Optegra Birmingham Eye Hospital

Quality Report

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Date of inspection visit: 6 and 10 September 2017
Date of publication: 02/01/2018

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

Ratings

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

Overall summary

Optegra Birmingham is an eye hospital located in the centre of Birmingham, within the Aston University campus. It is approximately three miles off junction six of the M6 motorway.

The hospital provides services to adults only. In the UK, Optegra operates seven dedicated eye hospitals in Birmingham, Hampshire, Manchester, London, Surrey and Yorkshire and Central London. Optegra Eye Hospital Birmingham is registered with the Care Quality Commission and was acquired by Optegra UK Ltd in April

Summary of findings

2010. The site was previously known as Aston University Day Hospital. The service covers the complete patient pathway, from ophthalmic consultations and diagnostics through to disease management or treatments including day surgery for adults.

The hospital is open Monday to Saturday. The service welcomes patients through three main routes; NHS, those who have access to private medical Insurance, and those who choose to self-fund.

Optegra Eye Hospital Birmingham provides a comprehensive range of ophthalmic services to patients. These include refractive, ocular plastic, retinal diagnostic, surgical services and ophthalmic disease management. Specific services cover:

- outpatient ophthalmic consultations
- ophthalmic diagnostics
- cataract diagnostics and treatment including surgery
- retinal disease/injury diagnostics and management or treatment including surgery and anti- vascular endothelial growth factor injections
- corneal disease/injury diagnostics or treatment including surgery
- glaucoma diagnostics and disease management or treatment including surgery
- conjunctiva, sclera, eyelid and eyebrow, lacrimal, globe and orbit disease/ injury diagnostics and management or treatment including surgery. Optegra Birmingham does not offer cosmetic surgery.
- Minor injuries and non-urgent treatments.

The hospital is set on one floor (ground) and has six consulting rooms, a reception area, four patient liaison rooms, four diagnostic rooms and a lift. It also has an IT server room, a patient surgery waiting area, staff room, laser refractive theatre, staff changing areas, a clinical office, nurses' office, two pre-operative areas, an ophthalmic operating theatre and an administration office and board room.

During the year before our inspection (1 August 2016 to 31 July 2017) the hospital recorded 2,744 surgical procedures. These included 363 refractive intra ocular lens surgeries, 2,109 cataract surgeries, 14 vitreoretinal surgeries, four age-related macular degenerative injections, six oculoplastic surgeries , 141 refractive laser eye surgeries and 107 glaucoma surgeries.

In the 12 months before our inspection, staff saw 2,032 patients for initial consultations and 3,373 patients for follow-up appointments. Four of these patients were 18 to 24 years of age.

We inspected this service using our comprehensive inspection methodology. We have reported our inspection findings against the two core services of surgery and outpatients. We carried out the announced part of the inspection on 6 September 2017, along with an unannounced visit to the hospital on 10 September 2017.

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

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

The main 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 core service.

We rated this service as good overall because:

- Staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times.
- Staff assessed, monitored and managed risks to patients on a day-to-day basis.
- Staff managed medicines consistently and safely. Medicines were stored correctly, and disposed of safely.
- The environment and equipment were clean and maintained to a good standard throughout the hospital.
- Patients had good outcomes because they received effective care and treatment that met their needs.
- Staff planned and delivered patients' care and treatment in line with current evidence-based guidance, standards, best practice and legislation.
- Staff worked collaboratively across disciplines to meet the range and complexity of patients' needs.

Summary of findings

- Staff obtained consent to care and treatment in line with legislation and guidance, including the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004. Staff supported patients to make decisions and, where appropriate assessed and recorded their mental capacity.
- Feedback from patients who used the service and those who were close to them was positive about the way staff treated patients.
- Staff treated patients with dignity, respect and kindness during all interactions. Patients told us they felt supported and that staff cared about them
- Staff considered and acted on patients' needs and preferences to ensure they delivered services in a way that was convenient. Staff reflected the importance of flexibility, informed choice and continuity of care in the services provided.
- Patients could access the right care at the right time. Staff managed access to care in a way that took account of patients' needs, including those with urgent needs.
- The telephone and online system was easy to use and supported patients to make appointments, bookings or obtain advice or treatment.
- Patients knew how to give feedback about their experiences and could do so in a range of accessible ways, including how to raise any concerns or issues.
- The interim managers had the experience and capability to ensure that the strategy could be delivered and risks to performance identified and addressed.
- The interim leadership was knowledgeable about issues and priorities for the quality and sustainability of services, understood what the challenges were and were acting to address them.
- There was a clear statement of vision and values, driven by quality and sustainability.
- The board and other levels of governance in the organisation functioned effectively and interacted with each other appropriately.
- There was a strong participation in research.
- The eye services monitored performance and produced a clinical outcomes report that reviewed complication rates and clinical outcomes data for various procedures performed at the hospital.

However:

- There was no root cause analysis for a never event that took place in 2016.
- Not all staff had signed to say they had read the 'local rules' to assure themselves that risk of radiation to patients was minimised.
- Not all lasers conformed to BS EN 60601-2-22 standards to assure the use of equipment kept patients safe from avoidable harm.
- The hospital did not submit data to Private Healthcare Information Network (PHIN) in accordance with legal requirements regulated by the Competition Markets Authority (CMA).
- Not all surgeons held the Royal College of Ophthalmology Certificate in Laser Refractive Surgery.

Heidi Smoult

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good	Surgery was the main activity of the hospital. Where our findings on surgery also apply to other services, we do not repeat the information but cross-refer to the surgery section. Staffing was managed jointly with outpatients. We rated this service as good because it was safe, effective, caring, responsive and well led.
Outpatients and diagnostic imaging	Good	Outpatients and diagnostic imaging were a small proportion of hospital activity. The main service was surgery. Where arrangements were the same, we have reported findings in the surgery section. We rated this service as good because it was safe, effective, caring, responsive and well led.

Summary of findings

Contents

Good

Optegra Eye Hospital Birmingham

Services we looked at
Surgery; Outpatients and diagnostic imaging

Summary of this inspection

Background to Optegra Birmingham Eye Hospital

Ortega UK operates Optegra Eye Hospital Birmingham. The hospital primarily serves the communities of Birmingham. It also accepts patient referrals from outside this area.

The hospital provides day surgery only as patients did not stay overnight. Staff assessed operated on and discharged patients within a day. There were no beds at the hospital.

The hospital provides a comprehensive service to both NHS and self-referring patients. The hospital covers the complete patient pathway, from ophthalmic consultations and diagnostics through to disease management or treatment including day surgery for adults. These include refractive, ocular plastic and retinal diagnostic, surgical services and ophthalmic disease management.

Most NHS patients are referred by their GP or optometrist. Private patients can self-refer to Optegra. Enquiries come via email, phone or website and are booked onto the Optegra patient administration software by the patient services centre.

Optegra Birmingham provides NHS eye services, mainly cataract surgery.

The hospital is registered to provide the following regulated activities:

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

The hospital did not have a registered manager in post at the time of our inspection. Interim managers were in place.

Our inspection team

The team that inspected the service comprised a CQC lead inspector and two other CQC inspectors. Tim Cooper, Head of Hospital Inspection, oversaw the inspection team.

Information about Optegra Birmingham Eye Hospital

During the inspection, we looked at consulting, treatment and diagnostic rooms, patient preparation and recovery areas and operating theatres. We spoke with 14 staff including surgeons, registered nurses, health care technicians, reception staff, medical staff, operating department practitioners, and senior managers including the interim hospital director. We spoke with seven patients and four relatives.

During our inspection, we reviewed six 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.

