

# Rochdale Ophthalmology Clinical Assessment and Treatment Service

## 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	Outstanding	
Are services safe?	Good	
Are services effective?	Outstanding	
Are services caring?	Outstanding	
Are services responsive?	Good	
Are services well-led?	Good	

# Summary of findings

## Overall summary

Rochdale Ophthalmology Clinical Assessment and Treatment Service is operated by Care UK Clinical Services Ltd. Facilities include one operating theatre and outpatient facilities.

The service provides surgery and outpatients and diagnostic imaging. We inspected surgery and outpatients and diagnostic imaging.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 15 and 16 November 2016, along with an unannounced visit to the hospital on 30 November 2016.

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 surgery and outpatient services worked closely together with staff working between disciplines. Where our findings on surgery – for example, management arrangements – also apply to outpatient services, we do not repeat the information but cross-refer to the surgery core service.

We rated this service as outstanding overall.

We found areas of outstanding practice in surgery:

- The service audited the outcomes of every patient who had surgery at the service. The service measured patient outcomes service wide and individually for each consultant.
- The service achieved and exceeded patient outcome professional standards for cataract surgery and age-related macular degeneration (AMD), while achieving better (lower) complication rates than recommended in professional standards. Irrespective of the low numbers, the service reviewed all complications to derive any relevant learning.

- The service proactively planned surgical and clinic sessions up to 12 months in advance and, using management information, was flexible to demand for the service. The service filled empty surgery slots by bringing surgical dates forward, thus shortening the waiting time for patients.
- The service provided a fast-track 48 hour service from referral to treatment for patients with AMD. This included a 'one-stop-shop' facility, where appropriate patients could undergo intravitreal injection within the same appointment, which reduced the likelihood of any further deterioration of vision.
- At the time of the inspection, the waiting time for cataract surgery was three weeks from the time of the initial consultation.

We found outstanding practice in relation to both surgery and outpatient care:

- All patients were treated by staff compassionately and their privacy and dignity was maintained. Staff treated all patients with respect and as individuals, taking into account their personal needs and, through working closely with the eye clinic liaison officer and other community professionals, ensured that social needs were met after treatment.
- The service contacted every patient who did not attend an appointment by telephone, to discuss the reasons of non-attendance and to reiterate the importance of attending appointment to prevent further deterioration of eyesight.
- The service developed two patient forums; one for AMD patients and the other for Glaucoma patients. These forums were open to any patient, or relative of a patient, with AMD or Glaucoma to discuss any concerns or anxieties they may have.

We found good practice in relation to both surgery and outpatient care:

- There were systems in place to keep people safe and safeguarded from harm. The service had procedures to investigate and learn from incidents.
- The environment was visibly clean, procedures were in place to prevent the spread of infection and equipment was well maintained and appropriate for the service.

# Summary of findings

- There were systems in place to ensure the safe storage, use and administration of medicines.
  - The service held contemporaneous and fully completed patient records for every patient who used the service. As all records were electronic, these could be easily accessed by staff.
  - There were adequate numbers of suitably qualified, skilled and experienced staff (doctors, nurses and health care assistants). Mandatory training completion was high and all staff had received an appraisal within the last year.
  - Care was delivered in line with national and Royal College guidelines.
  - The service had robust arrangements in place for obtaining consent for patients having surgery or other procedures at the service.
  - The service offered a range of appointments, which meant that patients could attend at times suitable for them. A satellite clinic offered outpatient appointments, so patients did not have to travel as far and outpatient home visits were offered for patients who could not leave their own home.
  - The service was responsive to patients who required additional support, such as patients living with dementia, with learning disabilities and with hearing loss.
  - The service worked with the local eye clinic liaison officer and district nurses to provide additional support to patients.
  - While the service received very few complaints, it had a complaints process in place and supported patients who had concerns about the service.
  - Staff felt supported and confident in the management of the service. Staff worked well together and there was a positive culture. Staff engagement was good, which was demonstrated in the most recent staff survey.
  - The service had a clear vision and strategy, which were understood by staff.
  - The service had appropriate governance structures in place and systems to identify, manage and mitigate risks.
  - The service had appropriate arrangements for laser protection advisor and supervisors.
- There were no breaches of regulations. However, there were areas where the provider should make some improvements, even though a regulation had not been breached, to help the service improve. These were:
- The service should consider reminding staff to ensure that sharps bins are ‘part-closed’ as appropriate.
  - The service should ensure that staff are observing hand hygiene precautions when having contact with patients.
  - The service should consider how it can formalise the assessment and recording of patient pain.
  - The service should ensure that a record of progress against actions taken following its bi-monthly meeting is recorded and updated.

## **Ellen Armistead**

Deputy Chief Inspector of Hospitals (North)

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
<b>Surgery</b>	<b>Outstanding</b> 	<p>Surgery and outpatient and diagnostic imaging were the only activities at the service. Where our findings relate to both activities, we do not repeat the information but cross-refer to the surgery section. Staffing was managed jointly with outpatients and diagnostic imaging.</p> <p>We rated surgery overall as outstanding, because it was outstanding for being effective and responsive. We found it was good for being safe, caring and well-led.</p>
<b>Outpatients and diagnostic imaging</b>	<b>Good</b> 	<p>Surgery and outpatient and diagnostic imaging were the only activities at the service. Where our findings relate to both activities, we do not repeat the information but cross-refer to the surgery section. Staffing was managed jointly with surgery.</p> <p>We rated outpatients and diagnostic imaging as good overall, because it was safe, caring, responsive and well-led. We did not rate the service for being effective.</p>

# Summary of findings

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Outstanding



# Rochdale Ophthalmology Clinical Assessment and Treatment Service

## Services we looked at

Surgery; and Outpatients and diagnostic imaging.

# Summary of this inspection

## Background to Rochdale Ophthalmology Clinical Assessment and Treatment Service

Rochdale Ophthalmology Clinical Assessment and Treatment Service is operated by Care UK Clinical Services Ltd. The service is run in partnership with Manchester Eye Consultants Partnership (a partnership of ophthalmologists who all work at the service). The service operates from Croft Shifa health centre in

Rochdale, Lancashire. The service also has a satellite clinic at the Phoenix Centre in Heywood. The service delivers care and treatment for eye-related conditions to NHS patients aged 18 and above.

The service primarily serves the communities of the Rochdale, Heywood and Middleton areas. The service's registered manager was Ericka Ashworth, who had been in post since 2010.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector and four other CQC inspectors. A specialist advisor with expertise in ophthalmology was consulted during the planning of the inspection. The inspection team was overseen by an inspection manager.

## Information about Rochdale Ophthalmology Clinical Assessment and Treatment Service

We inspected two cores services at the service, which covered all the activity undertaken. These were surgery and outpatient and diagnostic imaging.

The service is registered to provide the following regulated activities:

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

During the inspection, we visited the Croft Shifa Centre and Phoenix Centre. We observed care in the outpatient clinic rooms and in the operating theatre. We spoke with 19 staff, including: registered nurses, health care assistants, reception staff, medical staff and senior managers. We also spoke with 15 patients. During our inspection, we reviewed 15 sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12

months before this inspection. The service has been inspected twice and the most recent inspection took place in December 2014, which found that the service was meeting all standards of quality and safety it was inspected against.

Activity (July 2015 to June 2016):

- In the reporting period July 2015 to June 2016, there were 3,041 surgical procedures carried out by the service; all of these procedures were NHS-funded. The main procedures undertaken were cataract surgery (1286 procedures) and intravitreal injections (1013 procedures).
- There were 13,780 outpatient total attendances in the reporting period; all of these were NHS-funded.

Seven ophthalmologists worked at the service. Six of these were either partners or employed to complete sessions by the Manchester Consultant Eye Partnership and one was directly employed by Care UK. The service

# Summary of this inspection

employed eight registered nurses, four care assistants and nine other staff, such as administrative staff. The service did not have an accountable officer for controlled drugs (CDs).

Track record on safety (between July 2015 and June 2016):

- No never events
- Clinical incidents: one no harm, no low harm, no moderate harm, two severe harm, no death

No incidences of hospital acquired methicillin-resistant staphylococcus aureus (MRSA),

No incidences of hospital acquired methicillin-sensitive staphylococcus aureus (MSSA)

No incidences of hospital acquired Clostridium difficile (c.diff)

No incidences of hospital acquired E-Coli

Three complaints

## **Services provided at the service under service level agreement:**

- Pathology services
- Sterilisation services
- Interpreting services
- Laser protection service
- Maintenance of medical equipment

# 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 rated safe as good, because:

- The service promoted a strong safety culture. Staff were aware of how to report incidents and were supported to raise incidents within a 'no-blame' culture. Incidents were robustly investigated, in line with the serious incident framework and root cause analysis processes. Learning was shared from incidents across the whole service, including clinical and non-clinical staff and with other relevant Care UK organisations.
- The duty of candour was embedded and appropriately applied by senior staff in the service, with oversight by corporate Care UK senior staff. Staff had a good awareness of the duty's aim of openness and honesty when things go wrong.
- The environment and equipment were clean, well maintained and appropriate for the services provided.
- There were systems in place for the safe storage, use and administration of medicines.
- Staff across the service had completed 98% of the mandatory training modules required for their roles.
- Safeguarding vulnerable adults and children was embedded in the service. All staff had completed the training and were aware of safeguarding issues, including female genital mutilation, child sexual exploitation and the Prevent strategy.
- Staffing levels were continually and proactively reviewed, which meant there were sufficient numbers of nursing, healthcare assistant and medical staff to meet the demands of the service and the standards required for surgery by the Royal College of Ophthalmologists.
- The service had appropriate processes in place to assess patient risk. The service used the World Health Organisations (WHO) safety checklist for cataract surgery; the use of the checklist was fully audited and the service achieved 100% compliance.

Good



### Are services effective?

- High quality care and improving patients' vision was a priority for the service. Patient outcomes were closely monitored and the service audited 100% of all surgical performance for the service as a whole and for each individual surgeon.

Outstanding



# Summary of this inspection

- Patients achieved good outcomes from the care and treatment provided by the service. The service's performance was in line with, or exceeding, performance standards set by the Royal College of Ophthalmologists for cataract surgery and was consistently better than the England average.
- For age-related macular degeneration (AMD) patients, the service introduced the 'treat and extend' 48-hour referral to treatment pathway, which resulted in more patients maintaining or improving their base level of visual acuity than the England average. The results of this pathway were peer reviewed and subsequently published.
- Surgical complication rates were low and met, or were better than standards set by the Royal College of Ophthalmologists. The service proactively reviewed all complications to identify any relevant learning.
- Medical, nursing and healthcare assistant staff had the appropriate training and competencies to deliver care and treatment. The service encouraged continual development of its staff and supported staff to undertake formal and professional education in clinical and leadership competencies.
- One hundred per cent of staff had had an appraisal with the last year.
- Collaborative multidisciplinary working by the surgical and outpatient teams was evident during our inspection and was supported by the whole-service team meetings, which enabled staff to share relevant concerns and learning. A number of staff had extended roles in the surgical and outpatient areas and in governance. This ensured continuity of care for patients on longer-term treatment pathways.
- The electronic patient record system meant that all information was available to staff at all times. Discharge letters provided relevant information for optometrists and GP's to understand the treatment provided by the service and any recommendations made.
- All staff had completed training on the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS). Processes were in place for obtaining appropriate patient consent, and for assessing patient capacity and making best interests decisions where appropriate. Staff were aware of how to raise concerns about a patient's capacity and were empowered to stop a procedure if there was any doubt about a patient's capacity.

