

# CESP (Dorset & New Forest) @ Nuffield Health Bournemouth







## Quality Report

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

## Ratings

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

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

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

# Summary of findings

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

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

# Summary of findings

## Letter from the Chief Inspector of Hospitals

CESP Dorset & New Forest LLP (Consultant Eye Surgeons Partnership) provides ophthalmic surgery, services for children and young people and an outpatient service at Nuffield Bournemouth Hospital. This is provided under a service level agreement with the hospital which will be referred to as the host hospital throughout this report.

The host hospital has 41 beds. Facilities included three operating theatres, two with laminar flow (a system of circulating filtered air to reduce the risk of airborne contamination) X-ray, outpatient and diagnostic facilities. There were 13 consulting rooms and a bright, comfortable reception area where hot and cold drinks were available.

The service provides cataract surgery, intraocular implants for day care adult patients and did not provide laser refractive procedures. There was also an outpatients and diagnostic imaging for children, adults and young people. All surgery was carried out on one or two days a week.

We inspected surgery, outpatients and children and young people services using our comprehensive inspection methodology.

We carried out the announced part of the inspection on 24 August 2017, along with an unannounced visit to the service on 31 August 2017.

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

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

The main services provided by this provider were ophthalmic consultations, diagnosis and treatment/ management of long term ophthalmic conditions. Ophthalmic surgical procedures were undertaken as day cases.

The most commonly performed surgery was cataract extraction and lens implant, laser capsulotomy, excision lesion of eyelid and vitrectomy and membrane peel.

Where our findings on ophthalmic surgery for example, management arrangements also apply to outpatient services, we do not repeat the information but we cross-refer to the surgery core service.

### Services we rate

We rated this service as Good overall.

We found good practice in relation to Surgery:

- As part of their service level agreement, the provider was able to offer care and treatment including diagnostic procedures and laser treatment at the same location.
- Staff followed their internal process for reporting incidents. Any adverse incident was investigated and learning shared.
- Medicines were stored safely and securely.
- Infection control policies and procedures were followed, the theatre, ward and outpatient clinics were clean and well maintained. Staff adhered to the process for decontamination of reusable surgical instruments.
- Equipment including emergency resuscitation equipment was available and checks were carried out to ensure they were fit for purpose.

# Summary of findings

- The service treated mostly day care patients who were provided a 24 hour helpline for advice and support post-surgery.
- Care was consultant led and they were available for advice and to review patients if medical input was required.
- The five steps to safer surgery were followed to keep patients safe when they underwent surgical procedures.
- Patients were treated with care and compassion; their privacy and dignity was maintained when receiving care.
- Patients told us their pain was well managed and they received advice and pain control when they needed them.
- Arrangements were in place for obtaining consent for patients undergoing surgery or other procedures.
- Patients received care and treatment in line with current professional guidelines.
- Care was tailored to patients' individual needs. As care was pre planned; patients did not have long to wait for appointments, treatment and surgery.
- Patients expressed a high degree of satisfaction with the care and treatment they received.
- The provider held regular medical advisory committee meeting to review practices and share lessons learnt from incidents.

We found areas that required improvement in surgery:

- During the inspection, health care assistants administered eye drops to patients. There was no process in place to assess the competency of staff to undertake this role.

We found good practice in relation to outpatient care:

- The service managed staffing effectively and they had enough staff with the appropriate skills, experience and training to keep patients safe and to meet their care needs.
- Policies and procedures were developed for the safe use of lasers in line with MHRA guidance.
- There were designated laser protection supervisors for theatre and outpatient departments. Local rules were followed which included risk assessments before lasers were operated.
- Patients were supported to access information in different formats including videos with subtitles facility and audio formats.
- Clinics and waiting rooms were accessible for people with limited mobility. Patients were provided with a comfortable waiting area where hot and cold beverages were available.

We found areas that required improvement in outpatients.

- During the inspection we found that 37 pre procedure checks and laser records which contained patients' details were not maintained securely.
- Patients' information regarding treatment costs was not consistent as all patients did not receive a breakdown of the costs of treatment.

We found areas of outstanding practice in surgery:

In surgery, staff were committed to make the patient's experience as positive as possible. Staff recognised and responded to the holistic needs of their patients.

Following this inspection, we told the provider of some actions it should take to make other improvements, even though a regulation had not been breached, to help the service improve.

# Summary of findings

Details are at the end of the report.

**Name of signatory**

Amanda Stanford

Deputy Chief Inspector of Hospitals

## Overall summary

# Summary of findings

## Our judgements about each of the main services

### Service

#### Surgery

#### Services for children and young people

#### Outpatients and diagnostic imaging

### Rating

Good



### Summary of each main service

Surgery, and outpatients and diagnostics were activities undertaken at this service. Surgery was the main activity at the service. Where our findings also apply to both activities, we do not repeat the information but cross-refer to the surgery section of the report.

We rated surgery as good overall because it was safe, effective, caring, responsive and well-led

Children and young people's services were a small proportion of this service activity. The main service was surgery. Where arrangements were the same, we have reported findings in the surgery section of the report.

We have not rated services for children and young people as we do not have enough evidence to rate this service.

Good



Surgery and outpatients and diagnostics were activities undertaken at this service. Where our findings also apply to both activities, we do not repeat the information but cross-refer to the surgery section of the report.

We rated outpatients and diagnostic as good overall because it was safe, caring, responsive and well led.

We currently do not rate Effective for Outpatients and diagnostic.

# Summary of findings

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Good 

**Services we looked at:**

Surgery; Services for children and young people; Outpatients and diagnostic imaging.



# Summary of this inspection

## Background to CESP (Dorset & New Forest) @ Nuffield Health Bournemouth

CESP (Dorset & New Forest) @ Nuffield Health Bournemouth is operated by Consultant Eye Surgeons Partnership (CESP) Dorset & New Forest LLP. The service is provided at Nuffield Health Bournemouth which will be referred to as the host hospital in this report. The service

opened in January 2012. The service primarily serves the communities of Bournemouth and the surrounding areas in Dorset. It also accepts patients' referrals from outside this area.

The service has a registered manager, Mr David Etchells who has been in post since January 2012.

## 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 Nicola Wise, Head of Hospital Inspection.

## Why we carried out this inspection

We inspected surgery, outpatients and children and young people services using our comprehensive inspection methodology.

## How we carried out this inspection

We carried out the announced part of the inspection on 24 August 2017, along with an unannounced visit to the service on 31 August 2017.

## Information about CESP (Dorset & New Forest) @ Nuffield Health Bournemouth

Consultant Eye Surgeon Partnerships (CESP) Dorset & New Forest operates at the Nuffield Health Bournemouth Hospital and uses the host hospital facilities for all care and treatment. The service does not provide care to NHS patients.

The service only accepted patients through direct referrals from their GPs. The service operates Monday to Friday between 9am and 8pm.

There were five consultant surgeons who worked under practicing privileges operating at the service. The registered manager did not perform any surgery or outpatients work and their main function was the day to day management of the service.

CESP Dorset & New Forest LLP is registered to provide the following regulated activities:

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

# Summary of this inspection

In the reporting period April 2016 to March 2017, there were 408 inpatient and day case episodes of care recorded at the service; these were all privately funded patients. The most commonly performed surgical procedures included 301 cataract extraction and implant. There were 35 laser capsulotomy, 13 excision lesion of eyelid, 10 laser iridotomy and 7 vitrectomy and membrane peel.

- 11 patients stayed overnight at the hospital during the same reporting period for clinical reasons.
- There were 1,024 outpatient total attendances in the same reporting period; all of these were privately funded.

There are 5 surgeons and 3 anaesthetists, working at the hospital under practising privileges. The resident medical officer (RMO) worked on a weekly rota and was employed by the host hospital. The accountable officer for controlled drugs (CDs) was the pharmacist for the host hospital.

