iSight Limited

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

Overall summary

iSight Limited is an independent ophthalmic hospital, located in Drayton House in Southport, Lancashire providing treatment and care for all eye conditions. The hospital is able to offer a range of treatments and surgery for conditions such as macular disease, cataracts, corneal disease, glaucoma, medical retina disease, oculoplastic procedures, orthoptics and refractive surgery.

The hospital provides surgery services and outpatients and diagnostic imaging for a number of eye conditions. We inspected these services.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 11 July 2017 along with an unannounced visit to the hospital on 12 July 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.

Summary of findings

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.

Services we rate

We rated this hospital as good overall.

We found good practice in relation to surgical care:

- The service used evidence based practice from the National Institute of Health and Care Excellence and the Royal College of Ophthalmologists. There was participation in a national audit and surgical outcomes were monitored.
- There were infection control processes in place and patients said that the hospital was very clean. There had been no reported hospital acquired infections in the period April 2016 to March 2017.
- The hospital was well staffed and all staff had undertaken mandatory training including appropriate safeguarding training. Agency staff used at the hospital had worked there before and were aware of procedures and processes to keep patients safe.
- The consultants worked well together and provided cover for each other if necessary. They were involved in the complaints process and complaints were regularly discussed and any outcomes were disseminated to staff.
- Access and flow of patients through surgery was excellent with processes in place to minimise the risk to patients. Patient feedback was good and the hospital provided quality care to patients.
- Leadership was strong from senior staff and from consultants with regular meetings to review and disseminate information and patient related issues to staff.

We found good practice in relation to the outpatients and diagnostic service:

- The outpatient department (OPD) processes for referral into the service worked well and the provider was able to allocate appointments in a timely manner due to the efficiency of the systems in place and referral to treatment times were always less than 18 weeks.
- There was training and development for staff and the hospital were developing a service for nurse led clinics for age related macular degeneration disease. Staff were given time off to attend and funding for training. The hospital provided training for community orthoptists which contributed to their continuing professional development.
- There were procedures in place for safety of the use of lasers in the OPD. Fire safety was part of the induction process and risk assessments had been completed to reduce the risk of fire in all parts of the hospital.
- We saw that patients were greeted by name on arrival at the hospital and patients were taken to the waiting areas by the staff. There was a good uptake in patients completing the patient survey and 99.6% of patients said that they would recommend the hospital to friends and family.

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

- Medicines needed to be checked according to the hospital policy.
- There was no process audit for the checking of medicnes.
- There was no training for staff on the Mental Capacity Act.
- Incidents were not always graded appropriately and incidents were not always recorded in a consistent way.
- The application of the duty of candour was not included in the incidents policy.
- Additional audit activity needed to be developed for patient outcomes.
- There was little information provided for patients living with a learning disability.
- Access to the building for patients with mobility difficulties needed to be clearly accessible and appropriately signed.

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

Ellen Armistead

Summary of findings

Deputy Chief Inspector of Hospitals (North Region)

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. We rated this service as good because it was safe, effective, caring, responsive and well-led. The hospital used evidence based practice and participated in an international audit for cataract surgery. There were processes in place to reduce the risk of harm to patients and patient outcomes were good. Staffing was appropriate and there was little use of agency staff. Access and flow of patients through surgery was efficient. Patient safety and patient experience were the focus of the hospital. Staff had all undertaken mandatory training and had completed the appraisal process. There was effective medical and senior team leadership at the hospital.
Outpatients and diagnostic imaging	Good	We rated this service as good because it was safe, effective, caring, responsive and well-led. The hospital had processes in place to keep patients safe when undergoing treatment in the out-patients department. Referral to treatment times were good and the hospital had systems in place to ensure that patients were seen in a timely manner. Training was available for staff and the hospital was developing a nurse-led service for patients with age related macular degeneration. Staff were very caring and patient feedback about the hospital was very positive.

Summary of findings

Contents

Good

iSight Limited

Services we looked at
Surgery; Outpatients and diagnostic imaging

Summary of this inspection

Background to iSight Limited

iSight Limited is an independent ophthalmic hospital, located in Drayton House in Southport, Lancashire providing treatment and care for all eye conditions. In December 1993 Drayton House was acquired by a local ophthalmologist and converted to a specialist eye hospital providing eye care for day patients. The hospital provides services mainly for the Southport and Formby clinical commissioning group (CCG) and also some of the surrounding clinical commissioning groups (CCGs) including West Lancashire.

The hospital is a grade two listed Victorian building which was restored and developed into a hospital with a fully equipped operating theatre and various consulting and diagnostic rooms with appropriate support services.

iSight limited is able to offer a range of treatments and surgery for conditions such as cataracts (a medical condition in which the lens of the eye becomes progressively opaque, resulting in blurred vision), glaucoma (a condition of increased pressure within the eyeball, causing gradual loss of sight), medical retina disease, (treatment of the back of the eye), corneal disease (treatment of the cornea at the front of the eye), macular disease(condition that leads to the gradual loss of central vision), oculoplastic procedures (conditions of the eye lid and tear drainange systems), orthoptics (treatment of the irregularities of the eyes) and refractive surgery (used to improve the refractive state of the eye and decrease or eliminate dependency on glasses or contact lenses).