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## Are services caring?

- Without exception, we observed compassionate and caring interactions between staff and patients, including supporting anxious and often elderly patients. Staff carefully and clearly explained the care and treatment and the expectations of the outcome of treatment to patients; staff gave guarded prognosis when appropriate.
- All the patients and carers spoke very positively about the service and its staff and told us the care exceeded their expectations.
- Feedback from people who used the service was consistently positive. This was reflected in the NHS Friends and Family Test scores, which were consistently higher than the England average of 94% and in the comments we received from patients we spoke with.
- Consultants, nurses and healthcare assistants all treated patients as partners in their care and were motivated to 'go the extra mile' to provide good quality care for patients. This was encouraged by the leaders of the service.
- The service and its staff recognised the social and psychological issues associated with sight defects and sight loss. The service, was responsive to, and supported the emotional needs of patients before, during and after treatment.

Outstanding



## Are services responsive?

- People's individual needs were central to the planning and delivery of care and treatment. The service proactively forward-planned up to 12 months in advance to ensure sufficient surgical sessions and clinics were scheduled to meet demand.
- The service proactively used daily management reports to ensure outpatient appointment slots and surgical sessions were fully utilised and to reduce the amount of time cataract patients needed to live with different visual acuity in each eye.
- The service was within the NHS indicator of 18 week referral to consultant led treatment. At the time of our inspection, the service offered cataract surgery within three weeks of the initial consultation.
- The service started AMD treatment for patients within 48 hours of referral following the introduction of its fast track 48 hour 'treat and extend' pathway. This included a 'one-stop shop', where eligible patients received an injection immediately after the consultation, if appropriate. This meant the risk of further eye sight deterioration in AMD patients was reduced and, through successful treatment, was improved.

Good



# Summary of this inspection

- The services had varied and flexible opening times, so patients could access the service at a time that suited them. This included scheduling additional Saturday services in the winter, to reduce the need for patients to travel in the dark and to open additional surgical session slots. The service had some sessions in a satellite clinic to promote easier access to patients living further away from the main site. The service also had developed a home visit service for patients who had difficulties visiting the clinic.
- The service contacted every patient who did not attend an appointment by telephone, to discuss the reasons of non-attendance and to reiterate the importance of attending appointment to prevent further deterioration of eyesight. It tried where possible to fit patients into saved appointment slots.
- The service worked closely with the eye clinic liaison officer (ECLO) to understand and support the needs of its patients, before and after treatment. This included liaising with local authority services to meet the needs of patients. Where appropriate, the service referred patients to the district nursing team for assistance following discharge.
- The service had a combined pre/post-operative room. The design of the room meant that patients waiting for surgery could speak to those who had just completed surgery. This reduced the anxiety for patients waiting for surgery, who could be reassured by patients who had just had completed surgery.
- The service provided translation services for people whose first language was not English and encouraged the local population to visit during open days.
- The service had recently developed an equality goals action plan, based on an NHS auditing tool. The plan supports the measurement of equality performance and enhances the delivery of health outcomes for diverse communities identified in the Equality Act 2010.
- The service encouraged staff to address patient concerns face-to-face when they were raised. The service received a low number of formal written complaints, which was reflected by comments made by patients we spoke with, who were satisfied with their care and treatment. However, we saw evidence of active review of all complaints received, which identified actions for improvement where appropriate. Learning was shared with all staff in the service and with other Care UK teams providing similar services.

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## Are services well-led?

Good



- The service had a strong leadership team, which worked collaboratively with the consultant partnership, to deliver high quality surgical care and treatment. The service promoted an open door culture, which empowered staff to raise concerns and to seek support if needed.
- We saw that managers and clinicians were knowledgeable and expert in their field. The staff spoke positively about the managers and we observed strong teamwork and good working relationship between teams, consultants and managers.
- The service had a strong vision of excellence, which was supported by a strategic plan. The plan built on the service's quality outcomes and set out the service's aim to expand into other areas. Staff were aware of the vision and strategy.
- The service had governance arrangements in place, which were appropriate for the size of the service. The service also had clear links with Care UK's governance structure. There were clear reporting lines in place with oversight from the Care UK medical director and clinical director for ophthalmology.
- The service had appropriate policies, procedures and safety protocols in place and a process for ensuring all local policies and pathways were reviewed on receipt of clinical alerts and/or changes to national and professional guidance.
- Risks were appropriately identified by the service and were added to the risk register where relevant. The service put in place mitigation actions and appropriately reviewed and reassessed risks on an ongoing basis.
- The service regularly reviewed its work by evaluating what was good practice in different areas. Documentation showed that surgery and outpatients worked together to improve standards using the expertise across all its teams.

# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Outstanding 	Outstanding 	Good	Good	Outstanding 
Outpatients and diagnostic imaging	Good	Not rated	Outstanding 	Good	Good	Good
Overall	Good	Outstanding 	Outstanding 	Good	Good	Outstanding 

# Surgery

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

## Are surgery services safe?

Good 

Safe means the services protect you from abuse and avoidable harm.

We rated safe as good.

### Incidents

- The service had an incident reporting and investigation policy in place. This set out staff responsibilities to report incidents, accidents and near misses, including the classification of incidents and actions to be taken to investigate and escalate incidents appropriately.
- There were no never events between July 2015 and June 2016. Never Events are serious incidents that are wholly preventable, where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.
- The service had safety targets in place, which were set out in the service's performance dashboard. The service had a target for no never events, no patient deaths following attendance at the service and no reportable incidents. It also had a target to review 100% of incidents within 72 hours of reporting.
- The service achieved its targets for all areas between April 2016 and October 2016, except for two incidents, which occurred in April 2016.
- The service experienced a low total number of surgical incidents. Two clinical and seven non clinical incidents occurred between July 2015 and June 2016.
- Incidents were reported through the service's incident reporting system, which fed into the Care UK corporate reporting system. Any incidents assessed as being serious were discussed with Care UK to determine if they needed to be reported on the NHS strategic executive information system (STEIS).
- Staff we spoke with were able to describe the types of incidents that would be recorded.
- Registered nursing staff had access to the system to report incidents. Healthcare assistant staff told us they discuss any incidents that occurred with a registered nurse, who would then record the details on the system. Incident reports were reviewed by the head of clinical services.
- We reviewed three incident root cause analysis reports. Each report was appropriately detailed and robustly investigated in line with the NHS England serious incident framework. Root causes were identified, recommendations made and relevant action plans were put in place where appropriate. Copies of the reports were made available to other Care UK sites that provided similar treatments.
- Learning from incidents was shared at the bi-monthly whole-service team meeting. We saw an example of learning that was shared during the whole-service meeting about a surgical incident, where a patient developed endophthalmitis (inflammation in the interior chambers of the eye).
- Although the service had not experienced any suspected or actual laser injury incidents, consultant staff were available to review any patient who had sustained a suspected or actual injury. A process was in place for reporting laser incidents to the laser protection adviser (LPA).



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- 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.
- Senior staff in the service were aware of the duty of candour requirements. Operational staff were less aware of the legislative requirements of the duty of candour, however, staff we spoke with were aware of the principles of the duty of being open and honest.
- We saw evidence of the appropriate application of the duty of candour relating to a serious incident, where a patient developed endophthalmitis (inflammation of the interior chambers of the eye) following an AMD injection. As part of the duty of candour, the patient was informed of the issue face-to-face at a review appointment, 48 hours after the patient alerted the service to the problems (the patient was offered an earlier review, but could not attend). A root cause analysis was carried out and a duty of candour explanation letter was sent to the patient. Learning from this incident was shared at the whole-service team meeting and the investigation report was shared with the local Clinical Commissioning Groups (CCG's) and the Care UK head of governance, medical director and clinical director for ophthalmology.
- All duty of candour incidents and complaints were discussed with the Care UK board. Following investigation of the incident, explanation letters were reviewed and authorised by the Care UK head of governance, before being sent to the patient.
- The service had an infection prevention and control policy strategy, which was supported by a set of principles. An infection prevention and control officer carried out yearly audits and made recommendations for improvement.
- The service had a separate policy on staphylococcus aureus infections covered methicillin resistant staphylococcus aureus (MRSA) and methicillin-sensitive staphylococcus aureus (MSSA). However, in line with 2008 Department of Health guidance, impact assessment of screening elective patients for MRSA relating to ophthalmology day case procedures, the service stopped screening patients for MRSA in December 2015.
- An infection prevention and control audit was carried out in August 2016. This indicated high levels of compliance (between 91% and 100%) in all areas of the service.
- The service had one surgical site infection reported for the period of 1 July 2015 to 30 June 2016. The patient developed endophthalmitis (inflammation of the anterior chamber of the eye caused by infection) following an intravitreal injection. The infection was appropriately treated, a root cause analysis investigation was carried out and the service reported the incident to the Care Quality Commission. The investigation made a number of recommendations to the procedure and aftercare advice given to patients. The service had carried out 1430 injections since September 2014, giving a low surgical site infection rate of less than 0.1%.
- All surgical areas within the service were visibly clean and tidy. A deep clean of the theatre was carried out on an annual basis.
- Cleaning of general public areas was managed by the building landlord. The daily cleaning policy was clearly displayed in the pre/post-operative room.
- Nursing staff cleaned and disinfected the theatre area room and equipment, including the trolley and surgical chair following each patient.
- A service level agreement was in place with the sterile services unit of a local NHS acute hospital for the decontamination of any re-usable theatre medical devices. A hospital sterilisation and decontamination trace log was used in theatre to track the use of non disposable equipment. This ensured there was a full audit trail of equipment that was, or needed to be, decontaminated.

## Clinical Quality Dashboard

- The service maintained a clinical quality dashboard, which measured the service's performance against a range of patient safety, quality, patient satisfaction, patient volumes, staffing and training indicators. The dashboard set out the service's agreed target threshold for each indicator.
- Between 1 April 2016 and 30 October 2016, the service met or exceeded its monthly threshold targets in all indicators bar a minimal number of isolated instances. The patient safety information on the dashboard indicated the service was providing harm-free care.

## Cleanliness, infection control, and hygiene



# Surgery

- In line with good practice, we observed that theatre and nursing staff were 'arms bare below the elbows' and wore appropriate single use theatre clothing, masks and appropriate theatre footwear, in line with the service's policy. A hand hygiene audit and training was carried out every three months. We saw evidence of one audit which showed full compliance by staff with hand hygiene techniques.
- All non-reusable materials used in theatre were disposed of appropriately in clinical waste.
- The external audit of sharps bins found 100% compliance by the service. However, during our inspection, not all sharps bins we viewed were 'part-closed' between use. We found sharps bins in the pre/post-operative room and the sluice room, which were not part-closed. This meant there was a minimal, but increased risk to staff and patients of inadvertent sharps injury.