Track record on safety-

In the reporting period between May 2016 and April 2017 the hospital had;

- No Never events
- One Clinical incident with low harm.

- One complaint.

No incidences of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA),

No incidences of hospital acquired Methicillin-sensitive staphylococcus aureus (MSSA)

No incidences of hospital acquired Clostridium difficile (c.diff)

No incidences of hospital acquired E-Coli

## **Services provided at the hospital under service level agreement:**

- Outpatient department and clinics.
- Radiology and imaging
- Catering and laundry services.
- Patients' accommodation
- Clinical and or non-clinical waste removal
- Interpreting services
- Grounds Maintenance
- Laser protection service
- Maintenance of medical equipment
- All nursing, ancillary staff and RMO provision.

## **What people who use the service say**

Patients and their relatives we spoke with were positive about their experience of the service. Patients told us that they were provided with information in order to make an

informed decision about their care and treatment. They were complimentary about the staff and surgeons and said they were treated with care, compassion and staff were respectful of their privacy and dignity.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We rated safe as Good because:

- There were no serious incidents and healthcare associated infections reported in the last 12 months.
- Infection control processes and practices promoted safe care. The environment was clean and personal protective equipment was readily available.
- Equipment including emergency resuscitation equipment was well maintained and checks were completed. .
- Risk assessments were completed prior to lasers being operated and local rules were followed for the safety of patients and staff.
- There were adequate number and skilled staff to provide care and treatment.
- Policies and procedures were in place to ensure people were safeguarded from the risk of abuse.
- The duty of candour was understood by staff and included their responsibilities in evoking this as needed.
- There was a process in place for access to medical input out of hours and a service level agreement with the local trust for emergency transfer of patients as required.
- Records of patients undergoing surgical procedures were detailed and contained risk assessments, pre and post op checks and notes.

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

- There was no competency framework in place to assess staff's competency and for the healthcare staff who were administering eye drops as an 'extended' role.
- Patients' records such as risk assessments in the outpatients department were not stored safely and securely.

Good



### Are services effective?

We rated effective as good because:

- Staff followed professional guidance such as the Royal College of Ophthalmology, surgical pathways including the five steps to safer surgery were completed.
- The process for granting practicing privileges was adhered to and the
- Consent to care and treatment ensured that patients were involved and informed consent gained.

Good



# Summary of this inspection

- Patients were given information about pain relief and this included administration of anaesthetic eye drops prior to surgery or procedures.

## Are services caring?

We rated caring as good because:

- Patients said they were treated with care and compassion and their privacy and dignity were maintained when receiving care and treatment. The patients were fully involved in their care and were supported in the management of long term conditions.
- Patients were overwhelmingly positive about the care they received. We observed staff providing reassurance to patients in a calm manner ensuring they felt well-supported.

Good



## Are services responsive?

We rated responsive as good because:

- There was a robust process for investigations of complaints. Information on how to raise a concern or complaint was available to people using the service.
- Access to care and treatment was well managed, and patients were seen within two to three weeks from referral times.

Good



## Are services well-led?

We rated well-led as good because:

- CESP was proactive in seeking patients' views and their experience of care and treatment they had received in order to improve the service.
- The provider's vision and strategy was to provide care and treatment tailored to patients individual needs.
- The governance process included the medical advisory committee to monitor practices and share learning from incidents.
- CESP and the host hospital had recently developed terms of reference for a joint governance committee. The aim of this committee was to facilitate implementation of governance processes which would include risk management.

However-

- CESP did not have a surgical risk register. CESP process for assessing risks was not fully developed in order to mitigate risks associated with carrying on the regulated activities.

Good








# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Services for children and young people	N/A	N/A	N/A	N/A	N/A	N/A
Outpatients and diagnostic imaging	Good	N/A	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

# Surgery

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

## Information about the service

Consultant Eye Surgeon Partnerships (CESP) Dorset & New Forest operates at the Nuffield Health Bournemouth Hospital and uses the host hospital facilities for all care and treatment. The service does not provide care to NHS patients.

The service only accepted patients through direct referrals from their GPs. The service operates Monday to Friday between 9am and 8pm.

## Summary of findings

Ophthalmic surgical procedures were undertaken as day cases. The most commonly performed surgery was cataract extraction and lens implant, laser capsulotomy, excision lesion of eyelid, vitrectomy and membrane peel.

# Surgery

## Are surgery services safe?

Good 

We rated safe as good.

### Incidents

- Between 01 April 2016 and 30 March 2017, the service reported there was no never event relating to Consultant Eye Surgeons Partnership (CESP). There was one serious incident which was classified as low harm, this related to an adverse reaction to topical eye drops. The service carried out a root cause analysis and the outcome of this was shared among the team.
- Policies and procedures on incidents reporting were available to the staff and they were confident in using their system to report and record these.
- Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- The duty of candour (DoC) 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. Staff we spoke with had a good knowledge of duty of candour and, senior staff were very clear about their responsibilities in relation to DoC. The provider had initiated this process following an adverse event and the patient was kept fully informed.
- Incidents were discussed at the medical advisory committee and learning was shared locally. However, there was no established process for sharing learning with the host hospital.

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

- The provider did not maintain a separate clinical quality dashboard and used the host hospital system. Reports looking at risks and performance were shared with the provider on a quarterly basis.

### Cleanliness, infection control and hygiene

- We found the ward, reception area, clinical rooms, theatre and anaesthetic rooms were visibly clean, tidy and in good decorative order. CESP followed the host hospital systems, policies and procedures for infection prevention and control, which were accessible to staff. These were based on the Department of Health's code of practice on the prevention and control of infections, and included guidance on hand hygiene, use of personal protective equipment such as gloves and aprons, and management of the spillage of body fluids.
- We saw cleaning rotas in the operating theatres which were completed daily and staff were clear about their roles and responsibilities regarding infection prevention and control. Infection control training was part of mandatory training for all staff.
- There were clear processes for the decontamination of reusable medical devices. There was a service level agreement with an external provider for the sterilisation of non-disposable equipment used within intraocular lens implant surgery.
- We noted that sharps management complied with Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Staff followed guidance on sharps management which included no re-sheathing of needles. The sharp bins were clearly labelled and tagged to ensure appropriate disposal and to prevent risk of cross infection.
- There was adequate supply of personal protective equipment (PPE) such as gloves aprons. We observed staff adhered to 'bare below the elbow' policy in clinical areas and used PPE as appropriate.
- Antibacterial hand gel dispensers were available at the entrance to and throughout the main outpatient department and in other clinical areas and the wards. We observed staff using these and also washing their hands in between patients to control the spread of infection.
- Staff followed best practice during surgery which included drapes around the surgical site and the use of sterile gowns and gloves. There was a designated staff member to ensure all swabs, needles and blades used, were accounted for during and after the surgery and records were maintained. This further reduced the risk of surgical site infections and the risk of retained instruments and equipment post-surgery.

# Surgery

- Access to the operating theatre was also restricted. There was a separate clean and dirty utility area in the operating theatre to ensure that the risk of infection transmission was minimised. This was part of infection control process to keep patients safe by reducing the risk of surgical site infections.
- Staff followed their internal theatre dress code and the use of overcoat when they were out of the theatre areas. They used over-jackets that could be worn when moving around the hospital in theatre attire to reduce the spread of infection. The service followed the Royal College guidance on the theatre standards for cleanliness and infection control.
- CESP carried out a quarterly infection control audit which showed staff were fully compliant with infection control practices and hand hygiene audits. The host hospital carried out hand hygiene audits and the outcome was shared with the staff. Action plans were developed to ensure compliance.
- There were systems in place to ensure that equipment used during surgery were calibrated and the surgeon was also responsible to ensure that checks were carried out.
- There was a process for the recording of implants and single use instrument kit where the unique identifying labels were attached to the patients' records for audits and traceability if required. The surgeon and scrub nurse completed a double check to ensure that the correct implant was used. This included size, type and make of implant which was recorded.
- There was a variety of equipment such as wheelchairs and hoists. A random check of equipment in the operating theatre showed that they had been serviced as per guidelines and were in good order. Staff told us they followed their internal process of checking equipment after use and replacing those showing signs of wear and tear.

