

Consultant Eye Surgeons Partnership (Bristol) LLP

Quality Report

2 Clifton Park
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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

Consultant Eye Surgeons Partnership (Bristol) LLP is operated by South West Eye Surgeons LLP. Facilities include three consultation rooms and a treatment room.

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

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.

Summary of findings

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:

- Although there were cleaning audits found during this inspection, we found they were not being used properly.
- The arrangements for managing waste did not always keep people safe.
- We found a selection of consumables which were out of date which meant that the arrangements for storing this equipment did not always keep people safe.
- We found a large selection of medicines which were out of date which meant the arrangements for managing and storing medicines did not always keep people safe.
- Incidents were not used effectively to inform learning and improvement within the service was limited.

- The service did not identify learning from complaints.
- 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 four 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

Outpatients

Rating Summary of each main service

Consultations, diagnostic tests and some treatments are carried out at 2 Clifton Park 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.

We did not rate this service. During this inspection we found although there were cleaning audits found during this inspection, we found they were not being used to improve the service. The arrangements for managing waste did not always keep people safe and there were a large selection of medicines which were out of date. 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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Consultant Eye Surgeons Partnership (Bristol) LLP

Services we looked at

Outpatients

Summary of this inspection

Background to Consultant Eye Surgeons Partnership (Bristol) LLP

Consultant Eye Surgeons Partnership (Bristol) LLP is operated by South West Eye Surgeons LLP. The service opened in 2003. It is a private clinic 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 clinic offers lesion removal, biopsies, injections and laser procedures.

All treatment was carried out by consultant eye surgeons. Additional staff employed at 2 Clifton Park included administrative staff and one ophthalmic technician who completed diagnostic tests and assisted the consultant with treatments. There were no nursing staff employed at this location.

There were two consultation rooms, a treatment room (called the field room) and a waiting room as well as office space. They employed a registered manager, a technician and seven administrative and secretarial staff who all were based at the site. Patients could self-refer or could be referred by their GP or optician.

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.

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 Consultant Eye Surgeons Partnership (Bristol) LLP

The clinic is registered to provide the following regulated activities:

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

During the inspection, we visited the clinic. We spoke with four staff including; the registered manager, the lead consultant, the theatre manager for services at BCESP

(Bristol) LLP – Bristol Eye Hospital 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:

- All three consultation rooms were found to be dusty including worksurfaces, radiators, and cupboard tops.
- The arrangements for managing waste did not always keep people safe.
- A large selection of medicines and consumables were found to be out of date.
- 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 rate this service. We found:

- Lessons were not learnt from complaints and actions were not identified to improve patient safety or experience.

Are services well-led?

We did not rate this service. We found:

- We are not assured that the registered manager had the appropriate support from the consultants.
- 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
Outpatients	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

Outpatients

Safe	
Effective	
Caring	
Responsive	
Well-led	

Are outpatients 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.
- Almost all training was in date for the eight staff working at 2 Clifton Park. However, there was one member of staff out of date for moving and handling and two members of staff out of date for information governance. There were also two members of staff out of date for infection prevention and control.
- 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.
- The ophthalmic technician informed us they were responsible, under the direction of the consultant to put in eye drops for patients to dilate the pupil or to anaesthetise the eye prior to certain procedures undertaken at the service. However, the last time they

had undertaken training in this was 2009 when they were shown how to carry this out by the consultant. Since that time, they had not had their competencies assessed to demonstrate ongoing competence to perform this role.

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 clinic 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.

Cleanliness, infection control and hygiene

- During the last inspection we found there was no evidence that cleaning processes had been established. Although there were cleaning audits found during this inspection, we found they were not being used to improve the service.
- There was a record of cleaning conducted by the service which had been completed daily. However, we found all three consultation rooms to be dusty. Surfaces such as

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radiators, window sills, cupboard tops and curtains as well as nine pieces of equipment were dusty. This included eye test equipment, clinical trolleys, curtain screens and couches.

- There was also a record which identified spot checks being completed. However, there had been no issues identified as part of these.
- A hand washing audit had been introduced. We were presented with a folder of audits completed between September 2017 and July 2018 for consultant staff. However, there was no associated oversight of these records and no analysis undertaken as to what the audit demonstrated or actions taken as a result.
- The cleanliness and infection control policy had been updated in October 2017. The policy identified that the cleaning contract would be monitored through 'regular reports and meetings with the 'practice manager''. We saw no evidence that this had taken place. There was no information in the policy as to how cleaning schedules would be audited or issues escalated.

