

Lancashire Eye Clinic

Quality Report

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

Ratings

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

Summary of findings

Letter from the Chief Inspector of Hospitals

Lancashire Eye Clinic is operated by Lancashire Eye Clinic Limited. It is an independent ophthalmic clinic which provides treatment for different eye conditions including cataracts and diabetic retinopathy and glaucoma. It is situated in Lytham St Annes, on the Fylde Coast.

The clinic provides surgery and outpatient services for adults. We inspected these services using our new phase inspection methodology. We carried out a short notice announced inspection on 13 November 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 main services provided were 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.

Services we rate

Our rating of this service improved. We rated it as **Good** overall. This was because:

- The service provided mandatory training in key skills to all staff and made sure they completed it which was an improvement following our last inspection.
- Following concerns identified in our previous inspection, staff now understood how to protect patients from abuse and had training in how to recognise and report it.
- The service controlled infection risk well.
- The service had suitable premises and equipment and following changes since the last inspection, looked after them well.
- Staff kept clear and up to date records of patients' care and treatment.
- Following the last inspection the service now followed best practice when prescribing, giving, recording and storing medicines.
- The service managed patient safety incidents well. Managers shared findings with the whole team.
- The service provided care and treatment based on national guidance.
- Staff gave patients enough food and drink to meet their needs.
- Staff used techniques to lessen pain and had additional pain relief to ease pain if necessary.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent in their roles and appraisal rates had improved since our last inspection.
- Staff of different kinds worked together as a team to benefit patients.
- Whilst surgery did not take place every day, the clinic was open each weekday with a telephone number available out of hours for urgent issues if required.

Summary of findings

- Staff understood when and how patients should give consent to receive treatment.
- Staff cared for patients with compassion.
- Staff provided emotional support to patients to minimise their distress.
- Feedback from patients confirmed that staff treated them well and with kindness.
- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- People could access the service when they needed it. Waiting times were in line with good practice.
- The service treated concerns and complaints seriously with appropriate plans in place should any be received.
- Managers had the right skills and abilities to run a service and provide high quality care. Since our last inspection meetings were now held where staff could discuss issues, risks and outcomes.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action with involvement from staff.
- Managers created a positive culture that supported and valued staff, creating a sense of common purpose based on a shared philosophy.
- Following our previous inspection where we identified concerns, the service now had systems in place to identify risks, plan to eliminate or reduce them and cope with the unexpected.
- The service collected, analysed and managed information well to support its activities using secure electronic systems.
- The service engaged well with patients, staff and local organisations to plan and manage services. This had improved since the previous inspection.

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

Ellen Armistead

Deputy Chief Inspector of Hospitals (North)

Overall summary

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- Managers created a positive culture that supported and valued staff, creating a sense of common purpose based on a shared philosophy.
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Ellen Armistead

Deputy Chief Inspector of Hospitals (North)

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating

Good



Summary of each main service

Surgery was the main activity of the service. 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, caring, responsive and well-led.

The service had worked to make improvements since our last inspection and the issues we had identified had now been rectified.

Outpatients

Good



We rated this service as good because it was safe, effective, caring, responsive and well-led.

The service had worked to make improvements since our last inspection and the issues we had identified had now been rectified.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Lancashire Eye Clinic	8
Our inspection team	8
Information about Lancashire Eye Clinic	8
The five questions we ask about services and what we found	10

Detailed findings from this inspection

Overview of ratings	12
Outstanding practice	30
Areas for improvement	30

Good



Lancashire Eye Clinic

Services we looked at

Surgery; Outpatients;

Summary of this inspection

Background to Lancashire Eye Clinic

Lancashire Eye Clinic is operated by Lancashire Eye Clinic Limited. The service opened in 2001. It is a private clinic in Lytham St Annes, Lancashire. The service primarily serves the communities of the Lancashire and Fylde Coast area but also accepts patient referrals from outside this area.

The clinic has had a registered manager in post since April 2012.

We previously inspected the service in September 2017 and gave an overall rating of inadequate. This was because policies were not always evidence based and

were short and brief, there was no formal governance framework, staff were not always up to date with training, medicines were not always managed properly and clinical outcomes were not always measured appropriately.

We took action by issuing requirement notices telling the provider they must make changes to improve the service. During this inspection we found that changes had been made and that sustained improvements were being maintained.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other inspector and a specialist advisor with expertise in ophthalmic specialist nursing. The inspection team was overseen by Nicholas Smith, Head of Hospital Inspection.

Information about Lancashire Eye Clinic

The clinic is registered to provide the following regulated activities:

- Surgical procedures
- Treatment of Disease, Disorder or Injury

During the inspection, we reviewed all areas of the clinic. We spoke with three staff including; two registered nurses, an administrator and the registered manager and reviewed eight patient records. There were no clinics taking place on the day of inspection. However, we reviewed recent patient survey results and correspondence sent to the clinic by patients.

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

Activity:

- In the reporting period 1 September 2017 to 31 August 2018, there were 450 procedures carried out including intravitreal injections, cataract surgery, laser, and incision and curettage procedures.
- All cases were privately or self-referred. None were NHS funded.

One ophthalmic consultant surgeon worked at the service as well as two administrators and six nurses. One of these nurses was also the registered manager.

Track record on safety:

- No Never events
- No clinical incidents
- No serious injuries

No complaints were received by the service during the reporting period.

Services provided at the hospital under service level agreement:

Summary of this inspection

- Clinical waste removal and decontamination
- Laser protection service

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as **Good** because:

- The service provided mandatory training in key skills to all staff and made sure they completed it which was an improvement following the previous inspection.
- Following concerns identified at the last inspection, staff now understood how to protect patients from abuse and had training in how to recognise and report it.
- The service controlled infection risk well.
- The service had suitable premises and equipment and after making changes since the last inspection looked after them well.
- Staff kept clear and up to date records of patients' care and treatment.
- Following changes since the last inspection staff now followed best practice when prescribing, giving, recording and storing medicines.
- The service managed patient safety incidents well. Managers shared findings with the whole team.