## Environment and equipment

- The environment was well maintained, bright, secure and welcoming and adequate seating was available in the reception area and clinics.
- CESP had a service level agreement with the host hospital for the provision and maintenance of all surgical and other equipment.
- Resuscitation equipment for adults and children were available in the operating theatre and ward areas. There was also a "difficult airway" trolley with appropriate equipment in use in the operating theatre. Daily checks of resuscitation equipment were carried out and records of these were seen during the inspection. These checks were necessary and provided assurance that the equipment was ready for use and safe.
- The resuscitation trolleys were kept in a secure area and these were tagged and tamper evident. Equipment was available to keep patient safe following anaesthetic and intravenous sedation.
- Staff followed their process to ensure the anaesthetic machines and other equipment in theatre was in working order which was essential to patient's safety.
- The operating theatre was fitted with a laminar flow system (a system of circulating filtered air to reduce the risk of airborne contamination). Staff confirmed this was tested and serviced annually. During the surgery, we noted the laminar flow was not used in order to maintain 15 changes of air per hour in line with the Royal College of Ophthalmologists ophthalmic services guidance on theatres. We discussed this at the time of the inspection and a senior staff told us this should be used as the facility was available. Other reason for not using this was that it was noisy and surgeon's preference. The registered manager for CESP said that this would be looked into.
- Following the inspection, we sought further assurance from the provider. The matron from the host hospital confirmed that staff were adhering to guidance. The laminar flow system was in use for all eyes surgery as standardised practice and this was working well.
- Staff confirmed that surgical equipment sent off suite for decontamination was monitored and could have a turnaround time of 24 hours if needed.

## Medicines

- The service has a service level agreement with the host hospital for the provision of patients' medicines. They also followed their policy and procedures which were readily available to the staff via the electronic system.



# Surgery

- Emergency drugs were available and to hand in case they were needed in the operating theatre and on the tamper proof resuscitation trolleys.
- During the inspection we found all medicines were stored safely and securely and processes were in place including medicines reconciliation to ensure these were safe for use.
- We carried out a random check of some medicines and found these were in date and entries in the control drug register were complete which included two staff's signatures as required.
- Dedicated fridges were available for the storage of medicines on the wards and in the operating theatres. The fridge temperature was monitored remotely to ensure medicines were stored correctly as per recommendations.
- We saw that all drugs which were administered to patients were prescribed and these included eye drops. The medicines administration charts were completed appropriately and included times and dates that eye drops were administered.
- The provider confirmed that they were not using cytotoxic drugs for ophthalmic patients.
- Patients arrived to theatre with their take home medicines prescriptions. This was reviewed in theatre, for example antibiotics were added if needed before these were sent to the pharmacy.
- We observed the pharmacist visited the patients and supplied them with their take home medicines prior to discharge. Patients told us that they had received 'very good' information about their eye drops for example.
- There was an in-house pharmacy service provided for patients between 8am and 5pm Monday to Friday as part of the service level agreement (SLA). There was specific arrangement for access to the pharmacy out of hours. This required two staff members such as a registered nurse and the resident medical officer (RMO) holding separate keys for dispensing any medicines for the patients. This was a safety measure which reduced the risk of single access to the pharmacy.
- Out of hours and take home medicines were stored in a separate trolley and we noted that the pharmacist had labelled all medicines before these were dispensed to the ward. The trolley contained a small selection of medicines such as pain tablets, antibiotics and anti-inflammatory medicines. The RMO was responsible for dispensing all medicines out of hours. The RMO also reviewed the medicines administration charts and post-operative notes before raising a prescription and dispensing medicines.
- We observed healthcare assistants were administering eye drops and they told us they had received some training and were confident to carry the task as they had done this for a number of years. However there was no competency assessment carried out to ensure that staff's practices remained current and in line with guidance and good practices. Matron told us they were in the process of developing competency assessments for all staff as this was an area they had identified as requiring development. Registered nurses were responsible for and administered all other medicines to patients.
- Following our inspection, the matron confirmed that a competency assessment framework had been developed and awaiting ratification. A link nurse was attending an Ophthalmology study day in November 2017 and there was a plan to roll out competency assessments for the staff.

## Records

- Patients' records were largely held in paper formats. GPs and Optometrists letters were stored and available on the provider's electronic patient management system. There was a local protocol relating to records which staff followed. Records in surgery were stored securely and in line with the Data Protection Act 1998. This minimised the risks of unauthorised access to patients' personal records. CESP was registered with the Information Commissioners Office.
- We reviewed 10 patients' records; we found risk assessments were completed and recorded in the pre-operative assessments records. These included falls and pressure /skin integrity and risks. Where risks had been identified, care plans were developed in order to manage the risks.
- The records contained detailed information of care and treatment including consent, type of lens. The serial numbers of the implants were recorded in patients'

# Surgery

notes. Investigations and test results, care plans and records of care provided were available. Records followed the same formats which allowed for ease of access to all relevant information.

- The surgical register in the operating theatre was completed. This recorded procedures which were undertaken, names of surgeon and scrub nurse, the time each patient entered and left theatre, the patient's name and identifier. Other information included implants and swab counts.
- Staff in the administrative office effectively managed patients' records to ensure they were available on site for clinics and day care admissions. Staff confirmed that records were always available and could not recall any instance where this had been an issue.
- The latest medical record audit carried out in December 2016 showed that the 25 records audited achieved 100% for correspondence, diagnostic, operation notes, date and patient ID. There was one patient's consent missing.
- The provider told us they had an internal process which staff followed for removal of records. This occurred on the rare occasions when patient required investigation or treatment which was only available at the local trust. These notes were returned following treatment.
- There was an integration of the surgical notes made by consultants working under practicing privileges. There was a process in place which staff followed and ensured that discharge letters were sent to patients' GPs following care and treatment at the service.

## Safeguarding

- In the reporting period March 2016- April 2017, there were no safeguarding concerns relating to this service reported to the Care Quality Commission (CQC).
- The provider told us they followed the host hospital's safeguarding policies and procedures and any concerns would be dealt by matron who was the safeguarding lead at the hospital. Safeguarding training was part of service level agreement (SLA) and staff undertook regular training and updates.
- We saw evidence that the five consultants working under SLA had completed adult and paediatric safeguarding training at level 3. Only one consultant treated children and they had level 4 training.

- Staff had clear understanding about what constituted abuse and the action they would take to report and record any allegations of abuse. Staff had completed level 2 and 3 training in safeguarding. The host hospital had a safeguarding lead who provided advice and support as needed to the staff.

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

- Mandatory training completion formed part of SLA with the host hospital. The training included health and safety, safeguarding adults and children levels two and three, infection control, medicines, manual handling, basic life support, fire safety. Staff also completed additional training. Staff also completed additional training specific to their role.
- There was a process for gaining assurance which was followed for staff who were working under practicing privileges. The registered manager was responsible for monitoring compliance with training. Four of the records seen showed that staff had completed this training at their NHS trust and records of these were maintained.

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

- The service had clear admission criteria that the staff followed. All patients were referred for treatment by their GPs. Patients were assessed and triaged ensuring that they met the day care criteria. Pre- operative assessment was an essential component of this process, information was shared with patients and diagnostic investigations were undertaken prior to any decision on whether surgery would be offered. This took account high risks patients such as those with higher BMI and other co morbidities (additional disease or disorders co-occurring).
- World Health Organisation (WHO) guidelines (5 steps to safer surgery) the surgical safety checklist is guidance to promote safety of patients undergoing surgery. This sets out what should be done during every surgical procedure to reduce the risk of errors. The checklist must be read out loud, and must include all sections of the checklist including the 'sign in' before anaesthesia is commenced, the 'time out' before starting surgery, and the 'sign out' before any member of the team leave the operating theatre.

