Centre for Sight Limited

Quality Report

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Date of inspection visit: 11 October 2017
Date of publication: 28/02/2018

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

Ratings

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

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Summary of findings

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Summary of findings

Letter from the Chief Inspector of Hospitals

Centre for Sight East Grinstead is an eye care centre located in Sussex. It was established by the medical director and principal surgeon in 1997.

Centre for Sight Limited operates as a single organisation managed centrally at the East Grinstead flagship location. The Surrey centre in Oxshott undertakes surgical procedures once a month. Oxshott and London centres are open for part of the week and staffed by an administrator at each location. These centres provide local access for patients. Most Centre for Sight staff were based at East Grinstead where all back-office support functions are located. Staff rotated between locations as required with centrally managed rotas.

Centre for Sight East Grinstead provides services for adults,children and young people.

The East Grinstead centre opened in 2010 and is a modern, bespoke building designed specifically for eye care. The centre is set over two-floors and has four consulting rooms, a reception area, two operating theatres, pre and post-operative areas, and an imaging/diagnostic suite.

Services provided include refractive lens exchange, cataract surgery, laser vision correction, corneal grafts, implantable contact lens and intraocular implants.

We inspected this service using our comprehensive inspection methodology. We have reported our inspection findings in the two core services of Surgery and Outpatients. We carried out an announced inspection on 11 October 2017.

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

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

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

We rated this centre as good overall. This was because:

- Patients' said staff went the extra mile and the care they received exceeded their expectations.
- The management team had a good knowledge of how services were provided and were quick to address any shortcomings that were identified. They accepted full responsibility and ownership of the quality of care and treatment within their centre and encouraged their staff to have a similar sense of pride in the centre.
- The care delivered was planned and delivered in a way that promoted safety and ensured that peoples specific care needs were met.
- Medical Advisory Committee (MAC) meetings were undertaken quarterly, MAC meeting minutes showed the meetings were used to discuss improvements to patient care and ensure care was evidence based.
- The service had an effective governance framework in place.
- There was an effective system for identifying and reporting risk. Staff were proactive in identifying risk and near misses.
- There was a positive staff culture with many staff having worked at the hospital for a very long time. These core staff offered stability and continuity.

Summary of findings

- There were effective infection prevention and control measures. All areas within the centre were visibly clean.
- Staff ensured the care and treatment was planned and delivered to meet the needs of patients. Patients could access the service in a timely manner when they needed care and treatment.

We found areas of outstanding practice in surgery:

- Patients had access to a number of different forms of information, which ensured they were able to make an informed decision regarding treatment.
- There were processes and equipment available in theatre in the event of an unexpected complication. Staff practiced scenarios involving unexpected complications.
- World Health Organisation 'Five Steps to Safer Surgery' checklists in theatre were consistently thorough, with full staff engagement and consultant led.
- There was thorough safety checking processes within theatre.
- There were effective processes to monitor complications and patient outcomes. Patient outcomes were explained in terms patients could understand.

However, we also found areas for improvement:

- The provider should review guidance on the use of capnography (measuring carbon dioxide) during intravenous sedation.

We found the following areas of good practice in relation to outpatient care:

- Ninety-percent of patient records were electronic which met they could be accessed at any of the three Centre for Sight locations ensuring continuity of care.
- Videos of operations could be viewed on site in the counselling room.
- Each patient was allocated a coordinator who was the patient's key worker throughout their treatment.
- Patients received a thorough assessment of their vision needs which included hobbies, lifestyle and their post-surgery expectations.

Following this inspection, we told the provider that it should make some improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Amanda Stanford

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	**Good**	Surgery was the main activity of the hospital. Where our findings on surgery also apply to other services, we do not repeat the information but cross-refer to the surgery section. We rated this service as good because it was safe, effective, responsive, caring and well-led. We found that: Treatment and care promoted good quality of life and was based on best available evidence. Openness and transparency about safety was encouraged. Staff understood their responsibilities in relation to incident reporting. Staff with appropriate training investigated incidents. Decision making about the care and treatment of a patient was clearly documented. Treatment and care was provided in accordance with the National Institute of Health and Care Excellence (NICE) evidence-based national guidelines. Policies were evidence based and referenced national guidance. All policies were in date and easily accessible to staff. There was a holistic approach to assessing, planning and delivering care and treatment. High performance was recognised by credible external bodies. Innovative and pioneering care and treatment was encouraged and undertaken safely. There were high levels of staff satisfaction across all staff groups. Staff spoke highly of the culture. There was a common focus on improving quality of care and people's experiences. All staff were actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking, peer review, accreditation and research were proactively pursued. The continuing development of staff skills, competence and knowledge was recognised as being integral to ensuring high quality care. Staff were proactively supported to acquire new skills and share best practice.

Summary of findings

Care and treatment arrangements fully reflect individual circumstances and preferences.
Patient outcomes exceeded patient expectations
Patient outcomes were effectively monitored.
Leadership was good and staff told us about being supported and enjoying being part of a team.
Feedback from patients was continually positive about the way staff treated people. We saw staff treated patients with dignity, respect and kindness during all interactions.
There were systems, processes and standard operating procedures that were reliable and kept patients safe.
Theatre staff demonstrated effective multidisciplinary working as part of a cohesive team.
However, we found the following areas the service should improve:
The provider should review guidance on the use of capnography (measuring carbon dioxide) during intravenous sedation.

Outpatients and diagnostic imaging

Good

We rated outpatients as good . This was because the service was safe, effective, caring responsive and well-led.
We found that:
Patients' needs were assessed and their care and treatment was delivered following local and national guidance for best practice.
Safety concerns were identified and addressed.
Staff were clear with regards to the process to report Incidents. There were effective infection control procedures in place. All areas were visibly clean and well organised.
There was effective communication between staff in the outpatient department.
Staff were suitably qualified and skilled to carry out their roles effectively and in line with best practice.
The facilities and equipment met the individual needs of patients.
Staffing levels were appropriate for the service provision with minimal vacancies.
Consent processes were thorough with a variety of patient information available.
Safeguarding systems were in place and staff knew how to respond to safeguarding concerns.

Summary of findings

Contents

Good

Centre for Sight East Grinstead

Services we looked at
Surgery and Outpatients and diagnostic imaging

Summary of this inspection

Background to Centre for Sight Limited

Centre for Sight East Grinstead is operated by Centre for Sight Limited. The hospital/service opened in 2010. It is an eye care centre in East Grinstead, Sussex. The centre provides services to the local community, nationwide and internationally.

Centre for Sight Limited operates as a single organization managed centrally at the East Grinstead location. It has two additional facilities. The Surrey centre in Oxshott undertakes surgical procedures once a month. Oxshott and London centres are open for part of the week and staffed by an administrator at each location. These centres provide local access for patients. Most Centre for Sight staff were based at East Grinstead where all support functions are located. Staff rotated between locations as required with centrally managed rotas.

The majority of services provided are privately funded. The provider has a service level agreement with a local NHS trust who use the facility every two months for laser surgery patients.

Services provided include refractive lens exchange, cataract surgery, laser vision correction, corneal grafts, implantable contact lens and intraocular implants.

The registered manager is the Director of Operations who has been in post since 2013. The accountable officer for controlled drugs (CDs) was a consultant ophthalmic surgeon.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, two other CQC inspectors, and a specialist advisor with expertise in ophthalmology. The inspection team was overseen by Nicola Wise, Head of Hospital Inspection.

Information about Centre for Sight Limited

The centre is registered to provide the following regulated activities:

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

During the inspection, we visited the outpatient department, theatres, pre and post-operative areas and waiting areas. We spoke with more than 10 staff including; registered nurses, reception staff, medical staff, optometrists, operating department practitioners and senior managers. We spoke with three patients and one relative. We also reviewed nine sets of patient records.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection.

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

During the 12 months prior to our inspection, the hospital recorded 1,049 surgical procedures.Most commonly performed procedures were refractive lens exchange (38%); cataract surgery (26%) and laser vision correction (28%) of these (0%) are NHS funded. During the same period, the hospital recorded there were 2,053 outpatient appointments all of these were privately funded.

Summary of this inspection

The provider was unable to split the number of children and young people treated by centre location. Between April 2016 and March 2017, five children aged fifteen years old were seen as outpatients across the three centres. In the same time period ten 16 to 17 year olds were seen as outpatients. No surgery was performed on children and young people. The only treatment provided for patients under the age of 18 was corneal cross linking (UV-A light is a surgical treatment for corneal ectasia (bulging of the cornea).

There were nine doctors, three of which were associated with Centre for Sight Limited and six who worked under practicing privileges. There were two registered nurses, two operating department practitioners, one Optometrist, and administration staff. The centre had its own bank staff.

During the period April 2016 and May 2017:

- There were 28 clinical incidents across all three Centre for Sight centres .Sixteen occurred in surgery and 12 in outpatients and other services. Of these incidents, 89% were reported as resulting in no harm, 7% low harm and 4 % as moderate harm. There were no serious injuries reported in the same time period.
- There was one non-clinical incident during the reporting period.
- There were no reported never events.
- There were no episodes incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA) or Meticillin-sensitive staphylococcus aureus (MSSA).
- The service received 16 complaints across all three Centre for Sight centres. None of these were referred Parliamentary and Health Service Ombudsman or the Independent Healthcare Sector Complaints Adjudication Service.

Services accredited by a national body:

A national body does not accredit this service.

Services provided at the hospital under service level agreement:

- Clinical and or non-clinical waste removal
- Cytotoxic drugs service
- Interpreting services
- Grounds Maintenance
- Laser protection service
- Laundry
- Maintenance of medical equipment
- Recycling removal
- Radiation Protection Adviser support
- Water risk assessment
- Air Handling unit maintenance
- Theatre battery back-ups/controls/trolleys maintenance
- Theatre phacoemulsification machines maintenance
- Theatre microscope maintenance
- Laser equipment maintenance
- Information technology hardware and backup maintenance
- Lift maintenance
- Outpatient clinic equipment maintenance
- Air conditioning maintenance
- Building management system maintenance
- Plant room boiler servicing
- Lighting maintenance
- Fire extinguisher maintenance
- Cleaning services
- Human resources support
- Health and Safety Support

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as good because:

- Incidents were reported, investigated and learning evidenced. Learning was cascaded to all staff.
- There were arrangements to prevent the spread of infection. There were no infections reported.
- Patients were cared for in a visibly clean, modern environment that was well maintained.
- There were processes for ensuring only patients whose needs could be met were treated at the centre.
- The service had enough staff with the skills and experience to care for the number of patients and their level of need.
- There were adequate supplies of appropriate equipment, which was maintained to deliver care and treatment, and staff were competent in its use.
- Medicines were stored, managed and administered in line with relevant legislation and national guidance.
- Staff were aware of their responsibilities with regard to the protection of people in vulnerable circumstances.