Activity (August 2016 to July 2017)

During the 12 months prior to our inspection, staff saw 2032 patients for initial consultations and 3,373 patients for follow up appointments. Four of these patients were 18 to 24 years of age.

During the last 12 months period prior to our inspection the hospital cared for over 8,500 patients. They carried out over 5,000 outpatient appointments and over 2,600 surgeries or treatments. The patient revenue mix was 34% private and 66% NHS. Nineteen per cent had refractive surgery, 27% of which was laser refractive.

The most common procedure was cataract procedures with 2,109 performed during the reporting period.

Summary of this inspection

During the same period, there were 363 refractive intra ocular lens surgeries, 14 vitreoretinal surgeries, four age-related macular degeneration injections, six oculoplastic surgeries, 141 refractive laser eye surgeries and 107 glaucoma surgeries.

The hospital employed seven ophthalmologists under practising privileges.

Four nurses, five technicians, and one operating department practitioner were employed on a full time basis and one nurse, two optometrists and one technician, on a part time basis.

The hospital also employed 10 nurses, two operating department, eight optometrists, and two technicians on zero hour contracts.

Between August 2016 and July 2017, the hospital reported:

- Two never events with no degree of harm. Both related to surgeons implanting the wrong lens.
- One serious incident which took place in 2016. A patient developed an inflammation of the interior of the eye) following surgery.
- There were no incidences of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA), Methicillin-sensitive staphylococcus aureus (MSSA), Clostridium difficile (C-. difficile) or hospital acquired E-Coli.
- The hospital received three complaints and 196 written compliments.

Services provided at the hospital under service level agreement:

- Clinical and non-clinical waste removal
- Interpreting services
- Laser protection service
- Laundry
- Maintenance of medical equipment
- Pathology and histology

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as good because:

- Staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times
- Managers assessed monitored and managed risk to patients on a day-to-day basis.
- Staff managed medicines consistently and safely. Medicines were stored correctly, and disposed of safely.
- The environment and equipment were clean and maintained to a good standard throughout the hospital.

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

- Management could not assure us that the service had always investigated serious incidents and never events and applied duty of candour when required.
- Not all staff had read and signed to say they had read the 'local rules' to assure themselves that risk of radiation was minimised.
- Not all lasers conformed to BS EN 60601-2-22 standards to assure the use of equipment keeps patient safe.

Are services effective?

Good

We rated effective as good because:

- Patients had good outcomes because they received effective care and treatment that meets their needs.
- Staff planned and delivered patients care and treatment in line with current evidence-based guidance, standards, best practice, legislation and technologies.
- Staff worked collaboratively across disciplines to meet the range and complexity of patients' needs.
- Staff took patients consent to care and treatment in line with legislation and guidance, including the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004. Staff supported patients to make decisions and, where appropriate, assessed, and recorded their mental capacity.

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

Summary of this inspection

- The hospital did not submit data to Private Healthcare Information Network (PHIN) in accordance with legal requirements regulated by the Competition Markets Authority (CMA).

Are services caring?

Good

We rated caring as good because:

- Feedback from patients who use the service and those who are close to them was positive about the way staff treat patients.

Staff treated patients with dignity, respect and kindness during all interactions with staff. Patients told us they felt supported and that staff cared about them

Are services responsive?

Good

We rated responsive as good because:

- Staff considered the patients' needs and preferences and acted on them to ensure that staff delivered services in a way that was convenient. The importance of flexibility, informed choice and continuity of care was reflected in the services.
- Patients could access the right care at the right time. Access to care was managed to take account of patients' needs, including those with urgent needs.
- The telephone and online system was easy to use and supported patients to make appointments, bookings or obtain advice or treatment.
- Patients knew how to give feedback about their experiences and could do so in a range of accessible ways, including how to raise any concerns or issues.

Are services well-led?

Good

We rated well-led as good because:

- The interim managers had the experience and capability to ensure that they could deliver the strategy and risks to performance addressed.
- The interim leadership was knowledgeable about issues and priorities for the quality and sustainability of services, understood what the challenges were and were acting to address them.
- There was a clear statement of vision and values, driven by quality and sustainability.
- There were appropriate and effective governance systems in place.
- There was a strong participation in research.

Summary of this inspection

- The eye services monitored performance and produced a clinical outcomes report that reviewed complication rates and clinical outcomes data for various procedures performed at the hospital.

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

- Staff did not submit data or notifications to external organisations as required.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	N/A	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Surgery

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

Are surgery services safe?

Good

We rated safe as **good.**

Incidents

- The hospital had a policy in place for incidents and near misses. Managers discussed incidents and near misses at governance meetings to review continuous improvement and shared learnings with staff.
- One serious incident took place in 2016. A patient developed endophthalmitis following surgery. The patient fully recovered following immediate treatment. Endophthalmitisis an inflammation of the interior of the eye. We reviewed the root cause analysis for this incident. It identified how and why the patient safety incident happened and management used the analysis to identify areas for change.
- There were two never events in 2016. A never event is defined as wholly preventable, where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers.
- Both related to surgeons implanting the wrong lens. The surgeon removed the wrong lens and inserted the correct lens in both cases.
- We asked to review the investigation reports for two never events. The newly appointed interim managers told us they were unable to locate the report for one of the incidents. Following our inspection, managers informed us that they had since located the report by tracking electronic records. They informed us that they had requested the notes and would now conduct a retrospective root cause analysis, inform CQC through the correct channels and check previous management had applied duty of candour. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- This was a missed opportunity for managers to identify contributory factors and root causes of this incident and to learn lessons in order to minimise the risk of the incident happening again.
- We reviewed the second root cause analysis and found it appropriately identified underlying system and process issues that contributed to the incident, lessons learned, action plans and recommendations. The interim managers told us they had also completed their own investigation, identified failings within surgical safety processes and described actions put in place. This suggested the interim managers learnt from incidents or when things went wrong, had oversight of safety issues that took place under previous managers and were proactive in addressing these.
- Optegra Birmingham reported 22 incidents over the previous three months. Management classed all incidents as moderate. Staff related 13 of these to administrative incidents and included staff using the wrong labels and patient delays, three were clinical and included equipment breaking down and six were medicine management incidents and included post-operative instructions not being clear.

- We reviewed the previous six incidents that staff had reported. They included a theatre list being double booked, a patient feeling sick and dizzy, a patient attending alone who needed an interpreter, insufficient eye drops needed for the number of patients booked in, a surgeon concerned about equipment decontamination and incorrect name entered on patient records. This showed staff understood their responsibilities to raise concerns and to record safety incidents and near misses.
- Five incidents had outcomes recorded. For example, the hospital increased the number of eye drops on the standing order.
- Staff told us they received feedback through team meetings and safety huddles. Therefore, the systems in place to report incidents, and investigate and learn from them, were effective. For example, one incident took place involving 'lost' stitches. Staff confirmed managers investigated this and the team discussed what they were going to do about it at the staff meeting and updated the policy accordingly.
- Staff attended daily safety huddles. Staff communicated important safety issues and incidents at these meetings to highlight significant concerns or potential safety issues for patients.
- The hospital planned to introduce governance software in November 2017 thatguides users through the process of characterising, assessing, and responding to incidents to ensure providers' regulatory compliance and reduce breachrisks.
- The hospital subscribed to the central alerting system (CAS). CAS is a web-based system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care.
- The clinical services manager and hospital director had completed duty of candour training.

