

CESP (North East) @ Nuffield Health Newcastle Hospital

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

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

CESP North East LLP (Consultant Eye Surgeons Partnership) provides ophthalmic surgery and an outpatient service at Nuffield Health Newcastle under a service level agreement with the Nuffield Health Newcastle hospital which is referred to as the host hospital throughout this report.

The host hospital provided CESP North East access to private bedrooms if needed, a day case suite and consulting rooms with a bright, comfortable reception area where hot and cold drinks were available.

Summary of findings

There was also an outpatient service supported by diagnostic imaging for children, adults and young people. All surgery was carried out on one or two days a month. We inspected surgery and outpatients using our comprehensive inspection methodology.

To understand 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 performance against each key question as outstanding, good, requires improvement or inadequate.

We carried out the announced part of the inspection on 22 and 23 February 2018. Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

The main services provided by CESP North East were ophthalmic consultations and the diagnosis, treatment and management of long term ophthalmic conditions. Ophthalmic surgical procedures were undertaken as day cases. The most commonly performed surgery was cataract extraction and lens implant, minor lid operations (excision lesions of eyelid), strabismus and YAG laser capsulotomy.

Where our findings on ophthalmic surgery, e.g. management arrangements, also apply to outpatient services, we do not repeat the information but cross-refer to the surgery core service.

We rated CESP North East as **good** overall.

We found the following good practice in surgery:

- During the previous twelve months there were no never events, serious incidents, complaints or safeguarding alerts reported regarding surgery.
- Throughout the hospital, ward and reception areas, clinical and anaesthetic rooms and recovery areas were visibly clean, tidy and in good decorative order.
- All medicines were stored safely and securely and processes were in place including medicines reconciliation to ensure these were safe for use.
- CESP North East surgeons worked well with the theatre team and all staff adhered to and followed the five steps to safer surgery checklist.

- CESP North East provided care and treatment in line with national guidance and best practice from the Royal College of Ophthalmologists and National Institute for Health and Care Excellence (NICE).
- Patients were given information about pain relief and this included being assessed during and after procedures using a pain score numerical tool.
- All consultants participated in audits of cataract patients which showed improvement in visual acuity in all patients audited.
- All consultants limited their private practice to those subspecialist areas that they also practice in the NHS.
- Patients told us the consultants had discussed the benefits and risks of their surgery and answered their questions prior to them giving consent to proceed with their surgery.
- We observed patients were treated with care, compassion, and respect by all staff they had contact with during their pathway.
- Patients told us that they were fully involved in their care and treatment;
- The registered manager had the skills, knowledge and experience to lead the service.
- We received positive feedback about the consultant team and were told they were approachable and hospital staff said they were happy working with CESP North East on a provider and individual level.
- Consultants were aware of the vision, strategy and aims for CESP North East and had an input in their development.
- CESP North East was proactive in seeking patients' views and their experience of care and treatment received; audits provided showed 93% of patients viewed the service provided as either excellent or very good.

However, we also found the following areas of improvement in surgery:

- We observed that the theatre (Theatre 3) used for procedures during our inspection was in need of updating and repair.

Summary of findings

- CESP North East did not have:
 - an incident reporting policy separate to the host hospital.
 - a complaint procedure separate to the host hospital.
 - a surgical risk register separate to the host hospital and processes for assessing risks were not fully developed.

We found the following good practice in the outpatients department:

- During the previous twelve months there were no never events, serious incidents or safeguarding alerts reported regarding the outpatient department.
- The department was well decorated, bright, maintained to a high standard and had hot and cold drinks facilities for the use of patients and visitors.
- All medicines were stored safely and securely and processes were in place including medicines reconciliation to ensure these were safe for use.
- There was a designated team who worked in outpatients, there were adequate numbers of skilled staff to meet the needs of people using CESP North East.

- We observed good multidisciplinary working and communication between the teams in the clinic during the outpatient clinics observed.
- Patients were treated with care, compassion, and respect by all staff during their visit to the outpatient department.
- Consultations were conducted in a friendly, calm and informative manner and time was taken to answer any questions or concerns raised. Patients told us they felt reassured following their consultation.
- The average wait to receive an appointment following surgery was a maximum of two weeks.
- CESP North East was proactive in seeking patients' views and their experience of care and treatment received.

Following this inspection, we told the provider of actions it should take, even though a regulation had not been breached, to help the service improve.

Details are at the end of the report.

Ellen Armistead

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating

Summary of each main service

Good



We saw that CESP North East provided care and treatment in line with national guidance and best practice from the Royal College of Ophthalmologists and National Institute for Health and Care Excellence (NICE).

There had been no never events, serious incidents, complaints or safeguarding alerts reported within the last twelve months.

We saw patients were treated with care, compassion, and respect by all staff during their pathway and patients told us that they were fully involved in their care and treatment.

Surgery and outpatients and diagnostics were the only activities undertaken at this service. Surgery was the main activity at the service. Where our findings also apply to both activities, we do not repeat the information but cross-refer to the surgery section of the report.

We rated surgery as good overall because it was effective, caring, responsive and well led.

We rated safe as requires improvement.

Children and young people's services were a small proportion of this service' activity. In the twelve months before inspection, there were no day cases and 36 outpatient episodes for children aged 3 to 15 treated at the service. The main service was surgery. Where arrangements were the same, we have reported findings in the surgery section of the report.

We have not rated services for children and young people as we do not have enough evidence to rate this service.

Services for children and young people

Not sufficient evidence to rate



Summary of findings

Outpatients and diagnostic imaging

Good



Consultations were conducted in a friendly, calm and informative manner and time was taken to answer any questions or concerns raised. Patients told us they felt reassured following their consultation and that were treated with care, compassion and respect. During the previous twelve months there had been no never events, serious incidents or safeguarding alerts reported regarding the outpatient department.

We saw good multidisciplinary working and communication between the teams in the clinics observed.

Surgery and outpatients and diagnostics were the only activities undertaken at this service. Surgery was the main activity at the service. Where our findings also apply to both activities, we do not repeat the information but cross-refer to the surgery section of the report.

We rated outpatients and diagnostic as good overall because it was caring, responsive and well led.

We rated safe as requires improvement.

We currently do not rate effective for outpatients and diagnostic imaging.

Summary of findings

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Good 

CESP (North East) @ Nuffield Health Newcastle

Services we looked at

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

Summary of this inspection

Background to CESP (North East) @ Nuffield Health Newcastle Hospital

CESP (North East) @ Nuffield Health Newcastle is operated by Consultant Eye Surgeons Partnership (CESP) North East LLP. The service is provided at Nuffield Health Newcastle which is referred to as the host hospital in this report.

The service opened in January 2013.

The service had a registered manager, Mr Ayad Shafiq, in post since November 2017.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and two Specialist Advisers (one governance lead and one theatre manager) and was overseen by Mr Omar Khan, Inspection Manager.

Information about CESP (North East) @ Nuffield Health Newcastle Hospital

Consultant Eye Surgeon Partnerships (CESP) North East operates at the Nuffield Health Newcastle Hospital and used the host hospital facilities for all care and treatment. The service did not provide care to NHS patients.

The service accepted patients through direct referrals from their GPs or self-referrals. There were five consultant surgeons who worked under practising privileges at the service.

CESP North East is registered to provide the following regulated activities:

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

We visited the operating suite on the ground floor and also the outpatient and diagnostic department, anaesthetic room, post-operative and recovery areas and one day case ward.

We spoke with 16 staff including registered nurses, health care assistants, administrative staff, medical staff, operating department practitioners and senior managers. We spoke with nine patients and relatives and reviewed 10 sets of patient records.

In the last twelve months there were 212 day case episodes of care recorded at CESP North East including 200 cataract extraction and implant.

