

CESP (Bristol) LLP - Bristol Eye Hospital

Quality Report

Lower Maudlin Street
BS1 2LX
Tel: 01179 730887
Website:

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

Ratings

Overall rating for this location

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

Overall summary

CESP (Bristol) LLP – Bristol Eye Hospital is operated by South West Eye Surgeons LLP. The provider is a Limited Liability Partnership of consultant eye surgeons who undertake consultations and carries out surgery for private adult patients and a small proportion of child patients.

Consultations, diagnostic tests and some treatments are carried out at 2 Clifton Park (the providers other location)

which is registered as location Consultant Eye Surgeons Partnership (Bristol) LLP. Treatments carried out at 2 Clifton Park included lesion removal, biopsies, injections and) laser procedures.

Surgery was carried out using the facilities and staff at a local acute hospital through a contract agreement. This is a separate registered location CESP (Bristol) LLP - Bristol Eye Hospital. The main type of surgery undertaken was cataract removal.

The service provides outpatients for adults and a small proportion of children and young people.

Summary of findings

We inspected this service using our focused inspection methodology. We carried out the unannounced part of the inspection on 24 and 25 July 2018.

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 CQC issued a warning notice against the provider South West Eye Surgeons LLP in October 2017. During this inspection we found areas which required significant improvement included:

- The provider having safe and effective systems and processes to assess, monitor and improve the quality and safety of the service.
- The provider having assurance that staff have qualifications, competence, skills and experience to undertake their role.
- The provider not having oversight of the risks associated to patients undergoing surgery at the hospital.
- The provider not having oversight of records relating to people carrying on the regulated activity by persons employed.

During this inspection we found:

- Risk assessments for patients conducted before, during and after surgery for failed to keep all patients safe at all times.

- Incidents were not used effectively to inform learning and improvement within the service was limited.
- We are not assured that the registered manager had the appropriate support or training to understand their responsibilities, and did not have oversight of the quality and safety of the service.
- Despite some improvements, for example the collection of information for auditing purposes we found there was no effective review or analysis of this information which could be used to improve the service.
- Assurance systems were not comprehensive which meant performance issues were not escalated appropriately and were not improved as a result.

We found good practice in relation to outpatient care:

- During the last inspection we found that the provider did not maintain a full record of mandatory training completed by staff. We found this to be improved during this inspection.
- During the last inspection we found the provider could not demonstrate that safeguarding training had been undertaken by staff. During this inspection we found the evidence was available.

Following this inspection, we told the provider that it must take some actions to comply with the regulations. We also issued the provider with two requirement notice(s) that affected the provider. 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

Surgery

Rating Summary of each main service

Surgery for cataract surgery was carried out using the facilities and staff at a local acute hospital through a contract agreement.

We did not rate this service. During this inspection we found risk assessments for patients conducted before, during and after surgery for failed to keep all patients safe at all times. The service did not identify learning from complaints. There was no effective review or analysis of audit information and assurance systems were not comprehensive.

Summary of findings

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Summary of this inspection

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CESP (Bristol) LLP - Bristol Eye Hospital

Services we looked at

Surgery

Summary of this inspection

Background to CESP (Bristol) LLP - Bristol Eye Hospital

CESP (Bristol) LLP – Bristol Eye Hospital is operated by South West Eye Surgeons LLP. The service opened in 2003. It is a private service in Bristol. The clinic primarily serves the communities of the Bristol area. It also accepts patient referrals from outside this area.

The hospital has had a registered manager, Gill Blackburn, who had been in post since 2017.

The main type of surgery undertaken was cataract removal.

Consultants and nursing staff who worked at the CESP (Bristol) LLP – Bristol Eye Hospital (the hospital) provided specialist eye services to private and NHS patients from

the South West. All staff worked for the NHS and outside of these hours, had a separate contract with the hospital. The provider, South West Eye Surgeons LLP had an agreement with the hospital to use their surgical facilities when not in use by the NHS. Theatre lists, ran from 5pm to 8pm on Monday to Friday.

Ninety percent of care was delivered on the day-case unit at the hospital, if a patient required an overnight stay they were cared for on Gloucester ward (a ward in the hospital). Children were cared for in a designated area on Gloucester ward, if an overnight stay was required they would be transferred to the children's hospital.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, and one other CQC inspector. The inspection team was overseen by Mary Cridge, Head of Hospital Inspection.

Information about CESP (Bristol) LLP - Bristol Eye Hospital

The clinic is registered to provide the following regulated activities:

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

Due to the concerns in the warning notice we did not need to visit the CESP (Bristol) LLP – Bristol Eye Hospital location.

During the inspection, we visited the clinic at 2 Clifton Park. We spoke with four staff including; the registered

manager, the lead consultant, the theatre manager and an ophthalmic technician. There were no patients using the service when we inspected. During our inspection, we reviewed 21 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 most recent inspection took place in 3 and 20 July 2017 and this was the services first inspection since registration with CQC. We found that elements of the service required significant improvement, therefore a warning notice was issued.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We did not rate this service. We found:

- Incidents were not used effectively to inform learning and improvement within the service was limited.