The regulated activities provided by the hospital include diagnostic and screening procedures and surgical procedures. There is a registered manager who has been in post since July 2016.

We inspected the hospital on 11 July 2017 and we followed this up with an unannounced inspection on 12 July 2017 as part of our national programme using our comprehensive inspection methodology. The hospital has not been inspected by CQC before.

Our inspection team

The team that inspected the service comprised a CQC lead inspector another CQC inspector and an assistant inspector.The inspection team was overseen by Lorraine Bolam, interim Head of Hospital Inspection.

Information about iSight Limited

During the inspection we visited the theatres and the outpatients department (OPD). We spoke with 13 staff including; two registered nurses, two health care assistants, one reception staff, three administration staff, one consultant ophthalmologist, the theatre manager and a senior manager. We also spoke with a locum operating department practitioner and the chief executive officer of the organisation. We also spoke with the medical director who was a consultant ophthalmologist and chair of the medical advisory committee (MAC).

We spoke with 11 patients. We also received two 'tell us about your care' comment cards which patients had completed prior to our inspection. During our inspection, we reviewed 10 sets of patient records.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. The hospital/service has never been inspected.

There were 1,456 day case episodes of care recorded at the hospital in the reporting period (April 2016 to March 2017); of these 92% were NHS funded and 8% were other

Summary of this inspection

funded.There were 230 refractive eye treatments carried out at the hospital in the reporting period (April 2016 to March 2017) including 80 refractive lens surgery, 21 corneal implants and 129 corneal laser treatments.

There were 4,121 OPD appointments in the reporting period (April 2016 to March 2017), of these 87% were NHS patients and 13% were other funded.

The service was mainly for adults over 18 years of age. The hospital provided treatment for five patients less than 18 years of age in the out-patient clinic in the period April 2016 to March 2017. There was no surgery for children and young people. This was a small proportion of hospital activity; therefore we have reported our findings relating to children and young people's services in the outpatients section of this report.

Track record on safety for the period (April 2016 to March 2017).

- No never events
- Clinical incidents no harm, one low harm, one moderate harm, no severe harm, no death
- No serious injuries
- No incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA).
- No incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)
- No incidences of hospital acquired Clostridium difficile (c.diff)
- No incidences of hospital acquired Escherichia-Coli (e-coli)
- Six complaints.

Services accredited by a national body:

- ISO 9001/1400 – quality management and environment.

Services provided at the hospital under service level agreement:

- Inpatient and emergency services if required.
- Pathology services
- Pharmacy services
- Decontamination services if required.

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:

- The hospital had no health care associated infections and policies and processes were in place for infection control. Patients reported that the hospital was very clean and staff had training in the decontamination and sterilisation of surgical instruments.
- Nurse and theatre staffing was appropriate for the needs of the service and sickness levels were low. When agency staff were used, the same staff provided services giving continuity to the service.
- All staff had completed mandatory training including safeguarding training to an appropriate level for their role.
- There were processes in place to reduce the risk to patients undergoing surgery at the hospital and there were arrangements with an NHS provider in case of a patient requiring emergency treatment. Systems were in place to support patients following surgery.

However

- We found that a number of eye drops that were out of date.
- Incidents needed to be graded appropriately and that all incidents are recorded in a consistent way.
- The duty of candour needs to be included in the incidents policy

Are services effective?

Good

We rated effective as good because

- The hospital used guidance from the National Institute of Health and Care Excellence and the Royal College of Ophthalmologists. We saw that standard operating procedures changed to reflect the implementation of new guidance.
- The hospital participated in international audit and could benchmark itself against other hospitals. Any adverse clinical incidents following surgery were reviewed and appropriate actions taken.
- The process for granting practising privileges was robust, consultants working at the hospital had completed their appraisals and there was evidence of continuous professional development.

Summary of this inspection

- There was training for staff and the hospital provided continuous professional development for community orthoptists.
- The consultants used a two stage consent process and appropriate forms for those patients who did not have capacity

However

- Staff at the hospital had not received training in the Mental Capacity Act (2005).

The hospital need to undertake more auditing of their surgical outcomes.

Are services caring?

Good

We rated caring as good because:

- Patients said they were treated with privacy and dignity at all stages of their treatment.
- Staff knew patients names when they arrived at the hospital reception and greeted them appropriately.
- Patients who were undergoing an outpatient treatment requiring regular treatment were in cohorts which had formed social groups outside the hospital environment. The hospital facilitated this by keeping the cohorts together.
- Staff reassured patients throughout their treatments at the hospital and feedback from patients was very positive.

Are services responsive?

Good

We rated responsive as good because:

- Access to all services was well managed and waiting times for treatment were kept as low as possible.
- The flow through surgery for cataract patients was streamlined allowing procedures to be carried out in an ordered way maximising available resources.
- The complaints system was good and the hospital had received six complaints in the period (April 2016 to March 2017). There were separate processes for NHS and fee paying patients.
- Consultants saw patients who complained about their treatment, this was part of the medical advisory committee (MAC) policy.

However

- There was little support for patients who were living with a learning disability with easy read information.

Are services well-led?