## Environment and equipment

- The service was located within a managed multi-occupancy, multi-purpose building. The theatre and pre/post-operative lounge was located on the ground floor, whilst laser eye treatment and pre-assessment clinics were carried out on the second floor. Patients arriving for surgery waited in the building's public waiting area until they were called. The waiting area was clean and tidy. Lifts, which incorporated a foldaway chair for patients with mobility problems, were available to access the upper floors of the building.
- The theatre and ancillary environment was suitable for the procedures and treatments carried out by the service. Pre and post-operative care was provided in a suitably sized room that included non-touch taps and sink, first aid kit, antibacterial gel and clinical wipes.
- The scrub room, which adjoined the theatre, included two scrub sinks, appropriate antibacterial hand wash and hand gel, single use sterile scrub brushes, surgical masks and sterile single use clothing and caps. Plastic theatre shoes were used and plastic shoe covers were available for patients when accessing theatre.
- The theatre storeroom was tidy and all stock was well organised, which meant it was easy to find any items needed. We checked five items within the storeroom and all were within the manufacturers' expiry dates.
- The theatre included an operating microscope and an adjustable patient bed. Positioning guides for the equipment for each consultant and nurse were clearly displayed. Airflow was maintained in the theatre with 12 to 15 changes of air per hour, which was in line with the Royal College of Ophthalmologists ophthalmic services guidance on theatres.
- A resuscitation trolley was located within the theatre and was checked before the start of each theatre session by the nurse in charge. Anti-tamper tags were replaced after use or following the monthly checks. We viewed the check logs, which were complete and we checked a range of equipment on the trolley, which was all within the manufacturers' expiry dates.
- The service had an on-site laser protection supervisor and two on-site deputy laser protection supervisors, which meant there was sufficient cover to ensure a supervisor was available at all times. A laser protection adviser was available to provide further advice under a service level agreement with a local NHS acute hospital trust. The service level agreement had been signed and reviewed appropriately.
- Local Rules for the safe use of the service's two lasers were in place. These had been agreed and signed by the laser protection adviser in January 2015 and were reviewed again in January 2016, with a further review due in January 2018. The rules were compliant with the Medicines and Healthcare products Regulatory Agency (MHRA) guidance on the safe use of lasers, intense light source systems and light-emitting diodes (LED's) in medical, surgical, dental and aesthetic practices.
- We reviewed the training and authorisation records for all staff that operated the laser, which were appropriately signed and up to date.
- A calibration and maintenance report was held for the yag laser system (used to improve sight following cataract surgery). This indicated the laser had been calibrated in August 2016.
- The room in which the laser was located had been assessed by the laser protection adviser to ensure it was compliant with the local rules. A curtain shielded the washbasin area to prevent reflection of the laser on the reflective surface of the basin, taps and mirror. An illuminated warning sign outside the room indicated when the laser was in use, during which time the door to the room was locked by staff. An alarm was available for staff working alone in the laser room.
- The service carried out and recorded electrical testing of equipment. It kept a log of safety tests for all electrical equipment. We reviewed the logs, which indicated that



# Surgery

all equipment was tested in September 2016 and was due to be tested next in September 2017. We found no evidence of any equipment that had passed its due testing date.

- An equipment replacement programme was in place to track the purchase and replacement dates for equipment used by the service. Decisions on the replacement of a piece of equipment took into account its level of usage.

## Medicines

- The service had a medicines management policy, which was supported by a medicines audit. The audit carried out in June 2016 showed 96% compliance with medicines stock control and 97% compliance with medicines administration. The audit did not identify any actions required to be taken by the service.
- The service had a patient group direction (PGD) policy. A PGD provides a legal framework that allows staff who have completed appropriate additional training and signed the PGD to supply and/or administer a specified medicine to a pre-defined group of patients, without them having to see a doctor. A PGD ensures that medicines which are commonly used in a procedure are only prescribed and used safely. We reviewed nine PGD authorisation forms, which were appropriately signed by the heads of pharmacy for secondary and primary care and the regional medical director.
- The service did not use controlled drugs. In theatre, medicines were stored in locked cupboards and a list of medicines available was displayed on the cupboard door. Medicines that needed to be stored at a lower temperature were stored in a fridge. Fridge temperatures, including maximum and minimum temperatures, and room temperature were checked and recorded appropriately. We checked a range of medicines, which were all within the manufacturers' expiry dates.
- During a theatre session for age-related macular degeneration (AMD) intravitreal injections, we observed staff completing an audit log of the use of the injectable medication. This included details of the date, the patient's name and NHS number, the surgery date, which eye was treated, the consultant's name and the total number of injections that had been used.
- Eye drop medicine used to prepare patients' eyes before surgery was held in an un-locked trolley in the pre/

post-operative room. Although this posed a potential risk that patients could access the medication inappropriately, the room was never left unattended by staff.

- Medicines dispensed to patients to take home with them were recorded in the patient record and in a separate stock control book. This meant staff knew how much medication remained in stock and were able to order new stock at an appropriate stage. FP10 (prescription) forms were held securely in a locked cupboard. We observed staff explaining take home medications to patients and instructions were also provided on a leaflet.

## Records

- The service used an electronic patient record system. This held full details of the patient's medical history, previous medications, consultation notes, treatment plans, pre operative assessments, consultant operation notes and follow-up notes.
- The system included an algorithmic calculator for use with cataract patients, which recommended the type and power of lens to be implanted during surgery based on various test readings. The serial number of the implanted lens was logged on the patient's records, as was any other equipment used during surgery. This meant there was an audit trail available.
- The system included a number of check-box prompts to record relevant information, such as allergies. This meant that staff were guided to include all relevant information. Important information was displayed in red font, which meant it was highlighted to staff.
- We reviewed 11 patient records. All the records were viewed were clear with an appropriate level of detail and information included.

## Safeguarding

- The service had corporate safeguarding adults and safeguarding children policies, which were supported by a local safeguarding operational policy. The local policy set out staff responsibilities to report safeguarding concerns to the senior manager on call and to the local authority.
- Safeguarding concerns were logged by staff on the service's reporting system. Overall responsibility for reporting safeguarding concerns, which needed to be reported to the local authority, lay with the head of clinical services.



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- The service had a separate, on-site, safeguarding lead, who was able to provide advice when necessary. Care UK's corporate safeguarding team were also available to provide advice.
- Safeguarding adults and children was included in online mandatory training. Although the service did not treat children, this meant that staff were aware of and able to recognise potential safeguarding issues relating to children who may accompany patients.
- All eligible staff (100%) in the service had completed safeguarding adults level two training, and level two safeguarding children training.
- The service undertook a yearly safeguarding assurance framework audit. This reviewed the number of staff trained in safeguarding, the Prevent Strategy (identification of individuals at risk of radicalisation), training completion rates, number of incidents reported and confirmation of any cascaded shared learning, and details of any referrals made including actions taken and responses received. There were no safeguarding incidents, concerns or alerts raised by the service between January 2016 and September 2016.
- Staff were aware of female genital mutilation (FGM) and child sexual exploitation (CSE). However, the nature of the services and treatment offered meant it was unlikely that such issues would be identified by the service.
- Safeguarding was a standing agenda item in the bi-monthly whole-service team meeting.
- The service had a whistleblowing policy in place. CQC received no whistleblowing enquiries in relation to the service.

## Mandatory training

- The service had a mandatory training policy. Staff were required to undertake a range of general and role specific mandatory training modules in line with the policy and the mandatory training schedule, which set out the frequency that each module was to be repeated.
- General subjects included safeguarding children and adults, Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) awareness, infection prevention and control, equality and diversity, basic life support and fire awareness. Staff were alerted approximately one month before a mandatory training module was due to be repeated.
- Mandatory training completion rates across the whole service were at 98% at the time of our inspection.

## Assessing and responding to patient risk

- Referrals to the service were triaged by a clinician to ensure patients were seen in the appropriate clinical stream. All first appointments were with one of the service's two staff grade doctors, who ordered the relevant diagnostic and visual field tests, and all clinical treatments were consultant led. Patients who were assessed as having complex needs that required surgery to be undertaken under general anaesthetic were referred to another independent provider's facilities under a service level agreement. Treatment was subsequently carried out by the service's surgeon under practicing privileges granted by the independent provider.
- Patient vital sign readings, including blood pressure, pulse and oxygen saturations were checked during the pre-operative assessment. These were subsequently repeated when the patient was admitted for surgery. Any abnormal readings were rechecked again after twenty minutes to ensure a return to normal range before surgery commenced. The patient's vital sign readings were again checked post-operatively before the patient was discharged. Patients were not discharged until staff were satisfied they were fit for discharge.
- Patients' known allergies were recorded in their patient record and they were given a red wristband to alert the surgical team that they had an allergy. A cardiopulmonary resuscitation and emergency procedure flowchart were displayed within the pre/post-operative room. An alarm was available in theatre to alert relevant staff in the event of a patient's deterioration. Staff told us they would call the emergency services for any patient whose condition continued to deteriorate.
- A staff briefing was held prior to each surgical session. This was attended by all staff involved in the surgery in theatre, the pre/post-operative staff and also administration and reception staff. The meeting reviewed a brief summary of each patient undergoing surgery and highlighted any specific issues or concerns, such as any notable past medical history or comorbidities. This meant all staff were informed of all relevant information prior to starting the theatre session.
- The service followed the National Patient Safety Agency's Five Steps to Safer Surgery. The service used



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the World Health Organisation's (WHO) safety checklist for cataract surgery. Use of the checklist was audited by the service in August 2016. This indicated 100% compliance in each of the 20 records checked. We observed staff following the WHO checklist.

- A white board was used to record the relevant patient checklist information, including the patient's name, any allergies or significant medication history and, for cataract surgery, the type of lens to be inserted. We observed a patient being asked to confirm their details, the type of surgery they were expecting and which eye was to be operated on.
- The service implemented an additional improvement to the checklist, which had been suggested by a healthcare assistant. This prompted staff to ask any patients with angina when they last used their glyceryl trinitrate (GTN) spray and enable staff to assess how severe the patient's angina was before proceeding with the surgery.
- Prior to surgery, the consultant selected the appropriate lens from storage which reduced the risk of an incorrect lens being selected. A trace log was completed for any lens inserted, with the lens identification sticker attached to the logbook and to the patient's consent form, which was subsequently scanned directly onto the patient record. This meant there was a secure record of the lens inserted if there are any problems after the procedure.
- During surgery, a pulse oximeter was used to monitor the patient's pulse rate and oxygen saturations. The readings were verbalised at regular intervals during the surgery to all members of the team. This meant the patient's readings could be compared with the base-line reading recorded during the pre-assessment clinic and if it dropped, staff could take appropriate action.
- A staff de-briefing session was carried out at the end of each surgical session to share any learning arising.

## Nursing and support staffing

- Due to the small size of the service, it did not use a formalised staffing allocation tool. The head of clinical services proactively used a number of daily updated management reports to determine demand, to schedule clinics and surgical sessions, and to review the staff off-duty rota. This information was then used to plan and schedule the appropriate numbers of nursing staff and healthcare assistants required for the planned clinics and surgical sessions.

- Within the surgical area, the service employed five registered nurses (4 whole time equivalent) and two healthcare assistants (1.5 whole time equivalent). Between July 2015 and June 2016, bank nursing staff usage was at an average rate of 1.4% and bank healthcare assistant usage was at an average rate of 3.6%. Between April 2016 and June 2016, five shifts were covered each by bank nursing staff and bank healthcare assistant staff; there were no unfilled shifts in this period.
- Within the surgical area, sickness levels were low, with an average sickness rate for nursing staff of 0.7% and an average of 0.3% sickness rate for healthcare assistants. No nursing staff, and only 3% of healthcare assistant staff, left the service in the period between July 2015 and June 2016.
- The service met the staffing requirements set out in The Royal College of Ophthalmologists Ophthalmic Services Guidance: Theatres. Two alternative scrub nurses were supported by a healthcare assistant 'runner' (to supply the scrub nurse with requirements, set up machine and help position the patient), and a registered nurse was located in the pre/post-operative room (assisted by the healthcare assistant runner).
- There were no vacancies; although the service had just recruited one new theatre nurse, who was undertaking induction during our inspection.