Good



Are services effective?

We rated effective as **Good** because:

- The service provided care and treatment based on national guidance.
- Staff gave patients enough food and drink to meet their needs.
- Staff used techniques to lessen pain and had additional pain relief to ease pain if necessary.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent in their roles and appraisal rates had improved since our last inspection.
- Staff of different kinds worked together as a team to benefit patients.
- Whilst surgery did not take place every day, the clinic was open each weekday with a telephone number available out of hours for urgent issues if required.
- Staff understood when and how patients should give consent to receive treatment.

Good



Summary of this inspection

Are services caring?

We did not rate caring. This was because, although we saw written and anecdotal evidence we did not observe care taking place during our inspection. However we found that:

- Staff cared for patients with compassion.
- Staff provided emotional support to patients to minimise their distress.
- Feedback from patients confirmed that staff treated them well and with kindness.

Are services responsive?

We rated responsive as **Good** because:

- The service planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- People could access the service when they needed it. Waiting time were in line with good practice.
- The service treated concerns and complaints seriously with appropriate plans in place should any be received.

Good



Are services well-led?

We rated well-led as **Good** because:

- Managers had the right skills and abilities to run a service and provide high quality care. Since our last inspection there were now meetings held where staff could discuss issues, risks and outcomes.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action with involvement from staff.
- Managers created a positive culture that supported and valued staff, creating a sense of common purpose based on a shared philosophy.
- Following our previous inspection where we identified concerns, the service now had systems in place to identify risks, plan to eliminate or reduce them and cope with the unexpected.
- The service collected, analysed and managed information well to support its activities using secure electronic systems.
- The service engaged well with patients, staff and local organisations to plan and manage services. This had improved since the previous inspection.

Good







Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	N/A	Good	Good	Good
Outpatients	Good	Not rated	N/A	Good	Good	Good
Overall	Good	Good	N/A	Good	Good	Good

Surgery

Safe	Good 
Effective	Good 
Caring	
Responsive	Good 
Well-led	Good 

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 section.

Our rating of safe improved. We rated it as **good** because:

- The service provided mandatory training in key skills to all staff and made sure they completed it.
- Staff understood how to protect patients from abuse. Staff had training in how to recognise and report abuse.
- The service controlled infection risk well.
- The service had suitable premises and equipment and looked after them well.
- Staff kept clear and up to date records of patients' care and treatment.
- The service followed best practice when prescribing, giving, recording and storing medicines.
- The service managed patient safety incidents well. Managers shared findings with the whole team.

Mandatory training

- The organisation had an arrangement with an external academy which provided an e-learning portal with numerous different modules developed for healthcare staff.
- The e-learning modules were accredited by the relevant royal colleges and were certified by the continuing professional development service.

- We saw evidence of appropriate competencies and mandatory training completed for all nursing staff. This included basic life support, safeguarding training and infection prevention and control practices.
- We reviewed the training and competencies folder during the inspection. We saw evidence of compliance and competency for the three theatre nurses who worked in the NHS. This included safeguarding children level two completed every three years, and level three for two of the nurses. All had completed safeguarding adults level two every three years.
- All three nurses who worked in the NHS had completed Mental Capacity Act training. All had completed basic life support training and two had completed intermediate life support training. One nurse had completed root cause analysis training, and one had received sepsis awareness training.
- We saw the most recent appraisal for the ophthalmologist which covered 1 April 2017 to 31 March 2018. This showed that all their mandatory training was up to date.
- All staff completed annual training at the clinic for the management of sudden cardiac arrest, automated defibrillation and medical emergencies, regardless of what other life support training they had completed. This was delivered by the head of resuscitation from a local NHS trust. We saw the certificates for 2017. Training for 2018 was booked.
- We saw evidence that scenario-based resuscitation training was delivered twice yearly.

Safeguarding

Surgery

- There was a safeguarding policy and all clinical staff had completed safeguarding adults and safeguarding children training to a minimum of level two.
- The clinic kept a training database detailing the uptake of all staff training so that the practice manager and safeguarding leads could be alerted to unmet training needs. We saw evidence of training records in a file during inspection.
- There had been no safeguarding cases at the service, but staff understood safeguarding principles and what to do if they identified safeguarding concerns.
- Regular infection prevention and control audits were carried out. In May 2018 an audit of staff while caring for 20 patients in theatre looked at cleaning hands at and in-between each stage of the procedure. Compliance with standards was high.
- We reviewed the monthly environmental audits which were 40-point checklists for cleanliness in clinical areas and theatre. For clinical and theatre areas we looked at audit results for each month between and including August 2018 to November 2018. All showed 100% compliance with the standards.

Cleanliness, infection control and hygiene

- All clinical areas were visibly clean, clutter free and tidy. Cleaning schedules were in place and completed in theatre areas.
- Personal protective equipment was available and stored correctly. This included laser goggles, aprons, sterile gowns, drapes, gloves and decontamination glasses. Theatre scrubs were collected and washed separately at a high temperature by one of the staff.
- Sterile theatre packs were all within the manufacturer's expiry date.
- Much of the equipment was single use and disposable. All reusable equipment was sterilised by an external company.
- There had been no known cases of infection within the service. When it was known that patients had an existing infection or were considered at risk of infection, procedures were usually postponed.
- Clinical waste was stored securely in locked skips in a locked area and collected twice monthly.
- There was a uniform policy which required staff to follow a high standard of personal presentation. False nails, nail varnish and gel nails were not permitted for clinical staff. Theatre scrubs were required for theatre sessions and the expected standards for presentation in clinical areas were set out.
- In the event that the manager considered an employee to be in breach of the dress code there would be a discussion with the individual concerned and if the problem continued it would be considered a disciplinary issue. This had never happened.