Good

We rated well-led as good because:

Summary of this inspection

- The hospital had a vision and a business strategy to develop both NHS and patient funded services.
- The culture of the hospital was honest and open and staff said that they liked working there. There was a team ethos that focused on quality patient centred services.
- The hospital had received external accreditation for a quality management system. Processes were in place to monitor risk at the hospital; complaints and incidents were reviewed and monitored by the medical advisory committee (MAC) and the senior management team.

Staff and patient engagement was good and staff had been involved in raising money for a local charity that supported people with sight issues. Many staff had worked at the hospital for a long time and staff we spoke with said that they liked working there.

Good

Surgery

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

Are surgery services safe?

Good

The main service provided by this hospital was surgery. Where our findings on surgery for example, management arrangements, also apply to other services, we do not repeat the information but cross-refer to the surgery section.

We rated safe as **good.**

Incidents

- There was an incident reporting policy at the hospital that outlined the procedure for the reporting of incidents. The incident reporting system was a paper based system. All incidents were investigated by the departmental manager and were discussed at senior team meetings, this information was then shared at staff meetings. The chief operating officer was responsible for the investigation and reporting of any serious incident. Learning from incidents was shared through staff meetings and by email.
- There had been no incidents reported in surgery, in the reporting period April 2016 to March 2017. However any deviation from the patient clinical pathway was monitored and discussed at senior team meetings and at the medical advisory committee (MAC). The hospital called these incidents "adverse events". There were nine adverse events in the period January 2016 to November 2016, out of a total of 631 catract procedures. These adverse events included incidences of posterior tears, inflammation of the eye following surgery, toxic anterior segment syndrome (TASS) and post-operative infections. All of the adverse events were discussed by the MAC and the senior team to look at possible causes and any actions arising from the analysis of the adverse events. This analysis also allowed the identification of any trends in the causation of the adverse event.
- There was an open culture at the hospital and we spoke with five staff who were aware of the incident policy and knew how to report incidents.
- There were no never events reported at the hospital in the period April 2016 to March 2017. Never events are serious incidents that are entirely preventable. There is guidance and safety recommendations providing strong systemic protective barriers, which are available at a national level and should have been implemented by all healthcare providers.
- There were a low number of incidents reported under the incident reporting system. Events that could be classed as an incident were also being captured, for example via the complaints system and as adverse events, and not necessarily reported as incidents under the provider's incident reporting system. However we saw evidence that staff were recording and acting upon issues that arose during daily activity. The minutes of meetings showed that the MAC and the senior team had oversight of all adverse events, complaints and incidents.
- Although the duty of candour was not specifically identified in the incident policy we saw that the hospital had apologised to a patient following an incident in the clinic. Staff said that they would always apologise to patients if something went wrong during their treatment at the clinic. There were no reported incidents that met the criteria for the 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.

Cleanliness, infection control and hygiene

- There had been no incidents of hospital acquired infections at the hospital and 98.8% of patients had rated the hospital as very clean in the period April 2016 to March 2017.
- Analysis of the adverse events included any post operative infection to identify trends or measures that needed to be put in place to prevent recurrence.
- There was a hospital policy for infection control, this included sections on hand hygiene including surgical hand preparation, personal protective equipment, waste management including sharps, the safe care of linen and management of care equipment. The policy included flowchart information on how to hand rub using gel and how to handwash.
- The hospital told us that it was compliant with the guidance from the Department of Health on air changes per hour in the operating theatre. We also saw evidence of the programme of microbiological air sampling which was carried out in the reporting period April 2016 to March 2017. The testing was carried out by an external contractor and in the four locations where samples were taken the category risk was deemed to be low. We also saw evidence that the air conditioning in theatre had been serviced in the period April 2016 to March 2017.
- Mandatory training included infection control training.
- The hospital used World Health Organisation (WHO) guidelines on hand hygiene for surgical scrub. During the inspection we observed that two members of staff followed the guidelines for the surgical scrub before each procedure in theatre.
- There were daily cleaning schedules for all theatre areas and we saw that these had been completed. All areas were visibly clean and tidy and maintained to a high standard. The hospital policy included information about management of care equipment.
- The staff observed the bare below the elbow policy and we saw that uniforms were clean and that scrubs were provided to theatre staff.
- The hospital undertook their own cleaning and decontamination of surgical instruments and devices. There was a clean room and a dirty room adjacent to the theatre. Dirty instruments were removed from theatre to the dirty room for cleaning and decontamination. Instruments were washed before being placed into the industrial washer. The hand pieces from the machine used to treat cataracts were flushed with water before being placed into the industrial washer. The industrial washer had different settings for different instruments. Following cleaning, instruments were then sterilised in an autoclave.
- There were two autoclaves at the hospital and there was also a backup plan with the nearby NHS hospital trust that would clean and decontaminate instruments if both autoclaves failed. There was traceability of the instruments through the decontamination process so that links to patients and clinical staff were identifiable. Instruments could be deep cleaned if there was any risk of infection.
- These processes were in line with guidance from the Royal College of Ophthalmologists on the decontamination of surgical instruments.
- The hospital had made the decision to clean and decontaminate their own instruments as some of the instruments were delicate and there was a risk of damage if they were sent to a central sterilisation unit.
- Following sterilisation, instruments were packed and stored ready for use on shelves in a room adjacent to theatre.
- Staff involved in the decontamination processes had received appropriate training.
- Patients were asked about any previous hospital acquired infection or contact with an indicidual in their initial out-patient assessment. If there had been contact in the previous six months patients were then referred to the local hospital trust of their GP for screening.