# Surgery

- The service had developed an adapted version of the WHO checklist for cataract surgery. This included guidance in line with National Patient Safety Advisory Committee (NPSA) surgical safety checklist for cataract surgery. We found that all staff adhered to and followed the five steps to safer surgery checklist and also checked any known allergy and recorded this in the patients' notes. Staff were fully engaged in the process and patients were also involved as appropriate.
- We observed that prior to surgery the surgeon had marked the site for surgery such as right or left eye as appropriate. This was checked as part of the five steps to safer surgery checklist and the patient was involved as able.
- At the end of the surgical procedure, two staff read out loud swabs and instrument counts against the white board record which was completed at the start of surgery to ensure that these were all accounted for prior to the patient leaving the operating theatre.
- We observed handovers following surgery in the recovery area which was managed safely. Theatre staff ensured information relating to the patients' care post-surgery was communicated clearly. Staff followed their internal process for monitoring patients post -surgery and ensured they were fully recovered before they were transferred to the ward.
- Staff used the Modified Early Warning System (MEWS) for the recognition and management of deteriorating patients which also included a numerical pain score. Staff told us their first line of contact would be the resident medical officer (RMO) and following assessment of the patient, they would escalate to the surgeon or anaesthetist for medical input as required.
- CESP had a service level agreement with the local trust which enabled them to transfer patients out in the event of serious complication arising and which could not be treated at the host hospital.
- Patients received appropriate support on discharge which included out of hours contacts. The surgeon was available to offer advice and treatment if required.
- The registered manager for the service sought assurance about staffing from the host hospital which included meeting with matron and feedback from surgeons using the service.
- The service did not provide emergency care and all surgery was planned and staff were allocated accordingly. There were designated staff in the operating theatre and in the recovery area and staff told us this worked very well.
- We received positive feedback from consultants who said there were adequate and skilled staff in order to provide safe care. Patients were highly complimentary and told us there were enough staff who were available and they did not have to wait when they needed assistance.
- We observed patients received 1:1 support in the anaesthetic room and in the recovery area with additional staff providing support as needed.

## Medical staffing

- The service did not employ any staff; there were five ophthalmic surgeons who worked across surgery and outpatients under practising privileges.
- The medical advisory committee provided medical supervision, and were responsible for reviewing and monitoring clinical practices for the service. The provider followed their process for granting practicing privileges. Appropriate checks were carried out including disclosure and barring service (DBS), General Medical Council (GMC) registration and appropriate Ophthalmology qualifications.
- There were arrangements in place for out of hours cover. The consultant had overall responsibility for the patients under their care. However the majority of patients were treated as day care at this service.
- There was an anaesthetist presence in all cases where patients received intravenous sedation.
- The surgeons were available to provide consultant led care 24 hrs and in cases of emergency they could be in attendance within a short time.
- There was a resident medical officer (RMO) providing 24 hrs cover under (SLA). They would contact the surgeon for advice and support as needed.

## Nursing and support staffing

- Nursing and support staff was provided by the host hospital under a service level agreement (SLA) with CESP.

# Surgery

## Emergency awareness and training

- Fire evacuation tests and evacuation plans were in place at the service. There were regular fire drills and fire alarms were tested weekly and evacuation procedures were in place. Fire training formed part of the service's mandatory staff's training.
- CESP followed the internal emergency policy and procedures of the host hospital.
- The host hospital had an emergency generator in the event of power cuts and regular checks were completed.

## Are surgery services effective?

Good 

We rated effective as **good**.

## Evidence-based care and treatment

- The service provided care and treatment in line with national guidance and best practice such as the Royal College of Ophthalmologists and National Institute for Health and Clinical Excellence (NICE).
- Care pathways included phacoemulsification of cataract, medical retina, glaucoma and vitreo retinal procedures. They also followed (NICE) guidance on pre-operative and post-operative care.
- Consultants followed nationally agreed care management pathways such as the Royal College of Ophthalmologists cataract surgery guidelines.
- Care was provided in line with NICE CG50 recognition of deteriorating patients. This included regular monitoring of patients post operatively and the frequency of monitoring increased if abnormal physiology was detected.
- The service participated in local and national audits and these were used to benchmark performance. The provider took part in the national cataract audit. The national audit result 2017 showed they had been unable to audit the quality of cataract surgery in independent providers. This will be addressed in the next round of data collection.
- CESP undertook a local cataract audit in December 2016 which looked at pre and post op visual acuities.

- The service had policies and procedures and best practice guidance in place and also followed the host hospital policies. These were reviewed and updated in order to reflect current best practice and evidence based guidance.

## Pain relief

- Patients were given information about pain relief and this included administration of anaesthetic eye drops prior to surgery or procedures. Patients' pain was assessed during and after procedures using a pain score numerical tool.
- We observed that nursing staff and the pharmacist provided patients with advice on pain relief when preparing patients for discharge. They were given a 24 hour helpline number and the surgeon and advised if the pain was severe to contact their local accident and emergency department.
- Staff could seek advice and input from surgeons where patients complained of pain after surgery in the recovery area and on the ward.
- We observed staff assessing patient's pain in the recovery area and a patient stated that their pain was monitored and treated appropriately.

## Nutrition and hydration

- Staff used the pre-operative fasting guidelines for adults. These were aligned with the recommendations of the Royal College of Anaesthetists (RCoA). Patients told us they were given clear information about fasting prior to surgery such as those patients who were receiving sedation or anaesthetic
- Patients who were diabetics were identified at the pre-operative assessment stage and a key health questionnaire was completed. For patients who were insulin dependent and required to fast for a procedure, the consultant surgeon and anaesthetist would be informed and management plan devised.
- Patients' dietary needs were assessed and they were offered a variety of hot and cold meals which they said met their needs. Patients were highly complimentary about the meals provided.

## Patient outcomes

# Surgery

- All surgical cataract patients were included in a continuous cataract outcome audit. A number of other continuous audits were in place such as retinal detachment and macular hole surgery. Other outcome audits were regularly carried out such as posterior capsule rupture rates, periocular skin cancers, laser capsulotomy, glaucoma surgery. All audits were compared with any previous local audits and also with other published National and International audit. These were discussed at the MAC meetings and benchmarking.
- The patients were mainly treated as day care and outpatients and 11 patients stayed overnight and some of these were planned. Data we received from the service showed there was no unplanned re admission or unplanned /emergency transfer of patients to other hospitals in the last 12 months.
- There was a sepsis policy in place and staff had completed training in the recognition and management of sepsis as part of their NHS work.

## Competent staff

- The five practicing Ophthalmologists were all employed at the local trust and ophthalmology was their main area of practice. Evidence of staff's appraisal and revalidation was monitored and records showed these were all up to date.
- The Consultants also provided training to nurses and junior Ophthalmologists at the local trust and attended national conferences in order to maintain their skills and knowledge.
- All CESP staff have an annual performance assessment as part of their fitness to practice.

## Multidisciplinary working.

- The provider had a service level agreement with the local NHS trust for transfer of patients whose conditions may deteriorate and requiring acute care and support.
- We observed effective multidisciplinary working between staff of all grades at the hospital. Staff told us they felt valued by all team members and worked cohesively.
- Staff in theatre told us they worked well with the ward teams which impacted positively in the transfer of patients.

## Seven-day services (only if this is provided, if it is a day surgery service please remove this subheading)

- The service operated from Monday to Friday between 9am and 8pm. Patients were treated as day care.
- Following their surgery patients were provided a 24 hour helpline for advice and this included direct access to the surgeon. Following surgery, the consultants gave patients their contact details and patients told us they felt reassured that help was available if needed.