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

- The provider should review guidance on the use of capnography monitoring during intravenous sedation.

Are services effective?

Good

We rated effective as good because:

- We found care and treatment reflected current national guidance.
- There were formal systems for collecting comparative data regarding patient outcomes. Patient outcomes resulted in a significant improvement in vision and the ability to undertake day to day activities.
- Patients provided informed, written consent before commencing their treatment.
- Policies in use were in date, version controlled, and reflected current evidence based practice. Policies were accessible to all staff either electronically or in paper format.
- Staff ensured that adequate pain relief was provided during surgery. Staff provided patients with further guidance and information regarding pain relief after discharge.

Summary of this inspection

- Staff had completed annual appraisals and were up to date with their mandatory training.
- Managers oversaw staff competencies to ensure that staff remained competent to perform their role.
- The staff demonstrated effective multidisciplinary working as part of a team.

Are services caring?

Good

We rated caring as good because:

- There was a strong, visible patient-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted patients' dignity.
- Patient feedback was positive and staff demonstrated commitment to continuous improvement.
- Patients felt well informed and involved in their procedures and care, including their care after discharge.
- Patients commented positively about the care provided from all staff they interacted with.
- The service ensured that there were processes to maintain the patient's privacy and dignity.

Are services responsive?

Good

We rated responsive as good because:

- Managers were driven to provide an efficient service.
- Waiting times, delays and cancellations were minimal and well managed.
- The complaints process was transparent and open with learning communicated across the centre.
- The building had been purpose built to meet the needs of the patients, including those with mobility problems.

Are services well-led?

Outstanding

We rated well-led as outstanding because:

- Staff worked well as a team and were engaged with the local vision, values and strategy to expand and improve the service.
- Effective governance and risk management processes were in place.
- There was a clear leadership and governance structure.
- Surgical outcomes were benchmarked to contribute to continuing improvement.

Detailed findings from this inspection

Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service. We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service. Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Are surgery services safe?

Good

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

We rated safe as good.

Incidents

- Centre for Sight East Grinstead (CfSEG) did not report any Never Events in the 12 months prior to our inspection. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- In accordance with the Serious Incident Framework 2015, CfSEG did not report any serious incidents (SIs) which met the reporting criteria set by NHS England in the previous 12 months prior to our inspection.
- However, we reviewed the clinical incident log provided to us and identified one incident which may have been categorised as an SI as it was graded as resulting in moderate harm. We discussed this with the provider who explained there was no lasting harm to the patient and significant learning had been undertaken in relation to the incident. This was in line with the NHS England guidance which states ;" In broad terms, serious incidents are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response". The incident involved a pellet used to dilate (make bigger) the pupil (the black circle in the centre of the eye) being retained in the eye when an equipment failure meant the procedure could not go ahead.
- We reviewed the root cause analysis investigation for this incident. We saw that the investigation identified failings within the discharge processes, as the normal procedure had not been followed because the procedure had not gone ahead. Actions were recommended to help to prevent similar occurrences; the surgical pathway note contained a discharge checklist, which outlined what action to take if the procedure had not gone ahead. We saw confirmation of this change on the surgical pathway. We saw in the investigation that appropriate support had been given to the patient.
- All the staff we spoke with were aware of the incident and were able to tell us what actions had been taken. We saw confirmation of this in the hospital staff meeting minutes.
- However, this incident met the criteria for a notifiable incident and should have been reported to the CQC, as the patient had to receive treatment from another healthcare agency. We discussed this with the provider who was aware of the requirement but told us it was an oversight on their part not to notify the CQC of the incident.

- Centre for Sight Limited (CfSL) had an Adverse Incident-Near Miss policy, which was in date and reflected national guidelines. The policy set out roles and responsibilities for the investigation and sharing of learning in relation to an incident.
- CfSL reported 28 clinical incidents in the reporting period (April 2016 to March 2017) across all three Centre for Sight locations. Of these incidents, 57% (16 incidents) occurred in surgery and 14% (four incidents) occurred in other outpatients, the remaining 29% occurred in outpatient services (eight incidents). Of these incidents, 89% were reported as resulting in no harm, 7% low harm and 4 % as moderate harm. CfSL reported no incidents resulting in severe harm or death.
- We saw that discussion of incidents was a standard agenda item on the medical advisory committee (MAC) meeting, team meetings, theatre meetings and clinical meetings. This was confirmed by the meeting minutes which we reviewed during the inspection.
- During our inspection, we found all staff were open, transparent, and fully committed to reporting incidents and near misses. Managers told us that because they were a small organisation they could react quickly and ensure action was taken immediately to amend processes to ensure similar incidents did not occur. We saw evidence of this as the surgical pathway was changed within one week of an incident occurring.
- Managers told us that when things went wrong with care and treatment, patients were informed of the incident and were given information. This meant they were complying with the duty of candour. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. We saw a letter sent to a patient, which confirmed duty of candour was applied, and it included actions taken to improve processes to prevent the same thing happening again.

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

- CfSL produced a clinical quality report quarterly, which summarised performance in key areas, for example; unplanned re-admissions, transfers to other hospitals, complications and infections. This was shared provided an oversight of results identifying any themes or areas of deterioration or improvement.
- The report was used to monitor improvements in performance over time and to benchmark with other locations in the organisation.

Cleanliness, infection control and hygiene

- During the reporting period (April 2016 to March 2017) CfSL did not report any infections at any of the three locations.
- We observed all areas of the hospital to be clean and tidy.
- The centre used a combination of single use and reusable surgical instruments. When surgical instruments had been used in the theatre and laser room, they were taken into the two dirty corridors. They were then transferred to the dirty utility room, here they were cleaned, disinfected and sterilised in line with HTM 01-01 Management and decontamination of surgical instruments. A sterility indicator strip and traceability stickers were attached to all surgical instruments, a traceability sticker was placed in the patients care pathway.
- The cleaning and sterilisation area was designed in line with ISO 14644 Standards for clean rooms. A member of staff was allocated to the cleaning of instruments on a daily basis, which ensured an adequate flow of surgical instruments. We saw records, which confirmed washing, and sterilisation equipment was serviced and maintained appropriately.
- CfSL had service level agreement (SLA) with an external infection prevention and control (IPC) company who carried out annual training for staff and audit each location.
- CfSL had an Infection Control Policy and a Prevention of Surgical Ophthalmic Infection (PoSOI) policy. Both were in date and followed national guidance.
- The PoSOI policy set out the Criteria for defining a surgical site infection, risk factors, procedures to

minimise the risk of surgical site infection and the process for the management of post-operative infection. This was in line with Royal College of Ophthalmology guidance.

- In theatre, we saw staff followed the PoSOI policy for example, staff adhered to the principles of asepsis (the exclusion of bacteria and other microorganism).
- There was adequate access to hand gels and hand washing sinks on entry to clinical areas and also at the point of care.
- We observed staff used personal protective equipment appropriately, in line with: Health and Safety Executive (2013) Personal protective equipment (PPE): A brief guide.INDG174 (Rev2). London: HSE.
- Monthly hand hygiene observational audits were undertaken the most recent audit showed 100% compliance. We observed staff washing their hands appropriately in line with the World Health Organisation's "Five Moments of Hand Hygiene".
- We saw theatre staff undertook a competency in asepsis technique and hand washing techniques, which ensured they had the skills and knowledge necessary.
- Staff complied with best practice in relation to uniform standards, theatre dress code and were seen to be bare below the elbows (BBE).
- The centre carried out regular audits to ensure the recommended standards of cleanliness in the laser/ clinical treatments rooms and theatre environment were maintained in line with the Royal College of Ophthalmologist (RCOphth) professional standards and guidance. September 2017 audit showed CfSEG scored 97% compliance.
- Spillage and cleaning products were available to staff**.** The centre followed the national patient safety agency (NPSA) colour coding scheme for cleaning equipment. This ensured cleaning items were not used in multiple areas, therefore reducing the risk of cross-infection.
- There were systems for the segregation and orrect disposal of waste materials such as sharp items. This was in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. We saw six sharps containers were assembled and labelled correctly which ensured traceability.
- CfSL had a service level agreement (SLA) with a local NHS trust which provided microbiology support and advice when required.

Environment and equipment

- CfSL was ISO 14001 certified and went through an annual process of renewal. is a set of standards related to environmental management that exists to help organizations (a) minimize how their operations (processes, etc.) negatively affect the environment(b) comply with applicable laws, regulations, and other environmentally oriented requirements; and (c) continually improve in the above.
- CfSEG worked closely with the manufacturers regarding the testing equipment and lasers. Engineers were often on site to oversee and observe equipment in use during theatre sessions. Equipment was regularly serviced and maintained. We reviewed an electronic database of all equipment, which showed the last time it was serviced and checked for electrical safety. This meant equipment was correctly maintained in line with manufacturer guidance and was safe to use.
- There were standard operating procedures (SOP) across the three sites to ensure staff knew, understood and had access to clear simple instructions as to how to carry out certain tasks. For example, cleaning equipment or opening instructions prior to a clinic starting.
- Staff were trained to use the equipment and a competency framework was used to assess ability before being signed off as competent.
- We saw all areas were well maintained, free from clutter and provided a suitable environment for treating patients.
- Emergency and resuscitation equipment was accessible. Records indicated that equipment and consumables were checked daily which ensured they were available and fit for use. We checked 15 items, all were in date. The resuscitation equipment and emergency drugs were stored in a tamper evident trolley.
- The traceability for implants used in surgical procedures was maintained by retaining the bar codes with unique

traceable reference numbers and inputting them into the electronic patient record. Patients were given a card to keep which contained the barcodes and unique reference numbers for their own lens implants.

- The theatre had an integrated management system, which ensured airflow was maintained at 15 changes of air per hour, which was in line with the Royal College of Ophthalmologists (RCoO) ophthalmic services guidance. The airflow system was tested and serviced annually and we saw evidence of its compliance with required standards.
- We saw records, which confirmed theatre ventilation was checked regularly and maintained by trained engineers .The ventilation system had a display plan which alarmed if the ventilation system was not working correctly.
- Staff checked the humidity and temperature of the theatre and laser room on a daily basis. We reviewed the logbooks in these areas, which confirmed these checks were undertaken.
- Each time the laser was used the temperature and calibration was recorded, we saw this undertaken during our inspection. This was in line with RCoO guidelines.
- The Radiation Safety Service at a local NHS trust provided laser protection advisor (LPA) services to the Centre. In accordance with local rules and policies the LPA undertook checks of the laser equipment.
- Local rules were displayed in the laser room and we saw that staff had signed the register to confirm they had read and understood the local rules. All signatures were up to date. We saw there was a folder, which listed all the authorised laser users. This included photographs of staff and which lasers they were trained to use. Laser keys were kept securely in a locked cupboard and only authorised users knew the lock code.
- There was a laser safety management file in the laser room it included the laser protection advisor's (LPA's) contact information should it be required. Staff knew the location of the folder to contact if required. The folder was updated annually by the LPA or more frequently if there were changes to staffing or types of laser used.
- The laser protection supervisor was an ophthalmic technician we saw a certificate of training which they had received the necessary skills and knowledge to perform this role.
- We saw laser warning signs were used to clearly identify controlled areas where lasers were in use.