Environment and equipment

- Resuscitation equipment was kept in a grab bag just outside the theatre doors when the theatre was in use. We checked the contents of the grab bag, everything was in date and the bag was sealed. The bag was checked before each theatre session.
- The hospital had invested in state of the art equipment in theatre so that they could attract good surgeons to work in the hospital and to give the best quality of care for patients. There was a spare machine for cataract surgery in the event of a machine failure.
- We saw that the hospital checked the temperature and the humidty in theatres

- We saw that equipment was serviced regularly and according to the manufacturer's specifications.
- There were 16 sets of surgical instruments and every pack contained the same instruments that would be required for any procedure undertaken by the hospital. The hospital usually did about 10 procedures in a theatre session and so there were spare sets available if necessary.
- There was appropriate signage on the doors for laser equipment and oxygen storage. There were lights to indicate that lasers were in use.
- The laser used in theatre for refractive eye procedures did not require staff to wear safety goggles.
- Local rules were in place for the safe use of lasers in the hospital. There was an external company who provided laser protection advisory services and a laser safety officer in the hospital.
- The hospital computer server had been upgraded at the end of 2016.

Medicines

- There was a medicines policy for the hospital which was dated and had a review date.
- There were patient group directions (PGD'S) for a number of medicines in surgery. These were eyedrops. (PGD's allow healthcare professionals to supply and administer specified medicines to pre-defined groups of patients, without a prescription so that patients have safe and speedy access to the medicines they need.) We saw that these had been signed by the medical director and were completed every year.
- Medicines were stored appropriately in a locked cupboard in the pre-operative assessment room. Stock was ordered by the theatre manager and they were responsible for the disposal of out of date medicines.
- Stock was monitored and staff used the stock with the closest expiry date first to reduce any medicines wastage. Eye drops were stored appropriately and fridge temperatures were monitored and recorded. Records showed that medicines had been stored at the correct temperature.
- Oxygen was available in theatre areas and the provider had a contract for the disposal and replenishment of the oxygen cylinders. Oxygen cylinders were secured to the wall and checklists were attached to them. Staff informed us that these were checked monthly and the policy for ordering, storage and use of oxygen cylinders stated that they should be checked regularly and replaced. However we found the checklist in the clinical area was last checked in February 2017 and prior to this September 2015. We raised this with a member of staff during the inspection.
- Following the inspection the hospital changed their policy and this now included oxygen cylinder checks in the check lists for the the resuscitation equipment for theatre. We have seen evidence that the cylinders are now checked before each theatre session and the batch number and the expiry dates of cylinders recorded.
- There were no controlled drugs in theatres or in the hospital.

Records

- We looked at 10 sets of patient records during the inspection, these were paper based records and consultants were not allowed to remove records from hospital premises. Records were legible and up to date.
- We observed that surgeons completed their notes in the patient's record following each procedure.This was observed for three procedures in theatre. Following surgery each procedure was noted in the register of operations. The traceability stickers for each set of surgical instruments was inserted into the book next to the appropriate procedure. Information about the lenses used in surgery was also recorded in the patient record.
- There had been a records audit in April 2017 with outcomes and actions recorded and disseminated to staff. This was an annual audit and seven records had been checked.

Safeguarding

- Staff had access to the safeguarding policy for vulnerable adults and children and were given a copy of this to read when they commenced employment. Staff received annual training on safeguarding.
- Training in safeguarding in both adults and children was incorporated in the mandatory training schedule for all staff. The training figures provided on inspection showed that all staff were compliant with this training. All staff completed appropriate safeguarding training dependent on their role. Clinical staff were trained to level two for safeguarding for vulnerable adults and children and young people.

- In the safeguarding policy there was a section for domestic abuse that described signs to be aware of and the effects of domestic abuse on individuals. The policy directed staff on how to raise a concern if they suspected domestic abuse.

Mandatory training

- Mandatory training included basic life support (BLS), complaints handling, conflict resolution, equality and diversity, fire safety, moving and handling, safeguarding of children and young people and adults, food safety level one, health and safety, infection prevention and information governance. One member of staff had Advanced Paediatric Life Support qualifications This training was completed annually and was a mixture of e-learning and face to face learning.
- All staff were compliant with their appropriate mandatory training requirements. Staff told us that they were given time to complete their on line mandatory training. Staff reported that if they complete any on-line mandatory training that the time was given back to them to take as time off in lieu.
- The agency staff who were working during the inspection had completed their mandatory training with the agency. They said that the agency regularly reviewed all mandatory training ensuring that their staff were up to date.