## Access to information

- The service held most patients' records in paper format and some records were available on the provider's electronic notes systems.
- Staff followed their internal process and we saw patients' records were ready for their appointments when they attended the service.
- All designated staff had access to patients' medical records which included assessments, tests results, current medicines, referral letters, consent forms, clinic notes, pre and post -operative records.
- Patients' paper records were assembled on site and were easily accessible and available to the staff as required.
- Staff had access to a range of policies, procedures and guidance which was readily available on the service's electronic system.
- At the point of confirming their first appointment, patients were sent written information of cost of care. All patients were offered a fixed package and costs varied according to the treatment they would receive. However we found that there was a discrepancy in the information that patients received depending on which consultant they would see. We raised this with the registered manager at the time of the inspection and we were shown a generic letter with details of costs that should be sent out. The registered manager was looking into this. Following the inspection, the provider has confirmed that they are aiming to provide all patients with written information of the costs of treatment in 2018.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

# Surgery

- The service had policy and procedures for consent which were aligned to mental capacity act 2005 (MCA) and deprivation of liberty safeguards (DoLS).
- Staff had a clear understanding of the consent to care and best interest process; they told us of action they would take if someone lacked capacity. The capacity to consent was assessed as part of their pre-operative assessment.
- We reviewed ten sets of patients' notes and followed two patient's journeys through to surgery and spoke to four patients. We found that consent was discussed and recorded appropriately which included on the day of their surgery. Patients told us they had discussed their surgery with the doctors, they were given clear verbal and written information. A patient commented 'everything was explained and it was all clear'.
- Patients told us the consultants had discussed the benefits and risks of their surgery and answered their questions prior to them giving consent to proceed with their surgery. This included a cooling off period for patients to consider the options available to them.
- Patients were supported and had access to a translation service from the host hospital for those whose first language was not English.

## Are surgery services caring?

Good 

We rated caring as **good**.

### Compassionate care

- We observed patients were treated with utmost care, compassion, and respect by all staff they had contact with during their visit. There was information regarding the availability of a chaperone to all patients that requested this service. A chaperone is a person who serves as a witness for both patient and medical practitioner as a safeguard for both parties during a medical examination or procedure.
- We spoke with eight patients who were receiving care at the time of the inspection. They were all positive about

the care and treatment they had received. Some of the comments included 'You can't ask for better care.' Another patient said 'the staff and doctors have been marvellous, great care'.

- Patients told us their privacy and dignity was preserved when receiving care and we observed staff took care not to expose patients when transferring from the trolleys and chairs. Patients were encouraged to provide feedback about their care.
- We looked at 36 comment cards and these reflected a high degree of satisfaction from patients. Comments included 'excellent treatment'. Another patient said 'good to be treated like an intelligent being, not a case. 'Keep up the excellent and friendly service'.

### Understanding and involvement of patients and those close to them

- Patients told us that they were fully involved in their care and treatment. They told us the staff had explained the procedure to them and their questions were answered in an unhurried manner. They fully understood and considered the options available.
- Records seen and the patients we spoke with confirmed the provider followed due processes in terms of assessing and consulting the patients about their suitability for proposed surgery. This included pre-operative meeting, visits during admission and post operatively to provide support and information as needed.
- Patients received information including the cost of surgery which was sent to them in writing prior to their appointment.
- We observed that during the surgical procedure the surgeon and anaesthetist involved the patient and explained what they were doing such as 'bright light' from the scope when they were undertaking the surgery, ensuring the patient was comfortable at all times.
- Staff provided patients with written and verbal information about their post-operative care and ensured that they had support at home if needed.
- Patients were given information about the cost of their surgery as the provider offered them a fixed package for the type of surgery.

### Emotional support

# Surgery

- Patients received reassurance and support in a calm and caring way throughout the procedures we observed. Patients told us they felt reassured and staff had supported them when they arrived earlier and felt anxious.
- Patients said they felt reassured following discussion with the staff and were ready for their surgery.
- Patients with long term or deteriorating sight problems were supported and their treatment reviewed and they told us they felt well cared for.

## Are surgery services responsive?

Good 

We rated responsive as **good**.

### Service planning and delivery to meet the needs of local people

- There was a process that staff followed to ensure that care was planned to meet the needs of people using the service. Patients were referred to a particular surgeon of their choice where possible. The patient was seen by the same surgeon, who carried out the surgery or procedure and this was followed up throughout the patient's journey. This ensured patients' continuity of care which a patient told us was 'very good'.
- Patients were offered flexibility in choosing their appointments and procedures were undertaken at a time that suited them. The provider offered their service on certain days of the week and patients were aware of this.
- As part of their service level agreement, the provider was able to offer care and treatment including diagnostic procedures and laser treatment at the same location.
- The provider offered a day care service to patients and all care and treatment was planned. This meant that services were planned around patients' specific needs and these were known to the staff prior to admission and offered flexibility to patients. The provider reported that no procedures were cancelled for non-clinical reasons in the last 12 months.

### Access and flow

- The service had 408 inpatient and day care episodes in the reporting period from April 2016- March 2017.
- The provider offered a day care service to patients and all care and treatment was planned.
- There was no arrangement for unplanned surgery as the service did not undertake emergency care. All patients were pre-booked and had to be referred by their GPs before they were accepted.
- The service did not have an NHS contract as all patients were self-funded or insured.
- The average referral to treatment time was two weeks or sooner and appointments were flexible and the service tried to fit these around patients' needs, choices and availability. All patients were triaged by clinicians at the initial appointments and patients informed early on of their treatment options.
- The waiting times were monitored and the provider told us that extra clinics may be arranged to ensure they meet their target of three weeks or less for new patients.
- There was a process which the staff followed for patients who missed or did not attend their appointments as planned. Staff contacted them by phone and patients were offered alternative dates as appropriate.

### Meeting people's individual needs

- The layout of the service offered patients with level access and designated car parking spaces for people with limited mobility and a passenger lift was available. Disabled toilet facility was available on the ground floor.
- All the bedrooms were single use with an en-suite facility.
- CESP used the host hospital interpreter service for patients whose first language was not English.
- There was a variety of leaflets and patients information available at the service. Staff confirmed that information would be available in other formats such as large prints if requested. Staff told us they were not sure if information was available in other languages. Following the inspection provider had told us that information was available in video formats which included subtitles and in audio formats. Patients were directed to another website and could access this information.

# Surgery

- Friends and relatives were welcome to stay with patients and provide support for people including those with dementia. Staff were able to seek help and support from dementia lead nurse.
- The staff received support from the dementia link nurse from the host hospital.
- The chaplaincy service was available if needed through the host hospital.
- The registered manager had the skills, knowledge, experience to lead the service and the practice manager supported him in his role. The registered manager had recently retired from clinical practice and concentrated his time on the overall operational management of the service.
- Staff told us they had good working relationship with the surgeons and felt a safe and open culture was promoted.

## Learning from complaints and concerns

- The service had a complaint procedure which was available to people using the service. The provider confirmed that they had received one complaint in the reporting period of April 2016 to March 2017.
- The provider had followed their internal process in investigating the patient's concerns. A record of the investigation was available including communication with the patient and involving the patients in reaching a resolution.
- The registered manager was responsible for investigating all complaints. They followed their internal process and also involved the matron from the host hospital and discussed with the consultants as appropriate.
- Staff followed their procedure for escalating any concerns or complaints which could not be resolved to the independent healthcare advisory service or other bodies.
- As part of sharing learning from complaints these were taken to their medical advisory committee for sharing and action plans developed.
- CESP employed their own administrative staff and they felt confident in approaching the provider with any issues. Most of the staff had been long term employees and they said it was a good place to work.
- We received positive feedback about the senior management team and were told they were approachable and visible. The host hospital staff said they were happy working with CESP Management and the surgeons.
- The host hospital staff said they were happy working with CESP management and the surgeons.