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

- The managers produced a quarterly clinical quality report, which summarised performance in key areas, for example unplanned re-admissions, transfers to other hospitals and infection control. Managers shared this within the hospital to provide an oversight of results and achievements.
- Managers used this report to monitor improvements in performance over time and to benchmark with other locations in the organisation. For example, outcomes for surgeons were reviewed at the medical advisory committee, individually with each surgeon and the medical director. If outcomes were poor, the provider would take action such as suspending the service.

Cleanliness, infection control and hygiene

- There were no incidences of healthcare-associated MRSA, methicillin-sensitive staphylococcus aureus (MSSA), Clostridium difficile or E. coli.
- Legionella checks were carried out by the university the clinic was located on. Management would audit these internally and this audit fed into the health and safety audits.
- A monthly infection control meeting was included as part of the clinical team meetings. Managers shared learning at hospital governance and risk meetings and at the medical advisory committee (MAC).
- Standards of cleanliness in the laser/clinical treatment room and theatre environment were in line with Royal College of Physicians professional standards and guidance. For example, clinical staff cleaned equipment including lasers and theatre equipment and placed 'I am clean' stickers on them after each theatre session had finished.
- The hospital employed an infection control adviser. Along with the procurement and facilities manager, they held weekly discussions to discuss infection control issues and any concerns.
- Managers carried out infection control audits. We reviewed the infection prevention audit for July 2017. Staff achieved 83% compliance with the infection control procedures .We saw action plans to address shortfalls. For example, the auditors identified that the clinical waste bin in the sluice room was not appropriate and needed replacing with a hospital-standard clinical waste bin. The action plan identified the person responsible for ordering the bin and the date they had done so.

Good

Surgery

- Managers displayed hand hygiene posters on walls and we saw staff washing their hands between each patient. We reviewed a hand hygiene audit from August 2016. This showed full compliance. This meant staff always washed their hands appropriately. An audit completed in August 2017 showed a 91% compliance rate. This meant staff were not always washing their hands at the appropriate times. There was an action plan in place to address areas of non-compliance. We did not see any evidence of hand washing audits between August 2016 and August 2017.
- Clinical areas were visibly clean and tidy. Cleaning checklists of all clinical areas were complete and up-to-date.
- Staff followed infection prevention control (IPC) procedures in the two surgical procedures we observed. For example, they wore personal protective equipment.
- The hospital had a contract with an external company to collect and dispose of general and clinical waste, including sharps. The company collected waste three times a week.
- Staff met the requirements set out by the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.The pathway for dirty and clean areas was well defined. This reduced the risk of cross contamination.
- We reviewed the cleaning rota and found it was up to date for cleaning of general, clean and dirty utility and theatres.
- The hospital prevented or reduced staff exposure to substances that were hazardous to their health. For example, staff kept cleaning products in a locked cupboard; this was in line with Control of Substances Hazardous to Health Regulations 2002.
- Staff used mostly single use sterile instruments for laser eye surgery. An external company decontaminated surgical instruments where this was required.

Environment and equipment

- Clinical areas were well maintained, free from clutter and provided a suitable environment for dealing with patients.
- Theatre practices met the Association for Perioperative Practice (AFPP) guidelines. The theatres, environment and equipment were all clean and well maintained.
- Staff completed a daily safety audit. This was a checklist to ensure the safety of the premises.
- Managers ensured maintenance and service contracts for all essential equipment were in place. This also covered urgent call outs.
- The hospital maintained equipment in line with manufactures guidance through a planned preventative maintenance schedule." These meant managers took an active approach to equipment maintenance rather than waiting for something to break before they fixed it.
- The service carried out the annual review of its laser safety policy in July 2017.
- The laser protection adviser (LPA) Public Health England and local laser protection supervisor (LPS) managed laser equipment risk assessments and action plans. Authorised personnel only had access to keys. This was in line with the local key management policy.
- Staff checked resuscitation trollies on a daily basis. This was in line with Resuscitation Council (UK) guidelines (2000). We reviewed these and found them to be completed and up to date.
- The LPS checked the laser equipment in accordance with local rules and policies. Managers serviced both lasers regularly in accordance with manufacturer's guidelines
- The hospital had local policies and procedures in place for the safe use of each laser." The local rules define at a minimum, the possible hazards from the equipment where staff was required to sign to say they had read and understood them. Not all staff had signed this. This meant managers could not assure us the risk of over-exposure to radiation was minimised. This compromised both staff and patient safety. We brought this to the attention of the manager who said she would address this immediately.
- Staff consistently maintained room temperatures and humidity within the range for safe operation of equipment specified by the manufactures' guidance. The university on which the provider was located controlled the humidity and temperature of the theatre environments on site.
- Staff maintained good clear records of the servicing and maintenance of equipment and used a colour-coding

chart to identify when equipment was due for servicing. The records showed the servicing of equipment was up to date. There was a service level agreement in place with Public Health England. They carried out audits of equipment and provided staff training in equipment use. This included laser protection supervisors training.

- Where risk assessments queried if the laser conformed to BS EN 60601-2-22 standards, staff had mainly ticked these as 'yes'. However, we saw gaps where this said, 'To be confirmed'. This meant managers could not assure us the use of equipment kept patients safe. The manager was aware of this and told us that they would update risk assessment records immediately.
- Portable equipment had been electrical safety tested to ensure it was safe to use. We looked at 10 pieces of equipment (different types) in the surgery and outpatient department and these were all in date.
- Staff had checked calibration and equipment daily and accurately maintained records.
- A first aid kit was stored in the anaesthetic room.

Medicines

- The hospital had a medicines management and administration policy in place. We were assured staff understood and followed policies and guidelines to ensure safe and effective medicines management, to optimise the benefits that treatment offered and to achieve the best outcome for each patient. The deputy clinical services manager was the location lead for the safe and secure handling of medicines.
- Medicines management was a standing agenda item on all corporate, hospital governance, and risk meetings.
- Prior to our inspection, the provider had voluntarily suspended the use of cytotoxic medicines across the group and this would be the case until Optegra were able to assure CQC that the risks associated with the use of cytotoxic medicines had all been fully addressed. We did not find any cytotoxic medicines in the clinic. Cytotoxic medication posed a risk to staff and patients, if not handled safely.
- Controlled drugs were not stored and / or administered as part of the services provided.
- Medical gases and oxygen were stored appropriately.
- Staff had checked fridge temperatures and maintained an up to date and accurate record.
- The hospital had a supply agreement for pharmaceutical products and clinical pharmacy services with an independent external consultant pharmacy. This included the supply of pharmaceutical products and the provision of medicines management audits to ensure Optegra complied with all regulations and best practice guidelines. In addition, they provided annual medicine management training.
- We spoke with the external consultant pharmacist. He told us he had no concerns around medicine management at the hospital.
- Staff securely stored patient medications in the fridge and nurses managed the checking and recording system.
- All patients have a patient specific prescription, which their consultant prescribed.

Records

- Staff securely stored patient identifiable information in locked cupboards and used a unique identity number for electronic records.
- Staff sent correspondence from the consultant to the patients GP and referring optometrist as appropriate.
- Staff transferred patient records in line with the local trusts local policy in cases where Optegra Birmingham carried out work on behalf of them.
- Staff maintained records each time they operated the laser and staff recorded patient pre-operative assessments appropriately.
- Staff recorded the serial number of the implanted in the patient's records, as was any other equipment used during surgery. This meant there was an audit trail available if there were any later issues
- We reviewed a documentation audit completed in September 2016. Findings were that staff did not always record the designation. The action plan was to highlight to all staff the importance of documenting designation on entries in patients' health records.
- Staff archived paper records with an external record management company with whom the hospital had a service level agreement.