There were also 20 capsulotomy and 150 management of glaucoma topical procedures and 1,035 outpatient attendances in the last twelve months.

There were five surgeons working at the hospital under practising privileges. The accountable officer for controlled drugs (CDs) was the pharmacist for the host hospital.

Track record on safety:

In the twelve months prior to inspection there were:

- No never events.
- No serious incidents.
- No complaints.

No incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA).

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

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

No incidences of hospital acquired E-Coli.

Summary of this inspection

Services accredited by a national body

There were no services provided by CESP North East accredited by a national body.

Services provided at the hospital under service level agreement

- Outpatient services.
- Radiology and imaging.
- Catering and laundry services.
- Clinical and or non-clinical waste removal.
- Interpreting services.

- Maintenance of medical equipment.
- Laser protection service.
- All nursing, ancillary staff and RMO provision.

What people who use the service say

Patients and their relatives we spoke with were positive about their experience of the service. Patients told us that they were provided with information in order to make an informed decision about their care and treatment.

They were complimentary about the staff and surgeons and said they were treated with care, compassion and staff were respectful of their privacy and dignity.

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 requires improvement because:

- We observed that the theatre (Theatre 3) used for procedures during our inspection was in need of updating and repair.
- CESP North East did not have an incident reporting policy separate to the host hospital.
- We did not receive assurance that consultant's hand hygiene compliance was audited by CESP North East.

However:

- During the previous twelve months there were no never events, serious incidents or safeguarding alerts reported.
- Ward and reception areas, clinical and anaesthetic rooms and recovery areas were visibly clean, tidy and in good decorative order.
- All medicines were stored safely and securely and processes were in place including medicines reconciliation to ensure these were safe for use.
- CESP North East surgeons worked well with the theatre team and all staff adhered to and followed the five steps to safer surgery checklist.
- Equipment including emergency resuscitation equipment was well maintained and checks were completed.
- There were adequate number of skilled staff to provide care and treatment.
- Policies and procedures were in place to ensure people were safeguarded from the risk of abuse.
- Staff understood their responsibilities under the duty of candour and when this should be invoked.
- There was a process in place for access to medical input out of hours and a service level agreement with the local trust for emergency transfer of patients as required.
- Records of patients undergoing surgical procedures were detailed and contained risk assessments, pre and post op checks and notes.
- There was a designated team and adequate numbers of skilled staff who worked in outpatients to meet the needs of people using CESP North East.
- We observed good multidisciplinary working and communication between the teams during the outpatient clinics observed.

Requires improvement



Summary of this inspection

Are services effective?

We rated effective as good because:

- Patients were given information about pain relief and assessed during and after procedures using a pain score numerical tool.
- All consultants participated in audits of cataract patients which showed improvement in visual acuity in all patients audited.
- All consultants limited their private practice to subspecialist areas that they also practiced in the NHS.
- The process for granting practising privileges was adhered to and the medical advisory committee provided medical supervision.
- Consent to care and treatment ensured that patients were involved and informed consent obtained.

Good



Are services caring?

We rated caring as good because:

- Patients told us the consultants had discussed the benefits and risks of their surgery and answered their questions prior to them giving consent to proceed with their surgery.
- We observed patients were treated with care, compassion, and respect by all staff they had contact with during their pathway.
- Patients told us that they were fully involved in their care and treatment.
- Patients were positive about the care they received.

Good



Are services responsive?

We rated responsive as good because:

- Access to care and treatment was well managed, and patients were seen within two weeks from referral times.
- The patient was seen by the same surgeon throughout their care pathway to ensure continuity.
- CESP North East had introduced a 'one stop' assessment process for cataract patients prior to surgery. The 'one-stop' service minimised visits prior surgery.
- Patients were provided with information leaflets regarding risks and benefits of surgery and had the opportunity to review this before their surgery date.
- CESP North East reported that no procedures were cancelled for

However:

- CESP North East did not have a complaint procedure separate to the host hospital.

Good



Summary of this inspection

Are services well-led?

We rated well-led as good because:

- We received positive feedback about the consultant team and were told they were approachable and hospital staff said they were happy working with CESP North East on a provider and individual level.
- Consultants were aware of the vision, strategy and aims for CESP North East and had input in their development.
- The registered manager had the skills, knowledge and experience to lead the service.
- CESP North East was proactive in seeking patients' views and their experience of care and treatment; audits provided showed 93% of patients viewed the service provided as either excellent or very good.

However:

- CESP North East did not have a surgical risk register separate to the host hospital and processes for assessing risks were not fully developed.

Good








Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Surgery

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

Are surgery services safe?

Requires improvement 

The main service provided by CESP North East was surgery. Where our findings on surgery also apply to other services, e.g. outpatients and diagnostic imaging, we do not repeat the information but cross-refer to the surgery section.

We rated safe as requires improvement.

Incidents

- CESP North East reported there were no never events, serious incidents, clinical or non-clinical incidents within the last twelve months.
- Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- Host hospital policies and procedures on incident reporting were available to staff and they were confident in using the system to report and record these.
- The duty of candour (DoC) 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.
- Although the provider had not had cause to initiate DoC, staff we spoke with had received training through the

host hospital and had a good knowledge of the procedure to follow. CESP North East consultants had all received training at their employing trust and understood their responsibilities.

- Incidents were discussed at the medical advisory committee and learning was shared locally through staff meetings. Incidents applicable to CESP North East and discussed at the MAC would be raised with the consultant surgeons by the registered manager.
- CESP North East did not have an incident reporting policy separate to the host hospital. Although, incidents regarding CESP North East were reported through host hospital systems and separately discussed at the Medical Advisory Committee (MAC), this did not allow CESP North East to immediately investigate and learn from incidents.
- We discussed this with the registered manager who agreed to develop and introduce an incident reporting procedure specific to CESP North East. This will include root cause analyses, timescales, action planning and learning.

Clinical Quality Dashboard

- CESP North East did not have a clinical quality dashboard separate to that used by the host hospital.
- Risk and performance reports were discussed at the MAC and shared with CESP North East on a quarterly basis.

Cleanliness, infection control and hygiene

- Throughout the hospital, wards, reception areas, clinical and anaesthetic rooms and recovery areas were visibly clean, tidy and in good decorative order.

Surgery

- We saw that host hospital infection prevention and control policies and procedures were based on Department of Health and Social Care's codes of practice on the prevention and control of infections.
- They included guidance on hand hygiene, use of personal protective equipment (PPE) and the management of the spillage of body fluids. These were followed by CESP North East and available to all staff.
- We saw that staff adhered to 'arms bare below the elbow' policy in clinical areas and used PPE as appropriate.
- Antibacterial hand gel dispensers were available at the entrance and throughout clinical areas and wards. We saw staff used these and washed their hands between patient contact.
- Staff completed cleaning rotas on a daily and weekly basis covering all clinical areas such as theatres, outpatient department and ward areas.
- The host hospital included infection control training as part of their staff mandatory training and records showed that all CESP North East staff had completed infection control training with their employing NHS trust.
- A procedure was in place for the decontamination of reusable medical devices and a service level agreement (SLA) with an external company covered the sterilisation of non-disposable equipment used within surgery.
- Staff followed guidance ((Sharp Instruments in Healthcare) Regulations (2013)) on sharps management and bins were clearly labelled and tagged to ensure appropriate disposal and prevent cross infection.
- Access to the operating theatre was restricted and there were separate clean and dirty utility areas to reduce the risk of infection.
- The host hospital carried out hand hygiene audits and the outcome and action plans were shared with staff through team meetings. CESP North East did not carry out separate hand hygiene audits that identified consultant's compliance with procedures.
- We observed that the theatre (Theatre 3) used for procedures during our inspection was in need of

updating and some repairs, the specialist adviser identified minor cracks in the theatre ceiling tiles and 'flaked' paint on walls. These were identified as an infection control risk.