Medicines

- CfSL had a medicine management policy which was in date and was in line with relevant legislation.
- The hospital had a service level agreement with a local NHS trust. This covered the provision of medicines management audits. We saw audits of stock, storage and medicines recording were undertaken at a minimum of four monthly intervals. Medicine support was also available from the NHS trust. Some medicines were supplied directly by the manufactures.
- Medicines were stored securely and there were processes to ensure they remained suitable for use. Fridge temperatures were checked and recorded daily to ensure that certain medicines that required refrigeration remained suitable for use. Room temperatures were checked by the hospital maintenance staff. Staff were able to explain the procedure to follow if temperatures became out of range.
- We checked eight different medicines and found these to be in date. Medicines had a stock level and were ordered and delivered once a week.
- We checked the controlled drugs (CD's) cupboard. Controlled Drugs are medicines liable for misuse that required special management. We saw the CD cupboard was locked, and we checked a random sample of stock levels. We saw the correct quantities in stock according to the controlled drug book and that all were in-date.The CD book also showed complete records of the CD's.
- The unit occasionally used cytotoxic medicine (Mitomycin C) which was ordered in advance from the local NHS trust. This medicine can be applied to the eye to prevent scarring. The use of this medicine during eye surgery is 'off label'. Off label, medicines are used for a purpose, which differs from that stated on the licence.

- We saw CfSL used a separate consent form when patients were going to be given Mitomycin C. This ensured patients were aware that they were receiving an 'off label' medicine and they fully understood the risks and benefits. Patients were also given a copy of the Mitomycin C product information leaflet which gave a more comprehensive explanation of the risks and benefits.
- There was an SOP for Mitomycin C this explained the whole process for the management of the medicine from ordering to disposal. It included the roles and responsibilities, for the surgeon and theatre staff, preparation, administration, disposal, and a list of the equipment required. We saw a risk assessment and a Control of Substances Hazardous to Health (COSHH) risk assessment had been completed. These outlines the risk involved and measures to mitigate the risks and actions to take in the event of an accidental spillage. The centre had a cytotoxic spill kit available.
- We saw the expiry date and batch number of eye drops were documented within the patients record for traceability in the event of an issue with the drops. The side of the eye to be operated on was written on the eye drops container as a reminder to staff, of which eye to put the drops in.
- We saw patients take home eye drops. A full explanation was given to them during the discharge process, which included the purpose of the medicine, frequency, duration and possible side effects. Patients were given a toiletry bag on discharge to store their medicines, which included a patient information leaflet. Staff checked to ensure that the patient was able to administer the drops themselves or had a friend or relative to support them.

Records

- The centre used a mixture of an electronic patient record system (EPRS) and paper records. The EPRS was used to store all of the patients records and any paper records were scanned into the electronic record. Diagnostic data was stored electronically. Patient pathway records were a paper record, this ensured all relevant information was in one place and followed a set pathway. There were different pathways for different surgical procedures for example, a cataract pathway.
- Patient records included information such as the patient's medical history, previous medicines, consultation notes, treatment plans and follow-up notes. There was a new appointment checklist, which was completed prior to the patient's first appointment. This included information about the patient; visual needs, eye history, lifestyle and payment details.
- We reviewed four sets of paper patient records and found the records to be correctly filed and complete.
- Patient records were kept on site for three years securely when they were archived with a specialist record management company.
- Records included information specific to the treatment needed such as the recommended type and prescription of lens to be implanted during surgery based on various diagnostic tests. The serial number of the implanted lens was logged on the patient's records, as was any other equipment used during surgery. This meant any issues with the implants discovered subsequently, the patient could be tracked.
- We saw that appropriate records were maintained each time a laser was operated. The length of laser usage was recorded within the patient's record.
- If a patient contacted CfSEG either during opening hours or the on-call member of staff out of hours, a patient query form was completed. This form included relevant information to their procedure, actions taken and confirmation of discussion and treatment plan with a doctor.

Safeguarding

- There were no safeguarding concerns reported to CQC in the reporting period (April 2016 to March 2017).
- The Services Manager and the Operations Director were the location leads for both adult and children safeguarding. The Operations Director and Services Manager had completed level three adult and child safeguarding training in line with national guidance.
- All clinical staff completed level two adult and children safeguarding training. Administrative staff completed level 1 adult and child safeguarding training in line with national guidance.

- Safeguarding training was part of Centre for Sight Limited's mandatory training programme Data supplied to us by Centre for Sight Limited showed that 94% of staff had up to date safeguarding training this was better than the 90% target.
- Staff had a good knowledge of safeguarding and were able to give us examples of concerns and what to do if they had concerns about a patient or their family.

Mandatory training (if this is the main core service report all information on the ward(s) here.

- Mandatory training was undertaken via a SLA with an external company. Face to face, mandatory training days were undertaken two or three times a year. Subjects included, but were not limited to; health and safety, fire safety, moving and handling, infection control, safeguarding adults and children and basic life support.
- Ninety-four percent of staff were up to date with mandatory training. This was better than the target of 90%. The Services Manager and the Operations Director oversaw training compliance. An electronic database was used to monitor compliance and we saw this during our inspection.
- CfSEG employed an anaesthetist who was always present when patients underwent intravenous (into a vein) sedation. They held a current advanced life support qualification. Other clinical staff were trained in intermediate life support. This meant staff had the skills and knowledge required to respond in an emergency.

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

- All patients completed a medical questionnaire and had a pre-assessment if required. Patients were categorised into three groups after completing the medical questionnaire: no pre-assessment required, telephone pre-assessment or face to face pre-assessment with a nurse. This was to ensure their needs could be met at CfSO. If their needs could not be meant for example, they required a general anaesthetic for their procedure they were referred to another provider.
- All necessary diagnostic tests were completed on the first appointment along with an assessment with the consultant. patients were only offered surgery if deemed suitable.
- The centre used the 'World Health Organization (WHO) "Five steps to safer surgery checklist" We observed the WHO checklist being undertaken in accordance with guidance. All staff knew what their role and responsibilities were in relation to the WHO checklist, and there was good staff engagement.
- The WHO checklist forms part of every patient treatment pathway and was audited monthly. The audit was an observational and did not calculate a percentage instead, a description of compliance at each stage was documented.
- A staff briefing was held prior to each surgical session. This was attended by all staff involved in the surgery and was undertaken in a quiet room away from the theatres. The briefing reviewed a brief summary of each patient undergoing surgery and highlighted any specific issues or concerns, such as allergies, specific equipment requirements, anticipated difficulties and relevant past medical history. We observed a briefing, which contained all these aspects.
- Scenario training was undertaken in theatre of recognised complications. This included a checklist to follow and designated emergency equipment that was prepared in advance and ready to use in the event of a complication. This ensured staff remained confident and skilled should complications occur.
- The hospital provided a 24-hour advice line, which patients could telephone following their surgery. All patients were telephoned on the same day of their surgery to check on their wellbeing.
- All patients undergoing intravenous sedation were cared for by an anaesthetist, they had their pulse, blood pressure and oxygen levels monitored. The anaesthetist continually monitored them and checked on the level of their sedation throughout the procedure. Oxygen was given to patients during their procedure if required this.
- However, the centre did not use capnography (measurement of carbon dioxide in the breath) when patients received intravenous sedation during their surgery. This was not in line with the Association of Anaesthetists of Great Britain and Ireland (AAGBI): Recommendations for standards of monitoring during

anaesthesia and recovering 2016. Capnography is used to monitor patients' breathing, and is the only way to make sure patients are breathing adequately while they are asleep or sedated.

- All lasers had safety checks and calibration undertaken before use, during a procedure the laser setting were set and second person confirmed the settings and read them aloud to the surgeon. This ensured the power of the laser beam was checked and confirmed by the surgeon.
- The patients identity wristband was placed on the side that the surgery was being performed, this was a visual reminder to staff of the intended side for surgery. This was in addition to the surgeon placing a black pen mark above the eyebrow of the intended side for surgery. If the patient was having bilateral surgery a wristband was placed on both wrists.

Nursing and support staffing

- Centre for Sight Limited (CfSL) was a small organisation employing a total of 32 staff which included back office staff therefore a specific staffing acuity tool was not used. The staff rota was managed by the Operations Director in discussion with the Clinical Services Manager and Head of Optometry.
- Centre for Sight Limitedemployed 4.8 full time equivalent (FTE) other staff which included ophthalmic technicians and optometrists ,two FTE nurses and two FTE Operating Department Practitioners (ODP's) who worked across two sites.
- Theatre staffing levels were compliant with Royal College of Ophthalmology guidance, this could be flexed according to the complexity and size or operating list. We reviewed staff rotas, which confirmed that these staffing levels were adhered to. Staff told us there were enough staff on duty to maintain patient safety.
- The centre had its own 'bank' of temporary staff that could be called upon when required, only bank ODP's were used during the reporting period (April 2016 to March 2017). The use of bank ODPs and health care assistants in theatre departments was variable in the reporting period.

Medical staffing

- CfSL employed three Associate Consultants who had an exclusive contract to work privately across all sites and six consultants with practicing privileges. Practicing privileges were reviewed on a bi-annual basis. The Medical Advisory Committee (MAC) reviewed and approved all practicing applications and advised the Director of Operations on the granting, renewal, restriction and withdrawal of privileges. There had not been any restriction or withdrawal of practising privileges in the twelve months before inspection.
- We saw that the provider had checks in place to ensure any new surgeon employed or granted practising privileges at the hospital, held the required level of training and experience to allow them to perform refractive eye procedures. All surgeons who performed refractive eye surgery at CfSL either held a certificate in laser and refractive surgery (CertLRS) or were on the GMC Specialist Register in Ophthalmology.
- We reviewed three consultant staff files and saw there was an effective process for the granting of practising privileges. All appropriate checks such as disclosure and barring service (DBS), General Medical Council (GMC) and specialist registration and health screening were carried out before practising privileges were granted.
- The centre followed "The Professional Standards for Refractive Surgery" (2017), aimed at surgeons and other medical professionals. These standards provide guidance on the level of experience and knowledge refractive surgeons should have, they also include the environment for performing surgery safely, good communication, teamwork and continuity of care. These standards were implemented in June 2017.
- Centre for Sight Limited had a SLA in place with a local NHS trust which ensured associate consultants had an annual appraisal, supervision and re-validation.
- Centre for Sight Limited followed "The Professional Standards for Refractive Surgery" (2017), aimed at surgeons and other medical professionals. It provides clear guidance on the level of experience and knowledge refractive surgeons should have, as well as the environment for performing surgery safely, good communication, teamwork, and continuity of care.
- A surgeon was available on-call for a 24-hour period after surgery. This ensured that patients had access to advice and support in the event of a complication.