Environment and equipment

- The clinic was set in a quiet street off the main road in Lytham St Annes. It comprised of three floors and a basement area used for storage. Each floor had a waiting area, toilets and treatment rooms. All the areas we reviewed were large and spacious
- There was an up to date equipment maintenance log with a servicing schedule for 2018. Each piece of equipment was listed with the date of the last service and the next service due date. This included the theatre airflow service, vitreoretinal surgical system, theatre control panel and the lasers. All were up to date with their servicing and electrical safety testing.
- We checked the cardiac arrest box and found all equipment was working and all consumables were in date. We saw that checks were recorded for this.
- We saw records showing the automated external defibrillator in the theatre area was checked on theatre days.
- Environmental and equipment issues were discussed at the monthly team meetings. Meeting minutes for the team meeting held in June 2018 referred to a minor water leak in the plant room. This was immediately dealt with and no further problems had occurred. Meeting minutes for the team meeting held in July 2018 noted an oil leak in the lift. This was rectified and the lift was fully serviced by the contractors.
- There was an equipment folder where we saw current service reports for equipment including the lift, plant room pumps, building controls, theatre ventilation and air filtration.

Surgery

- There were two non-refractive lasers in use at the clinic. A laser risk assessment was in place for each of the two lasers, setting out the potential hazards and mitigating controls. A laser warning light outside the door illuminated automatically when the door was closed and locked which occurred when a laser was activated.
- In our previous inspection we saw that the two laser machines in use at the clinic were not serviced as regularly as they should be and that staff did not routinely check the temperature or humidity in rooms where lasers were being used. We also identified that the clinic did not have a laser protection supervisor. During this inspection we saw all of these issues had been rectified.
- An external specialist company had reviewed general laser safety conditions in the clinic in January 2018. Their report found the protective eyewear provided was appropriate in relation to laser use. The eyewear had a certification mark indicating conformity with health, safety, and environmental protection standards for products sold within the European Economic Area and there were well-defined storage locations and instructions for each eyewear type.
- The laser equipment was subject to annual servicing by the manufacturer and annual safety electrical testing. We saw evidence that the equipment was serviced in January 2018 with technical assessments including laser output measurements indicating that power outputs were within tolerance.
- Previously we had also identified that local rules were not in place. Local rules are there to provide information for staff about how to safely manage laser equipment. During this inspection we saw that local rules were now in place, with a local rules document in the laser room for the use of the two lasers. This included details of the laser protection adviser. There was also a laser protection adviser certificate.
- The laser safety operator was certified and had completed a 'core of knowledge' laser and intense pulsed light radiation safety course. We saw the 2018 certificate for this on site. Only consultant ophthalmic surgeons had access to the lasers.
- A checklist was completed, signed and dated by the surgeon prior to the use of the laser to confirm the rules were adhered to. Laser registers were in situ for both lasers.
- An evacuation chair was available on the upper floor for use in case of an emergency.

Assessing and responding to patient risk

- There was a checklist based on the surgical safety checklist: for cataract surgery only (National Patient Safety Agency adapted from the World Health Organisation). This incorporated the stages of 'sign in', 'time out', and 'sign out' and there was a section for anticipated variations and critical events.
- We checked five patients' WHO (World Health Organisation) checklists and all were fully and appropriately completed.
- Due to the nature of the surgery conducted by the service there was minimal risk of sepsis. One of the theatre nurses had completed a sepsis awareness course at their NHS employer organisation.
- To reduce the risk associated with bleeding, patients taking blood thinning medicines were asked to provide an anticoagulant blood reading (INR) at least two days before any surgical procedure. The surgeon reviewed readings on an individual basis. Nurses said that readings of three or above were generally not accepted for surgery depending upon the procedure.
- We saw evidence that scenario based resuscitation training was delivered twice yearly and staff described an event at the clinic where elements of this training were put into practice.
- Emergency procedures information was on the wall with instructions for actions to be taken in certain circumstances. Staff said they would always call an ambulance if a patient became unwell at the clinic.
- Call bells were present throughout the building, should a patient become unwell.
- Patients were encouraged to contact the clinic if they had any problems or queries. A telephone number to contact the registered manager was provided for all patients post operatively, who wished to contact the clinic for advice or reassurance.

Surgery

- Regular fire assessments were undertaken at the service and we saw evidence of this. Fire equipment was serviced regularly and fire alarms were tested weekly.

Nursing and support staffing

- Staff levels set out in Ophthalmology Service Guidance, Theatre Procedures (Royal College of Ophthalmologists 2018) state that for most local anaesthetic ophthalmic lists a minimum of two theatre trained scrub nurses or practitioners with ophthalmic experience are required. There should also be a runner, whose role is to supply the scrub practitioner with the necessary equipment and consumables, set up the phacoemulsification system and help position the patient and microscope, adjust the lights and other essential duties.
- The service employed six nurses altogether, including the registered manager and four theatre nurses. The four theatre nurses all worked alternate Thursdays when surgical procedures were listed. They usually allocated one nurse as a scrub nurse with two circulating nurses, one of whom could scrub. This met the Royal College of Ophthalmologists guidance.
- All four theatre nurses were very experienced and worked as theatre nurses for other healthcare organisations the rest of the time.
- Personal identification numbers for all nursing staff were recorded on file with their expiry dates.
- There were two administrative staff who job-shared, one of whom was also an orthoptist who undertook visual field assessments on Fridays. This is a test to investigate any missing spots in the field of vision (peripheral vision). One of the administrative staff worked three days and the other worked two. Both staff worked on days when theatre lists were taking place.
- At the time of our inspection the first three days of the week were dedicated to administration, stock control and taking telephone calls.
- On Thursday and Friday clinics were scheduled and alternate Thursdays were 'theatre days'. Clinics on Fridays alternated between routine clinics, and glaucoma clinics. The glaucoma clinics included the visual field test using a perimeter machine.
- Staffing levels were checked weekly to ensure suitable levels were maintained.

Medical staffing

- The service employed one ophthalmologic surgeon who was listed on the General Medical Council's specialist register.
- Staffing levels were checked weekly to ensure suitable levels were maintained.