- At the time of inspection this had not been raised by the registered manager with the host hospital. We raised this with the registered manager who agreed to take these issues to the host hospital through the MAC.

Environment and equipment

- The areas where CESP North East provided services within the host hospital were well maintained, bright, secure and welcoming. The host hospital provided CESP North East with theatre, outpatient and consulting room facilities.
- CESP North East had a service level agreement with the host hospital for the provision and maintenance of all surgical and other equipment.
- CESP North East had maintenance contracts for an ocular computer tomography machine; an optical device that does not use ionising radiation.
- Daily checks of all resuscitation equipment were carried out and records of these were seen during the inspection. Resuscitation trolleys were kept in a secure area with tamper proof tags.
- We saw that all equipment used during surgery had been checked, calibrated and serviced; records of these checks were kept.
- Processes were in place to record the unique identifying labels in patient notes enabling implants and single use instruments to be traced.
- All equipment, such as wheelchairs and hoists, used in theatres had been serviced and were in good order.

Medicines

- CESP North East had a service level agreement with the host hospital in place for the provision of patients' medicines and followed the host hospital's policy and procedures available to staff.
- Emergency drugs were available and in case they were needed in the operating theatre and also on resuscitation trolleys.

Surgery

- All medicines were stored safely and securely and processes were in place to ensure these were safe for use. These included the recording of receipt, storage, use and reconciliation of medicines.
- We carried out a random check of medicines and found these were in date and entries in the control drug register were completed appropriately with two staff members' signatures in compliance with host hospital policy.
- CESP North East did not use cytotoxic drugs for ophthalmic patients.
- Dedicated fridges were used for the storage of medicines in outpatients and in the operating suite. Fridge temperatures were monitored to ensure medicines were stored correctly.
- All drugs administered to patients were prescribed and medication charts were completed appropriately and included times and dates that of administration.
- There was an in-house pharmacy service provided for patients as part of the service level agreement (SLA). The RMO employed by the host hospital was responsible for dispensing all medicines out of hours in line with the host hospital policy and also reviewed the medicines administration charts and post-operative notes before raising a prescription and dispensing medicines.

Records

- Patients' records were kept in paper format at CESP North East offices and stored remotely, securely and complied with the Data Protection Act 1998. CESP North East was registered with the Information Commissioners Office.
- Eight patient records reviewed included pre-operative risk assessments for falls, pressure and skin integrity and where necessary care plans had been developed in response.
- Records contained detailed information of care and treatment including consent, type of lens, serial numbers, investigations and test results and care plans.

- The surgical register in the operating theatre was completed and recorded procedures undertaken, names of surgeon and scrub nurse, the time each patient entered and left theatre, the patient's name and identifier as well as implants and swab counts.
- Administrative staff ensured patients' records were available on site for clinics and day case admissions. Staff confirmed there had not been any instance of records not being available.
- We saw that discharge information was dictated by the consultant and there discharge letters were then sent to patients' GPs following treatment.

Safeguarding

- There were no safeguarding concerns relating to CESP North East reported to the Care Quality Commission (CQC) within the last twelve months.
- CESP North East told us they followed the host hospital's safeguarding policies and procedures. The matron was the safeguarding lead for the host hospital and provided advice and support as needed to staff.
- Staff had completed training in safeguarding as part of the service level agreement (SLA) and staff undertook regular training and updates.
- There was a clear understanding about what constituted abuse and the action to report and record allegations of abuse by host hospital and CESP North East staff.
- Training records showed CESP North East consultants had completed adult safeguarding training and paediatric safeguarding training at level 2 and 3.

Mandatory training

- Mandatory training completion for host hospital staff was the responsibility of the host hospital under the SLA. Mandatory training included, amongst others, health and safety, safeguarding adults and children, infection prevention and control, medicines management and basic life support. Records showed that staff were compliant with host hospital mandatory training requirements.
- The registered manager was responsible for monitoring compliance with training by CESP North East staff working under practising privileges.

Surgery

- Records showed that CESP North East consultants had all completed mandatory training at their employing NHS trust.

Assessing and responding to patient risk

- CESP North East followed clear admission criteria. All patients were referred for treatment by their GPs or self-referred. Patients were assessed and triaged ensuring that they met the day case criteria.
- Pre-operative assessment was undertaken, information shared with patients and diagnostic investigations were undertaken prior to any decision on whether surgery would be offered. This took account high risks patients such as those with higher body mass index and other disease or disorders.
- The World Health Organisation (WHO) surgical safety checklist ('five steps to safer surgery') is guidance to promote safety of patients undergoing surgery. This sets out what should be done during every surgical procedure to reduce the risk of errors.
- Although CESP North East did not provide results of WHO audits, we observed CESP North East surgeons worked well with the theatre team to ensure that the WHO recommendations for theatre safety were followed and that there was emphasis on the management of specific risks.
- We saw that staff were fully engaged in the process and patients were also involved as appropriate. A designated member of staff ensured all swabs, needles and instruments used were counted and recorded during and after surgery.
- CESP North East used the host hospital version of the WHO checklist for procedures but had committed to developing a bespoke checklist for specific procedures e.g. cataract surgery, consistent with guidance from the National Patient Safety Advisory (NPSA) Committee surgical safety checklist.
- The surgeon marked the specific site before surgery in accordance with the WHO checklist and involved the patient in this process. After surgery handovers were managed safely and staff informed patients of ongoing monitoring and care. Staff confirmed the recovery of patients before they were transferred to the ward.

- Staff used an early warning score and pain score to manage deteriorating patients and escalate concerns to the resident medical officer (RMO), surgeon or anaesthetist when necessary.
- Following surgery patients were provided a 24 hour helpline for advice and this included direct access to the surgeon. Following surgery, consultants gave patients their contact details and patients told us they felt reassured that help was available if needed.
- CESP North East had a protocol for transfer to the local NHS trust for patients whose condition deteriorated and required acute care and support. No patients had been transferred within the last twelve months.
- Patients received appropriate support on discharge which included out of hours contacts and the specific consultant was available to offer advice and treatment if required.

Nursing and support staffing

- Nursing and support staff were provided by the host hospital under a SLA with CESP North East. The registered manager received assurance about staffing levels from the host hospital and met with matron to determine staffing requirements and provide feedback from surgeons using the service.
- All surgical procedures were planned and CESP North East did not provide emergency care; referrals were made to the local NHS trust when needed.
- CESP North East identified their staff needs in advance and the host hospital ensured these needs were met within theatre, recovery, outpatient clinics and ward.
- We saw there were adequate and safe numbers of skilled staff in all areas and this was confirmed by patients, relatives and carers.

Medical staffing

- CESP North East did not employ clinical staff; there were five ophthalmic surgeons who worked across surgery and outpatients under practising privileges granted under CESP North East policy and procedures. The medical advisory committee provided medical supervision, and was responsible for reviewing and monitoring clinical practices for the service.

Surgery

- CESP North East followed the host hospital's process for granting practising privileges including checks with the disclosure and barring service (DBS), General Medical Council (GMC) registration and appropriate ophthalmology qualifications.
- CESP North East provided 24 hour consultant led care and arrangements between CESP North East consultants ensured there was out of hours cover. The individual consultant had responsibility for the patients under their care. All patients were treated as day cases.
- A resident medical officer (RMO) employed by the host hospital, worked on a weekly rota and provided 24 hour cover under the SLA and they would contact the surgeon for advice and support as needed. An anaesthetist was present where patients received sedation.
- All consultants participated in the audit programmes of their NHS trusts and CESP North East carried out an audit of cataract patients identifying pre-operative visual acuity and post-operative visual acuity.
- CESP North East had policies (e.g. practising privileges, records, safeguarding, mandatory training) in place and also followed host hospital policies. These were reviewed and updated by the host hospital.