Good

Surgery

Safeguarding

- The safeguarding policy was in line with the Intercollegiate Document re Safeguarding 2014.
- The clinical services manager was the safeguarding lead. There was also a corporate lead for safeguarding who could provide advice and oversight. The interim clinical services manager had completed level two and three adult safeguarding training.
- Safeguarding adults and children training was included in the hospital mandatory training programme. All staff were trained to the appropriate level.
- Staff we spoke with were familiar with their obligations regarding safeguarding and knew what they should do if they had concerns about a patient or their family.

Mandatory training

- Mandatory training included basic life support, intermediate life support training, infection control training, safeguarding, equality and diversity, dementia awareness and first aid. Managers audited mandatory training compliance.
- At time of our inspection, there was a 93% adherence to mandatory training. The target was 85%.

Assessing and responding to patient risk

- The deputy clinical service manager was the lead for post-operative care.
- Two clinical commissioning groups commissioned the cataract service. One of these groups completed their own assessment before referring patients to the provider and the other group referred patients directly to the provider who completed their own assessment. The provider set certain exclusion criteria, based on the limitations of their clinic being a standalone service, such as critically ill patients and patients with no mobility. Post inspection, the interim manager told us they had set up a meeting with one of the clinical commissioning groups to discuss them referring patients directly to the provider for the initial assessment. This way the provider would be responsible and have oversight of the complete patient pathway. This would also minimise the risk of inappropriate referrals.
- Upon arrival for their procedures, a nurse who reviewed their medical history and recorded their observations admitted the patients. Staff gave patients a red wristband to alert the surgical team if they had an allergy. The surgeon and anaesthetist carried out a further check to ensure they remained suitable for surgery.
- Staff gave patients written information relating to post-operative care. This included the 24 hour on call number for hospital out of hours, which a registered nurse always staffed.
- The provider had adapted the "WHO Surgical Safety Checklist and five steps to safer surgery" to accommodate cataract and non-cataract patients in line with guidance such as National Institute for Clinical Excellence. They formed part of every patient surgical pathway and the clinical services manager audited this monthly. The WHO checklist is a tool for the relevant clinical teams to improve the safety of surgery by reducing deaths and complications. We reviewed the previous audits for August 2017 to October 2017. Compliance ranged from 92% to 100% compliance. Interim management put in place action plans to address areas of non-compliance. For example, for non-compliance with the audit question 'Has a healthcare practitioner signed, dated and timed at the bottom of the TIME OUT column? Action points included 'discussed at the team brief x1. Agree with head of Governance and Risk who is supporting CSM to ensure protected time for monthly meetings in allowing for embedding changes. Also to ensure only newly agreed forms are used and all others are removed'.
- There were two incidences of an unplanned transfer of a patient to another health care provider in the last 12 months. One incident concerned a patient's relative who fainted. Staff transferred them to hospital as a precaution. In the second incident, the patient had a transient ischaemic attack, was transferred to the local accident and emergency department and made a full recovery. The provider had a protocol in place for transferring deteriorating patients to the local NHS hospital.
- Staff could access consultant advice if they deemed necessary.
- The hospital did not offer conscious or intravenous sedation. However, all patients received topical anaesthesia prior to surgery unless contraindicated.

- All clinical staff were trained in intermediate life support.

Nursing and support staffing

- Managers followed safe staffing practice, in accordance with The Association for Perioperative Practice (AFPP) guidelines, to ensure safe, appropriately experienced and qualified staff was available to meet the demands of the patients attending the clinic.
- Managers used regular bank staff to cover planned and unplanned absence and to supplement current establishment vacancies. This meant bank/agency staff were more likely to be more familiar with local policies and procedures and offered continuity of care to patients.
- The hospital employed four nurses, five technicians, and one operating department practitioner on a full time basis and one nurse and one technician, on a part time basis.
- The hospital also employed 10 nurses, two ODP's and two technicians on zero hour contracts.
- There were no nurse, operating department practitioner or health care assistant vacancies at the time of our inspection.
- A registered nurse was always on duty whilst the hospital was open. A nominated registered nurse took patient calls during core hours
- Weekly and daily manager led reviews of service provision and staffing were undertaken.
- There were two contacts at the hospital for any concerns around laser equipment, the LPS and deputy LPS. Staff had access to any laser protection supervisor at other Optegra sites and the regional facilities manager was laser protection supervisor trained.
- Bank nursing staff worked 81 shifts, operating department practitioners one and technicians' 17 shifts in the last three months.
- Agency nurses worked a total of 111 shifts, and operating department practitioners 35 shifts in the last three months.
- There was 11.5% sickness absence amongst nurses over the previous three months and 3.3% amongst technicians. There was no sickness absence for the other staff groups. The interim managers told us this percentage equated to two members of staff being off long term sick. Post inspection the interim manager told us both of these staff members were back at work and the sickness rate the previous month was 5.6%.
- All nurses were registered with the Nursing and Midwifery Council. This was registered and checked as part of background and annual checks.
- All relevant staff were up-to-date with their revalidation. Human resources monitored this through annual staff checks and the HR system. This meant nurses met education, training conduct and performance standards set by the nursing and midwifery council.
- All staff had valid Disclosure and Barring Service (DBS) certificates in place. This meant Optegra prevented unsuitable people from working with vulnerable groups, including children.

Medical staffing

- The Optegra national medical director maintained medical oversight. Local medical supervision was available from the medical advisory committee chair that through the committee reviewed and monitored clinical practices across the hospital.
- Staff could access consultants directly. They were able to contact the 24 hr on call lead nurse and the clinical services manager when required. Consultants were required to arrange suitable colleague cover when they were not available.
- The hospital employed seven ophthalmologists under rules or practising privileges.
- The hospital employed two optometrists on a part time basis. Eight optometrists were employed on a zero hour contract.
- The hospital had not used locum agency staff to cover an ophthalmologist at the location in the last 12 months.
- There were no ophthalmologists or optometrist vacancies at the time of our inspection.
- Patients could contact consultants for advice by telephone. Where the patient's own consultant was not available, another consultant provided cover with the same clinical speciality.

Good

Surgery

- A consultants or doctors were available during usual opening hours to review patients who might be experiencing difficulties post-operatively.
- All doctors and consultants had registered with the General Medical Council. This was registered and checked as part of background and annual checks.
- All doctors and consultants had valid disclosure and barring service certificates in place.

Emergency awareness and training

- A business continuity plan and emergency patient transfer was in place.
- Planned fire evacuations took place alongside Aston University. The last one had taken place In September 2017.
- We found that the provider had arrangements in place to deal with foreseeable emergencies. For example, should the electricity fail, the theatre was equipped with an uninterrupted power supply and a back-up generator.

Are surgery services effective?

Good

We rated effective as **good.**

Evidence-based care and treatment

- The hospital managed treatment in accordance with relevant, current, evidence based guidance such as Care Quality Guidelines, Royal College of Ophthalmology, National Institute for Health and Care Excellence (NICE), the Mental Health Act and Health and Social Care Act 2008.
- The service provided was consultant led and patients saw the same consultant throughout their patient journey to ensure continuity of care.
- The eye sciences department oversaw the national clinical audit plan and oversaw compliance. The eye sciences department was a not for profit research division who championed the latest innovations in eye care.
- The service did not engage with the Private Healthcare Information Network (PHIN). Therefore, staff did not submit data in accordance with legal requirements regulated by the Competition Markets Authority (CMA). PHIN requires all providers of private healthcare in the UK, by law to submit data to PHIN. The manager told us the eye science division were leading on this and they hoped to be involved later this year.
- Audits were under review to include more observational audits. This data will be on the new governance system that the hospital aimed to introduce in November 2017.