Records

- There was a record keeping policy and we reviewed an audit completed to monitor compliance with the standards it set out. This looked at 20 sets of patient notes during the period between 1 June 2018 and 1 July 2018. All were contemporaneously written, dated and legible.
- Three sets of notes had the GMC (General Medical Council) number missing. There was only one consultant at the service so there was no confusion over who had written the notes, however, this was now typed on the top of the medical notes sheets to ensure this did not happen again.
- Compliance with the standards was good. All except one set of notes had a letter sent either to the patient's GP or optometrist or both. One set of records noted that the letter was to be written following the next appointment. Overall compliance with the record keeping standards was 96%.
- Patient records were kept in cabinets in the clinic. We visited the room where these were kept and saw that the door to both the room and the cabinet were unlocked. The manager said this was because there were no clinics that day and only staff were present in the building. The building was locked with a visual entry system used at all times to prevent public access. However, manager confirmed that usual practice would be to lock both the door and the cabinet.
- We reviewed eight sets of patient records during our inspection. All had the patient name, identifying number and date of birth noted and all entries were legible, signed and dated.
- Risks were noted where applicable, and pre-operative assessments were completed for surgery patients. All notes included a medical history, allergies and a follow-up plan.

Surgery

- For surgery patients, a two-stage consent was appropriately recorded.
- Laser patient records were seen and were completed correctly.

Medicines

- We saw up to date records for the monthly medicines stock checks completed by a registered nurse. Expired medicines were disposed of in line with the policy for safe storage and disposal of pharmacy products and levels topped up when necessary. Stock arriving was checked off in line with the medicines management policy.
- All medicines were stored securely and keys were kept in a key safe in the office.
- No unlicensed medicines or controlled drugs were used.
- We saw in house training sheets for patient group directions for the different types of single use eye drops with their individual uses and contra-indications. A patient group direction is a written instruction for the administration of medicines to groups of patients who may not be individually identified before presentation for treatment. All staff instilling eye drops had signed the patient group directions to confirm they had read and understood them, were up-to-date with training and were competent to deliver the treatment.
- We saw records showing that fridge temperatures were checked. There was an arrangement with the local pharmacy for them to store any necessary items if the fridge broke down.
- Medicines and Healthcare products Regulatory Agency alerts were received by the director of the service who reviewed whether these were relevant. If so they were placed in the information folder and shared with staff. We saw evidence of this during our inspection.

Incidents

- There was a current incident policy in place which provided a definition of what should be classified and reported as an incident. The levels of harm were categorised as low, moderate, severe and death, and definitions for these were set out.

- There was also an incident reporting procedure in place which required staff to record untoward events in an accident book. We saw the folder containing the accident book and details of an incident that had occurred.
- Between November 2017 and October 2018 there were no incidents related to the safety of patients as defined by the national patient safety agency. There was one minor incident which had been recorded and classified as low harm.
- We saw evidence that the incident was discussed at the subsequent team meeting and details were minuted. No further action was required.
- There were no never events or duty of candour notifications. 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 reviewed the duty of candour policy and discussed with staff on the inspection. This set out the definition of a patient safety incident, 'being open' and 'duty of candour' and what the clinic staff must do if harm was caused. This included acknowledging what had happened to the patient, apologising and explaining when things go wrong.
- Staff had never had reason to use it as there had been no incidents with harm caused, however, they understood the principles of duty of candour.

Safety Thermometer (or equivalent)

- A safety thermometer was not required, due to the nature of the service. Only a small number of procedures were being carried out and the service reported no negative outcomes in the last 12 months.

Are surgery services effective?

Good 

Our rating of effective improved. We rated it as **good** because:

Surgery

- The service provided care and treatment based on national guidance.
- Staff gave patients enough food and drink to meet their needs.
- Staff used techniques to lessen pain and had additional pain relief to ease pain if necessary.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent in their roles.
- Staff of different kinds worked together as a team to benefit patients.
- Whilst surgery did not take place every day, the clinic was open every weekday with a telephone number available out of hours for urgent issues if required.
- Staff understood when and how patients should give consent to receive treatment.

Evidence-based care and treatment

- Every surgical patient had a WHO (World Health Organisation) checklist and surgery did not proceed unless this was completed correctly. The check list was read aloud in theatre so all staff were aware.
- We reviewed four WHO checklists and all were fully completed.
- Pathways or procedure orders were in place for the different interventions provided at the clinic.
- The audit of care in April 2018 reviewed 20 sets of patient notes for surgical patients. The review included admission procedures, pre-operative care, consent, post-operative care and discharge.
- Compliance with the audit was 98%. The only omissions were that for four patients it was not documented in their notes whether or not they had a hearing aid, and for five patients it was not documented that their medication had been checked post-operatively.
- Staff we spoke with knew about these results and said spot checks had been implemented regarding the documentation. Eye drop medication given to patients in theatre must be checked and signed by two people. Discharge staff now seek a counter signature from theatre staff if this has not been done.

- Detailed information sheets based on and making reference to the Royal College of Ophthalmologists guidelines were provided to all patients prior to surgery. We saw evidence that patients signed to acknowledge receipt of these.

Nutrition and hydration

- All patients seen by the service were day cases so there was no need for provision of food. There was a kitchen where staff could make drinks for patients if required.

Pain relief

- Pain assessments were not completed at the service. Patients were treated with local anaesthetic in the form of eye drops to lessen pain.
- Information was provided to the patients about how to manage pain following surgery. Eye drops were provided to reduce inflammation and try and prevent infection. Clinic staff explained how and when to use these.
- Patients were advised verbally, and provided with written information, to contact the clinic immediately if they experienced excessive pain.
- The clinic stocked paracetamol but did not prescribe or administer it routinely. If a patient required it the surgeon prescribed and signed for it in the patient's notes.

Patient outcomes

- The registered manager told us there had been no negative outcomes following treatment at the service.
- The service monitored outcomes for all patients and we saw evidence of this. Pre and post-operative visual acuity measurement showed improvement in virtually all patients. Results for cataract outcomes had shown improvements in results which were above the national average, with no complications.
- The most common complication in cataract surgery is posterior capsule rupture at the time of surgery. The service had had no cases of posterior capsule rupture in the last five years.