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

- The hospital used admission criteria and patients' suitability for cataract surgery was assessed at their outpatient appointment. The hospital used the guidelines from the Royal College of Surgeons to assess patients' suitability for treatment.
- The consultant discussed the risks and complications with patients at their initial consultation and patients were given information in the form of booklets provided by the Royal College of Ophthalmologists these included Laser Vision Correction, Refractive Lens Exchange and Phakic Intraocular Lens Implantation.
- There were risk assessments and protocols for patients who were at risk from surgical procedures. These included patients on anti-platelet therapy,(medicines for patients with a heart condition that increases the risk of blood clots), anticoagulant therapy (medicines that reduces the body's ability to form clots in the blood) and those at risk of venous thromboembolism(formation of blood clots in the vein).There was also guidance on treating patients with hypertension and raised blood sugars. These were completed at the patient's outpatient appointment.
- There was a huddle before each surgical session of all the staff involved in surgery. We observed a huddle, the running order of the surgical list was discussed, any anaesthesia issues, the need for any special equipment and any patient allergies.
- The five steps to safer surgery, World Health Organisation (WHO), checklist was completed by staff at appropriate stages of the surgical process. This is used by clinical teams to improve the safety of surgery by reducing deaths and complications. Checks included patient details, allergies, medicines prescribed to the patient, the eye to be treated and that the correct eye was marked according to the patient record.
- On arrival in the theatre suite patients had their pupils dilated ready for surgery and the eye for treatment was marked. The nurse checked the patient's consent.
- Patients were then taken to the anaesthetic room for the administration of local anaesthesia and the eye was prepared for surgery. All patient details, allergies and surgical site were checked by the consultant. Following the administration of local anaesthesia patients were taken into theatre.
- Theatre staff checked all patient details as the patient was made ready for surgery.
- There was a white board in theatre that was updated for every patient. Information on the whiteboard included the consultant performing the surgery, the surgical team, the name and date of birth of the patient, the eye which was being treated, the procedure, anaesthetic details, lens details and any patient allergies. Allergies were recorded in red. Patients with allergies wore a red wrist band to indicate that they had an allergy.
- The hospital had a service level agreement with a nearby NHS hospital trust in case of any medical emergency. If there was an operating list or an invasive procedure there was always somebody on site who was trained in advanced life support skills.
- Patients in theatre had their vital signs monitored during surgery.
- There was an electrocardiogram machine available to monitor patients if necessary and an automated

external defibrillator for use in clinical emergencies. Adrenaline was available in the theatre in case of an anaphylactic reaction, this was checked and was in date.

- Following surgery patients were taken to a recovery area to rest before being allowed home. If staff did not think a patient was fit to return home, the service level agreement with the local NHS trust allowed for the transfer of patients to the hospital until they could be discharged home.
- Patients were given written and verbal instructions about the administration of eye drops before they were discharged from the hospital. If patients or carers could not administer eye drops the hospital worked with the GP to arrange support from the community nurses. Patients were also given the emergency contact numbers for the hospital. In the patient survey April 2016 to March 2017, 98.7% said that they were told who to contact if they were worried about their condition or treatment.
- There were four nurses who had the on call phone and they covered one week in every four.
- All patients were given a follow up call following surgery including weekends.

Nursing and support staffing

- There was a theatre manager and three theatre staff including operating department practitioners, nurses and health care assistants. There was low staff turnover at the hospital and there were no vacancies at the time of the inspection.
- The hospital used some agency staff, this was usually to cover any holidays and sickness. The staff were from the same agencies and had worked at the hospital before and so they had completed their inductions. Agency staff were generally used in the anaesthetic phase of the treatment giving continuity in theatre from hospital staff.
- There had been no sickness amongst theatre staff for the reporting period April 2016 to March 2017.
- The hospital used clinical optometrists and orthoptists to support service delivery.

Medical staffing

- There were eight doctors who had practising privileges at the hospital; this included the medical director.
- Following surgery patients were given an emergency contact number for out of hours at the clinic. If the patients telephoned the number this would be answered by a qualified nurse from the clinic who could give advice. One of the consultants would act as second on call and could be contacted by the nurse if necessary.
- The Professional Standards for Refractive surgery 2017 state that refractive surgeons should either hold the Certificate in Laser and Refractive Surgery (CertLRS) or be on the General Medical Specialist Register in Ophthalmology, and hold evidence in their last revalidation cycle of an established refractive surgery practice. All the surgeons at the hospital complied with these standards.

Emergency awareness and training

- There was a contingency plan for major failure including a power cut, a failure of the telephone system and an information technology failure.
- The provider had installed an uninterrupted power supply system (UPS) that activated automatically in theatre if there was a break in the electric supply. The UPS system would supply a continuous supply for the laser machine which was used for refractice eye surgery and all wall sockets within the theatre for 30 minutes giving the surgeon and staff a safe period of time to complete or ensure surgery was completed to a safe point. This was checked every month.
- The induction policy for new staff included information about evacuation procedures and the fire drill and the fire alarm system.
- The local rules for the lasers contained specific information about fire safety when the lasers were in use. Advice had been taken from the local fire officer about appropriate fire extinguishers to deal with any fire. Non reflective instruments were used to reduce the risk of the redirection of the laser beam during treatment.
- The lift could be operated manually in the event of a power failure and staff knew how to do this.
- We saw in the minutes of a meeting that the fire service had inspected the building and made recommendations that had been implemented.
- Emergency exits were well signed and there were fire extinguishers that were appropriate to the type of fire that could occur. These were all in date.

Are surgery services effective?