Pain relief

- Where appropriate staff administered anaesthetic eye drops prior to surgery or procedures. Staff asked patients about pain levels during and after procedures.
- We saw in patient notes that staff advised on pain relief during discharge discussions and advised patients to attend accident and emergency department if the pain was unmanageable.

Nutrition and hydration

- Patients had access to tea and coffee making facilities and water was available at all time.
- All patients were day patients and staff were not required to provide food. However, nursing staff offered drinks and snacks to patients' pre and post operatively.

Patient outcomes

- We reviewed clinical outcomes and data consistently exceeded benchmarked standards across the board. For example, an audit of 3187 patients from December 2015 to December 2016, following lens replacement with multifocal lenses showed all patients achieved driving standards without glasses and 93% reported 20/20 vision without glasses and 99% of patients could see print in magazines without glasses and 97 % could see small print without glasses following lens replacement with multifocal lenses.
- We reviewed the clinical outcomes for the period 1 March 2017 to 31 March 2017. Ninety-five percent of LASIK and all LASEK vision correction eyes achieved 6/6 unaided. There were no reported intraoperative

complications for refractive laser patients. These figures represented monocular outcomes data on the range of prescriptions treated, although staff had applied exclusions for monovision and insufficient follow up.

- For RLE with multifocal lenses, 99% of eyes achieved 6/12 or better-unaided vision and 91% of eyes achieved 6/6 or better unaided.The provider reported lens choice and prescribing mode (micro-monovision where the target refraction differs from zero to provide benefit at closer distances) was, however, still likely to be a factor in the remaining observed differences.
- In terms of cataract, the percentage of eyes achieving 6/12 or better CDVA and the percentage of eyes within 1D of target were considered key metrics for clinical outcomes reporting after cataract, and again the values for these metrics exceeded the benchmark standards at 96% and 94% respectively. Eighty one percent of cataract patients achieved corrected visual acuity of 6/6 or better when staff excluded co-morbidities.
- Optegra had an eye sciences division, which amongst other activities managed the collection and reporting of clinical data. This data covered clinical complications, visual and refractive outcomes for laser, lens replacement and cataract patients. The division also created outcome data for individual surgeons. Managers reported this data at quarterly meetings to the Optegra UK board, medical advisory committees and corporate governance committees.
- The hospital did not participate in any national audits and did not contribute to the National Ophthalmic Database Audit (NODA). The purpose of NODA is to collate anonymised data collected as a by-product of routine clinical care using electronic medical record systems for the purposes of national audit, research and establishing meaningful measures for revalidation. Post inspection, the interim manager told us they planned to start submitting data the following year.
- Managers benchmarked the measures against industry standards for cataracts, laser and refractive laser eye patients. The provider's measures were consistently above the standard.
- Staff also measured patient reported outcomes (PROMS) following discharge of patients via a tablet device, which fed into the outcome report. These showed consistently positive results. For example, data collected from June 2017 to August 2017 based on 3014 patients after cataract surgery suggested that 98% of patients were satisfied with their vision after treatment and 99% would recommend the procedure to others. Based on 50 patients after refractive laser eye surgery, 92% were satisfied with their distance vision after treatment and 96% would recommend the procedure to others.
- There were two incidences of an unplanned return of a patient to theatre following refractive eye surgery in the last 12 months. Managers classed these as never events.
- Seventeen patients had top up laser following laser eye surgery due to residual prescription in the last 12 months.
- No patients experienced complications following refractive eye surgery in the last 12 months.
- Staff completed (VTE) risk assessments as part of an integrated care pathway for all procedures. Audit shows 100% compliance between January 2017 and March 2017. VTE is a condition where a blood clot forms clot forms in a vein.
- We reviewed the latest lens-checking audit. The purpose of this audit was to assess compliance with the protocol by all healthcare practitioners involved in the surgical pathway. It showed full compliance.

Competent staff

- All new staff were required to complete an online induction programme. This covered areas such as health and safety, access to systems, mandatory training, human resources and policies and procedures. Staff had a six-month probationary period.
- Managers were required to appraise staff annually and reviewed them every six months against company objectives. Staff we spoke with told us their appraisals were meaningful and gave them a structure for thinking through and planning the upcoming year and developing goals.
- All nurses, optometrists and technicians were up to date with their appraisals and all had their professional registrations checked.

Good

Surgery

- All ophthalmologists, operating department practitioners and health care assistants were up to date with their appraisals and managers had checked their professional registrations.
- Registered nurse and healthcare technician's competencies were in place to ensure they worked within the scope of their qualifications. There was an 'assessing competency in clinical practice' policy, which formed the basis of the assessment criteria. This was a new policy introduced to address the issue of competency review on a regular basis. Optegra were currently conducting a review of all competency documents. Managers signed these off annually at the time of the employee appraisal.
- Regular team meetings took place at the hospital. This offered the opportunity for staff to talk about any ideas or concerns they had about their job roles and responsibilities and enabled staff to feel appreciated and valued as a member of the team. The medical advisory committee reviewed the required documentation and signed off consultant applications for practising privileges.
- Two consultants held the Royal College of Ophthalmology Certificate in Laser Refractive Surgery. The third consultant had 'grandfather rights' as he had been practicing pre 1997 when the qualification was introduced. This meant the provider followed the recommendation from the Royal College of Ophthalmologists that all surgeons undertaking this treatment should additionally hold the certificate.
- The laser protection supervisors had all attended laser safety training. Public Health England supported laser protection supervisors.
- Public Health England reviewed staff competencies, provided training and carried out annual audits of the LPS competence, which included a review of the local rules.
- Staff repeated the laser protection supervisor training every three years unless there was a change in regulation. Managers reviewed and audited compliance.
- All registered users were required to sign to confirm that they had read and understood the local rules for each given laser location.
- When managers introduced any new refractive lasers, the hospital carried out training alongside the manufacturer.
- All staff using the laser equipment had signed off certificates of competence. Staff operated the lasers frequently that ensured ongoing competence.
- The hospital offered optometry education events. This offered staff the opportunity to learn

Multidisciplinary working

- There was good multi-disciplinary team working. Staff at all levels including surgeons, laser technicians, optometrists and registered nurses worked together to ensure a high level of patient care.
- The hospital supported a local trust with their waiting list initiatives. Managers told us there were an increasing number of NHS cataract patients accessing their hospital due to constraints with other local independent providers.
- The hospital had effective external working relationships through service level agreements with external contractors such as pharmacy services and clinical waste management to facilitate the effective running of the hospital.
- The eye sciences team worked with surgeons, industry partners andacademics to identify and evaluate new treatments and technologies.

Access to information

- Staff faxed patient notes to other services through safe-haven fax or NHS email a scanned copy of the records.
- If a patient attended another Optegra site, staff would use the unique patient ID number their records. This meant that if a patient required a follow up appointment at a different location to where their refractive eye surgery was originally performed medical information would be easily accessible.
- We saw in patient notes that staff sent discharge notes to GP's with patients consent.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Good

Surgery

- Consultants carried out the consent procedure with patients. Consultants explained the procedure to patients using clear and plain language and offered the patient time to ask questions.
- Staff followed the consent process (written and verbal) throughout the patient's pathway.
- Staff sought patient consent in line with legislation and guidance. For example, staff gave patients a mandatory 'cooling off' period between initial consultation and committing to a procedure.
- The hospital ensured patients gave informed consent by explaining and giving written information about all risks, benefits, realistic outcomes and costs. This was in line with the National Institute for Health and Care Excellence (NICE) QS15 statement 5 and Royal College of Physicians professional standards for refractive surgery.
- The provider could access an interpreting service if required.
- We reviewed a consent audit for August 2017. It showed 70 -90% compliance. The action plan included revising the consent form to incorporate the updated refractive eye guidelines and to hold consent training by the 31 October 2017. Post inspection the interim manager told us this had been completed on 1 November 2017 through the medical advisory committee.