Surgery

- Post-operative endophthalmitis is an inflammation of the internal eye tissues and can be a severe complication of ocular surgery, most commonly caused by an infection. There had been no cases of this at the service.

Competent staff

- There was one ophthalmologist performing eye surgery at the clinic. They were a medically trained doctor who examined, diagnosed and treated diseases and injuries in and around the eye.
- The ophthalmologist also worked for an NHS trust and a private hospital. They had annual appraisals and we saw the current document on file.
- All staff at the service had an annual appraisal. Staff we spoke with said there were development opportunities for them and at the time of our inspection one of the outpatient nurses was learning to use the retinal scanning and biometry equipment.
- They had studied all the information that came with the machines and were learning through practising on staff, then patients, under the supervision of the experienced nurse who usually performed these procedures.
- We reviewed an appraisal document from December 2017. It showed discussion around their main duties and responsibilities undertaken and what the staff member liked and disliked about working for the organisation. There was discussion around any elements of the job they found difficult and what they enjoyed the most. There was a section for identifying any actions that could be taken to improve their performance and competence.
- Competency documentation for the nursing staff was kept in a training folder. We reviewed the competency documentation for equipment used by one of the nurses which listed the performance criteria, assessment method, achieved date and signature of assessor and trainee.
- Theatre nurses completed their competencies at NHS or independent hospitals where they worked most of the time. Details of these were recorded in the folder.

Multidisciplinary working

- The team was small but there was close working between the ophthalmologist and nursing staff before, during and after surgical procedures were undertaken.

Seven-day services

- The clinic was open every day but clinical work took place only on Thursdays and Fridays when clinics were scheduled. Alternate Thursdays were 'theatre days'. Despite this the service would see patients outside of these hours if clinically necessary. Staff provided examples of speaking to patients via telephone and even seeing patients on public holidays to provide reassurance or check they were alright if required.

Health promotion

- None of the service information leaflets we reviewed contained information about how to improve health in relation to national priorities. However, a nurse confirmed that this information was discussed by surgeons during consultations for relevant disorders including macular degeneration, cataracts and glaucoma.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- There was an appropriate consent policy and process in place based on Good Practice in Consent Implementation Guide: consent to examination or treatment (Department of Health, 2001)
- The consent process began when the patient was booked in for surgery. At the pre-operative outpatient appointment patients received information about their proposed treatment and procedure. They were asked to sign a sheet confirming they had received this information.
- The provided information sheets detailed the patient's diagnosis, proposed intervention, for example cataract surgery, and exactly what would happen. After details of the procedure there was information about discomfort following the operation, and the healing process. Benefits and possible complications were also described.
- Patients were asked to sign confirming they had received and understood the information sheet related to their condition and procedure.

Surgery

- There was a further information leaflet entitled 'your surgery day' which explained every step of the process, from arriving for surgery, signing the consent form, time in surgery and what happened following surgery.
- Written consent was obtained by the consultant on the day of the intended procedure. Consent was only obtained following a full explanation of the procedure, its benefits, relevant risks, expected outcomes and alternatives.
- Consent was appropriately recorded in all the patient records we reviewed.
- The consent policy stated that the patient must be assessed as having the mental capacity to comprehend and retain information about the intended treatment, and the consequences of having or not having the treatment.
- Staff did not treat patients who lacked capacity and as a result did not make any applications under Deprivation of Liberty safeguards.
- We saw evidence that the nursing staff who worked in the NHS had completed Mental Capacity Act training in their local NHS trusts. All other staff completed their mandatory training online. This included Mental Capacity Act training.
- They gave examples of how they treated patients with respect and courtesy, using names in line with patient preference and seeking permission from patients before including loved ones in discussions about their care which helped maintain privacy.
- We saw numerous examples of thank you cards and compliments written by patients. These described care as 'exceptional', 'excellent' and staff as 'so skilled', 'helpful and kind' and 'just wonderful'.
- The service collected patient feedback on a voluntary basis by leaving comment cards in the waiting area. We reviewed 20 patient surveys completed between March and November 2018 and saw comments which supported what staff told us. These showed that 100% rated the service as good or excellent. The surveys contained comments such as:
 "the team made me feel at ease" "they are wonderful people" "everyone is so caring and lovely", "the staff made me feel relaxed" and "thank you for putting me at ease".
- For patients who were feeling frightened, staff described how they took the time to talk to them, and show them equipment or describe the procedure to help ease nerves prior to procedures.

Are surgery services caring?

We previously rated caring as good. However, we did not rate caring on this inspection. This is because although we reviewed written evidence and spoke to staff, we did not observe patient care taking place during the inspection. However, we found that:

- Staff cared for patients with compassion
- Staff provided emotional support to patients to minimise their distress
- Feedback from patients confirmed that staff treated them well and with kindness.

Compassionate care

- There were no patients present on the day of inspection, however the staff we spoke with clearly cared about their patients and provided good support, both practical and emotional.

Emotional support

- The service provided several examples of how they had provided support, including spending extra time with the patient, finding a quiet space to comfort someone who was distressed, and providing information about other services.
- Staff explained that some patients felt claustrophobic. To help manage this they held the drapes away from the body to help create a feeling of space, lessening the fear.
- Staff referred patients with life changing vision problems to a local charity for the visually impaired, for further emotional support if appropriate.

Understanding and involvement of patients and those close to them

- Staff described the importance of taking time to fully explain treatments and procedures so that people fully understood their condition and how to take care of themselves afterwards.