Good

Surgery

Emergency awareness and training

- Fire exits were clearly marked and fire marshals were identified on posters on the walls. Fire evacuation scenarios were practised at least twice a year with the most recent one in September 2017. Staff had received fire safety training as part of the mandatory training package.
- Centre for Sight Limited had a business continuity plan which was used in 2016. CfSEG suffered a large flood and the site was closed for six months.

Are surgery services effective?

Good

We rated effective as good.

Evidence-based care and treatment

- Care and treatment was delivered in line with current legislation and nationally recognised evidence-based guidance. Policies and guidelines were developed in line with the Royal College of Ophthalmologists (RCoO) and the National Institute for Health and Care Excellence (NICE) guidelines.
- In theatres, we observed care and treatment was in line with Royal College of Anaesthetists (RCoA) and RCoO local anaesthesia with ophthalmic surgery guidelines.
- In theatres, we observed NICE guideline NG77 Cataracts in adults: Management, was adhered to. For example, before the implant of the lens the surgeon referred to the person's medical notes to check which refractive outcome they preferred.
- We observed that NICE guideline NG77 was followed for the complete patient's pathway, from providing the patient with enough information to make an informed decision through to post-operative assessment.
- Staff were encouraged and supported to attend national conferences to ensure care and treatment reflected up to date guidance. Staff we spoke with confirmed senior staff encouraged learning.
- We reviewed a variety of policies, which reflected care, and treatment was current evidence based. Policies we reviewed included but were not limited to infection control and prevention, medicine management and laser. All policies referenced national guidance. CFSL undertaken 16 different audits which were a mixture of local audits and national audits, all were undertaken at different intervals throughout the year. Local audits included: World health Organisation 'Five Steps to Safer Surgery ', laser room, medication, environmental and documentation.
- We saw meeting minutes, which confirmed monthly meetings within theatres and the hospital, where NICE guidelines and compliance was discussed.
- Staff could access local policies and procedures electronically or paper versions and all staff we spoke with knew how to do this. Staff could access national guidance via the internet and we saw computers available in staff areas to enable them to do this.
- There was a holistic approach to assessing, planning and delivering care and treatment. Each patient's individual circumstances, occupation and hobbies were taken into account when deciding on care and treatment.
- CfSL's Medical Director was a committee member of the RCoO Refractive Surgical Standards Working Group (RSSWG) who developed and produced the new standards recently published and accepted by the General Medical Council (GMC).
- CfSL undertook innovative and pioneering care and treatment within vision correction. Patients often sought a second opinion at CfSL or sought treatment after a failed procedure at another organisation. Latest techniques and technologies were used to support the delivery of high quality care.
- In theatre, we saw an antiseptic solution was used to irrigate the eye immediately prior to the procedure starting. This was done to minimise the risk of infection and was in line with Royal College of Ophthalmology guidance.
- High performance was recognised by credible external bodies. CfSL was asked by the Royal College of Ophthalmology to be part of a consumer programme as an example of good practice.

- Care and treatment arrangements fully reflected individual circumstances and preferences. Patients travelled from abroad to receive treatment on recommendations of the care and treatment provided. We were given an example of this during our inspection.

Pain relief

- We saw inpatient information booklets and leaflets contained information regarding pain relief methods for during their procedure and postoperatively. Patients received verbal advice in relation to pain relief at pre-assessment and prior to the procedure.
- Pain relief was provided preoperatively and additional pain relief medicines were prescribed for patients to take home to reduce pain home and prevent dry eyes.
- During surgical procedures, we observed theatre staff and the surgeon asking patients if they were experiencing pain. The four patients we spoke with during our inspection all said they received adequate pain relief.
- Some patients chose to have intravenous sedation during their procedure. They were continually monitored and observed during their procedure. Patients could only have intravenous sedation in the theatre and the not the laser room as it was not appropriately equipped. Patients could also choose to have oral sedation during their procedure. They could have this whilst undergoing a procedure in either the theatre or laser room.

Nutrition and hydration

- The centre followed the Royal College of Anaesthetists guidance on fasting prior to surgery for patients undergoing intravenous sedation. The guidance suggested patients could eat food up to six hours and drink clear fluids up to two hours before surgery. Information regarding patients fasting times was documented on the patient information at pre-assessment. We saw that staff asked patients to confirm the time they last ate and drank before surgery. This ensured the service complied with the Royal College of Anaesthetists guidelines.
- There was a variety of hot and cold drinks available for patients and visitors and patients were offered a sandwich after their procedure.

Patient outcomes

- Centre for Sight Limited (CfSL) had an audit programme which monitored patient outcomes and the effectiveness of procedures and policies in place.
- CfSL used a proprietary outcomes analysis software program. All refractive surgery (laser and lens) data was entered pre and postoperatively for the entire time patients were treated at CfSL. Laser, refractive surgery patients who were stable, were discharged at six months. Refractive lens exchange patients were usually discharged from care between six and 12 weeks. Those who were not stable or who required further care were followed for longer until stabilised. CfSL endeavoured to collect all data from every visit.
- There is currently no widely validated PROM) for cataract surgery. However, the Catquest-9SF questionnaire used by some organisations was used by CfSL. Catquest-9SF Catquest-9SF is a PROM tool that measures patients' ability to function before and after surgery. For example, patients where asked before surgery if they had difficulty reading a newspaper, recognising people's faces or had difficulty reading price labels when shopping and asked them again after surgery. CfSL had added questions to take into consideration the type of refractive cataract and lens surgery performed with trifocal lenses. Initial analysis on 300 consecutive patients revealed considerable improvement in function.
- For example, before surgery 40 patients answered they had difficulty reading a newspaper. After cataract and lens replacement surgery 25 (63%) patients said, their ability to read a newspaper had improved. Twenty patients answered having difficulty recognising people's faces before surgery. After cataract and lens replacement surgery 17 (85%) patients said, their ability to recognise people's faces had improved.
- CfSL performed well in the cataract surgery audit (The Royal College of Ophthalmologists Cataract Guidelines 2010) with 96% of patients achieving a best corrected visual activity of 6/12 after cataract surgery including refractive lens exchange. This was better when benchmarked against UK National cataract survey (Desai 1999) (85%).
- Patient outcomes exceeded patient expectations and national survey results.

- Quality accounts were required for all health care organisations and the Royal College of Ophthalmologists had recommended a minimum data set.CfSL added more quality parameters to the data set, which related to the more commonly performed procedures for example, enhancement rates after refractive lens exchange and complication rates. This was for the centre's own purposes in order to monitor performance identify and address adverse clusters early. For example, posterior capsule rupture (PCR) in cataract surgery is a recognised complication of cataract surgery therefore, this was monitored. CfSL had not had any PCR in the previous 12 months prior to our inspection.
- Visual enhancement following laser eye surgery and refractive lens exchange were other additional quality parameters monitored. Both of these were less than 1% in the previous 12 months prior to our inspection. Visual enhancement is undertaken when the vision is not acceptable to the patient after surgery. Low enhancement rates indicated consistently good and predictable outcomes.
- The centre engaged with the Private Healthcare Information Network (PHIN) so that data could be submitted in accordance with legal requirements regulated by the Competition Markets Authority (CMA). All providers of private healthcare in the UK, including most NHS hospitals, are required by law to submit data to PHIN.
- Opportunities to participate in benchmarking, peer review, accreditation and research were proactively pursued. CfSL encouraged other experts within the field to come, observe, and learn new and innovative procedures.
- There were no cases of unplanned readmission within 28 days of discharge in the reporting period.
- There was eight unplanned return to theatres across both CfSL surgical locations in the reporting period. These were for a variety of reasons and were no themes, for example injection or removal of air or replacement or exchange of implant.

Competent staff

- All staff had received an appraisal at the time of our inspection. CfSL recently introduced performance management system. All staff had a monthly one to one with their line manager, culminating in an annual appraisal in December. Historically, December was the least busy month of the year and this enabled focus on the strategic plan and objectives for the rest of the year.
- We observed there was a passion for education and CfSL provided six monthly education days for optometrists nationwide. The centre offered a range of internal and external training opportunities to help staff continually learn.
- All team members had a one to one each month to discuss objectives and two way feedback, all objectives were set in line with the company's strategic plan.
- CfSL had a clinical competency framework, which staff completed, broken down into competencies for each area, for example working in theatre or working in outpatients. Line managers reviewed competencies and a competency forum was held periodically to assess competency across the organisation and feed into the organisational learning and development plan. We reviewed three staff files all of which contained completed competency documents.
- Staff induction had recently been revised based on feedback from the team and workshops held with staff as a result of working towards "Investors in People" status. Induction commenced with a half day workshop with the Director of Operations who explained the organisational structure along with the strategic plan and a checklist of mandatory information. New employees also watched videos of patients who had had an exceptional experience at CfSL so they could understand from the outset the level of service aspired to. The Head of Optometry played a large role in upskilling new employees on the types of treatments undertaken. There was a level of knowledge scheme with level three being at the highest level of knowledge within the organisation. This formed part of the CfSL learning academy, which was newly launched this year.
- We saw completed induction programmes during our inspection, which confirmed it was undertaken.
- Staff were encouraged and supported to attend national conferences to ensure care and treatment reflected up to date guidance. Staff we spoke with confirmed senior staff encouraged learning.

Multidisciplinary working

- In theatres, we observed that the whole team worked well together and all members of the team had a voice. Staff said that all staff were able to have their opinions heard.
- The cantre had effective relationships with community eye practitioners such as optometrists, opticians and community nurses. We were given an example when a patient was unable to administer their own drops, the centre contacted the patients GP to arrange for the district nurse to do it.
- Staff we spoke with reported positive multidisciplinary working relationships with colleagues. Staff made comments such as "we are a family".
- We observed 'team briefings' in theatres that were held prior to the start of operating lists. Surgeons, anaesthetists, and theatre staff attended the 'briefings' which allowed the team to review.