Are surgery services caring?

Good

We rated caring as **good.**

Compassionate care

- We saw staff assessing the patients' needs and ensuring dignity, privacy and independence throughout the treatment journey. We saw staff giving patient-centred care and involving the patient at all stages of the decision-making process.
- All staff had completed a customer service excellence-training course to enhance the patient journey.
- Patients were encouraged to attend their appointments with family or friends. The hospital offered a chaperone to those who attended alone.
- Staff afforded patients a confidential and private service. Staff shared information only with consent.
- The receptionist explained how first impressions counted. She explained how she would give an out of town patient's directions on how to get to the hospital and where to park in advance. She explained how she treated patients "as if they were my mum."
- A staff member gave us an example of a patient with additional needs. On the day of surgery, a named nurse welcomed the patient and looked after them throughout their treatment journey. This included going into theatre with them and holding their hand to comfort them. A follow up call the next day identified that the patient was very happy with their treatment. This showed how the hospital met the individual needs of patients.
- We observed examples of compassionate care. For example, we saw a nurse holding a patients hand whilst guiding him out of the building following a procedure to provide comfort and reassurance.

Understanding and involvement of patients and those close to them

- All patients we spoke with said staff had explained their procedure fully to them and had given them time to ask questions. This ensured patients had realistic expectations of their procedure before proceeding with it.
- Patients received written information on their chosen procedure. This helped to ensure they felt prepared for surgical procedures.
- During the surgical procedures, we observed staff explaining to patients what was happening and ensuring the patient was calm and comfortable.
- We observed staff taking time to explain aftercare to patients and to answer their questions following procedures. For example, we saw a nurse explaining to a patient how to insert eye-drops. Staff involved those close to the patient to ensure the patient had the appropriate support on discharge.

Emotional support

Good

Surgery

- Staff ensured and respected patients' privacy and dignity throughout the outpatient pathway. Staff considered patient physical and mental wellbeing. Staff supported anxious patients by asking questions and offering options to reduce stress levels. For example, there was the option for a member of staff to sit with them and answer any questions they had. They were offered private rooms and separate waiting areas if they so wished.
- The service provided clear information on pricing for different surgeries. Following surgery, staff provided refractive eye patients with written information explaining their follow-up care.
- After surgery, staff gave all patients the contact details of who to call if they have any concerns.
- The provider told us they could signpost patients with deteriorating sight conditions such as macular degeneration to their own low vision aid optometrist. The optometrist had access to a wide range of equipment including hand held magnifiers and large buttoned telephones. Staff would also signpost patients to support groups such as the Royal National Institute of Blind People, Fight for Sight, National Association for Glaucoma and The Macular Society. These agencies provided advice and practical and emotional support: Leaflets were available in the patient liaison and consulting rooms.

Are surgery services responsive?

Good

We rated responsive as **good.**

Service planning and delivery to meet the needs of local people

- The service provided pre-planned services only. The service proactively forward planned surgical and clinic sessions.
- The hospital was fully accessible to anyone who needed to use the service. This was in line with guidance such as National Guidelines on Accessible Health and Social Care Services.
- There were clear patient pathways with sub waiting areas. This meant the pathway that the patients tookfrom their first referral to first contact with hospital to the completion of theirtreatment was clear and simple. Clinics and theatre lists integrated both NHS and private patients. This meant staff treated all patients equally.
- The clinic provided a range of eye treatments including, refractive eye surgery. Patients completed a comprehensive pre- assessment questionnaire prior to attending for their first consultation so that staff could tailor their treatment.
- Staff contacted patients by telephone one week before appointments to ensure all information was current and accurate.

Access and flow

- The GP or optometrist referred self-pay and insured patients. Staff logged patient details on to the patient administration system and sent out confirmation of the appointment.
- Staff managed diaries to create additional access opportunities for patients where demand dictated.
- The hospital offered electronic referrals for local NHS patients. This meant patients could book their appointments online, safe and securely.
- Staff followed up all new appointments with a welcome call to confirm the appointment. A letter also included a map of the clinic with directions, parking information, a patient registration form and a medical questionnaire.
- The hospital used a pre-admission checklist to identify patients who may have co morbidities or mobility problems. Staff used this to plan their treatment in advance and ensure their consultation was with the most appropriate health care professional.
- Each patient had a patient liaison officer that oversaw the clinic and acted as the liaison between the consultant and patient.
- Nurses recovered and discharged patients following surgery. If they had any concerns, they could request a review by the surgeon involved.
- There were no patients on the waiting list for refractive eye surgery at the time of our inspection.

- The hospital provided access to a free 24 hour on call nurse in the event of a concern post treatment.
- There were seven refractive eye surgery procedures cancelled for a non-clinical reason in the last 12 months. For example, one patient was too anxious to undergo the procedure.
- Management were required to recorded referral to treatment times for NHS patients. Patient choice affected referral to treatment times and availability and the seven-day cooling off period between consultation and surgery.
- Staff saw five percent of NHS patients and 32 % of private patients within ten days from referral to consultation.
- Staff saw fifty-five percent of NHS patients and 72% of private patients referred to surgery within 60 days.
- Interim management told us the main theme of complaints was around waiting times. The provider told us post inspection that they had started to formally monitor waiting times. We reviewed the questionnaires for September 2017 and October 2017. Data collected included "were you called in on time to commence your appointment?" and " were you informed there were any delays by reception staff?".

Meeting patients' individual needs

- Staff provided medical questionnaires and pre-operative assessments to patients ahead of their appointment to highlight personal and individual needs such as providing interpreters or chaperones or offering evening or weekend appointments.
- A hearing loop system was in place to help patients who had hearing aids.
- The hospital provided a choice of languages for standard literature and large print if requested. In addition, they provided their most common literature such as information on cataract procedures in five of the most common languages spoken amongst patients who attended their clinic. Staff had translated the chaperone poster into the five languages. .This was in line with Royal College of Ophthalmology guidance. This meant the provider was complying with accessible information standards, NHS England 31 July 2016
- The provider had worked with 'fight for sight' that are a UK charity dedicated to pioneering eye research to prevent sight loss and treat eye disease. They jointly assessed accessibility to the hospital. The interim manager told us they made changes following feedback. For example, they ensured that patients with more severe visual impairments were seated directly opposite and closest to the reception area and hot drink facilities .A wheelchair was available for patients with mobility issues. The facilities had a lift to enable access to all parts of the hospital.
- An interpreter service was available upon request. Staff could access language line if need be.
- We saw management had completed an audit in July 2017 to develop a supportive design for people with dementia. This looked at areas such as whether the environment promoted meaningful interaction between patients their family and staff and whether the environment promoted active engagement of people with dementia in their care. The audit recorded areas of good practice and concerns for each area audited. For example, management recorded they planned to convert the cleaners cupboard in to a multifunctional area so it could accommodate patients needing quieter and more private space.

Learning from complaints and concerns

- The hospital had a formal complaints policy and procedure.
- The complaints procedure is included within the 'patient guide' that was available in the reception area.
- The hospital received 196 written compliments in the previous 12 months.
- The hospital received three complaints. Managers dealt with two of these under formal complaints procedure and managers upheld none of these. The provider dealt with these appropriately, proportionately and in a timely fashion.
- The hospital previously received two complaints from patients who could not proceed with planned surgery as their special order lenses had not arrived. In response, managers introduced a theatre booking form, which included lens choice and surgeon selection, to ensure this did not happen again. This showed the hospital learnt from complaints.