Pain relief

- Patients were given information about pain relief that included the administration of anaesthetic eye drops prior to surgery. Patients' pain was assessed during and after procedures.
- We saw nursing staff provided patients with advice on pain relief when preparing patients for discharge. Patients were given a 24 hour helpline number to contact their surgeon and also advised to contact their local accident and emergency department if pain persisted.
- CESP North East consultants were available to provide advice if patients complained of pain after surgery.
- Staff assessed patients' pain in the recovery area and patients confirmed that their pain was monitored and treated appropriately.

Emergency awareness and training

- CESP North East followed the internal emergency policy and procedures of the host hospital.
- The host hospital carried out regular fire drills tests and evacuation plans were in place at the hospital. Fire alarms were tested weekly and fire training formed part of the host hospital's mandatory staff training.
- The host hospital had an emergency generator in the event of power cuts and completed regular checks.

Are surgery services effective?

Good 

We rated effective as **good**.

Evidence-based care and treatment

- CESP North East provided care and treatment in line with national guidance and best practice from the Royal College of Ophthalmologists and National Institute for Health and Care Excellence (NICE).
- Consultants followed NICE and Royal College of Ophthalmologists cataract surgery guidelines on pre-operative and post-operative care. Care pathways also included phacoemulsification of cataract, medical retina, glaucoma and vitreoretinal procedures.
- Staff used pre-operative fasting guidelines for adults in accordance with the recommendations of the Royal College of Anaesthetists (RCOA).
- Patients confirmed they were given clear information about fasting prior to surgery, e.g. patients who were receiving sedation or anaesthetic.
- Patients' dietary needs were assessed and they were offered a variety of meals to meet their individual needs.
- Diabetic patients were identified at pre-operative assessment and an individual care plan developed with the surgeon and anaesthetist.

Nutrition and hydration

Patient outcomes

- Patients were treated as day case and outpatients.
- All consultants participated in the audit programmes of their NHS trusts and CESP North East carried out audits

Surgery

of cataract patients for each surgeon, identifying pre-operative visual acuity and post-operative visual acuity. These showed improvement in visual acuity in all patients audited.

- There had been no unplanned returns to theatre, unplanned readmissions within 28 days of discharge or unplanned transfers to local NHS providers within the last twelve months.
- A sepsis policy was in place and staff had completed training in the recognition and management of sepsis as part of their NHS work.

Competent staff

- CESP North East consultants were all employed as ophthalmologists at local NHS trusts. We saw staff records that confirmed appraisal and revalidation were monitored and up to date.
- The consultants provided training to nurses and junior ophthalmologists at their employing NHS trust and attended local and national conferences to maintain their skills and knowledge.
- All staff had an annual performance assessment with their NHS employer as part of their fitness to practice and this was shared with granting practising privileges.
- All consultants limited their private practice to those subspecialist areas that they also practice in the NHS. Any patient who presented with a condition outside of their subspecialist expertise was referred on to an appropriate clinician.

Multidisciplinary working.

- All CESP North East consultants had a good working relationship with the departmental and theatre teams and followed common processes.
- We saw effective multidisciplinary working between staff of all grades at the hospital. Professional relationships between all staff promoted the values of CESP North East and staff said they felt valued and worked well together.
- Treatment was well co-ordinated between the theatres, departments and ward; patients confirmed their treatment was seamless when transferred between departments and wards.

- We saw the ward functioned effectively and patients were prepared for theatre and discharged effectively.

Access to information

- CESP North East held patients' records in paper format and we saw patients' records were ready for their appointments when they attended for treatment.
- Authorised staff had access to patients' medical records which included pre-operative and post-operative assessments, tests results, medication, referral letters, consent and clinical notes.
- Staff had access to a range of policies, procedures and guidance readily available on systems.
- At the point of confirming their first appointment, patients were sent written information of treatment costs.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- CESP North East and the host hospital had a policy and procedures for consent which complied with the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).
- Staff understood their responsibilities in obtaining informed consent and the process to determine best interest decision. Capacity to consent was assessed as part of pre-operative assessment.
- We reviewed eight sets of patient notes and followed patient journeys to surgery and spoke to six patients. We confirmed consent was further discussed on the day of surgery and recorded appropriately.
- We saw CESP North East consultants confirm consent had been obtained and discuss the particular treatment with the patient.
- Patients told us they were given clear information about their treatment options. Patients said consultants had discussed the benefits and risks of their surgery and answered their questions prior to them giving consent to proceed.
- The registered manager confirmed that all patients were given a 'cooling off period' to consider their treatment options.

Surgery

Are surgery services caring?

Good 

We rated caring as **good**.

Compassionate care

- We saw that patients were treated with care, compassion, and respect by all staff. During the inspection we observed patients were greeted professionally on their entrance to the hospital and directed to CESP North East.
- The privacy and dignity of patients was maintained at all times, particularly when they were transferred from trolleys and chairs. Patients were helped by nursing and healthcare staff to move around the hospital and outpatient clinics.
- CESP North East consultants greeted patients in a warm and friendly manner for their appointments and patients confirmed they had built up good relationships with their consultant.
- CESP North East was proactive in seeking patients' views and their experience of care and treatment. During the inspection we saw a large number of complimentary letters and cards about the service.
- Patients spoken with were also overwhelmingly positive about the whole experience they had received. They said CESP North East provided '...excellent service', '...fantastic' and they had been given '...very well explained treatments, honest and safe in their hands'.
- We viewed the audits of patient feedback provided. These showed that 93% of patients viewed the service provided as either excellent or very good, 100% of patients said they would recommend their consultant surgeon to a friend or relative and 100% of patients said they would recommend CESP North East to a friend or relative.

Understanding and involvement of patients and those close to them

- Patients told us they were fully involved in their care and treatment and they felt able to ask for further details and explanation about any aspect of their treatment.

- They told us treatment had been explained and their questions were answered fully by both nursing and consultant staff.
- We saw that patient notes recorded pre-operative discussion, confirmation of consent and contact during admission and post-operatively to provide support and information.
- Patients received information including the cost of surgery in writing prior to their appointment.
- We observed the surgeon and anaesthetist involved the patient during the surgical procedure and explained what they were doing to give reassurance.
- Written information about post-operative care was given to all patients and we saw staff talk to patients about their aftercare.

Emotional support

- We observed consultations in outpatients for patients following their surgery. Consultations were scheduled to last from fifteen to thirty minutes and were conducted in a calm and reassuring manner.
- All questions were answered and patients given time to understand the responses given. CESP North East consultants confirmed they would give additional time to any patient who needed a longer discussion.
- Patients told staff had supported them when they arrived for their procedure and felt reassured following discussion with staff and were well prepared for treatment.
- Patients with long term or deteriorating sight problems were supported over a longer period of time. Their treatment was reviewed through telephone and face to face discussion with their surgeon and referred to support groups where appropriate.
- A chaplaincy service was available through the SLA with the host hospital.

Are surgery services responsive?

Good 

We rated responsive as **good**.

Surgery

Service planning and delivery to meet the needs of local people

- Patients were referred to the particular surgeon of their choice where possible and seen by that consultant throughout their treatment ensuring continuity.
- CESP North East offered surgery and outpatient appointments on certain days of the week, mainly Thursday and Friday. Patients were made aware of this and their appointment and treatment times were undertaken at a time suitable to the patient when possible.
- As part of their service level agreement, offered care and treatment including diagnostic procedures at the same location. CESP North East had introduced a 'one stop' assessment process for cataract patients prior to surgery.
- Cataract patients who travelled to see a CESP North East surgeon had a consultation, examination, assessment of their macula with OCT) scanning, and biometry lens calculation, in their first visit. This provided a comprehensive assessment that allowed the patient to be booked in for surgery without further visits.
- Patients were provided with information leaflets regarding risks and benefits of surgery and were able to review this before their procedure. Patients also had nurse pre-assessment at the same visit. The 'one-stop' service minimised visits prior to surgery.