Seven-day services

- The centre was open from Monday to Friday between 9am and 5pm and was closed at weekends.
- A 24-hour helpline for advice to patients outside of normal working hours was available. Consultants were available during normal working hours Monday to Friday to review patients if staff felt medical input was required.

Access to information

- Patient records were both electronic and paper based. All staff had access to full details of a patient's past medical history, medicines, allergies, referral letters, consent information, clinic notes, pre-assessment notes, and consultants' operation notes.
- We reviewed four sets of notes for surgical patients. All four contained sufficient information to enable staff to provide appropriate patient care. This included diagnostic test results and care plans. Electronic records could be accessed at and of the three Centre for Sight centres.
- The centre provided discharge letters for patients and their GPs, unless patients requested otherwise. We saw that discharge letters included all relevant information to allow continuity of care in the patient's community. This included operation details, prescribed medications and eye care. Discharge letters contained details of the treating consultant so that the patient's GP could contact them if needed.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- CfSL had a consent policy which was in date and was compliant with the Mental Capacity Act and Deprivation of Liberty Safeguards legislation. The policy set out staff responsibilities for seeking and obtaining informed consent, including the type of consent (verbal or written) needed for procedures undertaken at the centre.
- We saw the consent process started when a patient first contacted the centre, via telephone or via CfSL website. Specific procedure consent forms were sent by post to the patient, this gave patients time to thoroughly read and understand the benefits and risks of the procedure. Each consent form contained comprehensive information specific to the procedure.
- We observed that CfSL followed the 'New standards and patient information guidelines' published by the Royal College of Ophthalmologists .For example, there was standardised patient information which explained the procedure, suitability, benefits, risks and alternatives.
- Patients were required to sign each page of the consent for to confirm they had read and understood the information it contained. Patients also had to sign to confirm they had been provided with all the relevant information. For example, if they had been shown a video specific to their procedure. The responsibility for consent to procedures was undertaken by consultants and this took place at consultation.
- All surgical procedures were recorded for teaching and legal reasons. There was a section on the consent form which patients signed to give their permission for this. We reviewed five consent forms all of which had been fully completed.
- The centre had never had cause to seek a deprivation of liberty authorisation.
- Staff explained to us that the capacity of a person to consent to treatment was reviewed by consultants and staff during consultation and the pre-operative assessment stage. For those patients who lacked

capacity a decision was made by the consultant if their needs could be met at the centre. If the consultant decided a general anaesthetic was required which could not be accommodated they were referred to the NHS.

- Staff were aware of the minimum cooling off period for specific procedures and we saw that the minimum cooling off period of one week was observed.

Are surgery services caring?

Good

We rated caring as good.

Compassionate care

- We saw staff took time talking to patients and explaining things to them and those people close to them. We observed encouragement and reassurance being given to post-operative patients after surgery. Patients' said that staff went the extra mile and the care they received exceeded their expectations.
- Patients we spoke with were positive about the care they had received and told us all staff, from the initial contact with administrative staff were kind and compassionate.
- We saw in theatre that constant reassurance was given to patients. Staff offered to hold patient's hands to provide reassurance. We saw staff introduced themselves to patients.
- Patients completed patient questionnaires, which enabled patients to provide feedback on the care they received at Centre for Sight East Grinstead (CfSEG). CfSL used the five Friends and Family questions within the patient survey. The latest survey results (September 2017) showed that 87% of patients would recommend CfSL to friends and family. This was below the CfSL target of 95%.
- Feedback from these questionnaires showed that patients felt that they received warm and friendly care. Patient comments included "made to feel very looked after and cared for" and "the treatment and care I received has been amazing". Another patient said after their surgery, "I feel like superman".
- We observed that patients dignity was maintained during procedures and they remained fully clothed throughout.

Understanding and involvement of patients and those close to them

- Patients, friends and relatives were greeted on arrival at the centre and met the team prior to proceeding with surgery. Whilst patients proceeded through the surgical care pathway, staff kept the family informed, in particular when surgery was over and the patient was recovering.
- Postoperative instructions were in a printed booklet and reviewed with the patient and a member of their family prior to discharge. We observed that staff checked with friends and relatives that they also understood the aftercare instructions.
- All patients we spoke with said they were aware of their surgical procedure and that it had been explained to them thoroughly and clearly. Patients told us they had been given time to ask questions to ensure their expectations were managed.
- Relatives we spoke to praised the professionalism of the staff and confirmed that they were given appropriate and timely support by the staff.

Emotional support

- All patients we spoke with felt staff had given them sufficient information about their procedure, and were able to discuss it with staff. We saw staff give the patient comprehensive written and verbal information about their on-going care. This included eye care, follow-up appointments, hobbies and counselling on medicines. This helped patients understand how to care for themselves and recognise any post-operative complications.
- Patients had the opportunity to talk to other patients who had undergone surgery if they wanted to. This was facilitated by CfSL staff. One patient said, "
- On the CfSL website there was testimonials of patients would had previously undergone procedures, this provided support for patients as they heard it from a patients perspective.

Good

Surgery

- We saw staff went to any lengths to try and relax patients, for example, they were left to wait in the waiting area right up until just before their procedure. This meant they were in a relaxed surrounding with their relatives or friends.
- One patient commented, "I was very scared on the occasion of each operation, the calm and efficient care helped".
- There was a patient coordinator who worked in clinic alongside the clinical team to provide support to the receptionists and technicians in ensuring patients were kept up to date on the time of their procedure.
- When a patient made initial contact with CfSL, they were allocated a patient liaison coordinator. The coordinator was responsible for organising the logistic of the patient's journey, for example making appointments and sending reminders of appointments. This ensured continuity of care for patients and they knew who to contact if they experienced any problems.

Are surgery services responsive?

Good

We rated responsive as good.

Service planning and delivery to meet the needs of local people

- Centre for Sight East Grinstead (CfSEG) was a centre designed and built to support the specific needs of patients with eye disorders. The centre was integrated and had a bespoke environment using high technology diagnostics and therapeutics. CfSEG received an architectural award from Mid Sussex Council.
- There were integrated TV monitors outside the theatre which showed a relay of the operation which was being undertaken. This meant visitors who had come to learn about the procedures could watch from outside the theatre. In addition, staff were able to watch and monitor the progress of the operation.
- CfSEG provided their facilities and staff to a local NHS trust via a service level agreement every two months for the provision of Laser surgery. This was because the NHS trust did not have a specific type of Laser required. The NHS trust facilitated the organisation of the patients including ensuring they were suitable to be treated at CfSEG. Follow up appointments were undertaken in the NHS hospital.
- Follow up appointments were offered to all patients, on the day after surgery. These appointments involved aftercare advice, assessment for risk of infection or side effects.
- CfSL rarely undertook bilateral eye surgery on the same day, due to the risk of infection. Instead, patients who were having bilateral surgery had one operation on Monday and the other one on Wednesday. Alternatively, patients could have one operation on Wednesday and the other on Friday.
- CfSL provided private healthcare treatment. Patients could either self-pay or use private health insurance. Patients could self-refer or be referred by another healthcare agency for example, an optician.
- As specialists in ophthalmology practice in the local area a considerable number of patients sought a second opinion and repair of previous complications from surgery.
- CfSL had a charity scheme where patients who no longer needed their glasses after their procedure donated them to charity. CfSL collected all the unwanted glasses and sent them to a charity factory. The glasses parts were used to make glasses for developing nations around the world where glasses provision was not as accessible.

Access and flow

- Consultants did not have waiting lists. Patients could typically be booked in for procedures at the patient's convenience subject to the ordering of any bespoke lenses.
- CfSL appointment system and surgical lists were all managed centrally. This enabled the movement staff where they were needed to meet the needs of the clinics and theatre sessions.
- All calls were triaged by experienced medical administration team and information passed on to technicians. Technicians were rostered to cover any

enquiries on a daily basis to deal with any clinical enquires. An ophthalmic consultant was always available to advise and sign off on queries and also see patients when necessary.

- When there was a rise in requests for theatre availability, additional theatre slots were provided to meet demand.
- The service had not cancelled any procedures due to a non-clinical reason from April 2016 to March 2017.
- During our inspection, the theatre list ran on time. The inspection did not highlight any concerns relating to the admission, or discharge of patients form the ward or theatres.

Meeting people's individual needs

- Emergency slots were available in outpatient clinics in case of the need for a patient to see a consultant urgently. There was always scope for a patient to be treated urgently by one of the three main consultants.
- There was a TV in the waiting area, which displayed eye health information, for example using omega oils for the treatment of dry eyes.
- Patient information was available in large font if required for patients who were visually impaired.
- The centre had access to a telephone or face-to-face interpreting service. Staff we spoke with knew how to access this service.
- The centre provided an induction hearing loop in the reception area. A hearing loop is a sound system for use by people with hearing aids.
- The premises offered free car parking at the service. There was clear signage for those with visual impairment.
- The centre had wheelchair accessible toilets and a wheelchair available for patients to use if required. There was a disabled lift for wheelchair users to use.

Learning from complaints and concerns

- CfSL had a system for handling complaints and concerns and followed the organisation's complaints policy. This provided a structured process staff to follow when dealing with complaints. We reviewed the policy, found it was in date, and reflected recognised guidance and contractual obligations for independent hospitals in England.
- The Director of Operations (DoO) determined who would lead the investigation based on how and where the complaint originated. For example if the complaint was regarding waiting times in clinic, the Head of Optometry would be asked to investigate. The outcome of the investigation was then fed back to the DoO and a formal written response compiled. The DoO often investigated complaints, as they were responsible for the final written response.
- Depending on the type of complaint, advice was sought from the Medical Director and company insurance lawyers. Any information pertaining to the investigation was kept together in a complaints folder. We saw the complaints folder during our inspection.
- Complaints were acknowledged within 48 hours. Complaints were investigated and typically, a response was provided within 10 working days. We saw evidence of compliance with these timescales in the complaints folder. If this timescale could not be met, the patient making the complaint would be informed and given a timescale with reasons for any delays in response.
- Complaints were a standard agenda item of centre meetings and we saw confirmation of this in meeting minutes. Learning was disseminated in this way. Processes were also changed as a result, for example new terms and conditions were introduced to ensure better clarity for patients on billing processes.
- We saw posters in the centre which contained information on how to make a complaint or leave feedback.
- If the complaint could not be resolved locally, the patient was given the contact details for the Independent Healthcare Sector Complaints Adjudication Service.
- All staff received annual training in handling complaints with the focus on trying to resolve complaints informally at the time of the complaint.
- CfSL received 16 complaints in the reporting period (April 20 16 to Mach 2017) across all three centres. CfSL did not supply is with complaints data broken down by

site. However, we reviewed the complaints log during our inspection and saw the specific centre the complaint related to was recorded. There were no themes identified within the complaints log. This meant managers knew were complaints happened and could identify any themes. No complaints were referred to the Ombudsman or the Independent Healthcare Sector Complaints Adjudication Service in the same reporting period.