## Vision and strategy for this core service

- CESP vision and objective was to provide excellence in eye care management and surgical treatments in the private sector in delivering an easily accessible and responsive service. The aim was to keep the patients fully informed in all aspects of their care including treatment options, potential outcomes, risks and costing.
- Practices were in line with the Royal colleges. The surgeons were aware of the service's vision and had an input in developing the vision for the service.

## Are surgery services well-led?

Good 

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

## Leadership and culture

- CESP had a registered manager who was responsible for the day to day management of the service. The team of five surgeons provided care and treatment under practicing privileges.
- As part of quality measurement, the registered manager held weekly meetings with the practice manager to discuss any matters arising. Any issues were also raised at the quarterly medical advisory committee (MAC) meetings which all surgeons attended.
- CESP did not have a surgical risk register. CESP process for assessing risks was not fully developed in order to



## Surgery

mitigate risks associated with carrying on the regulated activities. The host hospital owned the surgical risk register and this was shared with CESP and included quarterly governance report.

- The provider told us they had informal regular meetings with matron at the host hospital and there were no minutes of these meetings. CESP and the host hospital

had recently developed terms of reference for a joint governance committee. The aim of this committee was to facilitate implementations of governance processes which would include risk management. The committee would meet on a quarterly basis and their functions would include reviewing policies and procedures and practicing privileges.

# Services for children and young people

Safe	
Effective	
Caring	
Responsive	
Well-led	

## Information about the service

Services for children and young people was a small part of the service provided. These patients were mainly seen as outpatients. In the reporting period from April 2016 to March 2017, for CESP there were 2 day cases and 32 outpatients' episodes for children aged 3 to 15 treated at the service. The service also treated young adults aged between 16 and 18.

## Summary of findings

We have not rated the children and young people service. We currently do not have enough evidence due to the small number of children receiving care and treatment at this service. Where our findings on ophthalmic surgery for example, management arrangements also apply to children and young people services, we do not repeat the information but we cross-refer to the Surgery core service.

# Services for children and young people

## Are services for children and young people safe?

We have not rated safe.

### Incidents

- There were processes in place that staff followed to report incidents. Learning from incidents was discussed at the medical advisory committee (MAC) meetings and learning was shared.
- There was no incident reported which related to children and young people services.
- Please see the Safe section of the surgery report for further details about incidents.

### Cleanliness, infection control and hygiene

- Infection control policies and procedures were followed, all the areas we inspected including the theatre, ward and outpatient clinics were clean and well maintained.
- Please see the Safe section of the surgery report for details about infection control and management.

### Environment and equipment

- Arrangements were in place and emergency resuscitation equipment was available for children and young people. These included face masks and airway equipment suitable for children.
- The resuscitation trolleys were kept in a secure area and these were tagged and tamper evident. Equipment was available to keep patients safe following anaesthetic and intravenous sedation.
- There was no designated waiting area for children and young people when they attended clinics. However there was separate facility where children could be accommodated away from adults if needed. The provider confirmed that arrangements were flexible in order to meet the needs of children.

### Medicines

- The pharmacy service was provided under a service level agreement. There was an in house pharmacy at the host hospital. The pharmacist provided advice and support for the management of medicines for children and young people as required.
- For our detailed findings on medicines please see the Safe section in the surgery report.

### Records

- There was a local protocol relating to records which staff followed. All records were stored securely and in line with the Data Protection Act 1998. This minimised the risks of unauthorised access to patients' personal records. CESP was registered with the Information Commissioners Office.
- For our detailed findings on medicines please see the Safe section in the surgery report.

### Safeguarding

- In the reporting period March 2016- April 2017, there were no safeguarding concerns relating to this service or children and young adults reported to the Care Quality Commission (CQC).
- The service had one consultant surgeon who provided care and treatment to children. Records showed they had completed level 4 safeguarding training.
- For our detailed findings on safeguarding, please see the Safe section in the surgery report.

### Mandatory training

- Mandatory training completion formed part of SLA with the host hospital. The training included health and safety, safeguarding adults and children levels two and three, infection control, moving and handling, and basic life support.
- For our detailed findings on mandatory training, please see the Safe section in the surgery report.

### Nursing staffing

- Nursing and support staff was provided by the host hospital under a service level agreement (SLA) with CESP.
- The registered manager for the service sought assurance about staffing from the host hospital which included meeting with matron and feedback from surgeons using the service.
- The service did not provide emergency care and all surgery were planned and staff were allocated to meet the patients' needs.
- There were two full time paediatric nurses who were available and provided care and support to children at all times.

### Medical staffing

# Services for children and young people

- There was a designated consultant surgeon who provided care and treatment to children and young people.
- For our detailed findings on medical staffing please see the Safe section in the Surgery report.

## Emergency awareness and training

- CESP followed the internal emergency policy and procedures of the host hospital.
- For our detailed findings please see the Safe section in the Surgery report.

## Are services for children and young people effective?

We have not rated effective.

## Evidence-based care and treatment

- Care and treatment were provided in line with national guidance with national guidance and best practice such as the Royal Colleges and National Institute for Health and Clinical Excellence (NICE).
- For our detailed findings on evidence based care and treatment please see the Effective section in the surgery report

## Pain relief

- Arrangements were in place to manage children's pain which included advice and support from the anaesthetist and the in house pharmacist.
- For our detailed findings on pain relief, please see the Effective section in the surgery report.

## Nutrition and hydration

- For our detailed findings on nutrition and hydration, please see the Effective section in the surgery report

## Patient outcomes

- For our detailed findings on patients outcomes, please see the Effective section in the surgery report

## Competent staff

- The five practicing surgeons were all employed at the local trust was their main area of practice. Evidence of staff's appraisal and revalidation was monitored and records showed these were all up to date.

- There were two paediatric trained nurses providing care and support to children and young adults when they attended the service.
- For our detailed findings on competent staff, please see the Effective section in the surgery report

## Multidisciplinary working

- There was a service level agreement with eth local NHS trust to enable transfer of patients who may require acute care and support.
- For our detailed findings on multidisciplinary working, please see the Effective section in the surgery report

## Access to information

- For our detailed findings on access to information, please see the Effective section in the surgery report.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Policies, procedures and guidance were available to staff to guide their practice when seeking consent and decision making process. This included the involvement of parents and carers as appropriate.
- The provider told us that children and young people were accompanied by an adult with parental responsibilities and consent for examination and test was obtained.
- For our detailed findings on consent, please see the Effective section in the surgery report

## Are services for children and young people caring?

We have not rated Caring.

## Compassionate care

- Patients were treated with dignity, kindness, compassion, courtesy and respect and we received positive comments from those receiving care.
- We were unable to speak to any children and young people as the service treated a small number of children.
- For our detailed findings on compassionate care, please see the Caring section in the surgery report

## Understanding and involvement of patients and those close to them

# Services for children and young people

- Staff told us they involved parents and carers as appropriate and ensured they had all relevant information to make an informed choice about the care and treatment.
- Older children were supported and a chaperone was available and they were able to talk to the doctors without parental presence if they chose.
- For our detailed findings on understanding and involvement of patients and those close to them, please see the Caring section in the surgery report.

## Emotional support

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

## Are services for children and young people responsive?

We have not rated responsive.

## Service planning and delivery to meet the needs of local people

- The provider offered a day care service to patients and all care and treatment was planned. This meant that services were planned around patients' specific needs and these were known to the staff prior to admission and this offered flexibility to patients.
- For our detailed findings on service planning, please see the Caring section in the surgery report.

## Access and flow

- In the reporting period April 2016- March 2017, the service treated two (2) children as day care patients. There were 35 children and young people attendances as outpatients during the same period. This represented 2% of the total number of patients treated.
- For our detailed findings on access and flow, please see the Caring section in the surgery report.

## Meeting people's individual needs

- For our detailed findings on this section please see the Responsive section in the Surgery and outpatient and diagnostic report.