Surgery

- Staff involved loved ones accompanying patients in decisions about their care and treatment once they had checked that patients were happy for them to do so.
- Staff produced leaflets to explain patients' conditions and treatment plans. This included the risks and side effects as well as information about procedures. This helped ensure patients were fully supported with enough information. The details were provided prior to surgery to give patients time to think over their decision before going ahead.
- Information about the latest General Data Protection Regulation (Data Protection Act, 2018) was available in the waiting area for patients to read. Information about this was provided for patients in the preoperative area as well
- Patients were fully informed of costs for care and treatment prior to their first appointment with costs payable following completion of treatment rather than in advance.
- Staff at the clinic were mindful of people's individual needs and did their best to accommodate them. The premises were equipped with disabled facilities including a lift and spacious toilet facilities on each floor with room for a wheel chair and emergency call bells.
- The equipment in theatres had a weight limit, however it was substantial and this had not proved to be an issue to date.
- Most patients seen at the clinic were elderly, English speaking patients. When there were patients who did not speak English they usually preferred their relatives to interpret for them. The registered manager said that if there were problems with this, they could contact the local hospital for advice although this had never happened. The manager also explained that numbers of patients whose first language was not English were very low. However, translation services should be available for those patients who required them to ensure information is relayed accurately.
- Information leaflets about the procedures undertaken at the clinic were available on the internet in different languages.
- If patients needed a quiet area there were sufficient rooms in the building to be able to accommodate this.
- After surgery patients were given a telephone number which they could call at any time if there was a problem related to their procedure. If necessary the clinic would open out of hours to see a patient and staff described occasions when this had happened.
- When a patient was anxious or may be living dementia or a mental health condition, staff told us they took their time with them. They would encourage them to see their GP if necessary but usually patients attended with a family member for support.
- There was a current chaperone policy which set out staff responsibilities around making themselves aware of people's diverse cultural backgrounds and respecting the request for a chaperone when requested.
- There was disabled access at the rear of the building which including spaces for disabled parking.

Are surgery services responsive?

Good 

Our rating of responsive stayed the same. We rated it as **good** because:

- The service planned and provided services in a way that met the needs of local people
- The service took account of patient's individual needs
- People could access the service when they needed it. Waiting time were in line with good practice.
- The service treated concerns and complaints seriously with appropriate plans in place should any be received.

Service delivery to meet the needs of local people

- The clinic was open every weekday but clinical work took place only on Thursdays and Fridays when clinics were scheduled. Alternate Thursdays were 'theatre days'. Clinics on Fridays alternated between routine clinics, and glaucoma clinics. The glaucoma clinics included the visual field test.

Meeting people's individual needs

Access and flow

Surgery

- The service provided care and treatment for patients referred by their GP, optometrist or who self-referred. It did not provide care and treatment for NHS patients.
- Patients were usually offered an appointment for a consultation within two weeks of contacting the service. Procedure dates were usually offered within two weeks of that consultation. There were no waiting lists.
- Between 1 September 2017 and 31 August 2018, the service carried out the following: 220 cataract surgery cases (including 10 phaco emulsification under refractive lens exchange), five incision and curettage cases, one blepharoplasty and one ectropion.
- There had been no cases of unplanned return to theatre, re-admissions or surgery cancelled by the service between 1 September 2017 and 31 August 2018.
- There were no formal criteria for excluding patients. The registered manager felt this was not required and that all cases should be discussed on an individual basis by reviewing the patient's clinical history along with the potential risk of any planned treatment. When there were reasons where a patient could not receive treatment at the service they were referred elsewhere.
- Patients saw the consultant at their first appointment, usually within two weeks of contacting the service. They had a further consultation on the day of surgery and a follow-up consultation one week later for multifocal lens surgery or five weeks later for monofocal lens surgery. All procedures were day case. There were no overnight beds.
- Managers had the right skills and abilities to run a service and provide high quality care
- The had a vision for what it wanted to achieve and workable plans to turn it into action with involvement from staff.
- Managers created a positive culture that supported and valued staff, creating a sense of common purpose based on a shared philosophy.
- The service had systems in place to identify risks, plan to eliminate or reduce them and cope with the unexpected.
- The service collected, analysed and managed information well to support its activities using secure electronic systems.
- The service engaged well with patients, staff and local organisations to plan and manage services.

Leadership

- A nurse who was also the registered manager and a non-practising ophthalmic consultant surgeon led the service. They had a number of years of experience in ophthalmic surgery and private (as well as NHS funded) healthcare. A second ophthalmic surgeon carried out procedures at the service.
- The ophthalmic consultant surgeon was listed as the sole director in the organisation. Organisations should have a process in place to ensure that directors are 'fit and proper'. There is a legal regulation to support this requirement. The service had a policy in place to complete background employment checks as part of this process. Whilst these had been completed for some staff, they were not immediately available for the director. When we raised this with the registered manager she confirmed that the checks had been completed and was able to produce the relevant documents.

Vision and strategy

- The service had a mission statement and philosophy which all the staff we spoke to were familiar with.
- The mission statement centred around providing a high-quality service that patients were happy with and staff were proud of. The philosophy centred around staff caring for patients the way they would expect to be cared for themselves.

Learning from complaints and concerns

- Information about how to complain to the service was available for patients in the waiting area. This provided information about the clinic and how and where to complain.
- There was a complaints policy, however there had never been a formal complaint so this had never been used.

Are surgery services well-led?

Good 

Our rating of well-led improved. We rated it as **good** because:

Culture

Surgery

- Staff we spoke with at the service said there was no staff turnover and they had all worked there for a long time because they were happy in their work and they loved the patients. Data supplied by the service confirmed this.
- The team was small and close knit. All staff had worked at the service for several years and socialised together.
- Opportunities for development were discussed informally and at staff appraisals. Staff told us the service was like a family and there was a supportive and friendly atmosphere.
- We reviewed the risk register on inspection. Risks were identified on a brief, numbered and dated list at the front of a folder. Behind the list were dated risk assessments for each item detailing the hazard or the risk, likely harm or loss, who was at risk, level of risk, and what controls were in place to reduce the risk. Further actions were detailed when required, with a review date. Each risk assessment was numbered with the corresponding number listed on the risk register.
- The service conducted local audits for environmental cleanliness and hand hygiene, record keeping and patient care.