Good

Surgery

Good

We rated effective as **good.**

Evidence-based care and treatment

- The hospital worked to guidelines from the National Institute of Health and Care Excellence (NICE) and guidelines from the Royal College of Ophthalmologists.
- The medical director told us that when new guidance came out from national bodies the surgeons were made aware of this in their NHS practice. This was then discussed at the medical advisory committee (MAC) and the senior management team meeting.
- It was then the role of the consultants to update the standard operating procedures at the hospital following the new or revised guidance. We saw evidence that a standard operating procedure had been updated with the last review date and a future review date. This was disseminated to staff at staff meetings.
- We saw that the hospital was working to the professional standards for refractive surgery that had come out in April 2017. These were the Professional Standards for Refractive Surgery.

Patient outcomes

- The hospital participated in the Eurequo audit, this is the European registry of quality outcomes for cataract surgery. Patient reported outcomes are linked to clinical data allowing consultants to compare results to those of their colleagues. Surgical results can be audited and can be used to encourage surgeons to make adjustments to their techniques and to improve outcomes. We saw from the audit results for 1 October 2016 to 1 March 2017 that post–operative complications were in the expected range compared to other organisations.
- Surgery outcomes were monitored through the adverse events and the hospital looked for any trends in the events in order to make changes to standard operating procedures.
- There was not a lot of other audit activity in surgery we saw in minutes of meetings that the hospital was looking to begin appropriate auditing of its services and patient outcomes.
- Patient survey results from April 2016 to March 2017 showed 98.7% of patients reported that they were told who to contact if they were worried about their condition or treatment.

Competent staff

- The medical director, who was also the chair of the medical advisory clinic (MAC), had oversight of the surgeons working at the hospital. All of the surgeons working at the clinic also worked in the NHS in a number of local trusts including a local specialist NHS eye trust. The consultant files contained copies of their NHS appraisals showing their competencies and their continuing professional development. These were all up to date.
- There was a practising privileges policy for consultants who wished to work at the hospital. and the ongoing requirements for those who were granted practising privileges.
- Consultants were required to have references from the medical director of their employing NHS trust and from the clinical director of their speciality. Details of continuous professional development were required and practising privileges were reviewed every two years. We were told that a consultant had their practising privileges withdrawn recently.
- If a surgeon wanted to join the team at the hospital then this would need to be agreed with all the consultants and the chief executive of the organisation. The surgeon would need to fit into the team ethos of the hospital and reflect the vision and values of the organisation.
- Any surgeon undertaking refractive eye surgery (not an NHS procedure) needed to show evidence of training, continuing professional development and numbers of procedures undertaken. This was in line with guidance from the Royal College of Ophthalmologists.
- All consultants had a copy of their appraisal from their employing NHS trust in their personal file. We were told by the medical director that one of the consultants had not revalidated their professional registration and would be subject to the requirements of the practising privileges policy.
- The medical director looked at outcome data for each consultant working at the hospital for quality assurance, they also looked at their outcome data from their employing NHS trust.

- All of the nurses were up to date with revalidation and minutes of meetings showed that revalidation had been discussed with the senior team and that support could be given to staff to complete the process.
- All staff in the hospital had an appraisal in the reporting period (April 2016 to March 2017). Staff said that the appraisal process was good and that if they had concerns during the year that they could approach managers at the hospital.
- If there was a shortfall in the numbers of patients on a theatre list the consultants would undertake training for the theatre staff, staff we spoke with said that they enjoyed these sessions and that they were useful.
- The manufacturers of the equipment used in theatre provided updates and training for staff. One of the pieces of equipment in theatre was used less often than some of the others and staff told us that the training was important to keep their skills and competencies updated.
- There was protected time for training, tutorials and presentations in the hospital. Staff had collected relevant journal items, presentations and learning tools and put them into a file for training and reference.
- Staff said that sometimes there was a lack of training available as their role was quite specialised but they could request training and we saw that staff had received training that was appropriate to their role.
- The hospital provided training for community orthoptists and had held three events last year. These were approved by the General Optical Council and the orthoptists got continuing professional development points to contribute to their re-registration with the Health and Care Professions Council. The events were held at a local hotel and refreshments were provided by the hospital. The events were well attended and feedback from the orthoptists was positive.

Multidisciplinary working

- The hospital worked closely with three neighbouring NHS trusts, one of which was a specialist eye hospital and one was a specialist childrens hospital.
- The staff at the hospital, including the consultants, worked as a team. There was an obvious team ethos that included agency staff that focused on patient safety and patient experience.
- The consultants worked well together and although they were employed under practising privileges they supported each other. They would see each other's patients and, if appropriate, cover sickness and absence. Consultants would refer to each other if appropriate for their own specific speciality.
- Staff at the hospital said that they had a good relationship with the community orthoptists and said that they would ring up for advice if they had any problems.
- There was a strong relationship with the local clinical commissioning group with regular meetings and reviews of the key performance indicators.