## Learning from complaints and concerns

- For our detailed findings on this section please see the Responsive section in the Surgery and outpatient and diagnostic report.

## Are services for children and young people well-led?

We have not rated well-led section.

## Leadership and culture of service

- For our detailed findings on this section please see the Well-led section in the Surgery report.

## Vision and strategy for this core service

- For our detailed findings on this section please see the Well-led section in the Surgery report

## Governance, risk management and quality measurement

- Children services were discussed as part of their medical advisory committee (MAC) meetings. This included input from the surgeon who treated children as appropriate.
- For our detailed findings on this section please see the Well-led section in the Surgery report





## Public and staff engagement

- For our detailed findings on this section please see the Well-led section in the Surgery report

## Innovation, improvement and sustainability

- For our detailed findings on this section please see the Well-led section in the Surgery report

# Outpatients and diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Good 
Well-led	Good 

## Information about the service

The main outpatients' services provided by CESP were ophthalmic consultations, diagnosis and treatment/management of long term ophthalmic conditions.

## Summary of findings

There were 1,024 outpatients' attendances during the same period. Of these 439 were first attendance and 585 were follow ups.

Patients had timely access to initial assessment, diagnosis and treatment following referral, as the average waiting time was a week. The service did not offer emergency care and treatment as all care was planned.

# Outpatients and diagnostic imaging

## Are outpatients and diagnostic imaging services safe?

Good 

We rated safe as **good**.

### Incidents

- During the reporting period of April 2016 to March 2017 there were no never events reported in the outpatient department. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers
- Staff were confident on how to raise incidents and there were clear procedures for reporting and recording incidents. There was no serious incident relating to outpatients reported.
- There was a process for learning from incidents and the provider told us this was shared with the host hospital as needed and discussed at their governance meeting for learning.
- Staff were aware and said that they would follow the duty of candour process and gave an example if something went wrong with lasers. 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.

### Cleanliness, infection control and hygiene

- The laser treatment room was clean and well maintained. Cleaning schedules were in place that reflected the standards and guidance from the Royal College of Ophthalmology. We saw that the cleaning checklists were completed appropriately. A variety of PPE was available including hand gels and the laser room was equipped with a sink.
- Staff followed bare below the elbow policy when working in the clinical areas. There were appropriate waste bins which were colour coded for the

management of clinical waste. Staff followed their infection and waste disposal policy and sharps bins were appropriately labelled and were not over-filled to reduce the risks of accidental sharp injuries.

- Please see the Safe section of the surgery report for details about infection control and management.

### Environment and equipment

- The Laser room was a large, clean, clinical space with a clinical trolley. The trolley held the laser room checks book and we saw that the room temperature and humidity checks were carried out and dated, timed and signed accordingly.
- Each time the laser was used the temperature and calibration was recorded.
- Local rules were displayed in the laser room and we saw that staff had signed the register to confirm they had read and understood the Local Rules. Local Rules contain guidance and instructions which are necessary to comply with the legislation, standards and management for the safe use of lasers.
- The Laser Protection Advisor had completed a detailed risk assessment of the laser controlled area in 2017. This was reviewed every three years or when any changes to equipment or the environment occurred. Recommendations following the assessment had been completed.
- Local Rules for laser protection were in place including policies and procedures. Staff were knowledgeable about the safety precautions contained within the local rules. There was a stand-alone policy for optical radiation safety available to staff on the intranet. The laser protection supervisor was generally available during treatment days. Another staff member also deputised for them when they were not available.
- A random check of equipment in outpatients and the laser room showed that these had been regularly serviced and calibration checks were recorded and up to date.
- There were adequate seating facilities in the waiting area and level access to the service, a passenger lift was available for people with limited mobility.
- Access to emergency equipment including the resuscitation trolley was available. The resuscitation

# Outpatients and diagnostic imaging

trolley was situated in the corridor close to the laser treatment room. The trolley was tagged and tamper evident and had been regularly checked to ensure it was fit for purpose.

- Appropriate signage and lights were displayed outside the laser treatment room as required. There were no flammable liquids as recommended by the Medicines and Healthcare products Regulatory Agency (MHRA) guidance in the room and window blinds were available and in good condition.
- There were safety goggles available for staff as recommended by MHRA and to promote safe laser usage.

## Medicines

- Policies and procedures for the management of medicines were available and followed. The outpatient department only used eye drops and these were stored safely and securely. All medicines and eye drops were prescribed for individual patient's use.
- There were no controlled drugs in the clinics. All medicines were labelled in the pharmacy prior to these being dispensed to patients. These included clear instructions and frequency for the application of eye drops. Patients' allergy were assessed and recorded to ensure that they received medicines safely.
- For our detailed findings on medicines please see the Safe section in the surgery report.

## Records

- Most of the patients' records were stored securely and electronic records were password protected. Paper records were bound and these were easy to follow. However we found that pre procedure checks records were not stored securely in the laser room. These were all kept on a clip board and at risk of being lost or mislaid. We raised this with the provider during the inspection for action to be taken. Following the inspection, the provider told us that a copy of the pre-laser checks were kept in the patients' records.
- Staff confirmed that patients records including tests' results were available when patients attended the department or for treatment.
- The administrative staff prepared all records in readiness for clinics. A sample of five records we looked

at contained referral letters and records of tests and treatment as appropriate. Letters were sent to the patients GPs following treatment and a copy was retained in their records.

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

## Safeguarding

- There had been no safeguarding reported to the Care Quality Commission regarding this service in the reporting period of April 2016 to March 2017. The registered manager was the safeguarding lead for the service. They told us they worked jointly with the host hospital to deal with any safeguarding concerns and learning was shared.
- There was one consultant who treated children and they had completed the appropriate level 4 training in safeguarding.
- CESP followed the host hospital safeguarding policies and procedures and this was available.
- For our detailed findings on safeguarding please see the Safe section in the Surgery report.

## Mandatory training

- Mandatory training was part of the SLA with the service.
- Staff had completed mandatory training which included infection prevention and control, moving and handling, fire safety, health and safety, safeguarding children and adults, immediate life support, the mental capacity act and deprivation of liberty safeguards (DoLS).
- Staff in outpatients had also completed additional training for their role such as laser safety training. Staff records showed they had also undertaken training on the use of a laser machine which had been recently introduced at the service. Consultants had also completed training on a newly acquired laser equipment prior to this being used and a record of this was available.
- For our detailed findings on training, please see the Safe section in the surgery report.

## Nursing staffing

- There was a designated staff team who worked in outpatients and in the laser treatment room. Staff told



# Outpatients and diagnostic imaging

us they had adequate numbers and skilled staff to meet the needs of people using the service. They had regular bank staff to provide cover for sickness and leave, which also meant continuity in care as they were familiar with the equipment and treatment carried out.

- The host hospital provided staff as part of a service level agreement with the provider. All appointments and clinics were planned in advance; staff told us that staffing was always well managed in outpatients.
- For our detailed findings on staffing, please see the Safe section in the surgery report.

## Medical staffing

- The service did not employ any staff; there were five ophthalmic surgeons who worked across surgery and outpatients under practising privileges. The granting of practising privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or clinic, or in independent private practice.
- Patients were referred to surgeons and were seen at the clinics. They retained the same surgeon for all treatment and follow up which provided patients with continuity of care.
- For our detailed findings on medical staffing please see the Safe section in the surgery report.

## Emergency awareness and training

- The treatment room was fitted with emergency alarms. Senior staff members at the hospital carried pagers which would alert them of any emergency including cardiac arrest.
- For our detailed findings on medicines please see the Safe section in the surgery report.

## Are outpatients and diagnostic imaging services effective?

We have not rated effective as we do not have enough evidence to rate this.