Access and flow

- CESP North East had 212 day case episodes in the twelve months before inspection.
- All patients were pre-booked and had to be referred by their GP or self-referred before they were accepted. CESP North East did not have an NHS contract as all patients were self-funded or insured.
- The average referral to treatment time was ten to fourteen days and appointments were flexible depending upon patients' needs, choices and availability. All patients were seen by CESP North East consultants at initial appointments and patients given treatment options.

- There was a process in place for patients who missed or did not attend their appointments as planned. Staff would contact them by phone and patients would be offered alternative dates as appropriate.
- No procedures were cancelled for a non-clinical reason in the last 12 months.

Meeting people's individual needs

- Access to the theatre suite was on the ground floor of the host hospital and a passenger lift to the outpatient department on the first floor was available.
- Designated car parking spaces for patients, carers and relatives with limited mobility were available. Toilet facilities were available throughout the host hospital for patients, carers and relatives with a disability.
- The host hospital provided an interpreter service for patients whose first language was not English through the SLA and this was accessed by CESP North East when needed.
- A wide variety of leaflets and patients information was available throughout the host hospital and particularly within the facilities used by CESP North East.
- Although, staff confirmed that information was available in other formats such as large print, they were unsure if information was available in other languages.
- CESP North East had access to advice from a dementia link nurse provided under the SLA with the host hospital.

Learning from complaints and concerns

- Information on how patients could raise a complaint was displayed and available throughout the hospital although this was not specific to CESP North East. The registered manager confirmed there had been no complaints received in the last twelve months regarding CESP North East.
- Currently, learning from complaints was shared at the host hospital medical advisory committee and action plans developed.
- CESP North East did not have a complaint procedure separate to the host hospital. We discussed this with the registered manager who agreed to develop and introduce a complaints procedure specific to CESP North East.

Surgery

- This will include a defined investigatory process, timescales, communication with the patient and the involvement of patients in reaching a resolution.
- However, issues had been raised at the MAC which should have been considered as complaints (see below); this was discussed with the registered manager who accepted the need for a robust complaints procedure separate to the host hospital.
- Currently, the registered manager was responsible for investigating all complaints and followed host hospital processes, involved the matron from the host hospital and discussed with CESP North East consultants as appropriate.
- There was a process of escalating concerns or complaints which could not be resolved to the independent healthcare advisory service or other bodies.
- Previous administrative support to CESP North East had been problematic and as soon as issues had been identified the registered manager had taken immediate action to ensure more effective and robust support.
- All host hospital staff told us they had excellent working relationships with CESP North East consultant surgeons and felt well supported and worked in an open and productive environment. The consultant team were approachable and visible and said they were confident working with CESP North East on a provider and individual level.
- We were assured that all the consultants were employed in the NHS and where appropriate patients were referred to other private or NHS providers.

Are surgery services well-led?

Good 

We rated well-led as **good**.

Leadership and culture

- One of the consultants had taken on the role of registered manager and was responsible for the management of CESP North East. The team of five consultant surgeons provided care and treatment under practising privileges granted under CESP North East policy and procedures.
- We interviewed the registered manager and confirmed he had the skills and experience to manage the service. The registered manager was employed at a local NHS trust and kept his clinical skills and practice up to date.
- CESP North East employed its own administrative and office staff. We were told they felt confident in approaching the registered manager with any issues. Office staff had been recently engaged on a self-employed basis, displayed enthusiasm for the role and said they had positive relationships with the registered manager and other consultants.
- The registered manager provided us with the vision and strategy for CESP North East. This stated that CESP North East ‘...strives to provide high quality consultant led ophthalmic care and aims to:
 - Treat people with respect and involve them in their care.
 - Provide care, treatment and support that meets people’s need.
 - Care for people safely and protect them from harm.’
- All practice, care and treatment were observed to be consistent with guidance from the Royal Colleges and promoted the vision and strategy of CESP North East.
- Consultants were aware of the vision, strategy and aims for CESP North East and had contributed to their development.

Governance, risk management and quality measurement

- CESP North East consultants managed the care and treatment of their own patients and no clinical work was delegated to others within the partnership. The consultants covered for each other when on annual leave.
- Nursing and other clinical support was provided under the SLA with the host hospital.

Surgery

- Issues were raised at the quarterly host hospital medical advisory committee (MAC) meetings, chaired by an anaesthetist from the host hospital and attended by the registered manager of CESP North East.
- Minutes showed the MAC considered financial and operational issues, governance reports and regulations and practising privileges and identified issues specific to CESP North East.
- Although CESP North East partners met on an informal basis to discuss operational and strategic issues, these meetings were currently not recorded. The registered manager was committed to a more formal arrangement.
- Host hospital MAC minutes showed that there had been concerns raised by patients regarding the service at CESP North East.
- One patient had tried several times to chase his results and did not get appointments when he was promised coupled with a 'flippant attitude' by administrative staff. Secondly, a letter had not been sent to a patient or their GP regarding further treatment despite several phone calls.
- These issues had resulted in a change in administrative support for CESP North East and following discussion during inspection, a commitment from the registered manager to introduce incident reporting and complaints procedures specific to CESP North East.
- CESP North East did not have a surgical risk register and processes for assessing risks were not fully developed in order to mitigate risks associated with carrying on regulated activities. The registered manager confirmed during inspection that a CESP North East risk register was in the process of being developed.
- The host hospital had developed a surgical risk register that was shared with CESP North East and included a quarterly governance report to the MAC. This did not identify any risks solely relevant to CESP North East.
- The registered manager told us he had informal regular meetings with the matron at the host hospital.
- During the inspection we saw a large number of complimentary letters and cards about the service; the positive experience was confirmed during discussions with patients, relatives and carers during the inspection.
- We met the administrative and management staff with the consultants present and also in their absence. It was clear that administrative support to CESP North East had recently undergone an improvement and that staff were confident, efficient and related well to clinical staff.
- The registered manager had an effective relationship with administrative staff and regularly met and discussed issues on an informal basis.

Innovation, improvement and sustainability

CESP North East had developed the following services:

- Enabling patients with cataracts to choose the type of lens implant that best suited their visual needs the service had introduced high quality bespoke intraocular lenses that gave improved vision for distance, middle distance and close reading, without spectacles;
- The use of bespoke toric intraocular lens implants unavailable through local NHS trusts. Designed to compensate for the surface curvature of each patient with astigmatism of the cornea;
- Use of ocular computer tomography (OCT) scanning to monitor optic nerve damage in glaucoma which visualised the optic nerve and created a cross-sectional map of nerve health. This allowed CESP North East consultants to decide if further treatment was required or if the status of pressure control was adequate to prevent sight loss;
- One-stop assessment for cataract patients prior to surgery. Cataract patients who travelled to see a CESP North East surgeon had a consultation, examination, assessment of their macula with OCT scanning, and biometry lens calculation in their first visit. The consultation provided a comprehensive assessment allowing the patient to be booked in for surgery without further visits. The 'one-stop' service minimised visits prior to surgery.

Public and staff engagement

- CESP North East was proactive in seeking patients' views and their experience of care and treatment.

Services for children and young people

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

Are services for children and young people safe?

Not sufficient evidence to rate ●

We have not rated the children and young people service. We currently do not have enough evidence due to the small number of children using the service.

In the twelve months before inspection, there were no day cases and 36 outpatient episodes for children aged 3 to 15 treated at the service.