Governance

- Monthly team meetings were held and minuted. We received copies of the minutes for the June, July and August 2018 meetings. There were standing agenda items for the number of complaints, incidents or near miss reports and infections reported plus summaries and actions.
- The minutes documented who had attended the meeting, outcomes from previous meetings, topics for discussion and the date of the next meeting. We saw that discussions had taken place around environmental and equipment issues and the outcomes were documented.
- The General Data Protection Regulation (GDPR) is a new law that replaces the Data Protection Act 1998 in the UK. The GDPR sets out requirements for how organisations will need to handle personal data. We saw an Information Commissioner's Office certificate in place and valid until October 2019. This demonstrated the service was processing personal data in line with GDPR requirements.
- There was a current certificate of employer's liability insurance.

Managing risks, issues and performance

- There was a risk policy and a risk assessment process in place. The risk policy set out a five-step process for risk assessment and described when a risk should be added to the risk register.
- We saw a comprehensive risk assessment for the use of lasers which identified potential risks, for example, beam misalignments and unintentional eye damage, and provided information about the controls in place.

Managing information

- Topics including complaints, equipment, and staffing were discussed during the monthly meetings which ensured staff remained aware of quality and sustainability issues.
- The service used clear and robust service performance measures including the topics discussed during meetings and clinical outcomes such as pre and post-operative visual acuities.
- Information technology was used to monitor and improve care in this as well as other areas. We saw outcomes being monitored using computer systems which tracked improvements over time.

Engagement

- Managers gathered people's views and experiences to help shape the service. Questionnaires were available for patients and visitors to complete in the reception area but were not handed to people to complete. This was because staff felt this removed freedom of choice for patients who may not wish to complete them.
- Staff engagement took place during daily discussions and monthly meetings. The team was small and as a result surveys were not completed. Views that were not expressed during discussions each day could be shared in appraisals or privately with managers if required.





Learning, continuous improvement and innovation

- The service reviewed figures relating to treatment outcomes to track improvement over time. They benchmarked their results against national averages

Surgery

and reviewed the frequency of complications. Results for cataract outcomes had shown improvements in results which were above the national average, with no complications.

Outpatients

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

Are outpatients services safe?

Good 

Our rating of safe improved. We rated it as **good**. This was because:

- The service provided mandatory training in key skills to all staff and made sure they completed it.
- Staff understood how to protect patients from abuse. Staff had training in how to recognise and report abuse.
- The service controlled infection risk well.
- The service had suitable premises and equipment and looked after them well.
- Staff kept clear and up to date records of patients' care and treatment.
- The service followed best practice when prescribing, giving, recording and storing medicines.
- The service managed patient safety incidents well. Managers shared findings with the whole team.

Mandatory training

- For our detailed findings on mandatory training please see the safe section in the surgery report.

Safeguarding

- Whilst during our last inspection staff told us they could potentially see young children and babies for appointments, they now confirmed that they did not see any one under the age of 18 years old.
- This corresponded with what the provider told us following the previous inspection whereby they confirmed that there would no longer accept children as patients.

- For more detailed findings on records please see the safe section in the surgery report.

Cleanliness, infection control and hygiene

- There was an up to date infection control policy which covered the principles of the policy and key responsibilities of staff members.
- All the outpatient areas we reviewed were visibly clean, tidy and free of clutter.
- Cleaning schedules were in place for outpatient areas and records showed these were completed regularly.
- Hand sanitising gel and sinks with soap and water were available in clinic rooms. Personal protective equipment including gloves and aprons was also available.
- Equipment was cleaned using sterilising wipes or alternatively single use disposable items were used and discarded after use. This was done at the start of each day, in between each patient use and at the end of clinic sessions.

Environment and equipment

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

Assessing and responding to patient risk

- Protective equipment was available for both lasers to help keep patients and staff safe when in use.
- Other protective equipment was also available for use to help reduce the risk of infection including gloves, aprons and sanitising hand gel.

Outpatients

- Laser rooms had self-locking doors which activated when the lasers switched on. This helped reduce the risk of unauthorised entry when harmful lasers were in use.
- For our detailed findings on assessing and responding to patient risk please see the safe section in the surgery report.

Nurse staffing

- Two nurses were employed by the clinic. One of these worked on a part time basis in both the outpatients and surgical areas. The other nurse worked full time and was also the registered manager.
- Four other nurses worked on a bank basis. They were primarily based in NHS services elsewhere but in between June and August 2018 had completed 27 shifts at the clinic between them. They all had several years' nursing experience at the clinic.
- There were no vacancies at the time of our inspection.
- Between June and August 2018 no agency staff were used by the service and the service reported no staff sickness.

Medical staffing

- One consultant surgeon was employed on a casual contract basis to see patients for outpatient appointments. This was the same surgeon that performed surgical interventions for patients.
- No locum medical staff were used by the service between September 2017 and August 2018.
- The service reported no medical staff sickness between September 2017 and August 2018.

Records

- Staff used an up to date record keeping and documentation policy to help ensure record to maintained in a clear and accurate way.
- During our previous inspection we identified that records were not always legible, dated, signed and did not always have staff names or GMC numbers recorded on them.
- During this inspection we reviewed eight records, all of which were legible, signed and dated with staff names and identifying numbers recorded on them.

- For our detailed findings on records please see the safe section in the surgery report.

Medicines

- There was an up to date policy relating to medicines which helped support staff order, store, administer, dispose, prescribe and dispense medicines. The policy also covered handling patients' own medicines and retention of medicines should a patient die.
- In our previous inspection we found that temperatures of fridges storing medicines at low temperature were not being consistently recorded. During this inspection we saw that this had improved with records consistently completed as far back as March 2018.
- We also identified that there was no robust system in place for signing in new medications. However, shortly after our last inspection a new system was introduced. We saw that this remained in place.
- No controlled drugs were stored or used at the clinic.
- For our detailed findings on medicines please see the safe section in the surgery report.

Incidents

- Between 1 September 2018 and 31 August 2017, the service reported one serious incident which was unrelated to care being provided by the service.
- There were no never events during the same period. Never Events are serious, largely preventable patient safety incidents that should not occur if available preventative measures have been implemented.
- For our detailed findings on incidents please see the safe section in the surgery report.