## Evidence-based care and treatment

- The Local Rules have been written in accordance with the Medicines and Healthcare products Regulatory Agency's Guidance on the Safe Use of Lasers, Intense Light Source Systems.
- Staff followed guidelines from the National Institute of Health and Care Excellence (NICE) and guidelines from the Royal College of Ophthalmologists. This included pathway for unwell patients.
- The standard operating procedure for the class 4 laser had been reviewed and updated and this included a date for the next review.
- For our detailed findings on evidence based care and treatment for this core service, please see the Effective section in the Surgery report.

## Pain relief

- The consultants at the outpatients' clinic asked patients if they had experienced any problems with their eyes following surgery, and provided advice regarding on-going eye drops to prevent any discomfort.
- Patients told us they were provided with adequate pain relief and information on pain control on discharge following surgery and their pain was well managed.
- For our detailed findings on pain relief, please see the effective section in the Surgery report.

## Nutrition and hydration

- Patients were not normally provided with meals when attending the outpatients department for treatment. However hot and cold drinks were available in the reception area.

## Patient outcomes

- Patients with long term conditions such as glaucoma were reviewed and monitored at regular intervals.
- CESP was meeting its referral to treatment time and saw new patients within three weeks of referral.
- Patients were telephoned the previous day before their appointments and patients who did not attend their appointments were contacted and new appointments were offered to them.

## Competent staff

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- The consultants operating the laser and nursing staff supporting had evidence of training that they could safely and effectively use the laser.
- The laser protection supervisor was responsible for providing local supervision and ensuring that local rules were observed for laser usage.
- As part of the nursing staff professional development, two staff members were attending an ophthalmic conference in November 2017.

## Multidisciplinary working

- We observed good multidisciplinary working and communication between the team in the clinic during the outpatients' clinic observed. Staff told us they worked across surgery and outpatients and had developed good relationship among the team.

## Access to information

- Paper records for patients were held regarding patients' treatment at the outpatient clinic, and stored in locked cabinets.
- Laser machines operational manuals were available in the treatment theatre that also housed all documentation that related to each piece of equipment. This meant staff were able to immediately refer to them if they needed to.
- For our detailed findings please see the effective section of the Surgery report.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff had a good understanding of the consent to care process and ensured patients consented to their care and treatment. This included the requirements under the Mental Capacity Act 2005 and best interests.
- Patients' records contained details of consent sought prior to laser treatment.
- For our detailed findings on Consent, Mental Capacity Act and Deprivation of Liberty Safeguards please see the effective section in the Surgery report.

## Are outpatients and diagnostic imaging services caring?

We rated caring as **good**.

## Compassionate care

- Consultant and administration staff supporting outpatients were helpful and friendly. Patients were directed to a waiting room, and the consultant or a secretary accompanied them to the consultation room.
- We spoke with two
- Another patient we spoke with said the caring experience had been the same with another eye consultant who had previously cared for them.
- For our detailed findings on Compassionate care please see the Caring section in the Surgery report.

## Understanding and involvement of patients and those close to them

- We observed three outpatient consultations following surgery. The consultant was caring and kind in approach, with patients feeling free to ask questions. For example about on-going use of eye drops. Also discussed were any future treatment that may benefit patients either fairly soon, or if it would be better for the patient to wait and see how their eye sight settled.
- The consultant invited people accompanying the patient to sit in the consultations with patients, if patients wanted the support of those accompanying them.
- Secretarial staff following consultations booked on-going appointments and dates for treatments with patients and those accompanying them, to ensure dates and times fitted in with patients' plans and needs. For example, consideration was given such as a patient had to travel to appointments by public transport, due to their eye sight and they no longer felt safe driving.

## Emotional support

- The consultant supported patients to be independent by assessing patients driving vision if appropriate, and their vision for reading. Patients were pleased if following their surgery, glasses were now not needed for

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reading or driving. The consultant also advised if patients should visit the optician to assess whether the prescription for their glasses needed reviewing following surgery.

- Patients were supported and offered advice on care and treatment to improve their vision and quality of life. For example such as surgery on their other eye as this would benefit their vision. The patient was then keen to have the surgery, and requested an overnight stay. This gave the patient with reassurance and confidence in the service.

## Are outpatients and diagnostic imaging services responsive?

Good 

We rated responsive as **good**.

### Service planning and delivery to meet the needs of local people

- Patients had level access to the outpatient clinics at both sites. There was ample parking and designated spaces for people with a disability. There were consulting rooms on the first floor which patients could access via a passenger lift. There was also facility on the ground floor for people with limited mobility and in the event of the passenger lift not working.
- There were hot and cold drinks and comfortable seating in the waiting area.
- The clinics were planned in advance which assisted CESP with planning the service to meet the patients' needs and accommodated their choice of appointments.

### Access and flow

- There were 1,024 outpatients' attendances during the same period. Of these 439 were first attendance and 585 were follow ups.
- Patients had timely access to initial assessment, diagnosis and treatment following referral as the average waiting time was a week. The service did not offer emergency care and treatment as all care was planned.

- The cancellation rate was very low. In the reporting period of April 2016-March 2017, one patient was cancelled due to equipment failure and they were rebooked within two weeks.
- Although the provider did not audit their waiting time, we were told the average wait to receive care was a maximum of two weeks. The provider told us they saw a small number of patients and patients were easily accommodated and extra clinics would be considered as appropriate.
- The clinics ran Monday to Friday between 09:00 and 18:00. We observed that appointments were flexible to meet the patients' individual needs. Patients were also given long appointments and they said they did not feel rushed and were able to discuss their care and treatment effectively.
- We spoke with four patients in the waiting rooms and they said they waited for a very short time when they attended their appointments. Comments included "efficient , caring and friendly service."

### Meeting people's individual needs

- There was a variety of information available to patients which were in bold and large prints.. Leaflets included information about specific conditions like cataract and different types of lenses. The leaflets were in English and there were none in other languages.
- For our detailed findings on Meeting people's individual needs please see the Responsive section in the Surgery report.

### Learning from complaints and concerns

- Policies and procedures were in place to address any concerns raised. The provider had not received any complaints in relation to outpatients' service. Information on how to raise a concern or complaint was available to patients.
- Patients we spoke with said they were highly satisfied with the care and treatment they had received and they had no complaints.
- For our detailed findings on learning from complaints, please see the Responsive section in the Surgery report.

# Outpatients and diagnostic imaging

## Are outpatients and diagnostic imaging services well-led?

Good 

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

### Leadership and culture of service

- There were clear lines of responsibility and accountability within outpatients department. Staff said they felt well supported and told us about their roles and responsibilities for example for the management of lasers.
- For our detailed findings on leadership, please see the well led section in the surgery report.

### Vision and strategy for this core service.

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

### Governance, risk management and quality measurement

- There were clear guidelines regarding the assessment of risks and management of laser equipment. We found laser safety risk assessment was completed by staff trained specifically in laser risk assessment before a laser was used. The local rules were available to staff and they understood their responsibilities in the use of goggles as required and restricted access to the laser room when this was in operation.
- For our detailed findings on governance, please see the well led section in the surgery report.

### Public and staff engagement

- The provider was proactive in seeking patients' views. All patients were provided with a questionnaire following care and treatment.
- For our detailed findings on patients' engagement, please see the well led section in the surgery report.

### Innovation, improvement and sustainability

- The provider was looking at developing the refractive eye service.

# Outstanding practice and areas for improvement

## Outstanding practice

In surgery, staff were committed to make the patient's experience as positive as possible. Staff recognised and responded to the holistic needs of their patients.

## Areas for improvement

### Action the provider SHOULD take to improve

- The provider should ensure that competency assessments are in place for health care staff when they undertook extended roles.
- The governance processes and methods of seeking assurances should be further developed and embedded in practice.
- The risk register should be developed and ensure systems are in place to mitigate risks associated with carrying on the regulated activities as identified.
- The provider should ensure that patients receive clear and consistent information about the cost of treatment at the point of booking their appointment.
- The provider should ensure that all patients' records are stored safely and securely.