure correct storage of medicine in the outpatient setting.
- The provider must ensure compliance with all steps of the surgical safety checklist for surgical procedures..
- The provider must ensure a nominated laser protection advisor is in place.

Action the provider **SHOULD** take to improve

- The provider should ensure relatives are not routinely used as translators.
- The provider should record all risks on a risk register and review risks regularly to ensure actions are being taken to address these.
- The provider should ensure robust processes are in place to minimise cross contamination during the sterilisation of surgical instruments and required checks are routinely carried out.
- The provider should ensure patients have the choice to receive their post-operative and discharge information in private.

- The provider should have systems in place to monitor their clinical outcomes and benchmark these against similar services.
- The provider should ensure all cleaning products are stored in locked cupboards as required by the Control of Substances Hazardous to Health Regulations 2002 (COSHH).
- The provider should ensure compliance with the IPC policy, including hand washing, through regular audits.
- The provider should ensure a Medical Advisory Committee is in place to provide an oversight on quality and safety issues.
- The provider should ensure staff treating children and young people has access to a professional with level 4 children safeguarding training.
- The provider should ensure staff treating children and young people have access to a paediatric nurse, if required.
- The provider should ensure the clinic has a child friendly waiting area as well as a selection of toys or activities for children and young people.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12(1)(2)(g) the proper and safe management of medicines; How the regulation was not being met: The clinic did not have a system in place to ensure correct storage of medicine in the outpatient area. 2(2)(b) Staff must follow plans and pathways; How the regulation was not being met: Staff at the clinic were not completing all steps of the surgical safety checklist. 12(2)(a) assessing the risks to the health and safety of service users of receiving the care and treatment; How the regulation was not being met: The clinic did not have a laser protection advisor to determine hazards and assess risks related to laser use.