Incidents

- Staff were confident in using host hospital policies and procedures to report incidents related to children and young people. There had been no incidents reported which related to children and young people services.
- All incidents were discussed at the medical advisory committee and learning was shared through staff meetings. Incidents applicable to CESP North East and discussed at the MAC would be raised with the consultant surgeons by the registered manager.
- CESP North East did not have an incident reporting policy separate to the host hospital.
- Please see the safe section of the surgery report for further details about incidents.

Cleanliness, infection control and hygiene

- CESP North East followed the host hospital systems, policies and procedures for infection prevention and control, which were accessible to all staff.

- Host hospital infection prevention and control policies and procedures were based on codes of practice on the prevention and control of infections.
- Please see the safe section of the surgery report for details about infection control and management.

Environment and equipment

- Emergency resuscitation equipment was available for children and young people was in place and included face masks and airway equipment suitable for children.
- Daily checks of all resuscitation equipment available for children and young people were carried out and records of these were seen during the inspection. Resuscitation trolleys were kept in a secure area with tamper proof tags.
- There was no designated waiting area for children and young people when they attended outpatient clinics, although separate facilities were available if needed.
- Please see the safe section of the surgery report for details about environment and equipment.

Medicines

- CESP North East had a service level agreement in place with the host hospital for the provision of patients' medicines including the provision, advice and support for the management of medicines for children and young people.
- Processes were in place to ensure medicines were stored safely and securely including medicines reconciliation to ensure safe use.
- Please see the safe section of the surgery report for details about medicines.

Services for children and young people

Records

- Patients' records were kept in paper format at CESP North East offices and stored remotely, securely and complied with the Data Protection Act 1998.
- Records for children and young people were only available to authorised members of staff.
- We did not see any records related to children and young people during this inspection.
- For our detailed findings on records please see the safe section in the surgery report.

Safeguarding

- There were no safeguarding concerns relating to children and young people reported to the Care Quality Commission (CQC) within the last twelve months.
- CESP North East followed the host hospital's safeguarding policies and procedures and any concerns would be dealt by matron who was the safeguarding lead at the hospital.
- Matron for the host hospital had completed level 3 in paediatric safeguarding and provided advice and support as needed to staff.
- The service had two consultant surgeons who provided care and treatment to children and we saw evidence that the five consultants working under practising privileges had completed paediatric safeguarding training at levels 2 and 3.
- For our detailed findings on safeguarding, please see the safe section in the surgery report.

Mandatory training

- Mandatory training completion formed part of the SLA with the host hospital and included safeguarding children levels two and three and basic and paediatric life support.
- For our detailed findings on mandatory training, please see the safe section in the surgery report.

Nursing and support staffing

- Nursing and support staff were provided by the host hospital under a service level agreement with CESP North East.

- The service did not provide emergency care and all surgery was planned and staff were allocated to meet the patients' needs.
- For our detailed findings on Nursing and support staffing, please see the safe section in the surgery report.

Medical staffing

- There were two designated consultant surgeons who provided care and treatment to children and young people.
- The Registered Medical Officer (RMO) on duty was Advanced Life support (ALS) and Paediatric Advance Life support (PALS) trained and was available for assistance 24 hours, seven day a week.
- For our detailed findings on medical staffing please see the Safe section in the Surgery report.

Emergency awareness and training

- CESP North East followed the internal emergency policy and procedures of the host hospital.
- The host hospital had an emergency generator in the event of power cuts and regular checks were completed.
- For our detailed findings please see the safe section in the Surgery report.

Are services for children and young people effective?

Not sufficient evidence to rate 

We have not rated effective.

Evidence-based care and treatment

- CESP North East provided care and treatment in line with national guidance and best practice and had policies and best practice guidance in place and also followed the host hospital policies.
- These were reviewed and updated in order to reflect current best practice and evidence based guidance.
- For our detailed findings on evidence based care and treatment please see the effective section in the surgery report

Services for children and young people

Pain relief

- Children and young people were given information about pain relief and this included administration of anaesthetic eye drops. Pain was assessed during and after procedures using a pain score.
- For our detailed findings on pain relief, please see the effective section in the surgery report

Nutrition and hydration

- For our detailed findings on nutrition and hydration, please see the effective section in the surgery report

Patient outcomes

- For our detailed findings on patients outcomes, please see the effective section in the surgery report

Competent staff

- The host hospital provided paediatric trained nurses under the SLA providing care and support to children and young adults when they attended the service.
- The Registered Medical Officer (RMO) on duty was Advanced Life support (ALS) and Paediatric Advance Life support (PALS) trained and was available for assistance 24 hours, seven day a week.
- For our detailed findings on competent staff, please see the effective section in the surgery report

Multidisciplinary working

- We observed effective multidisciplinary working between staff of all grades at the hospital. Staff told us they felt valued by all team members and worked well together.
- For our detailed findings on multidisciplinary working, please see the effective section in the surgery report

Access to information

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

Consent and Mental Capacity Act

- CESP North East and the host hospital had a policy and procedures for consent which complied with the Mental Capacity Act, 2005 (MCA) and 'Gillick competence'. This included the involvement of parents and carers as appropriate.

- Gillick competence is a term used to decide whether a child (under 16 years of age) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.
- For our detailed findings on consent, please see the effective section in the surgery report.

Are services for children and young people caring?

Not sufficient evidence to rate 

We have not rated caring.

Compassionate care

- We were unable to speak to any children or young people as the service treated a small number of children and none were available during this inspection.
- We saw that all patients were treated with care, compassion, and respect by all staff. Patients were greeted professionally on their entrance to the hospital and directed to CESP North East.
- For our detailed findings on compassionate care, please see the caring section in the surgery report

Understanding and involvement of patients and those close to them

- Staff told us they involved parents and carers as appropriate to ensure children and young people had all relevant information to make an informed choice about their care and treatment.
- Older children were able to decide to talk to the consultant without a parent or guardian present.
- For our detailed findings on understanding and involvement of patients and those close to them, please see the caring section in the surgery report.

Emotional support

- Children and young people with long term or deteriorating sight problems were supported and their treatment reviewed through telephone and face to face discussion.
- For our detailed findings on emotional support, please see the caring section in the surgery report.

Services for children and young people

Are services for children and young people responsive?

Not sufficient evidence to rate 

We have not rated responsive.

Service planning and delivery to meet the needs of local people

- Children were referred to the particular surgeon of their choice where possible and seen by that consultant throughout their treatment ensuring continuity.
- CESP North East offered surgery and outpatient appointments on certain days of the week, mainly Thursday and Friday. Children and young people were made aware of this and their appointment and treatment times were undertaken at a suitable time.
- For our detailed findings on service planning and delivery to meet the needs of local people, please see the responsive section in the surgery report.

Access and flow

- In the twelve months before inspection CESP North East did not treated no children as day case patients.
- There were 36 children and young people attendances as outpatients during the same period. This represented 3% of the total number of outpatient attendances.
- For our detailed findings on access and flow, please see the responsive section in the surgery report.

Meeting people's individual needs

- Access to the theatre suite was on the ground floor of the host hospital and a passenger lift to the outpatient department on the first floor was available.
- Designated car parking spaces for children and young people, parents and guardians with limited mobility were available. Toilet facilities were available throughout the host hospital.
- The host hospital provided an interpreter service for children and young people whose first language was not English through the SLA.
- For our detailed findings on this section please see the responsive section in the surgery report.

Learning from complaints and concerns

- Information on how children and young people could raise a complaint was displayed and available throughout the hospital although this was not specific to CESP North East.
- For our detailed findings on this section please see the responsive section in the surgery report.

Are services for children and young people well-led?

Not sufficient evidence to rate 

We have not rated well-led.

Leadership and culture of service

- For our detailed findings on this section please see the well-led section in the surgery report.