- Interim managers had recently introduced monthly reviews on all complaints to ensure continued learning.

Are surgery services well-led?

Good

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

Leadership / culture of service related to this core service

- The regional director and interim hospital director were accountable for Birmingham hospital.
- At the time of our inspection, the service had no registered manager who was accountable for day-to-day operational activity. Interim managers who had been in post for two weeks, informed us they had recruited a new manager and estimated she would start in the next month. Furthermore, there had been a high turnover of registered managers and head of hospitals in the previous twelve months and this had a negative impact on staff morale. We found interim managers had mitigated the risks and had a positive impact on the quality of the service in the short time they were there.
- The interim leadership team were open and honest and responded proactively to the concerns we raised.
- Staff were open in the information they provided about any fees, contracts and terms and conditions, where people were paying for their treatment. This was in line with Regulation 19 of the Care Quality Commission (Registration) Regulations 2009.

Vision and strategy for this core service

- Optegra had a statement of purpose, which shared their vision and values with patients as well as services provided at the site. Their objective was to be the most trusted eye care provider, putting the patient at the centre of what they do. We saw staff worked clearly in line with this objective.

Governance, risk management and quality measurement

- The hospital director chaired monthly hospital governance and risk meetings which formed part of Optegra Birmingham integrated governance. This consisted of a cascade of communication to board level and back to hospital/clinic teams and addressed concerns, feedback from any incidents, shared learning and created actions for improvement. Site managers and key personnel, including external advisors as appropriate, attended these.
- The hospital completed local daily audits to ensure safety and compliance.
- A clinical services manager-meeting group took place. This meant managers maintained a systematic approach to maintaining and improving the quality of patient care. This forum reported to Optegra UK. This ensured that effective integrated governance 'best practice' mechanisms were in place within the organisation.
- All staff who worked under rules or practising privileges at the hospital had an appropriate level of professional indemnity insurance in place. This meant that if a patient alleged a staff member provided inadequate advice or services to them;staff had cover in place for the legal costs and expenses in defending the claim, as well as the means for compensation to rectify if the hospital upheld the complaint.
- The hospital did not allow ophthalmologists who worked under rules or practising privileges at the location to invite external staff to either work with them or on their own. This ensured managers had oversight of external staff invited to work at the hospital and would therefore be in a position to assure their competence first.
- Clinical governance issues such as incidents and complaints were reviewed and discussed at all MAC meetings and there was a sub-MAC committee specifically reviewing clinical governance. Managers covered health and safety, clinical and HR governance, finance and IT and general governance in meetings. We reviewed minutes from the medical advisory committee. Staff discussed matters arising from the previous meeting, integrated governance committee meeting, outcome and patient satisfaction, health and safety, equipment and any other business.
- We reviewed the local operational risk register. The risk register accurately reflected the risks within the hospital. The risk register described the causes, consequences of the risks, along with mitigations and a timetable to

rectify the risks. For example, in March 2017, management identified 'low staffing levels due to sickness and volume and excess use of bank/agency' as a risk. They identified the impact was 'lack of leadership during all opening hours, and lack of continuity for quality, audit and key care pathways'. The action plan was 'funding agreed to increase staffing levels to reflect activity, plan to recruit and retain staff with robust development plan and engage the surgeons/optom for new staff to gain experience. Stabilize by using block booking of agency. Bank staff are consistent so some continuity'. We saw management had also recorded the action progress, who had actioned it and when and the status of the action.

- Managers attended weekly operations meetings. This looked at hospital performance, the week ahead (activity levels and staffing), incidents and unexpected events, and any other business. Managers allocated actions to specific staff members and staff reviewed these in the next meeting.
- Eye Sciences division collated and shared surgical outcomes with the hospital director and managers discussed and reviewed these at the Hospital Medical Advisory Committee with individual consultants, and at the corporate governance committee on a quarterly basis. Other agenda items include incidents, never events, and returns to theatre, unplanned outpatients, transfers and Duty of Candour.
- The provider employed an external consultancy, which provided support for CQC compliance to review their service in January 2017. Overall the consultancy reported " the provider is at high risk of the possibility of enforcement action from the Regulator (CQC) for failing to meet the requirements of the Health and Social Care Act (2008) Regulated Activities (2014) in respect of the guidance published by the Regulator in October 2014 and would rate the service overall as Inadequate**".** We reviewed the action plan put in place to address the breaches and issues and found that management were addressing these appropriately and in a timely way.

Public and staff engagement

- The service had a website where patients could obtain full information about costs and finance for treatments available information about. The website advertised a free, no obligation quote, to assess private patients' suitability for refractive eye surgery.
- Managers carried out an annual staff engagement survey and provided an action plan to address any concerns. We reviewed the employee survey results, which management collected in September 2016. Overall, the results were very negative and showed that staff did not feel respected and valued. This views expressed were indicative of a culture where staff did not feel valued and respected and were not supported by effective leadership.The managers the survey related to had all left the provider before March 2017. Interim management told us this survey was to be repeated in September 2017 that they were confident there would be an improvement. Staff we spoke with spoke positively about their roles, team and managers.
- The hospital held regular refractive open evenings whereby the consultant presented information regarding the procedures offered, arranged tours of the facility and facilitated a question and answer session. Managers invited patient advocates to share their experiences at the hospital events.
- Managers provided us with examples of where they had acted upon staff and patient feedback. For example, managers had recently provided a new patient liaison room following colleague's suggestions to enhance privacy and dignity and agreed to a new clinical administrator post to ensure that clinical staff could spend more time with patients rather than administration.
- The hospital had employed an independent healthcare consultant to assist with change management and implementation of practice development. This ensuredchangeswere thoroughly and smoothly implemented, while focusing on staff as individuals and teams, move from the current situation to the new one.
- The hospital celebrated excellence through the colleague recognition scheme. Four members of the team in Birmingham were recognised group wide.

Good

Surgery

- The hospital requested and acted upon feedback of those who used the service. For example, patients and their carers could use a paper feedback form or an online portal. We saw evidence of learning from feedback.
- We reviewed the patient survey results, which covered October 2016 to December 2016. The data was not broken down into hospitals; however, the data included responses from Birmingham patients. Overall patients were happy with their overall Optegra journey with 82% of the respondents, willing to write comments on their experiences.
- Optegra UK, which included Optegra Birmingham, had achieved number one in category for 'Trust Pilot', which is an online review community. The public voted them as 'best in category' for eye treatment and rated 9.6 out of 10 based on 1,510 reviews.
- The Birmingham clinic worked closely with the 'fight for sight' charity and they often attended open evenings.

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

- The eye sciences division had links with Aston University-Eye Sciences, which focused on research and development of the next generation of ophthalmic services and technologies. Eye sciences staff presented a variety of outcome audits at The XXXV Congress of the European Society of Cataract and Refractive Surgeons. For example, they presented an audit on a speciallasertreatment used to improve vision after cataract surgery.
- The hospital provided an accredited glaucoma skills masterclass for surgeons. This meant surgeons had the opportunity to learn from an expert of that discipline as part of their continuing professional development.

Good

Outpatients and diagnostic imaging

Safe	Good
Effective	
Caring	Good
Responsive	Good
Well-led	Good

Are outpatients and diagnostic imaging services safe?

Good

Incidents

Please see the Surgery section for full details.