However:

- There was evidence staff had received effective training in safety systems, processes and practices.
- All staff, regardless of role, had up to date mandatory training in safeguarding.

Are services effective?

We did not ask this question on inspection.

Are services caring?

We did not ask this question on inspection.

Are services responsive?

We did not ask this question on inspection.

Are services well-led?

We did not rate this service. We found:

- The registered manager was not supported enough by the consultants to lead the service effectively.
- Governance arrangements were not effective and analysis of information which could improve the service was not used.
- Assurance systems were not comprehensive which meant that performance issues were not escalated appropriately and were not improved as a result.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	N/A	N/A	N/A	N/A	N/A	N/A
Overall	N/A	N/A	N/A	N/A	N/A	N/A

Surgery

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are surgery services safe?

Mandatory training

- During the last inspection we found that the provider did not maintain a full record of mandatory training completed by staff. We found this to be improved during this inspection.
- There was evidence all staff had received effective training in safety systems, processes and practices. There was a staff training matrix for nursing and administration staff who worked at 2 Clifton Park. It identified ten training modules which included topics such as infection control and information governance.
- All consultants had completed all mandatory training associated with their role. There was a staff training matrix for the consultants working for the provider. It identified ten training modules including health and safety, information governance, consent and conflict resolution.
- All staff had received training in basic life support training to enable them to deal with patients in emergency situations.
- The training matrix identified when staff were required to have refresher training which meant staff would be kept up to date with the latest practices and legislation.

Safeguarding

- During the last inspection we found the provider could not demonstrate safeguarding training had been undertaken by staff. During this inspection we found the evidence was available.
- All staff, regardless of role, had up to date mandatory training in safeguarding. Training levels had been

- identified so that when adults or children attended the hospital there were appropriately trained staff working. All staff had level one training, all clinical staff had level two training, and all consultants had level three training.
- Safety systems, processes and practices mostly kept people safe from abuse. Although the provider safeguarding policy did not clearly identify the process of contacting the local authority regarding raising a safeguarding concern and did not provide contact details to raise that concern.
 - We were informed the provider had never had to raise a safeguarding concern during the time the service had been running.
 - We spoke with the theatre manager regarding the safeguarding policy and found that during consultant eye surgeon's lists if staff had a concern they would follow the acute providers policy to raise a safeguarding alert. Although this practice would protect the patient, it was not in line with the providers policy.

Cleanliness, infection control and hygiene

- Cleaning processes at Bristol Eye Hospital were conducted and monitored by the acute trust and was identified in the services contract.

Environment and equipment

- Equipment maintenance processes at Bristol Eye Hospital were conducted and monitored by the acute trust and was identified in the services contract.

Assessing and responding to patient risk

- Risk assessments conducted during surgery for patient failed to keep all patients safe at all times.
- Processes were in place to conduct the World Health Organisation (WHO) surgical safety checklist. However,

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we found compliance to be lower than expected. We checked records of 21 operations conducted by the provider. We found that out of these three did not contain completed WHO surgical safety checklist.

- Additionally, audits conducted by the provider identified there were an additional five occasions where the WHO surgical safety checklist had not been completed. The most common reason for non-compliance was with the 'sign out' step following the completion of surgery.

Nursing and support staffing

- We did not inspect this heading as part of this inspection.

Medical staffing

- We did not inspect this heading as part of this inspection.

Records

- We did not inspect this heading as part of this inspection.

Medicines

- We did not inspect this heading as part of this inspection.

Incidents

- Incidents relating to surgical procedures were collected by the provider from the local acute hospital. However, none of the incident records collected related to operations conducted by Consultant Eye Surgeons Partnership.
- There was also no analysis of these incidents, or lessons identified or acted upon about these incidents.
- Additionally, there was no process identified for the local acute hospital and the provider to share concerns around incidents or lessons learnt.

Safety Thermometer (or equivalent)

- We did not inspect this heading as part of this inspection.

Are surgery services effective?

We did not ask this question as part of our inspection.

Evidence-based care and treatment

- We did not inspect this heading as part of this inspection.

Nutrition and hydration

- We did not inspect this heading as part of this inspection.

Pain relief

- We did not inspect this heading as part of this inspection.

Patient outcomes

- We did not inspect this heading as part of this inspection.

Competent staff

- We did not inspect this heading as part of this inspection.

Multidisciplinary working

- We did not inspect this heading as part of this inspection.

Seven-day services

- We did not inspect this heading as part of this inspection.

Health promotion

- We did not inspect this heading as part of this inspection.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We did not inspect this heading as part of this inspection.

Are surgery services caring?

We did not ask this question as part of our inspection.

Compassionate care

- We did not inspect this heading as part of this inspection.