Safety Thermometer (or equivalent)

- A safety thermometer was not required, due to the nature of the service. Only a small number of outpatient clinics took place and the service reported no negative outcomes in the last 12 months.

Outpatients

Are outpatients services effective?

Not sufficient evidence to rate 

We did not rate outpatients in our previous report. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for outpatient services. However, we found that:

- The service provided care and treatment based on national guidance.
- Staff gave patients enough food and drink to meet their needs.
- Staff used techniques to lessen pain and had additional pain relief to ease pain if necessary.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent in their roles.
- Staff of different kinds worked together as a team to benefit patients.
- Whilst surgery did not take place every day, the clinic was open every weekday with a telephone number available out of hours for urgent issues if required.
- Staff understood when and how patients should give consent to receive treatment.

Evidence-based care and treatment

- For our detailed findings on evidence-based care and treatment please see the effective section in the surgery report.

Nutrition and hydration

- Patients and relatives attending appointments were offered hot and cold refreshments and biscuits in the reception area.
- As patients attending outpatient appointments were generally in the clinic for no longer than an hour, there was no requirement for meals to be provided.

Pain relief

- For our detailed findings on pain relief please see the effective section in the surgery report.

Patient outcomes

- For our detailed findings on patient outcomes please see the effective section in the surgery report.

Competent staff

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

Multidisciplinary working

- Staff in the clinic worked together and made no distinction between surgery and outpatient services.
- Staff worked closely with a local charity specialising in supporting people with vision problems. Staff had attended patient appointments in the residential centre and the charity referred patients to the clinic if appropriate.
- Staff worked with local opticians and GP services who referred patients to the clinic.
- Staff worked with a local pharmacy who provided medicines and provision for storage, should there be an issue with the fridges storing medicines at low temperature in the clinic.

Seven-day services

- The clinic was open for appointments from Monday to Friday between 9am and 5pm.
- The registered manager told us patients were given a telephone number to ring outside of these hours and would be seen or spoken to on an urgent basis necessary. Staff gave examples of occasions when telephone calls and visits had been arranged on an urgent basis.

Health promotion

- For our detailed findings on health promotion please see the effective section in the surgery report.

Consent and Mental Capacity Act

- Staff in outpatient clinics obtained verbal consent or worked on the basis of implied consent (consent which is not verbally expressed but deemed to be granted by a person's complicit actions).
- For our detailed findings on consent and Mental Capacity Act please see the effective section in the surgery report.

Outpatients

Are outpatients services caring?

We previously rated caring as good. However, we did not rate caring on this inspection. This is because although we reviewed written evidence and spoke to staff, we did not observe patient care taking place during the inspection. However, we found that:

- Staff cared for patients with compassion
- Staff provided emotional support to patients to minimise their distress
- Feedback from patients confirmed that staff treated them well and with kindness.

Compassionate care

- Staff ensured patients were offered chaperones during procedures if they wished. A chaperone policy was in place to support this process.
- For our detailed findings on compassionate care please see the caring section in the surgery report.

Emotional support

- For our detailed findings on emotional support please see the caring section in the surgery report.

Understanding and involvement of patients and those close to them

- Staff produced leaflets to explain patients' conditions and treatment plans. This included the risks and side effects as well as information about procedures. This helped ensure patients were fully supported with enough information about their condition and treatment.
- For our detailed findings on understanding and involvement of patients and those close to them please see the caring section in the surgery report.

Are outpatients services responsive?

Good 

Our rating of responsive improved. We rated it as **good** because:

- The service planned and provided services in a way that met the needs of local people

- The service took account of patient's individual needs
- People could access the service when they needed it. Waiting time were in line with good practice.
- The service treated concerns and complaints seriously with appropriate plans in place should any be received.

Service delivery to meet the needs of local people

- For our detailed findings on service delivery to meet the needs of local people please see the responsive section in the surgery report.

Meeting people's individual needs

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

Access and flow

- The clinic completed 345 new patient appointments, 223 outpatient procedures and 1115 follow up reviews between August 2017 and September 2018. All patients funded their own care. None were NHS funded.
- Outpatient clinics ran on Thursdays or Fridays between 8.45am and 5pm. However, patients were seen in outside of these times on an exceptional basis if required. We saw evidence that patients were generally seen within a week of requesting their appointment with longer waits usually a result of patient choice.
- Staff had started to monitor the frequency of new patients, reviews undertaken, number of patients who did not attend, cancellations and complaints.
- Numbers of patients who did not attend and cancelled were generally low. For example, in October 18 only one appointment was cancelled and two patients failed to attend. Staff managed failed attendances by telephoning patients to prompt them afterwards to see if they would like to rebook.

Learning from complaints and concerns

- The service had received no complaints within the reporting period.
- For our detailed findings on complaints and concerns please see the responsive section in the surgery report.

Outpatients

Are outpatients services well-led?

Good 

Our rating of well-led improved. We rated it as **good** because:

- Managers had the right skills and abilities to run a service and provide high quality care
- The had a vision for what it wanted to achieve and workable plans to turn it into action with involvement from staff.
- Managers created a positive culture that supported and valued staff, creating a sense of common purpose based on a shared philosophy.
- The service had systems in place to identify risks, plan to eliminate or reduce them and cope with the unexpected.
- The service collected, analysed and managed information well to support its activities using secure electronic systems.
- The service engaged well with patients, staff and local organisations to plan and manage services.

Leadership

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

Vision and strategy

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

Culture

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

Governance

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

Managing risks, issues and performance

- For our detailed findings on managing risks, issues and performance please see the well-led section in the surgery report.

Managing information

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

Engagement

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

Learning, continuous improvement and innovation

- For our detailed findings on learning, continuous improvement and innovation please see the well-led section in the surgery report.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should review practice relating to the storage of records.
- The service should review arrangements for interpretation services for patients who do not speak English as a first language.