## Medical staffing

- The service had seven consultants and two staff grade doctors, who worked across surgery and outpatients. Medical staff were recruited through the consultant chambers partnership. Appointments were agreed by all members of the partnership once appropriate references and checks were carried out.
- Although the service did not accept emergencies, a consultant or doctor was available during usual opening hours to review patients who were experiencing difficulties post-operatively.

## Emergency awareness and training

- The service had an emergency/business continuity plan in place. This covered a range of emergency situations, including local loss of premises, loss of IT infrastructure and medical records, loss of communications and loss



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of services, including electricity, gas and water. The plan also took into account situations such as mass vaccinations and chemical, biological, radiological and nuclear incidents.

- The service had appropriate fire and bomb threat procedures in place, which took into account the landlord's building procedures. The procedures included the requirement to ensure ambulatory or sensory impaired patients were guided to a place of safety and the building's fire marshals notified, until the patients could be safely evacuated. The service had a health and safety fire warden and first aid lead. Staff were aware of their duties in emergency situations and where to congregate in a fire.
- Theatre staff were aware of their duties in emergency situations, which included continuing with any ongoing theatre operation until a point of safety was reached.
- Back-up generators, operated by the landlord, were in place to be used in the event of a power failure. The service also had an uninterruptable power supply system for theatre which enabled surgery to continue in the event of a total power failure until a point of safety was reached.

## Are surgery services effective?

Outstanding



Effective means that your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.

We rated effective as outstanding.

### Evidence-based care and treatment

- Patients were treated based on national guidance from the National Institute for Health and Care Excellence (NICE) and the Royal College of Ophthalmologists.
- The service had pathways in place for the surgical procedures it carried out, including AMD, cataracts and laser capsulotomy.
- The service audited its cataract outcomes against the National Cataract Data Set by the Royal College of Ophthalmologists and the UK National Cataract Survey.

- The head of clinical services reviewed all new professional and national guidance received and incorporated this into the relevant local policies and procedures. New clinical guidance was also reviewed by the consultant partnership.
- All patients undergoing surgery underwent a pre-operative assessment in clinic.
- The service undertook a range of audits in line with the Care UK audit schedule. We reviewed audits for infection prevention and control, medicines management stock control and administration, safeguarding assurance and the use of the World Health Organisation checklist for surgery.

### Pain relief

- Pain relief was administered in the form of anaesthetic eye drops.
- Staff were able to speak with a doctor or consultant if a patient complained of pain after surgery in the pre/post-operative room and additional anaesthetic drops could be provided. Patients were advised to take paracetamol if there was any additional pain once the anaesthesia wore off, but if the pain was severe to go to their local accident and emergency department.

### Nutrition and hydration

- Due to the nature of the surgical services offered, there were no specific nutritional or hydration facilities in place. However, nursing staff offered drinks and biscuits to patients pre and post operatively. Staff told us they were aware of the needs of diabetic patients and would offer appropriate sugary drinks to patients if their blood sugar levels were low.

### Patient outcomes

- The service measured its patient outcomes at a service wide level, as well as individually for each consultant (based on an audit of 100% of all surgical activity).
- For all cataract surgery patients, the percentage of the service's patients achieving 6/12 visual acuity (an indicator of the clarity of vision) or better fell between 90% and 94%, against a professional standard of 91% and better than the national average of 86%. For patients without comorbidities, the service reported outcomes between 92% and 96%, against a professional standard of 95% and a national average of 92%. For



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patients with comorbidities, the service reported outcomes greater than 80%, better than the professional standard of 80% and national average of 77%.

- For AMD patients treated with intravitreal injections on the service's fast-track 48-hour referral to treatment pathway, the service reviewed its outcomes against results achieved in clinical trials for this type of treatment.
- The service reported that 95.3% of its patients had lost fewer than 15 letters of vision (on a Logmar chart, which displays rows of letters in decreasing sizes). This was better than the clinical trial results of 94.6% of patients. Vision was maintained (further deterioration prevented) in 81.4% of patients (against the clinical trial result of 78%). Of these patients, 30.2% experienced an improvement in their vision of 15 letters or more (against the clinical trial result of 33.8% to 43%). Patients achieved an average improvement in their vision by 8.8 letters (in line with the clinical trial results of between 7.2% and 9.5% and better than a national mean improvement of 1 to 2 letters for only 16% of patients). The service achieved 100% patient treatment compliance, which meant that no patient dropped out of treatment.
- The service's post-surgery complication rates were the same or better than the Royal College of Ophthalmologist professional standards (where standards had been set). For cataracts the posterior capsule rupture rate was 1.1% (standard of 2 – 4%), posterior capsulotomy the rate was 5% (standard 5 – 10%), cystoid macular oedema 1.8% (standard 2 – 4%) and endophthalmitis 0.1% (standard 0.1%). Where standards had not been set, the complication rates were also low: corneal oedema (1.4%), corneal decompensation (0.1%), raised inter ocular pressure (0.7%), and removal of secondary lens matter (0.6%).
- Although complication rates were low, the service reviewed all complications to identify any shared learning. Infection rates for individual consultants were audited and monitored as part of the review of surgical complications. We saw evidence in the surgical audit meeting minutes that risk factors and recommendations for change to processes were considered in all complications, which included self-reflection by the consultants involved.

- The service did not take part in the national ophthalmic audit, however, this was a corporate decision by Care UK.
- The service worked with the local commissioning groups on a number of commissioning for quality and innovation (CQUIN) programmes. These included 'lessons learned once' on improving the reporting and learning from incidents; increased response rates for and improvements from patient friends and family feedback; and the development of a glaucoma patient forum.

## Competent staff

- All new consultants wishing to join the consultant chambers partnership were interviewed by the managing partner and the consultant clinical director. The recruitment process included checking of references, indemnity insurance and disclosure and barring service reports. We reviewed the personnel files for consultants; these included evidence of all the relevant checks.
- All partners were involved in the decision to appoint a new consultant. The service subsequently mentored all new consultants within their scope of clinical practice.
- All new consultants were expected to have held a substantive NHS consultant role for a minimum of five years and to have had immediate life support training.
- Consultants were audited on all their clinical practice performance and complication rates and this information was included in their appraisals. Any disciplinary matters relating to consultants were discussed within the consultant partnership, but also referred to the service's head of clinical services; any decisions on disciplinary matters were made by Care UK.
- The service told us that their consultants also acted as examiners for The Royal College of Ophthalmology and Royal College of Optometry.
- We reviewed the certificates of laser competence and the certificates for core of knowledge laser safety training for the consultants who were authorised to provide laser treatment. All staff involved in laser treatment had signed to confirm they had read the local rules for the use of the laser. This was in line with the Medicines and Healthcare products Regulatory Agency



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(MHRA) guidance on Lasers, intense light source systems and light-emitting diodes (LED's) – guidance for safe use in medical, surgical, dental and aesthetic practices (September 2015).

- All surgical nursing and healthcare assistant staff had received an appraisal within the last 12 months.
- A number of staff members undertook extended roles in the service; for example, the theatre manager was also responsible for medicines management and was the safeguarding lead. The service provided a rostered session each week for all clinical staff. This enabled staff to undertake extended roles, to complete mandatory training and to deal with any administration required in the electronic patient records.
- The head of clinical services was actively involved in covering some clinical sessions, which enabled them to maintain their clinical practice and competencies and to understand any clinical issues faced by staff.
- The service had a 12-week induction programme in place, which was supported by a competency framework. New bank staff were required to undertake an induction programme. A new member of staff, who was going through induction, told us the process was instructive and supportive. The staff member was given mandatory training and also given further support through a refresher programme. We were told nurses and consultants supported the staff member's competencies.
- We reviewed four staff files, which included competency checklists, performance and development reviews and training completion certificates. Clinical competency checks for nurse injectors were reviewed and signed-off by the clinical director, before staff were allowed to work unsupervised.
- The service supported staff development and encouraged staff to undertake study days. One staff member was undertaking an ophthalmic nursing course at the time of our inspection and had previously completed a mentoring programme.

## Multidisciplinary working

- There was good multidisciplinary working between the teams in the service. A number of staff had extended roles covering surgery, outpatients and governance duties. This meant that staff across the service worked collaboratively to improve patient care and provided continuity for patients on longer-term treatment pathways.

- We observed effective briefing sessions before and after each surgical session, which included consultant, nursing, healthcare assistant and administration staff. This enabled sharing of information about patients, the type of operation being carried out and any learning from the session.
- A whole-service team meeting was held bi-monthly, which included all staff, and enabled sharing of information and close working across the whole team.
- The service worked closely with the local eye clinic liaison officer (ECLLO), who was able to support patients with eyesight problems in the local community and with links to social services.

## Seven-day services

- Surgery was carried out Monday to Friday between 8am and 6pm. This included an average of five surgical sessions of four hours each per week and three injection sessions for age-related macular degeneration (AMD), with a maximum of two sessions per day in the theatre.
- Additional surgical lists were added on Saturday mornings, if needed, to meet the demands of the service.
- The service did not provide emergency treatment; however, a consultant was available in clinic or theatre to review any patient who was experiencing pain after discharge.
- During working hours, patients could contact the service if they had any additional questions or concerns. An out of hour contact number was available for patients to use after the service had closed. This line was staffed until midnight.

## Access to information

- Patient records were electronic and held details of a patient's past medical history, medications, allergies, referral letters, consent information, clinic notes, pre-assessment notes, and consultants' operation notes. This meant that information was readily available to staff, including consultants.
- Patients were discharged following surgery, unless they had an underlying clinical condition requiring further treatment, or were listed for second eye cataract surgery. Discharge letters were batch printed and sent directly to patients' GP's or optometrists within 24 hours of discharge. Patients were not given a separate copy of the discharge letter.



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- Discharge letters included relevant information about new, or changes to, medications. Prior to leaving the department, patients were given verbal instructions, supported by a written leaflet, on when and how to take the prescribed medications or eye drops.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The service used the Care UK corporate consent policy. The policy set out staff responsibilities for seeking and obtaining informed consent, including the type of consent (verbal or written) needed for different procedures within the clinical assessment and treatment service.
- This was supported by the corporate safeguarding adults and safeguarding children policies, which set out guidance on obtaining consent from the patient involved to share information with the local authority, or seeking a best interest's decision where the patient may not have capacity.
- All staff had completed mandatory training in Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards awareness (DoLS). The yearly safeguarding assurance framework audit including review of the training completion rates for MCA and DoLS awareness. At the time of the inspection, training completion rates stood at 100% for the service. The service had made no DoLS referrals in the period between January 2016 and August 2016.
- We reviewed four consent forms, which set out the procedure to be undertaken, the risks and benefits, and the name of the clinician. Patients were provided with a paper copy of their signed consent form. Consent forms were subsequently scanned to the patient electronic record, including any lens labels used during surgery; the paper copies were then securely destroyed.
- On arrival in the pre/post-operative room, patients were asked to reconfirm their identity and signature on the consent form and that they knew what operation they were there for. This was in line with the two stage consent process, as detailed in the consent policy. We observed consent being obtained from patients. The audit of the use of the world health organisation's checklist, included checks that the patient's consent matched the proposed procedure.
- Older people were the largest demographic group that used the service. As such, there was an increased likelihood that patients living with dementia would be

referred to the service. However, the head of clinical services told us it was rare that patient referral letters would notify the service if a patient were living with dementia or had potential mental capacity issues. More often than not, patient's potential capacity issues were first identified either in clinic or at the pre operative assessment.