Vision and strategy for this core service

- The registered manager confirmed that children and young people would still be treated at CESP North East and that all consultants maintained their competence through their employment at local NHS trusts.
- For our detailed findings on this section please see the well-led section in the surgery report

Governance, risk management and quality measurement

- Children and young people services were discussed as part of their medical advisory committee (MAC) meetings. This included input from the surgeons who treated children, as appropriate.
- The availability of paediatric trained nurses was a risk to the provision of services by CESP North East and was determined by the SLA with the host hospital.
- For our detailed findings on this section please see the well-led section in the Surgery report

Public and staff engagement






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

Innovation, improvement and sustainability

Services for children and young people

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

Outpatients and diagnostic imaging

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

Are outpatients and diagnostic imaging services safe?

Requires improvement 

We rated safe as **requires improvement**.

Incidents

- During the previous twelve months there were no never events, serious incidents, clinical or non-clinical incidents reported in the outpatient department.
- Host hospital policies and procedures on incident reporting were available to staff and they were confident in using the system to report and record these.
- Incidents were discussed at the medical advisory committee and learning was shared locally through staff meetings. Incidents applicable to CESP North East and discussed at the MAC would be raised with the consultant surgeons by the registered manager.
- CESP North East did not have an incident reporting policy separate to the host hospital. Although, incidents regarding CESP North East were reported through host hospital systems and separately discussed at the Medical Advisory Committee (MAC), this did not allow CESP North East to immediately investigate and learn from incidents.
- Staff were aware and said that they would follow the duty of candour process.
- Please see the surgery report for more detail.

Cleanliness, infection control and hygiene

- The outpatient department was visibly clean, tidy and in good decorative order.
- Staff completed cleaning rotas on a daily and weekly basis covering all clinical areas such as theatres, outpatient department and ward areas.
- Host hospital infection prevention and control policies and procedures were based on Department of Health and Social Care’s codes of practice on the prevention and control of infections.
- There were appropriate waste bins which were colour coded for the management of clinical waste. Staff followed their infection and waste disposal policy and sharps bins were appropriately labelled and were not over filled to reduce the risks of accidental sharp injuries.
- The host hospital carried out hand hygiene audits and the outcome and action plans were shared with staff through team meetings. CESP North East did not carry out separate hand hygiene audits that identified consultant’s compliance with procedures.
- Please see the surgery report for more detail.

Environment and equipment

- There were adequate seating facilities in the waiting area and a passenger lift was available for people with limited mobility.
- Daily checks of all resuscitation equipment were carried out and records of these were seen during the inspection. Resuscitation trolleys were kept in a secure area with tamper proof tags.

Outpatients and diagnostic imaging

- The department was well decorated, bright, maintained to a high standard and hot and cold drinks were available for patients and visitors.
- There was a television for patient use and also a play area for children, if needed.
- The laser room was a large and clean, clinical space. Laser room checks of room temperature, humidity, laser calibration, maintenance and detailed risk assessments were carried out and recorded.
- Please see the surgery report for more detail.
- A sample of four records contained referral letters and records of tests and treatment.
- Letters were sent to the patients' GPs following treatment and a copy was retained in their records. We observed the consultant dictate the letter content at the end of the consultation with the patient. This allowed the patient to ask questions and receive clarification.
- All correspondence was stored electronically by the host hospital and also in paper format by CESP North East at their administrative offices. All diagnostic investigation results were stored electronically on the ocular computer tomography (OCT) machine.

Medicines

- Host hospital policies and procedures for the management of medicines were available and followed by all CESP North East and host hospital staff.
- Eye drops were stored safely and securely and prescribed for individual patient use. There were no controlled drugs in the clinics.
- We carried out a random check of medicines and found these were in date and entries in the control drug register were completed appropriately with two staff members' signatures in compliance with host hospital policy.
- All medicines were labelled in the pharmacy prior to being dispensed to patients and included clear instructions and frequency for the application of eye drops.
- The RMO employed by the host hospital was responsible for dispensing all medicines out of hours in line with the host hospital policy and also reviewed the medicines administration charts and post-operative notes before raising a prescription and dispensing medicines.
- Please see the surgery report for more detail.

Records

- Patients' records were kept in paper format at CESP North East offices and stored remotely, securely and complied with the Data Protection Act 1998.
- Administrative staff ensured patients' records were available on site for clinics and day case admissions. Staff confirmed there had not been an instance of records not being available.

- Please see the surgery report for more detail.

Safeguarding

- There were no safeguarding concerns relating to CESP North East reported to the Care Quality Commission (CQC) within the last twelve months. The registered manager was the safeguarding lead for CESP North East and would deal with any safeguarding issues with the host hospital to ensure learning was shared.
- Staff had completed levels 2 and 3 training in safeguarding as part of the service level agreement (SLA) and staff undertook regular training and updates.
- There was a clear understanding about what constituted abuse and the action to report and record allegations of abuse by host hospital and CESP North East staff.
- Training records showed CESP North East consultants had completed adult safeguarding training and paediatric safeguarding training at levels 2 and 3.
- CESP North East followed the host hospital safeguarding policies and procedures.
- Please see the surgery report for more detail.

Mandatory training

- Mandatory training completion for host hospital staff was the responsibility of the host hospital under the SLA and we saw that support, clinical and administrative staff had completed mandatory training.
- The registered manager was responsible for monitoring compliance with training by CESP North East staff working under practising privileges.

Outpatients and diagnostic imaging

- Records showed that CESP North East consultants had all completed mandatory training at their employing NHS trust.
- Please see the surgery report for more detail.

Nursing staffing

- Nursing and support staff were provided by the host hospital under a SLA with CESP North East.
- The registered manager received assurance about staffing levels from the host hospital and met with matron to determine staffing requirements and provide feedback from surgeons using the service.
- CESP North East identified their staff needs in advance and the host hospital ensured these needs were met within outpatient clinics.
- Please see the surgery report for more detail.

Medical staffing

- CESP North East did not employ clinical staff; there were five ophthalmic surgeons who worked across surgery and outpatients under practising privileges granted under CESP North East policy and procedures.
- CESP North East provided 24 hour consultant led care and arrangements between CESP North East consultants ensured there was out of hours cover.
- The individual consultant had responsibility for the patients under their care. All patients were treated as day cases. Patients were referred to surgeons and were seen at the clinics. They retained the same surgeon for all treatment and follow up which provided patients with continuity of care.
- The Registered Medical Officer (RMO) on duty was Advanced Life support (ALS) and Paediatric Advance Life support (PALS) trained and was available for assistance 24 hours, seven day a week.
- Please see the surgery report for more detail.

Emergency awareness and training

- CESP North East followed the internal emergency policy and procedures of the host hospital.
- The host hospital carried out regular fire drill tests and fire alarms were tested weekly.

- The host hospital had an emergency generator in the event of power cuts and completed regular checks.
- Please see the surgery report for more detail.

Are outpatients and diagnostic imaging services effective?

Good 

We rated effective as **good**.

Evidence-based care and treatment

- CESP North East provided care and treatment in line with national guidance and best practice from the Royal College of Ophthalmologists and National Institute for Health and Care Excellence (NICE).
- Consultants followed nationally agreed care management pathways and care was provided in line with guidelines on the recognition of deteriorating patients.
- All consultants participated in audit programmes at their NHS trusts and CESP North East carried out an audit of cataract patients identifying pre-operative visual acuity and post-operative visual acuity.
- Please see the surgery report for more detail.

Pain relief

- Patients were given information about pain relief and this included administration of anaesthetic eye drops prior to surgery or procedures. Patients' pain was assessed during and after procedures using a pain score numerical tool.
- CESP North East consultants provided advice on ongoing eye drops to prevent discomfort and staff could seek advice and input from surgeons where patients complained of pain after surgery.
- Patients confirmed they were provided with adequate pain relief and information on pain control on discharge and that their pain was well managed.
- Please see the surgery report for more detail.