Access to information

- All policies, protocols, guidelines and standard operating procedures were available electronically in the hospital.
- We saw that there were computers for the use of staff in the hospital.
- The hospital had an N3 connection, N3 is the national broadband network for the NHS and links hospitals and GP surgeries. This supports the choose and book system and allows secure transfer of patient information electronically.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- There was a consent policy for the hospital. Consent was a two stage process and consultants gained consent from patients during their outpatient appointment before treatment. When attending the hospital for surgery we saw that the nurse checked consent with the patient before surgery and then the surgeon checked consent verbally with the patient before taking them into theatre. The verbal consent was noted in the patient record.
- Consultants consented the patients for treatment and were aware of the Mental Capacity Act (2005) though the criteria for surgery would exclude some patients who did not have capacity to consent.
- We checked 10 consent forms in patient records and all were filled in correctly.
- There was a cooling off period for refractive eye surgery of two weeks. Guidance from the Royal College of Ophthalmologists (Professional Standards for Refractive Surgery) states that there must be a cooling off period of one week.

Good

Surgery

- There was no training provided on consent, or the Mental Capacity Act (MCA).When we discussed MCA with staff there was little awareness of how this was relevant to their service.

Are surgery services caring?

Good

We rated caring as **good.**

Compassionate care

- We spoke with 11 patients. We also received two 'tell us about your care' comment cards which patients had completed prior to our inspection. All patients we spoke with were happy about their treatment and their care.
- The hospital collected patient feedback for all cataract post-operative patients. The latest survey results April 2016 to March 2017 showed that 99.6% of patients would recommend the hospital to friends and family.
- Patients were treated with dignity, before, during and after surgery and feedback from patients was 99.1% of patients said that they were given enough privacy when discussing their condition or treatment.
- Staff escorted patients to the waiting rooms before surgery and asked them if they would prefer to take the lift or the stairs.
- We observed the theatre manager introducing herself to the patients and checking on their progress with the pre-operative eye drops.
- We observed that surgeons introduced themselves by name to the patients in the anaesthetic room and engaged in conversation before taking the patients into theatre.

Understanding and involvement of patients and those close to them

- In the patient survey April 2016 to March 2017, 92.8% of patients said that they were definitely involved as much as they wanted to be in the decisions about their care.
- Patient feedback included the comment, "excellent service, all the staff are extremely professional and explain everything that is going to happen to you."
- Family members and carers were encouraged to attend with patients and wait for them while they had their surgery.

Emotional support

- Patients could bring their own music to play in theatre if they wished. This was to relax them during treatment.
- We saw that a patient was very nervous before surgery and staff reassured them all through the surgical pathway, the patient commented that they did not know what they had worried about when the procedure had been completed.
- Staff supported patients during surgery if necessary by holding their hand.
- A patient fed back that, "the staff were very kind and helpful and friendly. I was put at my ease. I would recommend the clinic to anyone, especially those of a nervous disposition."

Are surgery services responsive?

Good

We rated responsive as good.

Service planning and delivery to meet the needs of local people

- The hospital provided consultant led ophthalmology day surgery for patients. There were 1,456 day case episodes of care recorded at the hospital in the reporting period (April 2016 to March 2017) of these 92% were NHS funded and 8% were other funded.
- The hospital undertook cataract procedures three days a week, these sessions lasted for five hours. Once a month there was an ocular plastics list and an additional cataract list and there was refractive eye surgery every month. These times were based on the availability of the individual consultants.
- The hospital had a good relationship with the local clinical commissioning group (CCG) and could put on additional surgical sessions and clinics at short notice.
- The referral criteria for cataract surgery had recently been changed by the CCG. Patients had to wait until their visual acuity had deteriorated to a specified level before they could be referred for surgery. This was a CCG funding issue for NHS patients.

Access and flow

- The referral to treatment times for surgical patients at the hospital was 100% for 10 months in the period April

2016 to March 2017. In the other two months the referral to treatment times were 97% and 98%. These figures showed that patients received treatment in a timely manner. These figures were for NHS patients.

- Patients were referred into the service by community orthoptists and GPs. Following an initial assessment patients were listed for surgery. The service was adept at scheduling patients and in the appointment office information about the next available appointment was visible to the staff. If patients rang they could be given the next available appointment which could be as soon as five days away. Ninety nine point six percent of patients said that the hospital made every effort to offer them a convenient appointment.
- Patients were given staggered times to arrive for surgery and following dilation of their pupils they were taken for anaesthesia and preparation and then into surgery. When a patient was being treated in theatre, another was being prepared for surgery. This allowed the hospital to see 10 patients in a surgical session. Processes and procedures were efficient and there was excellent team working allowing effective access and flow for treatment.
- The provider reported that 40 procedures for a non-clinical reason in the last 12 months had been cancelled and none of these were on the day of surgery, of these 98% (39 patients) were offered another appointment within 28 days of the cancelled appointment. The main reason for cancellation was patient choice or patient illness. Five cancellations were by the hospital.
- NHS referrals were shared by the consultants ensuring timely treatment.
- Other funded cataract patients were offered a choice of lenses that they could have implanted in their eyes and some of these could take up to six weeks to make as they were bespoke for every patient. The hospital made patients aware of this and contacted them as soon as the lens became available.