Are surgery services well-led?

Outstanding ☆

We rated well-led as Outstanding.

Leadership / culture of service related to this core service

- Centre for Sight Limited (CfSL) was led by the management team, which was made up of the Chairman, Consultants and the Director of Operations (DoO). A team of managers reported directly to the DoO who had set objectives in line with the company's strategic plan.
- There were four staff groups, which formed the CfSL organisation, each group had a manager or managers and were supported by a team. For example, the clinical team had a Theatre Manager, Head of Optometry and a clinical services manager who managed a group of eight staff.
- We saw strong leadership, commitment and support from the management team. They were responsive, accessible and available to support staff during challenging situations.
- All staff told us clearly about their lines of reporting to the management team and told us they felt valued, supported and respected in their roles.
- Staff told us they thought managers were very supportive and that there was clear leadership from them.
- There were high levels of staff satisfaction across all staff groups. Staff spoke highly of the culture. There are consistently high levels of constructive engagement with staff. Staff at all levels were actively encouraged to raise concerns.
- There was strong collaboration and support across all aspects of CfSL and there was a common focus on improving quality of care and people's experiences. For example, the leadership team undertook prompt action to address patient feedback.
- Staff told us one of the best things about working at the centre was the team. Staff descriptions of the culture included "we are like a family".
- We observed positive working relationships between staff. Due to the small size of CfSL, everyone knew each other and we observed friendly interactions between staff at the centre.
- Managers we spoke with were knowledgeable about their patient's needs, as well as their staff needs. They were dedicated, experienced leaders and committed to their roles and responsibilities. Leaders had an inspiring shared purpose, strive to deliver and motivate staff to succeed.
- Staff knew their role within the team and how this contributed to the cohesive organisation of CfSL. Staff also had awareness of colleague's roles within the team and how they contributed to the team.
- The management team organised activities and away days for staff as team building events. Staff informed us that management were proactive and that they felt confident to approach their immediate manager with any concerns. Staff told us they were regularly praised and given positive feedback from managers.
- Staff we met were all welcoming, friendly, and helpful, morale was good, and staff told us they felt 'proud' to work at CfSL.
- The leadership, governance and culture were used to drive and improve the delivery of high quality person-centred care.
- There was a strong culture of openness and transparency, CfSL actively encouraged staff to raise

concerns. For example, during the World Health Organisation 'Five steps to safer surgery' checklist briefing staff were asked if they had any concerns regarding the operating list.

- Staff were committed to making improvements for patients and felt they had been given the right resources to achieve this.
- Staff said they focussed on providing good care "the sort of care you would want to experience yourself". Staff were proud to work for CfSL and described it as "the Ritz of eye care".

Vision and strategy for this core service

- CfSL had a strategic learning and development plan this ensured knowledge within the organisation grew and consequently benefited patients.
- The five key lines of enquiry (safe, effective, caring, responsive and well-led were incorporated into CfSL strategic plan. The components of the strategic plan were discussed with the team on a regular basis as part of the communications structure. We saw confirmation of this within the centre's meeting minutes.
- CfSL overall vision was focused on exceeding expectations both in terms of outcomes and experience, striving to provide phenomenal outcomes by customising patient care provision. This was achieved by continued education team development and investment in technology. This was done by vigorous audit of patient outcomes and experience and acting on results of these. We saw staff had an ongoing education programme, which ensured their skills, and knowledge were kept up to date. CfSL maintained an asset register of all equipment which contained life expectancy of equipment which ensured equipment was replaced appropriately.
- CfSL team determined their values together as an organisation during a team building day. Staff decided on a set of words, which defined their values "We are Safe"; "Ethical"; "Patient Centric"; "We Care"; "We are Honest and Transparent".
- The strategy and supporting objectives were stretching, challenging and innovative while remaining achievable.
- At the end of 2016, CfSL embarked on Investors in People accreditation process and spent time as a team considering their values and how they worked together as a team. CfSL held team building events to understand how they worked together.
- Staff were able to describe to us the vision and values of CfSL. We were told this also formed part of the interview process and saw it was part of the appraisal process.

Governance, risk management and quality measurement (and service overall if this is the main service provided)

- The service had an effective governance framework. The Medical Director had overarching governance responsibility supported by three other committees; Consultants, Operations Director and Finance Manager. These fed into four other staff groups which included medical administration, marketing and enquires, finance and clinical staff. This structure ensured the two way sharing of information and dissemination.
- CfSL had a clinical governance policy, which was in date. This policy set out the key systems and processes that underpinned the organisations approach to clinical governance. The overarching clinical governance was implemented by strategies which included; education and training, risk management, audit, communication, complaints, evidence based practice research and development.
- CfSL had a risk management policy, which was in date. The policy clearly defined staff roles and expectations with regard to reporting and responding to risk. SfCL had a risk register, which included 13 risks. The register included risks for each centre location and companywide risks. We reviewed SfCL risk register and noted that all 13 highlighted risks had been reviewed within the last 12 months. We saw that all risks had controls in place to mitigate the risks. For example, the risk of a major incident such as a flood was mitigated by a business continuity plan.
- We saw CfSL was working towards ISO 27001 certification, having already successfully achieved ISO 9001 & 14001 certification year on year since 2012. ISO 27001 is a specification for an information security

management system (ISMS). An ISMS is a framework of policies and procedures that includes all legal, physical and technical controls involved in an organisation's information risk management processes.

- Medical Advisory Committee (MAC) meetings were undertaken quarterly where the company risk register and practising privileges were reviewed. We saw from meeting minutes that the meetings followed a set agenda with input from the multidisciplinary team.
- CfSL presented outcome data for patients in a way they could understand. For example, improvements to vision to undertake everyday tasks or hobbies such as reading a newspaper or recognising people's faces. Presenting the data in this way meant patients had a clearer understanding of outcomes.
- The centre had many service level agreements (SLA) which provided services. For example, pharmacy services, laundry, cleaning, facilities and estates management. We reviewed two SLA's which were in date and defined the type of service provided, required performance level, monitoring process, steps how to report matters affecting performance and a review date of the SLA.
- CfSL undertook monthly clinical meetings and quarterly centre and consultants meetings. We saw from meeting minutes that the meetings followed a set agenda, which included but was not limited to; incidents, review of policies, training, laser audit, care pathways, complaints and quality standards.
- Staff confirmed they received information during the meeting and gave examples of learning from incident investigations.
- CfSL strategic plan included a scorecard with a traffic light system for identifying work still to be done, areas of improvement and areas of success.
- CfSL had a performance dashboard, which monitored monthly performance in a range of key areas. These included monthly WHO five steps to safer surgery audits, laser audits, consent, hand hygiene and medical records. We saw in meeting minutes these were discussed at clinical meetings.
- CfSL produced quarterly quality standards, which included but were not limited to complaints, adverse incidents and patient satisfaction. We saw from meeting minutes these were discussed at MAC meetings and consultant meetings.

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

- CfSL had a website where full information could be obtained about the treatments available for patients. It was very comprehensive including information about costs and finance. The website also included advice and tips for patients for example on the safe use of contact lenses.
- Patient seminars were held quarterly at both East Grinstead and Oxshott locations. Patients had the opportunity to visit the premises and meet the team. They listened to a seminar provided by one of the consultants and were able to ask questions and speak with past patients.
- CfSL also collected patient feedback via testimonials, patient complaints, patient thank you cards, and from staff talking to patients. Feedback was discussed at team meetings and processes changed based on feedback, we saw confirmation of this in staff meeting minutes.
- For example, patient feedback included that they experienced long waiting times in outpatient clinics. As a result of this feedback, CfSL adjusted the appointment templates in June 2017. At the time of the inspection we saw an audit was planned to gain feedback from patients in order to monitor improvement.
- CfSL website also included 10 tips if patients were considering eye surgery, to find out if laser eye surgery is right for them. It also gave information on what to consider if thinking of having laser eye surgery.
- Staff told us that the culture was to encourage employee participation from everyone within the CfSL with everyone having a part to play.
- Staff said that their work life balance was good and their managers were very flexible and accommodating.
- Staff received a performance based salary bonus annually based on achievements and individual objectives being met.

- CfSL interacted on social media via Facebook, Twitter and LinkedIn. Effective utilisation of social media can engage patients and was another way patients effectively communicated with CfSL. It also gave patients another route of obtaining information about CfSL and the services it offered. This demonstrated that CfSL was committed to communication and listening to feedback from social media users.
- Patients were encouraged to leave feedback about their experience by completing patient satisfaction questionnaires.

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

- CfSL had a Centre for Sight Trust, which supported eye-care in developing countries. Using UK derived donations and charitable contributions the objectives of the trust was to develop eye care in developing countries and promote innovative eye research in the UK. The Medical Director undertook annual visits Comprehensive Community Based Rehabilitation in Tanzania (CCBRT) in April 2015 to assess patients and perform surgical procedures.
- CfSL were focussed on innovation and the development of new techniques. CfSL consultants had designed instruments in collaboration with manufactures of ophthalmic instruments.
- A new technique for dislocating the lens in laser cataract surgery was devised by the medical director and this culminated in a new instrument and an associated publication.
- CfSL was ISO 14001 certified which sets out the criteria for environmental management and went through an annual process of renewal. CfSL was committed to environmental management and we saw posters and receptacles encouraging staff, patients and visitors to recycle whilst at the centre.
- Education was an integral part of the culture at CfSL and an important contributor to the eye care network. We saw this evidenced in international and national papers written by one of the consultants and the same consultant speaking at national and international conferences. Each year CfSL held two education days for optometrists. The most recent one took place just prior to the inspection on 17 October 2017. The day consisted of lectures as well as live 3D surgery broadcast to the waiting room, which was converted to an auditorium.
- CfSL had a Centre for Sight Trust, which supported eye-care in developing countries. Using UK derived donations and charitable contributions the objectives of the trust was to develop eye care in developing countries and promote innovative eye research in the UK. The Medical Director undertook annual visits Comprehensive Community Based Rehabilitation in Tanzania (CCBRT) in April 2015 to assess patients and perform surgical procedures.

Good

Outpatients and diagnostic imaging

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

Are outpatients and diagnostic imaging services safe?

Good

We rated safe as good.