Environment and equipment

- The arrangements for managing waste did not always keep people safe.
- During the inspection we raised concerns regarding out of date cytotoxic drugs (those used for the treatment of wet macular degeneration). We found that these were disposed of incorrectly in clinical waste when they should have been disposed of in cytotoxic waste. The service had a standard operating procedure in relation to these medicines but this did not identify how these medicines should be disposed of.
- We saw sharps bins were available and properly constructed, however we saw one sharps bin with the lid open which is not best practice. There were no sharps bins available for the correct disposal of sharps used to administer cytotoxic medicines.
- All consultation and treatment rooms had foot operated clinical waste bins. However, we saw non-clinical waste also being disposed of within these bins.
- We found that equipment was checked and serviced in line with manufacturer recommendations. There was documentation which highlighted when checks were required. There was one piece of equipment which was due for service following the inspection, and we found this had been booked.

- We found a selection of consumables which were out of date which meant that the arrangements for storing this equipment did not always keep people safe.
- Some consumables such as blood glucose test strips and adult defibrillator pads were found to be out of date. We also found a selection of sterile gloves and dressings which were out of date. We raised this at the time of the inspection and all out of date consumables were disposed of.

Assessing and responding to patient risk

- Risk assessments were not necessary for outpatient appointments conducted at 2 Clifton Park.

Nurse 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 found a large selection of medicines which were out of date which meant that the arrangements for managing and storing medicines did not always keep people safe.
- These included various eye drops, eye washes and eye gels. We also found multiple cytotoxic drugs used for wet macular degeneration treatment which were out of date.
- We checked the contents of the anaphylaxis kit kept by the service. This would be used in emergencies when an individual is experiencing an allergic reaction. We found an adrenaline injection had expired in December 2017 and this had not been removed and replaced by the provider. We raised this with the registered manager who ordered a replacement while we were on site.
- We found medicines of different batch numbers mixed together within one box which increased the risk of using medicines which were out of date.
- Medicines were ordered by the ophthalmic technician for the service. A log was made when medicines and

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consumables were delivered. The technician informed us that they undertook monthly audits of medicines to check for and remove out of date stock. However, there was no records of any audits that had taken place.

Incidents

- The use of incidents to inform learning and improvement within the service was limited. We were not provided with any incidents relating to 2 Clifton Park.
- 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 outpatients 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 and Mental Capacity Act

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

Are outpatients 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.

Understanding and involvement of patients and those close to them

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

Are outpatients services responsive?

This was a warning notice follow up inspection therefore we were not able to re-rate the service. We found:

- Lessons were not learnt from complaints and actions were not identified to improve patient safety or experience.

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

Outpatients

- 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

- There were three recorded complaints received by the service between September 2017 and February 2018. The complaints were not investigated and learning was not identified recorded or shared.
- In each complaint the outcome was noted as being a refund of the fee to the patient. There was no identification of learning or actions taken as a result of these complaints.
- We identified areas in each complaint where there should have been additional investigation and where lessons learnt had been missed. This included not using an interpreter when gaining consent for a procedure, and gaining informed consent when operating on a child.
- There was also an occasion where the provider told a patient they would investigate a complaint but found that this had not happened and that the patient had not been contacted since.

Are outpatients 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

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had identified that consent had not been gained or the World Health Organisation safety checklist had not been 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 identified examples of results of audits, incidents and complaints which should have been considered as part of the organisations risk management process. We

saw one item was added to the risk register following an incident. This related to a fallen branch in the grounds of 2 Clifton Park. However, an incident involving forceps being unavailable during surgery resulting in a nasal injury to a patient was not considered.

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 medicines are appropriately managed. This includes the storage, preparation, disposal and recording of medicines and their use.

The provider must ensure that the safeguarding policy is fit for purpose.

The provider must ensure that complaints are investigated and that lessons are learnt when someone complains.

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

Regulation

Treatment of disease, disorder or injury

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

The provider did not have sufficient processes in place to store, prepare, dispose or record medicines.

Regulation 12(2)(g)

The provider did not have processes in place to control the spread of infections.

Regulation 12(2)(h)

Regulated activity

Regulation

Treatment of disease, disorder or injury

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

Regulation

Treatment of disease, disorder or injury

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

Complaints were not investigated and necessary and proportionate action taken in response to failure identified by the complainant.

This section is primarily information for the provider

Requirement notices

Regulation 16(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)