- Once any such issues were identified, staff updated the patient electronic record and informed the relevant consultant. The service had a formalised mental capacity assessment and best interest checklist form for carrying out and recording the decisions made. A specific consent form (consent form four) was used for any patient who lacked capacity to consent. If capacity, or consent issues were identified in theatre before commencement of surgery, the procedure was stopped and the patient invited back to clinic with relatives to discuss further.

## Are surgery services caring?

Outstanding



Caring means that staff involve and treat you with compassion, kindness, dignity and respect.

We rated caring as outstanding.

### Compassionate care

- All staff, including reception staff and non-clinical staff, were highly compassionate and respectful to every patient who used the service.
- We observed staff interacting with patients in the pre/post-operative room and in theatre. Staff treated all patients with respect and as individuals, taking into account their personal needs and, through working closely with the eye clinic liaison officer and other community professionals, ensured that social needs were met after treatment.
- We saw that, without exception, staff introduced themselves and were kind and compassionate in delivering care to their patients. We saw a healthcare assistant walking arm-in-arm with a patient to provide re-assurance prior to the patient's surgery. This was in line with the National Institute of Health and Care Excellence's Quality Standard 15 Patient experience in NHS adult services.



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- The NHS Friends and Family Test (FFT) asks patients to rate how likely they would be to recommend the service to their friends and family.
- Between January 2016 and June 2016, an average of 96% of patients indicated they were 'extremely likely' or 'likely' to recommend the service to their friends and family. This was based on an average response rate of 15% of eligible patients; there was a general improvement in the actual response rate for May 2016 of 23% and June 2016 of 24%. The results were consistently better than the NHS average of 94%.
- The FFT results were reflected by comments from all the patients we spoke with. One patient told us they "would recommend the service to anybody".
- Patient feedback to the service was consistently positive. Patient's expectations about the care they received was exceeded by the service. A patient thank-you card received by the service stated: "[Staff member] is someone who went the extra mile to correct a referral from [a high street opticians] which hadn't arrived on your system... I would like to thank you for being such a caring organisation". Another thank you card said "My sincere thanks for your kindness and excellent care on the two occasions I visited your clinic. The attention and results were excellent. All staff that I came into contact with were exemplary".
- Staff were highly motivated and inspired to offer compassionate and kind care, and this was encouraged by the leaders of the service. It was also reflected in the staff survey results, with 100% of staff saying their top priority was the care of patients and that they 'go the extra mile' to provide quality care.
- A chaperone service was available to any patient that requested it. This was supported by the service's chaperone policy. Patients were never left alone following surgery; a staff member remained with the patient in the post-operative room until the patient's carer or relative arrived.
- We observed one patient who appeared very anxious in theatre. Staff treated the patient with kindness and compassion. As the patient was unable to settle or get into the correct position for surgery, the consultant made the decision not to proceed at that time. The consultant carefully and sensitively provided an appropriate explanation of his decision to the patient, who was subsequently booked to receive treatment under general anaesthetic.

## Understanding and involvement of patients and those close to them

- The service encouraged a person-centred culture in all staff, and people who used the service were empowered as partners in their care. The service recognised the visual acuity difficulties for cataract patients in the period between surgery on one eye and surgery on the next. Through careful planning and daily review of schedules the service worked to reduce this period and, where possible, utilised cancellations to bring forward patient's second cataract surgery.
- Patients were given realistic expectations of the outcomes of their surgical procedure. We saw evidence in a patient record of a realistic prognosis given to a patient who needed cataract surgery, but also had macular changes. The outcome expectations were reiterated in theatre immediately before the operation. We observed a consultant explaining the surgical procedure to a patient and ensuring the patient's understanding through the use of a model of the eye.
- As there was an approximate two to four week wait between a clinic review and surgery, people had sufficient time to consider the information provided about their proposed surgery, including any risks and benefits.
- One patient, who was due to have cataract surgery on their first eye, told us they had been given all the necessary information and explanations of what would happen with surgery. The patient told us they "felt supported".
- We observed staff taking time to clearly and carefully explain instructions to patients and to answer any questions patients had following surgery. This included how to insert eye-drops at home, including the frequency and after-care, and cleaning around the eye to prevent infection.
- Staff provided written information on aftercare and ensured that patients had the out of hours contact number if they had any questions or concerns following discharge.
- Staff told us that, where a patient was living with dementia or had learning disabilities, they discussed aftercare with the patient and their relatives.

## Emotional support

- The service recognised the emotional needs of patients undergoing eye surgery, including the potential for



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anxiety prior to any procedures. The service had developed the combined pre/post-operative room in order to alleviate patients' anxiety. One patient told us this helped to reduce their anxiety, as they were able to speak with other patients who were waiting for surgery or who had just had surgery. The combined room also meant there was continuity for patients as the same staff looked after them before and after surgery.

- Staff were vigilant for patients' stated and unstated emotional needs. Another patient told us they suffered from claustrophobia. We observed staff sensitively and reassuringly explaining how the patient would be positioned in theatre to a comfortable level in a reclining chair. The patient told us that the staff were "brilliant" and they felt staff had "explained everything".
- The service also encouraged staff to 'hand-hold' a patient in theatre to reduce anxiety. This was undertaken, with patient consent, by a healthcare assistant. We observed staff being supportive and making a patient in theatre feel relaxed; the patient said "I couldn't do without you".
- A patient thank-you card received by the service stated: "I would like to place on record how grateful I am to [staff member] for her immediate understanding of just how I was feeling and her continuing care and encouragement of all my emotional and physical needs. If there was an award out there for her skills in dealing with vulnerable people...".
- The service's patient forums for AMD and Glaucoma, which were also attended by a consultant, provided patients with an additional source of support. The forums enabled patients to discuss any concerns or anxieties with others with similar conditions.

## Are surgery services responsive?

Good



Responsive services are organised so that they meet your needs.

We rated responsive as good.

### Service planning and delivery to meet the needs of local people

- The service had a trusting and good working relationship with the clinical commissioning groups

(CCG's) through quarterly contract and quality meetings. The service worked with the CCG's to plan the services it offered and to agree a range of key performance targets for each of the services it provided.

- The CCG's were satisfied with the services provided and told us the service had "an excellent track record of delivering good patient experience and outcomes, having good engagement processes and ensuring that patient feedback is fed into service developments". The service told us the CCG's were supportive of its AMD treat and extend service and overall had extended the service's contract for three years.
- The service, in conjunction with the lead consultant, proactively forward-planned surgical and clinic sessions up to 12 months in advance. It used management information to identify how long patients had been waiting for treatment. The ability to decrease or increase the number of surgical sessions and clinical appointments meant the service was able to be flexible to meet the demands of busy periods.
- The service planned its service in the winter period so it offered additional sessions and clinics during daylight hours and on Saturdays, so that patients did not have to visit the clinic when it was dark.

### Access and flow

- Surgery at the service was offered on an elective basis. Referrals to the service were made primarily by local optometrists and patients' GPs, through the NHS Choose and Book service, by email or by fax.
- The service worked to an internal 30-day referral to first appointment pathway. At the time of the inspection, the service offered appointments for cataract surgery in three weeks following initial consultation. This was supported by a patient who told us they had waited three weeks for their surgery. The patient, who had surgery on their other eye a few months earlier, told us it was a "quick service".
- Every day the service used a range of management information tools to schedule surgical sessions and follow-up clinics. This meant waiting times for surgery were kept to a minimum. The service scheduled additional clinics, when necessary, to meet demand.
- There were no unplanned returns to theatre in the period July 2015 to June 2016 and no patients needed to be transferred to the local NHS acute hospital.
- Between 1 April 2016 and 30 October 2016, the service cancelled five (average of 0.1%) procedures for clinical



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reasons. In the same period, the service reported 282 (average of 4.2%) procedures cancelled for non clinical reasons. All of these patients were offered another appointment within 28 days of the cancellation (usually brought forward).

- Although this was higher than the service's target for non-clinical cancellations (0.7%), senior staff explained this was a known system reporting issue that the local CCG's were aware of. It occurred when, for operational efficiency reasons, patient procedures were 'brought forward'; the service's system continued to report these as cancellations rather than 'brought-forward' appointments. Senior staff told us the true figure for non-clinical cancellations would be below the target threshold.
- Between December 2015 and November 2016, 109 (average of 3%) patients did not attend their surgical appointment. The service sent text messages to patients in advance of their appointment to try to reduce the number of missed appointments. All patients who did not attend were contacted by telephone to understand their reasons for not attending the appointment and to reiterate the importance of attending appointments to prevent further deterioration of eyesight. Patients were discharged from the service after two missed appointments, however, this was at the discretion of the head of clinical services.
- Senior staff told us that if a patient cancelled surgery, the slot was usually offered to a patient who had surgery on their other eye previously. This meant the patient was more likely to understand the risks and benefits of surgery and reduced the time a patient may have to live with significant differences in visual acuity between the two eyes.
- The service introduced a fast track same day referral to treatment service for AMD patients, with the aim of initiating treatment within 48 hours of referral and treatment commenced on the same day if appropriate in a 'one-stop-shop'. The service offered 45-minute appointments for the AMD service, which meant there was sufficient time to enable the lead nurse to explain dietary requirements with patients. The service reported that, as a result, there was 100% patient compliance with appointments and treatment for AMD.
- Consultant led referral to treatment time (RTT) monitored the length of time from referral through to elective treatment. The service met the target, which

was nationally abolished in June 2015, for 90% of NHS patients to begin treatment within 18 weeks of referral. Although the target had been abolished, organisations continue to report their waiting times.

## Meeting people's individual needs

- The service's catchment area covered three CCG's. Seventy-one per cent of patients seen service-wide in 2015/16 were aged over 65. Although the immediate local population had a high proportion of people of South Asian heritage, the service recorded that only 4% of the patients seen (surgery and outpatients) in 2015/16 were of a non-white heritage. People from a white heritage accounted for 43% of patients seen.
- While the service collected information about the ethnicity of patients who used the service, within the year before the inspection we saw that 53% of patients who had been asked had not given information about their ethnicity. This meant the service did not have full information to identify trends or respond to the needs of individual groups of people using its service.
- The service worked closely with the local eye clinic liaison officer service (ECLO). The ECLO service helped patients to understand the impact of their diagnosis and provided them with emotional and practical support. Where appropriate to do so, the ECLO provided a link with- and referrals to local authority services.
- Where patients had applicable specific needs identified at pre-assessment, such as mobility problems, the service made referrals to the district nurse service to provide support following surgery.
- The service followed a similar process for patients with a learning disability. The service was able to offer a pre-surgery tour of the facilities to help reduce patient anxiety and to familiarise the patient with the environment.
- The service told us it purposefully used a combined pre/post-operative lounge following a Canadian study of combined lounges in a hernia repair unit. This promoted additional support and reduced anxiety for patients waiting for surgery, as they were able to speak with patients who had just undergone surgery.
- Lockers were available for patient possessions while undergoing surgery and there was sufficient seating for the number of patients being treated at any one time. Drinks and biscuits were available to patients.
- The service had a range of patient information leaflets available, explaining the various conditions and



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treatments it offered, including pre and post care instructions. The majority of patient leaflets were in English, however, a staff member had been pro-active in translating leaflets into Urdu. Interpreters were booked for patients whose first language was not English.

- The service offered pre-assessment double appointments for individual needs of patients, such as those who were living with dementia or with hearing impairments. The service liaised with the local deaf association to provide sign-language interpretation when required.
- Information and appointment cards were available in large print for patients with visual impairments, for example, patients on the AMD treatment pathway.
- Although there was signage throughout the building to help patients locate the service, the service recognised it was not practical for patients with vision issues. However, as the service was a tenant within the building, the service was unable to change the signage.
- Car parking was an issue for the service, with car parking demand often exceeding the capacity of the building car park. This meant that patients and carers sometimes needed to park on local roads. The service had raised this as a concern with the landlord for the building, but it was not aware of any plans by the landlord to increase car-parking capacity.