Nutrition and hydration

Outpatients and diagnostic imaging

- Patients were not normally provided with meals when attending the outpatient department for treatment.
- Hot and cold drinks were available in the reception area.
- Please see the surgery report for more detail.

Patient outcomes

- Patients with long term conditions such as glaucoma were reviewed and monitored at regular intervals.
- CESP North East audits of cataract patients for each surgeon, identifying pre-operative visual acuity and post-operative visual acuity, showed improvement in visual acuity in all patients.
- Please see the surgery report for more detail.

Competent staff

- The five practising consultants were all employed at local NHS trusts and ophthalmology was their main area of practice.
- Evidence of their appraisal and revalidation was monitored and records showed these were all up to date.
- All staff had an annual performance assessment with their NHS employer as part of their fitness to practice.
- All consultants limited their private practice to their subspecialist areas that they also practice in the NHS.
- Please see the surgery report for more detail.

Multidisciplinary working

- We observed effective multidisciplinary working between staff of all grades at the hospital. Staff told us they felt valued by all team members and worked well together.
- We saw that patients were welcomed in to the department immediately upon arrival, their details were recorded and reception staff ensured their records were available prior to their appointment.
- The department was well run, efficient and there was a calm and ordered environment with all staff focussed on the patient.
- Please see the surgery report for more detail.

Access to information

- CESP North East held patients' records in paper format and we saw these were available at the start of each clinic ready for appointments.
- Only authorised staff had access to patients' medical records.
- At the point of confirming their first appointment, patients were sent written information of cost of care.
- Please see the surgery report for more detail.

Consent and Mental Capacity Act

- CESP North East and the host hospital had a policy and procedures for consent which complied with the Mental Capacity Act, 2005 (MCA).
- Staff had a clear understanding of the consent to care and best interest decisions process. The capacity to consent was assessed as part of their pre-operative assessment and staff discussed with us the action they would take if someone lacked capacity.
- Please see the surgery report for more detail.

Are outpatients and diagnostic imaging services caring?

Good 

We rated caring as **good**.

Compassionate care

- We observed patients were treated with care, compassion, and respect by all staff they had contact with during their visit.
- During the inspection we saw a large number of complimentary letters and cards about CESP North East including the outpatient department.
- We sat in on a number of consultations with patients. These were conducted in a friendly, calm and informative manner. Time was taken to answer any questions or concerns raised.
- The focus of the consultations was to reassure the patient and to clearly outline the treatment pathway.
- Please see the surgery report for more detail.

Outpatients and diagnostic imaging

Understanding and involvement of patients and those close to them

- Patients were fully involved in their care and treatment.
- Staff provided patients with written and verbal information about their post-operative care. The consultant was listened to any concerns and provided patients with advice and information in a calm manner.
- The consultant invited relatives or carers accompanying the patient to sit in for support.
- Further appointments were booked after staff had identified patient's plans and convenient dates.
- Please see the surgery report for more detail.

Emotional support

- We observed consultations were conducted in a calm and reassuring manner and all questions were answered and patients given time to understand the responses.
- Patients told us they felt reassured following their conversation with the consultant, their questions and concerns had been answered and they were certain about their future treatment.
- Patients with long term or deteriorating sight problems were supported and their treatment reviewed through telephone and face to face discussion with their surgeon and referred to support groups where appropriate.

Please see the surgery report for more detail.

Are outpatients and diagnostic imaging services responsive?

Good 

We rated responsive as **good**.

Service planning and delivery to meet the needs of local people

- The patient was seen by the same surgeon throughout the patient's care pathway to ensure continuity. Patients were offered flexibility in choosing their appointments.

- CESP North East had introduced a 'one stop' assessment process for cataract patients prior to surgery and provided information leaflets regarding risks and benefits of the proposed treatment.
- The consulting rooms were on the first floor which patients could access by a passenger lift and there was also facility on the ground floor for people with limited mobility.
- There were hot and cold drinks and comfortable seating in the waiting area.
- Clinics were planned in advance which enabled CESP North East with planning the service to meet patients' needs and choice of appointments.
- Please see the surgery report for more detail.

Access and flow

- There were 1035 outpatient attendances during the last twelve months.
- The average wait to receive an appointment following surgery was a maximum of two weeks. CESP North East arranged additional clinics if needed.
- The service did not offer emergency care and treatment as all care was planned.
- Appointments were flexible to meet the patients' individual needs and scheduled for a minimum of fifteen minutes.
- CESP North East was meeting its referral to treatment target and the average referral to treatment time was ten to fourteen days.
- Patients were telephoned the day before their appointments and patients who did not attend their appointments were contacted and new appointments offered.
- Please see the surgery report for more detail.

Meeting people's individual needs

- Designated car parking spaces for people with limited mobility and a passenger lift to the outpatient department was available. Disabled toilet facilities were available throughout.

Outpatients and diagnostic imaging

- CESP North East used the host hospital interpreter service for patients whose first language was not English. There was a variety of leaflets and patients information available at CESP North East.
- Staff confirmed that information would be available in other formats such as large prints if requested. Staff told us they were unsure if information was available in other languages.
- Please see the surgery report for more detail.

Learning from complaints and concerns

- Information on how patients could raise a complaint was displayed and available throughout the hospital although this was not specific to CESP North East.
- The registered manager confirmed there had been no complaints received in the last twelve months regarding the CESP North East service in the outpatient department.
- CESP North East did not have a complaint procedure separate to the host hospital. We discussed this with the registered manager who agreed to develop and introduce a complaints procedure specific to CESP North East.
- Please see the surgery report for more detail.

Are outpatients and diagnostic imaging services well-led?

Good 

We rated well-led as **good**.

Leadership and culture of service

- One of the consultants had been identified with the skills and experience to take on the role of registered manager and was responsible for the management of CESP North East.
- CESP North East employed its own administrative and office staff who were confident in approaching the registered manager with any issues.
- All host hospital staff told us they had excellent working relationships with CESP North East consultant surgeons and felt well supported.

- Please see the surgery report for more detail.

Vision and strategy for this core service

- The registered manager provided us with the vision and strategy for CESP North East. This stated that CESP North East strives to provide high quality consultant led ophthalmic care.
- Consultants were aware of the vision, strategy and aims for CESP North East and had contributed to their development.
- Please see the surgery report for more detail.

Governance, risk management and quality measurement

- CESP North East consultants managed the care and treatment of their own patients and clinical work was not delegated to others within the partnership.
- Nursing and other clinical support was provided under the SLA with the host hospital.
- Issues were raised at the quarterly host hospital medical advisory committee (MAC) meetings, chaired by an anaesthetist from the host hospital and attended by the registered manager of CESP North East.
- CESP North East did not have a surgical risk register for the outpatient department and processes for assessing risks were not fully developed in order to mitigate risks associated with carrying on regulated activities.
- Please see the surgery report for more detail.

Public and staff engagement

- CESP North East was proactive in seeking patients' views and their experience of care and treatment.
- During the inspection we saw a large number of complimentary letters and cards about the service; the positive experience was confirmed during discussions with patients, relatives and carers.
- Administrative staff who supported CESP North East were confident, efficient and related well to clinical staff.
- Please see the surgery report for more detail.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

CESP North East must:

- Ensure updating and repairs to 'Theatre 3' take place.
- Develop and introduce an incident reporting policy separate to the host hospital.
- Develop and introduce a complaint procedure separate to the host hospital.
- Develop and introduce a surgical risk register and processes separate to the host hospital.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Regulation

Surgical procedures

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Theatres used by CESP North East were in a state of disrepair.

Regulated activity

Regulation

Diagnostic and screening procedures

Surgical procedures

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Processes were not in place to identify, record and mitigate risks to the service.