Emotional support

- We did not inspect this heading as part of this inspection.

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Understanding and involvement of patients and those close to them

- We did not inspect this heading as part of this inspection.

Are surgery services responsive?

We did not ask this question as part of our inspection.

Service delivery to meet the needs of local people

- We did not inspect this heading as part of this inspection.

Meeting people's individual needs

- We did not inspect this heading as part of this inspection.

Access and flow

- We did not inspect this heading as part of this inspection.

Learning from complaints and concerns

- We did not inspect this heading as part of this inspection.

Are surgery services well-led?

Leadership

- We are not assured that the registered manager had the appropriate support or training to understand their responsibilities, and did not have oversight of the quality and safety of the service. The registered manager had a poor understanding of the Health and Social Care Act, 2008 and when asked for how assurance was gained found that answers lacked clarity.
- We saw evidence the registered manager has undertaken a one day 'introduction to practice management training' course in April 2018. They informed us they had 'learnt an extraordinary amount' since the last inspection date, felt well supported by the consultants and enjoyed their job.
- The registered did not have appropriate training or support to understand how medications were managed or of the oversight of this process.
- We discussed several items of concern with the registered manager throughout the inspection. It was

evident that the registered manager did not understand the consequences of failing to act on a number of these issues. For example, the concerns raised around complaints involving consent, audits noting non-compliance with obtaining consent and completion of the WHO checklist and the lack of escalation of any of these items to the risk register for ongoing management.

- The registered manager appeared visibly concerned when issues were raised and demonstrated a willingness to 'put things right'. The registered manager and the lead consultant stated that they have worked hard at trying to implement changes and rectify issues raised in the warning notice. The service stated they were grateful the CQC had inspected and highlighted issues they needed to change. However, there was no sense of proactive identification of risks and improvement. The registered manager stated, "we need to up our game".
- The lead consultant did inform us during the inspection they would be looking to employ a management consultant the week following the inspection who they know has supported other ophthalmic services. They hoped this would provide additional support to the registered manager. However, there is a question over why this was not implemented sooner.

Vision and strategy

- We did not inspect this heading as part of this inspection.

Culture

- We did not inspect this heading as part of this inspection.

Governance

- During the last inspection we found there was no effective governance framework and the governance arrangements and purpose was unclear.
- Despite some improvements, for example the collection of information for auditing purposes we found there was no effective review and analysis of this information which could be used to improve the service. There was no annual audit plan to support auditing of the service.
- We found inconsistencies between audit documentation and our review of records. Where audits had identified that consent had not been gained or the World Health Organisation safety checklist had not been

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completed there was no escalation or investigation to enable improvements to be made. We saw no evidence this was discussed at the Medical Advisory Committee, added to the organisation's risk register nor raised as an incident.

Managing risks, issues and performance

- We were provided with the risk register for the service which consisted of three items. The risk register had never been updated with any risks identified on the Bristol Eye Hospital risk register despite the provider having access to this.
- We reviewed data kept by the provider. The audit had identified two occasions where consent was missing from the patient records. There were five occasions where the WHO safety checklist was not completed and 12 incomplete audit records.
- This was collated by a technician and then passed to the registered manager. Where the clinical audit had identified that consent had not been gained or the World Health Organisation safety checklist had not been completed there was no evidence of escalation or investigation.
- We discussed this with the theatre manager who had not been made aware of these issues by the registered manager. The theatre manager assumed the reason for the incomplete audits or consent not being filed correctly was due to the procedure not going ahead or the records being kept as part of the acute trust record. However, there was no assurance of this and this was not clear from the audit record.

- We reviewed 21 patient records and found examples of where the WHO safety checklist had not been completed in full and consent forms had been misfiled. We checked these records against the audit completed by the provider and found that this had not been correctly identified which raised concerns about the effectiveness of the audit process.
- None of the shortfalls identified on the audit had been raised as an incident or concern. We found one patient record where there was conflicting information as to what eye had been operated on. We checked this record against the clinical audit and noted this had not been identified. We raised this with the registered manager at the time of the inspection and they could not be sure which eye had been operated on. The registered manager did not identify the seriousness of this situation and the implications that wrong site surgery had potentially been undertaken.

Managing information

- We did not inspect this heading as part of this inspection.

Engagement

- We did not inspect this heading as part of this inspection.

Learning, continuous improvement and innovation

- We did not inspect this heading as part of this inspection.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

The provider must ensure that safeguarding policies are fit for purpose, and that staff are aware of what policy to use when working for Consultant Eye Surgeons Partnership.

The provider must improve processes to assess, monitor and mitigate risks that affect the service.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The provider did not have robust procedures and processes to make sure that people are protected. Safeguarding did not have the right level of scrutiny and oversight.

Regulation 13 (1)

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not have sufficient processes in place to assess, monitor and mitigate risks. This included failing to act when risks had been identified.

Regulation 17(2)(a)