## Learning from complaints and concerns

- In the period July 2015 to June 2016, the service received three written complaints. All of these were resolved by the service and none were referred to the Health Service Ombudsman. The service clearly displayed their complaints leaflet, which set out the process for complaining and included the contact details for the ombudsman.
- Staff told us they believed the number of formal written complaints was low, because staff were proactive, listened to patients and acted on any concerns raised at the point of contact.
- The service had a three-stage complaint process: local resolution, referral to the Care UK complaints team and referral to the Health Service Ombudsman. The service acknowledged complaints within three working days and responded within 20 working days. The service manager carried out the investigation of complaints, with assistance from the head of clinical services for any clinical issues. This was in line with the Care UK corporate complaints policy.

- Complainants received follow-up telephone calls after the complaint response was sent by the service and were offered a face-to-face meeting with staff at their next appointment to discuss their concerns. Complainants were provided with the details of local Independent Complaints Advocacy Services (ICAS) to obtain assistance in submitting their complaint if needed.
- Staff discussed learning from complaints in the bi-monthly whole-team meeting. This included discussion of any verbal comments or concerns raised by patients for example, problems with car parking.

## Are surgery services well-led?

Good



Well-led means that the leadership, management and governance of the organisation make sure it provides high-quality care based on your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

We rated well-led as good.

## Leadership and culture of service

- There were clear reporting lines with the clinical and surgical teams led by the head of clinical services (and registered manager), who reported through the cluster service manager into the Care UK medical director. The head of clinical services also undertook some clinical sessions. The Care UK clinical director of ophthalmology, who was based at the service, supported the service, as well as providing surgical and clinical sessions on a day-to-day basis.
- There was a supportive culture within the service, which was evident during our inspection, with an effective open door policy promoted by the senior management team. The service was inclusive and encouraged all staff members, including administrative staff, to work as one team. The staff survey indicated that 100% of staff responded positively that they felt proud of the work they did and knew the senior managers in the service. The survey also clearly reflected that staff felt supported by their immediate line manager.
- One staff member told us they felt supported and was able to raise any concerns with their line manager and



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senior managers. The staff member told us there was a good sense of teamwork and the service and consultants were supportive of staff stopping any procedure if they had any concerns about what was happening.

- Another staff member told us the service was “a lovely place to work” and that the consultants treated nursing and healthcare assistant staff with respect. The staff member told us they were given a variety of work in the pre/post-operative room, theatre and in clinic, and were given support for practical sessions.
- The service had an equality and diversity policy in place, which was supported by a health, safety and environment policy on disability discrimination and access to buildings and a dignity at work policy. The service had detailed equality and diversity goals and action plan in place. This identified a number of goals, including: better health outcomes, improved patient access and experience, a representative and supported workforce and inclusive leadership.

## Vision and strategy for this this core service

- The service had a vision to provide excellence in care, excellence in patient and staff engagement and expanding activity and influence. The strategy was developed by the service’s cluster service manager, in conjunction with the Care UK corporate team and medical director.
- The strategy for 2016/17 built on this vision. The service’s plan was to maintain the high level of outcomes it had already achieved, while expanding the scale and scope of the service, including its AMD service, with out-of-area CCG’s, expanding its patient engagement activities to include patient forums and to continue to make operational efficiency improvements. The service also planned to continue to develop its staff through internal and external training. It had a nurse lead for student education and one staff member was working towards achieving a registered ophthalmology nursing qualification.
- Staff we asked were able to describe the main focus of the service’s strategy and plan.

## Governance, risk management, and quality measurement

- The service followed the Care UK clinical governance policy, which set out the responsibilities of the service manager and head of clinical service (who was also the

registered manager), to ensure that clinical governance systems were in place. The Care UK medical director and healthcare division board were responsible for ensuring that the services clinical governance and policies were monitored.

- The service’s leads for each area fed into a number of corporate governance committees, including the quality assurance, risk and compliance committee, the infection prevention and control group and the safeguarding committee.
- Monitoring of surgery was undertaken through 100% audit of all surgical activity by individual consultants, including complication rates. These were submitted as evidence for consultants’ appraisals.
- Clinical alerts, safety alerts and amendments to policies and procedures were amended locally by the head of clinical services, in discussion with the consultant partnership.
- A whole-service, half-day team meeting was held bi-monthly. The meeting discussed any relevant clinical governance issues and was attended by all staff. Standing agenda items included theatre and clinic updates, clinical governance updates to introduce new policies and medicines management issues, safeguarding updates, infection prevention and control updates and discussion of audit results, mandatory training and revalidation of registered staff (the process clinic staff follow to renew their registration with the professional bodies) and health and safety updates. The meeting also discussed updates and learning from Care UK’s committees and other Care UK sites, if relevant.
- The staff meetings were minuted and included details of actions agreed. However, the minutes did not always include updates on progress or completion of actions from previous meetings. While the minute template had a page for actions to be recorded, this had not been used. We reviewed the May, July and October 2016 meetings and found that in the July and October meetings some of the actions from previous meetings and progress against them was not mentioned in the minutes. This meant the service could not be assured that all of the actions had been completed.
- The service had recently introduced an ophthalmic laser surgery local safety standard for invasive procedures (LocSSIP). This set out the responsibility and accountability for all staff, a standard operating procedure, review and audit standards.



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- The service had a detailed, up-to-date and well-organised set of risk assessments and policies for the environment, equipment and consumables used. These included control of substances hazardous to health (COSHH) risk assessments and training guidance for the equipment and substances.
  - We reviewed a sample of six of the assessments held; these were assessed as low, medium or high risk and had appropriate mitigation plans in place. All the risk assessments were within date and in line with the relevant review period; annually for high risks, every three years for medium risks and every five years for low risks.
  - The service held a detailed health and safety folder, which included relevant policies. We reviewed a sample of six policies. All, but one, of the policies were in date; the health care risk management strategy policy and procedure was due to have been reviewed in October 2016, in the month before the inspection.
  - The service maintained a risk register, which covered risks for surgery and outpatients. This included 30 risks relating to staffing and skill mix, environment, equipment, medicines, care and treatment, safety and business expansion and continuity. We did not identify any additional risks relating to surgery during our inspection and the register included risks we would expect in this type of service. The register identified relevant control measures, assessment of the adequacy of controls put in place, the risk owner and the ongoing review dates.
- Public and staff engagement**
- The service developed two patient forums in partnership with The Macular Society; one for AMD patients and the other for Glaucoma patients. These forums were open to any patient or relative of a patient with AMD or Glaucoma, to discuss any concerns or anxieties they may have. A consultant attended the forum to answer any questions that may be raised and was also available to answer queries on a one-to-one basis. Members from the Low Visual Aids Society, the Glaucoma Association, and the Royal National Institute for the Blind were also invited to the forums. The service accepted public feedback through its website, which was responded to by the head of clinical services or the cluster service manager.
  - The service held open days when the public were invited to view the facilities. This included a stall in the building. Urdu speaking staff were available to speak with the public from the local South Asian community. A recent event, prior to our inspection, was conducted in partnership with the Macular society. The Macular society provides information and support on macular degeneration including support groups and counselling.
  - The service's staff survey for 2016 indicated high levels of staff engagement (82%). Staff were proud of their work, felt they were able to access opportunities for personal development, put the care of patients as a top priority, felt they went the extra mile to provide quality care and knew who their senior managers were.
  - The lowest scores for the survey still, generally, indicated positive outcomes with 80% of staff believing that Care UK motivated them to help achieve the service's objectives and that action would be taken as part of the survey. A lower number of staff (70%) said they would like to be working for Care UK in 12 months and 60% felt they had the materials and equipment to do their job. The lowest score in the survey, 50%, reflected staff opinion of satisfaction with their level of pay and benefits.
  - The service put in place an action plan to improve communication with staff on equipment and budgets, to discuss corporate changes in staff meetings and to encourage staff to undergo further training in their roles.
  - The service used the Friends and Family Test to find out the views of patients who used the service. Within the last year the service had worked hard to increase the numbers of patients responding to the Friends & Family test. The response rate had increased from 7% in January 2016 to 24% in June 2016.
  - The service introduced a tablet computer system for patients to register their NHS Friends and Family survey response, with a simplified range of questions displayed in large fonts, which were easier to see. This meant that patients no longer needed to complete a paper form; the service hoped this would encourage more patients to respond to the survey.
  - Care UK had a staff recognition scheme. A nurse in the service had been nominated for an award for translating patient leaflets into Urdu. A healthcare assistant was also nominated for developing an advice slip for patients on using dilation drops.
  - The service had a website where full information could be obtained about its treatments for patients, carers and referrers. The website had patient testimonials, as well as videos and the services last CQC report.



# Surgery

## Innovation, improvement and sustainability

- The service was interested in further expansion and was in discussion with other local CCG groups to extend its service into other areas in the region, including the development of local outreach clinics.
- As part of the service's vision, it was planning to develop the AMD service further. This included extending the AMD nurse specialist role into a macular manager with full responsibility for the AMD service. The service was in discussion with other local CCG groups to extend its service into other areas in the region, including the development of local outreach clinics.
- The service had invested in a new multi-spot yag laser for iridotomy procedures. The use of multi-spot rather than single spot reduced the amount of discomfort for patients and the time to carry out the procedure. The service told us it was the only provider in the region that had invested in this type of laser and was able to offer the multi-spot treatment.
- The service had also introduced the use of optical coherence tomography (an advance form of medical camera that checks the pathology of the retina) into the service's care pathways. This aided in the diagnosis of AMD and in advanced glaucoma and meant that any deterioration in a patient's condition could be checked at follow-up visits. The service had a twitter account and Facebook page, which promoted the service and engaged patients.

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

## Are outpatients and diagnostic imaging services safe?

Good 

Safe means the services protect you from abuse and avoidable harm.

We rated safe as good.

### Incidents

- The service had a policy for incident reporting and investigation. The policy identified what to report as an incident and encouraged staff to report accidents and near misses. The policy also classified incidents and informed staff of how to escalate and notify regulators.
- Staff were aware of the incident reporting system and they were able to describe and demonstrate reporting pathways.
- Nursing staff and the clinical lead had access to the department's electronic reporting system. The nursing staff and the clinical lead recorded incidents for themselves and also for health care assistants and other members of staff.
- Staff, including consultants, nurses and health care assistants told us they felt able to tell managers about potential risks or concerns and were encouraged to report incidents or risks if and when they occurred.
- Information provided to us by the organisation showed no Never Events were reported in the department in the last year. Never Events are serious incidents that are wholly preventable, where guidance or safety

recommendations that provide strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.

- There were few incidents reported in the outpatients department and therefore no patterns which would have given cause for concern. The services data collection system showed that in the six month period between 26 February 2016 and 26 August 2016, it recorded only one incident, which was classified as serious. All other incidents were categorised as low, insignificant and moderate harm incidents.
- All recorded incidents were reviewed by the clinical lead, who was the head of service. If serious incidents occurred, the head of service would review them in conjunction with Care UK and if the incident was deemed serious enough, it would be reported on the NHS strategic executive information system (STEIS).
- We saw minutes of the bi-monthly service meeting, which showed that learning from incidents was discussed. The meeting was attended by both surgery and outpatient staff so that learning could be shared.