Incidents

- Patients being treated in this service were protected from the risk of inappropriate or unsafe care. Systems were in place to ensure that incidents were identified, reported, investigated, and learned from to prevent recurrence. Staff we spoke to in outpatients had a good understanding of the process to report incidents.
- All incidents were reported using a paper form. The form was completed and handed to the member of staff's line manager. We saw copies of incident forms during the inspection and noted they were completed properly.
- We spoke with six members of staff and all knew the process for reporting incidents. None had reported an incident recently, but all were able to give examples of what they would report.
- The line manager investigated the incident and fed back about the incident to the individual member of staff. Wider learning from incidents was fed back to outpatients and diagnostic staff via the monthly team meeting.
- No serious incidents relating to outpatients and diagnostics had been reported in the last twelve months. The outpatient and diagnostic service had reported eight clinical and one non-clinical incident in the twelve months prior to inspection.
- The service had a duty of candour policy. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person. There were no incidents relating to outpatients and diagnostics that required a formal duty of candour response so we were unable to see how the provider would respond.
- For our detailed findings on incidents, please see the safe section of the surgery report.

Cleanliness, infection control and hygiene

- The outpatient and diagnostic department was visibly clean and tidy and there were robust infection control processes.
- Equipment was decontaminated between patients. The equipment in the counselling room was cleaned after use with an antibacterial wipe. This was recorded on the cleaning record sheet within the room. We viewed the cleaning record sheet and this confirmed the cleaning had taken place. The consultation rooms were cleaned after use with an antibacterial wipe. We viewed the cleaning record sheet and this confirmed the cleaning had taken place. A patient described to us how each piece of equipment in consulting rooms was cleaned with an antibacterial wipe prior to each use, in their presence.
- We observed all staff washing or decontaminating their hands appropriately. Alcohol hand gels were available in every consultation room. All staff we observed correctly decontaminated their hands in line with the World Health Organisation's "five moments of hand hygiene."

Good

Outpatients and diagnostic imaging

- We saw all staff in the outpatient area were 'bare below the elbow'. This was in line with national guidance 'National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England' (epic3), which says healthcare workers should ensure they clean their hands effectively by removing all wrist and hand jewellery.
- The hand washbasins in the outpatient area were compliant with health building note HBN 00-09 - Infection control in the built environment. There were no plugs and no overflow. They had lever operated mixer taps. Soap cartridges and disposable hand towels were available next to the sinks. Every sink had a poster which identified the "five moments for hand hygiene" and a poster describing the correct handwashing technique.
- Flooring was seamless and smooth, slip-resistant and easily cleaned in line with national guidance. All chairs had a cleanable fabric cushion and the cushions could be removed to be cleaned both sides. In the reception/ waiting areas, we saw that there were "easy clean" chairs for patients to use.
- Every sharps bin we saw had been assembled correctly and was signed and dated. They all had a temporary closure when not in use. They were not overfilled. Once full, they were sealed and taken to a secure storage area to await disposal. This was in accordance with Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 (the Sharps Regulations).
- All waste was disposed of safely and kept securely at the rear of the building. The waste disposal area was a secure, locked wooden structure and was locked when we inspected it.
- For our detailed findings on cleanliness, infection control and hygiene please see the safe section of the surgery report.

Environment and equipment

- The outpatient and diagnostic department was on the ground floor of the building had four consulting rooms and an imaging/testing rooms. The outpatient area was free from clutter and had adequate storage.
- There was a resuscitation trolley in the adjacent theatre department in case of a medical emergency.
- All electrical equipment underwent annual electrical safety testing. We saw records to show this had been completed in January 2017.
- Standard operating procedures were in place in the outpatient and diagnostic department to ensure staff knew, understood and had access to clear simple instructions on how to carry out certain tasks, such as cleaning equipment or opening instructions prior to a clinic starting.
- For our detailed findings on environment and equipment, please see the safe section of the surgery report.

Medicines

- The consultant surgeon prescribed all medicines in the outpatient department to named, individual patients on an internal prescription chart. Unused prescription forms were stored securely to prevent potential misuse.
- The department stored saline eye drops, dilation drops and anaesthetic eye drops within a locked cupboard. We observed the cupboard was unlocked with the key in the lock. Staff told us that the key was removed and cupboard locked when a trained member of staff was not there. This meant there was a potential for unauthorised access to medicines. The department did not store any controlled drugs.
- The department had a medicine fridge, which was located in a corridor away from the public areas. The fridge was locked and had the temperature monitored daily. This was documented on a chart and there was an escalation process to be followed if the fridge temperature was not within expected temperature range. The charts we viewed demonstrated that the fridge temperature was monitored daily.
- A consultant prescribed the medicine on an internal prescription chart when patients needed to take medicines home. The ophthalmic technician recorded the following details; the name, expiry date and batch number of the medicine and the name of the patient in a dispensing book. This demonstrated that medicines given to patients could be tracked and audited. The patient name label was attached to the medicines box and a patient information leaflet relating to the

medication was given to the patient. Staff had received training to undertake this role and were required to undertake a competency we saw records, which confirmed this.

- Medicines were provided by a nearby NHS hospital trust and another provider, who gave pharmacy advice if required.
- For our detailed findings on medicines, please see the safe section of the surgery report.

Records

- Patient notes were stored in a locked cupboard in a locked building. The keys to the cupboard were securely stored when not in use.
- In the three months prior to inspection, all patient records were available during outpatient clinics. This meant no patient was seen without their records in outpatients.
- Notes needed for the clinics planned in the week were collected and prepared, then stored in a locked room in the building reception. A member of the administrative team prepared the records for clinic. The location of the notes was monitored using a tracking form. The notes were kept securely at all times.
- The service was aiming to move electronic notes. The majority of the notes were electronic and only 10% remained in a paper format. Electronic notes were stored on an electronic database which was password protected. This minimised the risk of unauthorised access.
- All patient notes were kept for three years in a paper format. At the end of this period the notes were scanned onto the computer system and then destroyed. This meant personal information was not stored for longer than necessary.
- In the five sets of patient notes we reviewed, every patient had received an assessment form that was fully completed. All medical notes had been completed in black ink. All the entries had a date and time of entry.
- Patient records were taken off site and transported to the service's other locations. The consultant transported files in a locked and coded data bag and would travel by car. This meant the notes were kept securely when being transported.
- For our detailed findings on records, please see the safe section of the surgery report.

Safeguarding

- A safeguarding policy for vulnerable adults and children was available for staff to reference and to guide them. They were given a copy of this to read when they commenced employment and received annual training on safeguarding.
- The centre treated a small number of children aged between 13 and 16 years old in outpatients. Four members of staff were trained in level three child safeguarding training. A member of staff with level three children safeguarding was always directly involved in the treatment of a child. This is in accordance with the Children Act 1989.
- We spoke to six members of outpatient staff and all knew the process for reporting safeguarding concerns. None had reported a safeguarding concern but all were able to give examples of what they would report. Staff talked to us about the training they had received and were able to say what might constitute a concern.
- For our detailed findings on safeguarding, please see the safe section of the surgery report.

Mandatory training

- Staff we spoke with, and records we viewed, confirmed that mandatory training was undertaken in order to develop and maintain staff skills. The training included areas such as fire training, moving and handling, safeguarding, duty of candour, infection prevention and mental capacity.
- For our detailed findings on mandatory training, please see the safe section of the surgery report.

Staffing

- The staff consisted of patient coordinators who were administrative and directly supported patients. There were four ophthalmic technicians and a head of optometry. There were no nurses employed in outpatients.
- Clinical leadership was the responsibility of the consultant surgeon in clinic on the day.

Good

Outpatients and diagnostic imaging

- The department was calm, coordinated and well organised, which indicated there were adequate numbers of staff on duty to meet patient needs. Staff told us that there was sufficient staff to meet patients' needs.
- The appointment system was managed centrally. This enabled staff to be where they needed to be to meet the needs of the patients.
- For our detailed findings on staffing, please see the safe section of the surgery report.

Medical staffing

- Three consultants worked in the outpatient department, with one on duty in the clinic at any time. They had oversight of the clinical care in the department.
- Surgeons were available 24 hours a day, seven days a week based on an on-call rota. The surgeon could be contacted for advice by optometrists or ophthalmic technicians at any time of day and were available to see patients in case of an emergency.
- For our detailed findings on medical staffing please see the safe section of the surgery report.

Emergency awareness and training

- We saw the service had a business continuity policy, which was last updated in April 2017. The policy covered major incidents such as a terrorist attack, flood, fire and extreme weather and loss of utilities.
- Fire exits were clearly marked and fire marshals were identified on posters on the walls. Fire evacuation scenarios were practiced at least twice a year with the most recent one in September 2017. Staff had received fire safety training as part of the mandatory training package.
- The building had its security and fire status monitored by a third party contractor. We observed an alarm panel in the reception area that showed no current issues. All fire doors were shut. Fire exit routes were free from obstruction. All fire extinguishers had an annual maintenance record. The whole building had visible fire action signs and illuminated exit signs in the event of an emergency.
- For our detailed findings on emergency awareness training, please see the safe section of the surgery report.

Are outpatients and diagnostic imaging services effective?

Not sufficient evidence to rate

Evidence-based care and treatment

- The policies we reviewed included relevant best practice guidance such as National Institute for Health and Care Excellence (NICE) and The Royal College of Ophthalmologist (2017 RcOph guidance)
- We observed that NICE guideline NG77 Cataracts in Adults – management, was followed for the complete patients pathway, from providing the patient with enough information to make an informed decision in the outpatient department through to post-operative assessment.
- Staff were encouraged and supported to attend national conferences to ensure care and treatment reflected up to date guidance. Staff we spoke to confirmed senior staff encouraged learning.
- For our detailed findings on evidence based care and treatment, please see the effective section of the surgery report.

Pain relief

- The service provided adequate forms of pain management and no formal pain screening process. The pain relief was given at pre and post-surgery consultations in the form of anaesthetic eye drops. This was sufficient to manage the pain a patient may experience in outpatients.
- For our detailed findings on pain relief, please see the effective section of the surgery report.

Patient outcomes

- The provider conducted regular audits with preventative and corrective action taken as a result.Audits were carried out on the patient care pathway, looking at the

journey of the patient and identifying areas for improvement. Audit showed enhancement rates for both lens and laser eye surgery had been very low indicating consistently good and predictable outcomes.

- The service demonstrated there was a constant collection of patient data. This included internal audit that covered infection control, return to theatre within 28 days, surgery cancellations, clinical incidents and complaints. The service also participated in the EUROQUO audit of femtosecond laser assisted cataract surgery. The results from the audit have not yet been published.
- The service analysed patient outcome data periodically. The data was evaluated and compared to Royal College of Ophthalmology standards for cataract surgery. They also compared data with reported outcomes in the literature to ensure they were consistent. The audit data was regularly presented at national and international meetings.
- For our detailed findings on patient outcomes, please see the effective section of the surgery report.