- There was Optegra policy in place for incidents and near misses. Managers discussed these at governance meetings to review continuous improvement and learnings shared with staff.
- There were no never events or serious incidents in the last twelve months. A never event is defined as: 'a serious, largely preventable patient safety incident that should not occur if the available preventative measures have been implemented by healthcare providers'
- There had been no duty of candour incidents in relation to the outpatient department.

Cleanliness, infection control and hygiene

Please see the Surgery section for full details.

- The service ensured that standards of cleanliness in the outpatient department were in line with Royal College of Physicians professional standards and guidance. Cleaning checklists of all outpatient areas were completed by staff and up to date. This meant that infection control was effective. In the previous year, there had been no incidences of healthcare-associated infection.
- Managers identified through an audit in august 2017, 50% compliance with diagnostic staff washing hands before and after every new patient contact. The action plan was to deliver a hand hygiene session to diagnostic staff by November 2017.

Environment and equipment

Please see the Surgery section for full details.

- We found that the outpatient department areas were well maintained, free from clutter and provided a suitable environment for dealing with patients
- In the patients' waiting area, we saw a health and safety poster showing details and a contact number for the health and safety representative.

Medicines

Please see the Surgery section for full details.

- Medicines were securely stored in locked cupboards. Lockable fridges were in place, with daily temperature checks. This meant the outpatients department followed the appropriate guidance on the safe handling and storage of medication.

Records

Please see the Surgery section for full details.

- Staff kept outpatient patient care records within the department. This meant they were easily accessible. Paper records used in the outpatient department were stored securely. Electronic records were only accessible to authorised people. Computers used by hospital staff were password protected.

Good

Outpatients and diagnostic imaging

- The reception staff managed the transfer of records in and out of the outpatient clinics. There was a tracking system in place to ensure staff could locate individual records.

Safeguarding

Please see the Surgery section for full details.

- Outpatient staff did not raise or escalate any safeguarding concerns in the previous 12 months.

Mandatory training

Please see the Surgery section for full details.

Nursing staffing

Please see the Surgery section for full details.

- Most staff worked across outpatients and surgery when needed. The hospital used regular bank nursing and optometrist staff to cover shifts in outpatients.
- Staff planned all appointments. There was no acuity tool to determine staffing levels, however advance planning meant managers could co-ordinate and plan suitable staffing levels to meet the needs of the service.
- The clinical services and patient liaison manager managed the outpatient department. Reception staff met and directed patients to their appointment. Arrangements were in place to ensure enough staff with the right skill mix were on duty to meet patients' needs.
- Records submitted before the inspection did not divide the staffing levels into surgery and outpatients.

Medical staffing

Please see the surgery section for full details:

- Consultants covered their own outpatient clinics on a sessional arrangement.

Emergency awareness and training

Please see the surgery section for full details:

Are outpatients and diagnostic imaging services effective?

We do not currently rate the effectiveness of outpatient's services.

Evidence-based care and treatment

For our detailed findings on evidence based care and treatment for this core service, please see the effective section in the surgery report.

- The hospital did not participate in any national clinical audits relevant to the outpatient department.

Pain relief

See information under this sub-heading in the Surgery section

Nutrition and hydration

See information under this sub-heading in the Surgery section

- The outpatient department provided refreshments and biscuits in the reception for patients and their relatives.

Patient outcomes

See information under this sub-heading in the Surgery section

- Patient outcomes for non-surgical conditions such as glaucoma were and reported directly to the NHS.
- Optegra Birmingham benchmarked its outpatient department outcomes against the other Optegra hospitals.

Competent staff

See information under this sub-heading in the Surgery section

Multidisciplinary working

See information under this sub-heading in the Surgery section

Access to information

See information under this sub-heading in the Surgery section

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

See information under this sub-heading in the Surgery section

Good

Outpatients and diagnostic imaging

Are outpatients and diagnostic imaging services caring?

Good

We rated caring as **good.**

Compassionate care

- Patients and relatives told us staff were helpful kind and understanding and their privacy and dignity were always respected.
- We observed familiarity of staff with regular patients as warm and welcoming

Understanding and involvement of patients and those close to them

See information under this sub-heading in the Surgery section

Emotional support

See information under this sub-heading in the Surgery section

Are outpatients and diagnostic imaging services responsive?

Good

We rated responsive as **good.**

Service planning and delivery to meet the needs of local people

See information under this sub-heading in the Surgery section

- The service used the appointment systems to plan clinic sessions to identify number of patients who would be attending each day. They used this information to decrease or increase the number of clinical appointments required to meet the needs of patients and to maintain flexibility of staff.
- Staff planned services to meet the needs of patients. Patients had a choice of consultant ensuring continuity of care. Appointments were flexible and staff booked assessments on the same day to reduce travel for patients.

Access and flow

See information under this sub-heading in the Surgery section

- Patients were able to arrange outpatient appointments via a range of means. Self-paying and insured patients were able to self-refer without a GP or optician's referral.
- Managers told us the main themes of complaints were waiting time. The service did not formally monitor waiting times.

Meeting people's individual needs

See information under this sub-heading in the Surgery section

- There was assistance for patients who required additional support to communicate such as a loop system to assist in hearing and translation service for patients who would benefit from these services.
- The hospital provided disabled car parking spaces directly outside the hospital.
- The department was on the ground floor and easily accessible for patients.
- Relatives were encouraged to stay with patients at all times, if required.
- The environment had adjustments to make it dementia friendly. For example, floors were in a colour that contrasted with walls and furniture and all floors were matt and of a consistent appearance. However, managers had identified in their environment audit that they could make further adjustments such as disguising door to exits and restricted areas and providing large faced clocks and calendars in patient areas.
- Leaflets with details on the Royal National institute for Blind (RNIB) were available in outpatient areas.
- The outpatients department had suitable rooms for private consultations. Staff admitted patients into individual rooms so they could discuss their procedure or treatment in private.

Good

Outpatients and diagnostic imaging

Learning from complaints and concerns

See information under this sub-heading in the Surgery section

- The outpatient department displayed leaflet that informed patients of how to complain or offer compliments.

Are outpatients and diagnostic imaging services well-led?

Good

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

Leadership and culture of service

See information under this sub-heading in the Surgery section

- Interim managers were managing this department until the hospital employed a hospital manager.

Vision and strategy for this core service

See information under this sub-heading in the Surgery section

Governance, risk management and quality measurement

See information under this sub-heading in the Surgery section

- The risk register covered risks for the outpatient department.
- There was evidence of governance meetings, both corporately and locally, where managers discussed and reviewed risks and incidents relating to the outpatient department.

Public and staff engagement

See information under this sub-heading in the Surgery section

Innovation, improvement and sustainability

See information under this sub-heading in the Surgery section

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that all never events have a root cause analysis and are reported to CQC. This includes all historical never events.
- The provider must ensure it complies with all legal requirements under the Private Healthcare Information Network (PHIN).

Action the provider SHOULD take to improve

- The provider should ensure that all staff read and sign to say they have read the 'local rules' to assure themselves that risk of radiation is minimised.
- The provider should ensure lasers conform to BS EN 60601-2-22 standards to assure themselves the use of equipment keeps patient safe.
- The provider should ensure that patient leaflets are available in other formats, such as large font or braille, and other languages, and ensure easy to read information leaflets and information is available when required.
- The provider should ensure ophthalmologists, operating department practitioners and health care assistants are up to date with their appraisals and that their professional registrations are checked.
- The provider should ensure that all surgeons hold the required competencies and qualifications to undertake procedures, for example those recommended by the Royal College of Ophthalmology.
- The provider should ensure that interim managers provide adequate time and support to the new registered manager to ensure the positive changes made so far are continued and embedded.