### Cleanliness, infection control and hygiene

- The service had an infection prevention and control policy and this was supported by a nurse who had a secondary role as infection prevention and control lead. The service carried out infection prevention and control audits, which were conducted by the lead on a yearly basis.
- The last infection prevention and control audit was carried out in August 2016. The audit indicated high levels of compliance (between 91% and 100%) in all areas of the service, including outpatients. Whilst levels of hygiene were generally good, we saw two occasions where practitioners did not wash their hands thoroughly

# Outpatients and diagnostic imaging

using adequate infection control measures after contact with patients' eyes. We queried this with a senior nurse in the team, who informed us staff should wash their hands in between patient contact, to minimise the chance of cross infection.

- There were service policies in place for infection control and hand hygiene, which were in date at the time of the inspection. The service provided evidence of a recent hand hygiene audit, which was undertaken on 20 October 2016. The audit showed 100% compliance. Clinical staff could access policies from the intranet hub and were all aware that such policies existed.
- Ninety-five percent of outpatient staff had completed mandatory training on infection prevention and control.
- We visited three clinic rooms, two in the core service at Croft Shifa health centre and one at the Phoenix centre in Heywood, which was used as an outpatient satellite clinic. The clinical areas were visibly clean and well maintained. The public areas of the building such as reception were managed by the building landlord.
- Hand gel dispensers, which were full and ready to use, were located in various places around the buildings and the rooms had hand washing facilities.
- A sharps policy was in place, as were sharps bins. Staff were aware of the policy and yellow sharps bins were stored appropriately and were labelled, however, in one clinic at Croft Shifa Health Centre, we observed a partially open bin, which was not closed sufficiently when not in use. Open sharps bins can increase the likely hood of spillage of contents and increase the risk of needle stick injuries.
- Appropriate arrangements were in place for managing waste and handling clinical specimens.

## Environment and equipment

- The two service sites were within multi-purpose building in two local health centres and were easily accessible with automatic doors at the entrance. The main outpatient services were provided on the second floor. Lifts were available to access both buildings for individuals with mobility.
- The clinical areas were suitable for the treatments and diagnosis carried out. The clinic rooms and patient spaces were visibly clean, airy and well decorated.
- All equipment in clinics conformed to the relevant safety standards and items were regularly serviced, maintained and were clean.

- We checked a sample of needles, swabs packs and instruments, which we found to be within the manufacturers' expiry dates.
- All electronic equipment was clean and we saw evidence that electrical safety testing had been completed within the dates required.
- A resuscitation trolley was located within one of the outpatient clinic rooms. Anti-tamper tags were replaced after use, or on a monthly basis following checks. We viewed the check logs, which were complete and we checked a range of equipment on the trolley, which was all within the manufacturers' expiry date.

## Medicines

- The service had a medicines management policy.
- The service had carried out a medicines audit in June 2016. The audit was 96% compliance with medicines stock management and 97% compliance with medicines administration. No actions were identified.
- We examined the electronic records and discovered that patient allergies to medication were clearly recorded and flagged on the patient record.
- The service did not use controlled drugs. Medicines which needed to be stored at a lower temperature were stored in a fridge. The fridge temperature and room temperature were checked and recorded appropriately.
- Medicines were stored in cupboards which were lockable and were secured by key. We checked a sample of medicines and found that they were all within the manufacturers' expiry dates.

## Records

- The service had an electronic patient record system, which had a backup system at another site owned by the parent company UK Care, should the service suffer from a major incident.
- In the three months before the inspection no patients were reviewed or seen without medical notes being available.
- We reviewed five records in the outpatients department. The system held details of the patient's full medical history in the service, including medicine records, diagnosis and treatment history.
- The electronic patient record held pre-assessment referral information from doctor's surgeries and opticians. The pre-assessment referral information provided by GP's and opticians differed considerably

# Outpatients and diagnostic imaging

.We saw evidence of referrals from GP's, which had good examples of previous medical history and some social history being given. However, this was not consistent for every GP.

- Opticians' referral notes we saw were less detailed than GP referrals, due to the fact that they had no access to medical notes.

## Safeguarding

- Outpatients did not raise or escalate any safeguarding concerns in 2016.
- The department has limited contact with young people; its core service provision consists of adults who are 18 years old and above. Whilst this is the case, the service provides level two online safeguarding training for both children and adults.
- There were service wide and national safeguarding policies and procedures in place, which staff in the service knew how to access and understand.
- Staff had access to safeguarding support when required. The service had a safeguarding champion, who had received access to safeguarding training at level three. The champion also received supervision from a national lead based at Care UK headquarters in Reading. The service safeguarding champion had recently made links with the local authority named nurse for safeguarding which had widened the support that the service could provide.
- We found the staff were able to give examples of the types of safeguarding concerns they might face. Staff gave us an example of what they would do if they had immediate concern about a patient. The staff evidenced a multi-agency approach to dealing with concerns, including sharing information with other services when appropriate, including social care teams and the police.
- The service had not referred or discussed any patients with its national safeguarding lead, or its local safeguarding lead, in the period January 2016 and September 2016.
- We found safeguarding issues could be discussed as part of a wider governance meeting structure within the service meetings.
- The bi-monthly service meeting had safeguarding as a standing agenda item.
- All staff (100%) in the service had completed level two safeguarding adults training and level two safeguarding children training.

## Mandatory training

- The service had a mandatory training policy, which highlighted the courses which should be taken by staff and the time duration between refresher courses. The staff undertook a comprehensive range of mandatory courses, which were E-learning based. The courses included equality and diversity, clinical record keeping, fire safety, consent, hand hygiene, risk management, health and safety, safeguarding children, safeguarding adults, moving and handling and basic life support.
- The rates of compliance in the service were 98% at the time of the inspection.
- All staff said they had access to mandatory training and were given the time to use the electronic system to do so.

## Nursing staffing

- The staff told us that they felt there was enough staffing input across the outpatients department.
- Outpatients had 2.77 whole time equivalent registered nurses, which was covered by three staff. It also had 1.88 whole time equivalent health care assistant staff, which was covered by two staff members. The support staff shared duties across the outpatient and surgery departments.
- The staffing structure was flexible and nursing staff, as well as health care assistants from surgery, could support the outpatient services if and when required.
- The service did not use a patient acuity tool but provided patient slots daily for procedures. All the nursing staff we talked to felt that caseloads were taxing, but not overly strenuous.

## Medical staffing

- See 'surgery' section for main findings

## Emergency awareness and training

- See 'surgery' section for main findings

# Outpatients and diagnostic imaging

## Are outpatients and diagnostic imaging services effective?

Not sufficient evidence to rate 

Effective means that your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.

We inspected but did not rate effective.

### Evidence-based care and treatment

- We found the service utilised both national policies and procedures developed by Care UK, as well as local policies.
- The service followed National Institute for Health and Care Excellence (NICE) guidance for the treatment of Glaucoma and Macular diseases.
- The service was involved in the publishing of national papers, for example for AMD treatment in peer-reviewed journals.
- Patients that did not attend appointments or dropped out of treatment were reviewed consistently. Patients who were diagnosed with Macular degeneration were particularly targeted and were contacted and slotted into treatment quickly, so that they did not suffer further eye damage.
- Clinical guidance was reviewed by the consultant partnership as well as the head of service.
- The service had a policy that patients start their treatment with a clinical triage conducted by a staff grade doctor or sub-specialist consultant.
- All patients who were treated in outpatients were seen according to a schedule determined by their personalised risk.

### Pain relief

- The outpatients department provided limited forms of pain management and no formal pain screening process. The only form of pain relief given was anaesthetic eye drops. We observed staff in outpatient clinic asking patients about pain and monitoring how comfortable they were, in terms of the after effects of eye surgery. We were told that if discomfort occurred out of hours patients were informed to attend their local accident and emergency department.

### Nutrition and hydration

- Due to the nature of the service, the outpatients department provided no forms of nutrition and hydration, apart from access to a drinks machine and had no formal nutrition screening process.

### Patient outcomes

- The service audited its consultants' performance nationally against other Care UK units and also audited by individual consultant. The audits were used for general review and appraisal purposes.
- Glaucoma patients were risk assessed and seen according to NICE guidelines. The electronic system used by the service ensured consultant undertook a review on patients at least on a yearly basis.

### Competent staff

- See 'surgery' section for main findings about the recruitment and appraisal of medical staff and the induction process which were the same for surgery and outpatients.
- Staff told us that they had good access to training regarding their professional development.
- One hundred percent of outpatient staff had received an appraisal within the last 12 months.
- Nurses worked in both outpatients and surgery when required. The staff had a varied skill mix and often had extra roles in the organisation. An example of this was a member of the nursing staff had taken responsibility for leading on infection control. The staff's flexibility enhanced the safety of the service and its areas of governance. Members of staff were supported to achieve this through further academic training and on the job mentoring.
- The service provided a session each week for its clinical staff to undertake governance roles or to catch up on areas of practice, for example record keeping and training.
- The service supported student placements. The service provided a member of outpatient staff with the opportunity to attend Manchester University on a mentorship course, which the organisation paid for. The nurse informed us that the course was something that they had wanted to do and that she was willing to pay for it personally. However, after discussion with her line manager it was felt that a mentorship programme

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would provide major benefits to both surgery and outpatient services. As well as becoming a mentor, the nurse had developed an introductory pack, which new recruits and students could use to evaluate learning.

## Multidisciplinary working

- Multidisciplinary working was effective and we found good communication and collaboration between different team members.
- A number of staff had shared roles covering surgery, outpatients and also governance duties. Nursing staff we spoke with told us that staff worked well together. Consultants were supportive of nursing staff and worked in a multi-disciplinary manner.
- We were informed by nurses that nurse led clinics were supported by consultants, who attended debriefs after clinics to support decision making and review.
- If and when appropriate, patients were referred to local district nursing teams for support due to welfare concerns or mobility problems.
- A team meeting was held on a bi-monthly basis, which included all staff from every discipline. The meeting enhanced shared learning and support.
- The staff said they had good working relationships with other service providers such as general practitioners (GP's) and opticians, which helped facilitate services working to meet the needs of the local population.
- The service worked closely with social care providers to address the needs of the local population, for example it worked closely with the eye clinic liaison officer (ECLO). The ECLO provides emotional and practical support for those who have issues with sight loss.

## Access to information

- The information needed for staff to deliver treatment was readily available in a timely and accessible way. Electronic records we reviewed were easy to locate comprehensive and easy to follow.
- The service had access to a number of computer terminals in clinic rooms and reception, which were password sensitive. This meant staff could access all the information needed about patients easily and securely.
- Staff produced discharge summaries and sent them to the patients' general practitioner (GP) or optician within 24 hours, this enabled GP's or opticians to be aware of their patient's ongoing treatment.
- Discharge letters included relevant information about medications.

- Patients were given verbal information, as well as written leaflets, on when and how to take the prescribed medication, such as eye drops.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards awareness (DoLS) training was part of a mandatory training package which staff had to attend. At the time of our inspection, we found compliance to be at 100% for the service.
- The staff we spoke with had a good understanding of the legal requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The staff were able to give examples of when patients might lack the capacity to make their own decisions and how this would be managed.
- The service used a Care UK consent policy. The policy set out a framework for gaining consent both verbal and written. The service had strong processes in place once an issue with capacity was identified. We were able to review the services mental capacity assessment and best interests checklist form. Staff were aware of the assessment form and also told us that they would discuss any issue with consultants and the safeguarding lead champion, who could support the recording of the decisions made.
- In all of the outpatient clinics we attended, patients were asked to confirm their date of birth and name.