Competent staff

- The outpatient and diagnostics department met weekly to discuss current issues and workload. Each member of staff had a monthly one to one with their manager; staff described this as an open and useful dialogue. All staff in outpatients had an up to date appraisal.
- There was a clinical competency framework which staff completed; this included the specific competencies required for working in outpatients and diagnostics. Competencies were reviewed by line managers and a competency forum was held periodically to assess competency across the organisation. This then fed into the organisational learning and development plan.
- Staff induction had been revised based on feedback from the team and workshops held with staff as a result of working toward "Investors in People" status. Induction commenced with a half-day workshop with the director of operations who explained the organisational structure along with the strategic plan.
- New employees were shown videos of patients who had had an exceptional experience at the centre so they can understand from the outset the level of service they should aspire to. The head of optometry played a large role in upskilling new employees on the types of treatments that they do.
- We reviewed two staff personnel files. Both contained: job description, basic life support training certificate, visa and immigration papers, up to date appraisal, infection control training certificate, occupational health blood test screening results, current disclosure and barring service certificate, current mandatory training certificates, registration records, two references and a completed induction framework.
- For our detailed findings on competent staff, please see the effective section of the surgery report.

Multidisciplinary working

- All staff we spoke with told us that all the disciplines worked well together and there was a mutual respect for each other's profession. We observed a friendly and respectful relationship between the multidisciplinary staff in the outpatient department during the inspection.
- For our detailed findings on multidisciplinary working, please see the effective section of the surgery report.

Access to information

- All policies, protocols, guidelines, and standard operating procedures were available electronically in the centre.
- Clinicians who had referred patients to this provider received a comprehensive letter showing the medical assessment and treatment.
- For our detailed findings on access to information, please see the effective section of the surgery report.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We saw a corporate consent policy, which was in date and was due to be reviewed in June 2018. Staff in outpatients showed a good understanding of the consent process for the department and told us that patients were fully informed and included in the assessment and treatment plan.
- Staff in the outpatient department demonstrated a clear understanding of the legal requirements of the Mental

Good

Outpatients and diagnostic imaging

Capacity Act 2005 and Deprivation of Liberty Safeguards. The staff members spoken with gave examples of when patients might lack the capacity to make their own decisions and how this would be managed.

- There was an effective triage system used to ensure patients receiving treatment had full capacity. This was completed by the patient coordinators.
- For our detailed findings on Consent, Mental Capacity Act and Deprivation of Liberty Safeguards please see the effective section of the surgery report.

Are outpatients and diagnostic imaging services caring?

Good

We rated caring as **good.**

Compassionate care

- The staff told us patients often sought treatment after having had a life-changing event and always made sure the patient had time to talk openly and to be heard with compassion when undergoing care within this service. They told us they always took the time to ensure the patient had expressed all their concerns.
- Patients we spoke with were very happy with their care. They described that the staff were attentive, polite and understanding of their individual needs. Patients we spoke with described every member of staff as "caring and attentive.
- We were shown reviews on trust pilot and these were dated within the year prior to the inspection. Examples included "The consultant is an exceptional eye surgeon. Definitely recommend as you get great service and are looked after throughout" "Thanks to all the staff andthe consultant for changing my life" "highly knowledgeable surgeons, fantastic team, lovely atmosphere" "the team were great and very reassuring, it's amazing and I only wish I had done it years ago" "the treatment I had was outstanding" "quick, professional and smooth"
- A Patient Coordinator worked in the clinic alongside the technical team so they could support the receptionists and technicians in communicating with patients.
- We observed staff maintaining patient confidentiality during the inspection and all clinic room doors were closed during the consultations.

Understanding and involvement of patients and those close to them

- A patient told us all staff treated them with "compassion and care" and they never felt any pressure to make a decision about treatment
- We observed staff explaining the planned investigations clearly and checking their understanding. The patients and their relatives told us that all staff introduced themselves by name and took care to ensure all their needs were met.
- Staff were professional and polite with patients and their relatives at all times.

Emotional support

- The service offered a care pathway called the discovery programme, which was led by a Patient Coordinator. The patient coordinator was the patient's key worker throughout their journey and maintained contact with the patient from their first enquiry about having a procedure.

Are outpatients and diagnostic imaging services responsive?

Good

We rated responsive as good.

Service planning and delivery to meet the needs of local people

- As an independent healthcare provider, centre for Sight limited offered local people an alternative to NHS ophthalmic care and surgery.
- Staff told us that there was assistance for people who required additional support to communicate such as a loop system to assist in hearing.
- We observed that information was available to patients about who to contact if they had any concerns about their care. Additionally there was a wide variety of information leaflets on the treatment and support available in waiting areas.

Good

Outpatients and diagnostic imaging

- In the outpatient department, there was a counselling room where the patient received an information pack about the procedure and could watch video about the procedure.
- All patients were emailed information about the procedure, the consent form and the financial terms and conditions.
- One relative we spoke with was impressed with the comfort of the waiting area and the availability of hot and cold beverages. They mentioned that they felt the road signage outside the centre was not clear and that it could be improved. They told us that on both occasions they attended the service they had missed the turning to the entrance.
- Waiting areas had comfortable seating arrangements and free tea and coffee was available from a dispensing machine. We saw the temperature of each waiting room was comfortable and the areas were visibly clean and tidy.
- For our detailed findings on service planning and delivery to meet the needs of local people, please see the responsive section of the surgery report.

Access and flow

- Patients were able to self-refer without a GP or optician's referral. The service also received private referrals from other health professionals such as GP's and hospital consultants.
- Appointments were offered within one to two weeks following referral. Patients would be telephoned by the patient coordinator following the referral to confirm their attendance of the appointment. This would be followed up in writing confirming the date time and address of the centre. Staff would accommodate a patient's request if they needed to amend the appointment.
- The patient coordinator confirmed the first appointment with the patient two days before and then spent the appointment day with the patient.
- There were emergency slots available in outpatient clinics in case a patient needed to see a consultant urgently.
- For our detailed findings on access and flow please see the responsive section of the surgery report.

Meeting people's individual needs

- The patient received a full assessment to ascertain their vision issues, their expectations of vision improvement following surgery, hobbies and lifestyle. This meant that the team got a full understanding of the patient and how the service they offered could improve their lives.
- The patients were offered information in a variety of forms mainly written and patient videos. The videos could be viewed on site in the counselling room or emailed directly to the patient.
- There was an option available for prospective patients to contact the service online via the website. The service also communicated with patients by email, however all lines of enquiry required patients and prospective patients to agree to the terms and conditions outlining all issues, in particular the vulnerability of transmitting personal data.
- All calls were triaged by the medical administration team and information passed on to technicians who were rostered to deal with that day's clinical queries.
- The building was accessible to wheelchair users. They had one clinical room, which accommodated a wheelchair user as the equipment could be moved to allow this. There was also a wider doorframe in this clinical room.
- There were toilets available for people with mobility difficulties that had hand grab rails and an emergency pull cord.
- Patients who did not speak English could have their relative interpret for everything except the medical consultation where this would not be best practice. A telephone interpreting service was available for the medical consultation if needed. All of the written leaflets were in English although there was a telephone interpreting service if needed. The staff were aware of how to access this service but had not had to so in the twelve months prior to inspection.
- Patient information packs were available and included packs on laser eye and cataract surgery. The laser eye surgery patient information booklet used language that was easy to understand with pictures to describe the procedure. The risks of post-operative complications described in detail. The post-operative care booklet included all relevant information.

Good

Outpatients and diagnostic imaging

- For our detailed findings on Meeting people's individual needs please see the responsive section of the surgery report.

Learning from complaints and concerns

- For our detailed findings on learning from complaints and concerns please see responsive section of the surgery report.

Are outpatients and diagnostic imaging services well-led?

Outstanding ☆

We rated well-led as outstanding.

Leadership and culture of service

- Staff told us that the management team were honest, proactive and they felt confident to approach their direct manager with any concerns.
- The staff members told us there was a good sense of teamwork and this was the reason that the majority had worked there for several years and had returned to work following periods of maternity leave.
- For our detailed findings on leadership and culture of service please see well-led section of the surgery report

Vision and strategy for this core service

- For our detailed findings on Vision and strategy for this core service, please see well-led section of the surgery report.

Governance, risk management and quality measurement

- The performance of the organisation was discussed at meetings and assessed via quality outcomes; patient satisfaction; complaints; adverse events and commercial key performance indicators.
- Individual performance was measured on a monthly basis with line outpatient managers.
- For our detailed findings on governance, risk management and quality measurement please see well-led section of the surgery report.

Public and staff engagement

- Records showed and staff confirmed that a department team meeting was held on a monthly basis, which included staff from across the disciplines. The purpose of the meeting was to enhance shared learning and build team collaborative working.
- We spoke with patients who had all used the provider's website and trust pilot online reviews when making their decision to seek treatment here.
- We were shown the patient feedback folder for the whole service. The feedback related to the outpatient and diagnostic department. The majority of the cards were over a year old so not relevant for the purpose of this inspection.
- Information was also available in other social media. The feedback viewed was positive with patients recommending the service and describing positive results.
- The service asked friends and family questions using their own questionnaire and results were discussed at team meetings and processes adjusted as required to better meet the needs of patients.
- Feedback was discussed at team meetings and processes changed in line with overall feedback. An example of this was changing the outpatient template to reduce waiting times.
- For our detailed findings on public and staff engagement, please see well-led section of the surgery report.

Outstanding practice and areas for improvement

Outstanding practice

- The centre building was purpose built to be as eco-friendly as possible and was purpose built to meet the needs of patients undergoing eye surgery. The design of the building won an architectural award.
- The service had direct access to electronic information across all three Centre for Sight centres. This meant that hospital staff could access up-to-date information about patients, for example, details of their current medicine.
- Outcome data was presented in a way that patients could understand.
- CfSL was ISO 14001 certified which sets out the criteria for environmental management and went through an annual process of renewal. CfSL was committed to environmental management and we saw posters and receptacles encouraging staff, patients and visitors to recycle whilst at the centre.
- CfSL had a Centre for Sight Trust, which supported eye-care in developing countries. The Medical Director undertook annual visits Comprehensive Community Based Rehabilitation in Tanzania (CCBRT) in April 2015 to assess patients and perform surgical procedures.
- CfSL website also included 10 tips if patients were considering eye surgery, to find out if laser eye surgery is right for them. It also gave information on what to consider if thinking of having laser eye surgery.

Areas for improvement

Action the provider SHOULD take to improve

- The provider should review the guidelines on the use of capnography monitoring during intravenous sedation.