## Are outpatients and diagnostic imaging services caring?

Outstanding 

Caring means that staff involve and treat you with compassion, kindness, dignity and respect.

We rated caring as Outstanding.

## Compassionate care

- All staff, including reception staff and non-clinical staff, were highly compassionate and respectful to every patient who used the service.
- We saw extremely positive interaction from staff in clinic rooms and waiting areas, consistently throughout the

# Outpatients and diagnostic imaging

inspection. Staff were kind towards patients, joking and smiling with them and putting their mind at ease.

Patients responded warmly and the positive attitude of staff was reflected back by patients in the same manner.

- One hundred percent of staff in the yearly staff survey published in August 2016, said their number one priority was the care of patients and that they would 'go the extra mile' to provide quality care. We saw this in our inspection, staff were highly motivated and inspired to offer compassionate and kind care, and this was encouraged by the leaders of the service.
- We found staff demonstrated an excellent understanding of people's individual needs, particularly in terms of the social stigma and physical issues which are associated with sight defects. One member of staff told us that her role was "not just an every job, people rely on us".
- Between January 2016 and June 2016, an average of 96% of patients indicated they were 'extremely likely' or 'likely' to recommend the service to their friends and family. This was based on an average response rate of 15% of eligible patients; there was a general improvement in the actual response rate for May 2016 of 23% and June 2016 of 24%. The results were consistently better than the NHS average of 94%.
- Patients' expectations about the care they would receive were exceeded by the service. Four patients we spoke with said that staff were "great, wonderful" and "really supportive".
- The staff always ensured patients maintained privacy and dignity and took extra time to support patients who were anxious or who had mobility problems.

## Understanding and involvement of patients and those close to them

- We saw people being treated in two locations and in five outpatient appointments and patients were empowered to be partners in their care. Patients were asked about their opinions on the effectiveness of treatment. One member of staff said to a patient "you are in the best place to tell me if it's improved".
- We observed staff in outpatient appointments explaining conditions clearly to every patient. The staff displayed a person centred approach, which included patients as partners in treatment. One patient and his partner were shown pictures of the patient's eye before and after treatment and the nurse clearly indicated where improvements had occurred post-surgery. The

patient and his partner were actively involved in being able to ask questions at the end of the session. After the session the staff member showed us a large sized mock-up of a human eye, which was used regularly to explain conditions to patients and members of the family.

- Staff provided written information on conditions in large font for patients and patients were provided with contact numbers for the service if they had any questions or concerns following discharge or after they left appointments.
- Staff told us that patients' relatives often attend appointments and this occurred twice whilst we reviewed treatment in clinics. Staff told us relatives were more than welcome to attend with their family member, particularly if the patient was elderly and needed extra support. The staff told us they discussed treatment with the patient and their relatives where appropriate and with consent and we saw this being done in clinic.

## Emotional support

- We sat in on five patient treatment sessions with the patients consent. It was clear that patients felt fully supported and staff were warm and welcoming. We saw that every patient was given the necessary information on their treatment and this was repeated at the end of the session.
- Patients were supported in their treatment with kindness and understanding. Staff took themselves out of their professional roles and put themselves in the patients' position.
- Staff provided written information on aftercare if patients had recently had surgery or treatment and a contact number was given to patients if they wanted to contact staff after they left clinic.
- Staff told us that, where a patient was living with dementia or learning disabilities, they discussed aftercare with the patient and their relatives.
- We were told by the service manager that patients come first and the needs of differing patients were prioritised. An example of this was if an elderly patient had been waiting an excessive amount of time for transport and was becoming agitated, the service would order and pay for a taxi.

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- The service's patient forums for AMD and Glaucoma, which were also attended by a consultant, provided patients with an additional source of support. The forums enabled patients to discuss any concerns or anxieties with others with similar conditions.

## Are outpatients and diagnostic imaging services responsive?

Good 

Responsive services are organised so that they meet your needs.

We rated responsive as good.

### Service planning and delivery to meet the needs of local people

- The service had good relationships with the clinical commissioning groups (CCG's) who commissioned their services. The CCG's had recently extended its contract for three years.
- The service had flexible opening times so that patients could access treatment as well as different locations for ease of access.
- The outpatients department is a consultant led service, which is supported by a range of nurses who have specialisms. The range of skills in the nursing team and the support provided by consultants enabled the service to move resources to where they were needed, dependant on volume of patients.

### Access and flow

- Consultant led referral to treatment time (RTT) monitored the length of time from referral through to treatment. The service met the target, which was nationally abolished in June 2015, for 90% of NHS patients to begin treatment within 18 weeks of referral. Although the target had been abolished, organisations continue to report their waiting times.
- The service had recently changed the length of appointment times from 20 minutes to 30 minutes. The change occurred because staff felt that extra time with patients would permit them to assess and treat patients more thoroughly.
- The consultants and nurses in the service historically had a four hour slot to deliver 12 patient sessions, but

on the basis of patient feedback forms the consultants changed this to eight patient appointments. The reduction was made, because patients felt a longer consultant session would improve the quality of service provision.

- The main outpatients department is based in the Croft Shifa Health Centre, Belfield Road in Rochdale. The centers opening times are Monday, Wednesday, Thursday and Friday 9am-5pm and Tuesday 9am – 8pm. The service provided Saturday slots and increased the number of appointment slots if demand increases.
- The core service has a satellite clinic at the Phoenix Centre in Church St, Heywood. It is open 9am -5pm Monday to Friday. The satellite clinic supports people who may live further afield than Rochdale town centre.
- All clinic appointment times for specialities were under two weeks from referral to actual assessment in clinic. The services aim was to provide a 'one stop shop' where patients were assessed, diagnosed and started treatment in the same visit.
- Age related macular degeneration (AMD) had a 48hrs time span between referral, assessment and treatment. The AMD times reflected the fact that once diagnosed, any delay in treatment could cause loss of long term vision. AMD patients were prioritised in terms of rebooking in for missed appointments.
- The service had introduced virtual clinics system, where consultants reviewed the patient's latest clinic results and had a telephone appointment. The consultant then made a decision if the patient needed to have a face-to-face appointment in the outpatient department. The introduction of the service reduced the number of visits patients needed to make and also reduced pressure on appointment slots.
- We were able to see patients being slotted into appointments, sometimes on the day of referral. A patient we talked with, who was attending an outpatient's appointment at Heywood, had missed her first appointment due to illness, but was able to attend two days later. She told us she had received a telephone call from the department to see if she could attend, after a spare place had been found. After the appointment, we observed the patient being asked which service she wanted to attend on the following appointment for convenience of treatment.

### Meeting people's individual needs

# Outpatients and diagnostic imaging

- The service had developed information leaflets in both large print and smaller print.
- The outpatient department provide a home visits service to patients who have mobility issues and could not get to the service. Treatment at home was dependent on the complexity of the treatment being provided.
- Staff worked closely with patients with additional needs, who could not access mainstream outpatient services. The service worked closely with the eye clinic liaison officer (ECLO) to understand and support the needs of patients, before and after treatment.
- If, and when appropriate, patients were referred to local district nursing teams for support.
- The department is situated in a large South Asian community and had translated its post-operative information into Urdu.
- Car parking was limited at both sites, particularly at peak times. The lack of car parking spaces meant that patients and carers sometimes needed to park on local roads or pay for car parking.
- The waiting area was spacious and enabled administrators and staff to have private discussion if need be. The services also had confidential interview and clinic rooms, which enabled staff and patients to have private discussions.
- The service had recently developed a comprehensive equality goals action plan, based on an NHS auditing tool. The plan supports the measurement of equality performance and enhances the delivery of health outcomes for diverse communities identified in the Equality Act 2010.
- While the service collected information about the ethnicity of patients who used the service, within the year before the inspection we saw that 53% of patients who had been asked had not given information about their ethnicity. This meant the service did not have full information to identify trends or respond to the needs of individual groups of people using is service.

## Learning from complaints and concerns

- See 'surgery' section for main findings
- The outpatient department displayed their complaints leaflet that informed patients of how to complain.

## Are outpatients and diagnostic imaging services well-led?

Good 

Well-led means that the leadership, management and governance of the organisation make sure it provides high-quality care based on your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

We rated well-led as good.

### Leadership and culture of service

- There were clear reporting lines with the clinical teams led by the head of clinical services (and registered manager), who reported through the cluster service manager into the Care UK medical director. The head of clinical services also undertook some clinical sessions. The Care UK clinical director of ophthalmology, who was based at the service, supported the service, as well as providing surgical and clinical sessions on a day-to-day basis.
- The services managers, practitioners, consultants and administrators were all proud of the service they provided. All the staff spoke warmly about every manager in the service. We heard comments like "always there, supportive, considerate, kind".
- Staff told us there was comradery amongst staff, which made the service a positive environment to work in and staff told us they could rely on managers to listen and act decisively when needed. One member of staff told us that she had been part of a group who had requested a longer time period to see patients and this was agreed by managers. The member of staff used this to show how managers viewed quality just as importantly as quantity.
- Staff spoke highly of the flexibility of the managers and the organisation. One member of staff told us that she "she owed the service a lot" for the support she had received from the organisation after a career break. The service manager and regional manager were highlighted as being kind, considerate and knowledgeable.
- We saw that managers and clinicians were knowledgeable and experts in their field.
- Staff within the service were collectively responsible for service provision. Staff knew each other's professional backgrounds and therefore knew who to contact for advice.

# Outpatients and diagnostic imaging

## **Vision and strategy for this this core service**

- See 'surgery' section for main findings
- Staff in outpatients could not recall what the actual vision wording was, but they did talk about providing quality care, which was well governed.
- The service also told us that it planned to invest in its staff through training. During the inspection we spoke with two members of staff, who told us about the service's extra investment in them and how positive it was.

## **Governance, risk management and quality measurement**

- See 'surgery' section for main findings

- All staff within the service were aware of the governance arrangements.
- There was evidence of governance meetings, both corporately and locally, where managers discussed and reviewed risks and incidents. Staff we spoke to told us that the outpatient's staff attended the service-wide meeting, which were minuted with agreed structures.
- The risk register for the whole service covered risks from both surgery and outpatients.

## **Public and staff engagement**

- See 'surgery' section for main findings

## **Innovation, improvement and sustainability**

- See 'surgery' section for main findings

# Outstanding practice and areas for improvement

## Outstanding practice

- The service provided a fast-track 48 hour service from referral to treatment for patients with AMD. This included a 'one-stop-shop' facility, where appropriate patients could undergo intravitreal injection within the same appointment, which reduced the likelihood of any further deterioration of vision.
- The service achieved and exceeded patient outcome professional standards for cataract surgery and age-related macular degeneration (AMD), while achieving better (lower) complication rates than recommended in professional standards. Irrespective of the low numbers, the service reviewed all complications to derive any relevant learning
- At the time of the inspection, the waiting time for cataract surgery was three weeks from the time of the initial consultation.
- The service developed two patient forums; one for AMD patients and the other for Glaucoma patients. These forums were open to any patient, or relative of a patient, with AMD or Glaucoma to discuss any concerns or anxieties they may have.

## Areas for improvement

### Action the provider SHOULD take to improve

- The service should consider reminding staff to ensure that sharps bins are 'part-closed' as appropriate.
- The service should ensure that staff are observing hand hygiene precautions when having contact with patients.
- The service should consider how it can formalise the assessment and recording of patient pain.
- The service should ensure that a record of progress against actions taken following its bi-monthly meeting is recorded and updated.