Meeting people's individual needs

- There was exclusion criteria for the hospital that followed the guidance from the Royal College of Surgeons. These exclusion criteria included patients whose body mass index was greater than 35 and patients with certain types of cognitive impairment.
- Any NHS patient could choose the hospital for treatment in the choose and book system.
- There was a mechanism to apply to the clinical commissioning groups (CCGs) to undertake surgery and other procedures available only to fee paying patients if the hospital thought that it was appropriate for certain patients.
- If patients or their carers were not able to administer eye drops following surgery then the patients' GP arranged for the community nurses to do this.
- The hospital did not have many patients living with a learning disability and had no resources in easy read or picture form. Patients with some cognitive impairment would be excluded from treatment through the exclusion criteria
- Information leaflets were availalble in the hospital but we did not see any other languages other than English. The black and ethnic minority population of the area was very low. The hospital would use a telephone interpreting service if necessary to communicate with patients whose first language was not English.
- There was access to the building for patients who had mobility issues at the back of the hospital.
- Following surgery patients were offered refreshments while they waited for family or carers to collect them.

Learning from complaints and concerns

- The service received six formal complaints in the reporting period April 2016 to March 2017. No complaints had been raised with CQC and no complaints had been referred to the Parliamentary and Health Service Ombudsman.
- There was a complaints policy with appropriate time frames for the initial response to the patient and then for the outcome of the complaint. A written acknowledgment was made within two working days of receipt of the complaint in the hospital (unless a full reply could be sent within five working days). A full response was made within 20 working days of receipt of the complaint (or if the investigation was still in process, within five working days of a conclusion being reached). Complaints were the responsibility of the senior nurse manager and staff would always try to address complaints locally and would apologise to the patient if something had gone wrong during their time at the hospital.
- We reviewed four complaint responses that provided patients with apologies where appropriate and full details of the investigation into the complaint that took place. If the complaint was about the treatment that a

patient had received then the patient was always invited back to the hospital to discuss this with the consultant. We saw that the hospital had responded to the complaints in the appropriate timeframes.
- There were different complaint processes for NHS and other-funding patients and there was literature available in patient areas about the complaints processes. Patients could also complain through the provider's website.
- One of the key performance indicators (KPI) for the clinical commissioning groups (CCGs) was the number of complaints received by the hospital. The hospital was meeting this KPI.
- The hospital operating officer stated that complaints were not closed until the complainant was satisfied.

Are surgery services well-led?

Good

We rated well-led as good

Leadership / culture of service related to this core service

- There was a management structure at the hospital and the chief operating officer reported to the chief executive officer. A clinical services manager reported to the chief operating officer and they were supported by a theatre manager and a senior nurse. Leadership of the service was robust both from the consultants and from the hospital management team and they worked well together to form a strong team.
- There was an open and honest culture at the hospital and a focus on quality and patient centred care.
- Staff said that the managers at the hospital were supportive and that they liked the team ethos.
- Staff we spoke with on the inspection were very complimentary of the management team. Staff felt valued, "management say thank you for our work", "management are approachable and will try to accommodate personal needs like swapping days."
- There was a whistle blowing policy and a dignity at work policy. Staff we spoke with said they would be happy to raise any concerns in their work.

Vision and strategy for this core service

- The vision for the service was to continue to deliver a safe, patient focused service to all of the patients using the service.
- The hospital said that they would like to increase the number of fee paying patients using the hospital, these numbers had decreased in the past few years. They had developed a business strategy.
- The hospital was providing a good service with low rates of post-operative infection and the vision was to continue to do the same.

Governance, risk management and quality

- The hospital had achieved ISO 9001/1400 accreditation. The accreditation was a quality management standard and covered areas including a systematic approach to management, leadership, customer focus and continual improvement. The accreditation also included an effective environmental management system.
- There was a risk management policy and a risk register. The risks on the risk register were scored with actions, target dates and the implementation of the controls of the risk. We saw that an incident had been recorded on the risk register and that actions had been put in place to mitigate against the risk.
- Clinical risks were discussed at the medical advisory committee (MAC) and the senior team meetings.
- The medical director for the hospital was also the chair of the MAC that oversaw the appointment of any new consultants to the hospital, though this was done in agreement with the other consultants and the senior management team including the chief executive of the organisation. We saw from the minutes of a meeting (14 Dec 2016) that a new consultant had applied for practising privileges, these had been granted.
- There were senior clinical staff from the hospital on the MAC besides the consultants. There was a set agenda for the meeting and decisions and information from the MAC were fed into the senior team meetings. Agenda items included adverse events and their outcomes, complaints and any progress and clinical and governance issues.
- The MAC would oversee any new procedures to be undertaken at the hospital. The hospital was considering a different glaucoma procedure and were looking at the efficacy of the procedure, any approval granted, the competency of the consultant undertaking

the procedure and how many cases in the NHS that had been completed with the outcomes of the procedure. This would all be considered before the procedure was authorised.

- The commissioners of the service met every three months with the hospital management team and there were terms of reference for these contract review meetings. The commissioners had set quality indicators for the hospital and the hospital were achieving these quality indicators and this was evidenced in the minutes of the review meetings.
- There were regular meetings for senior staff and for clinical staff. The meetings were well attended with a structured agenda. All meetings included relevant feedback to staff and an overview of complaints and any actions arising from complaints.

Public and staff engagement

- There were good response rates to the patient survey ranging from 17% to 47% across the reporting period April 2016 to March 2017. The average for the period October 2016 to March 2017 was 33.1%.
- There was no turnover of staff in the outpatients or the surgery department. Staff we spoke with enjoyed working at the hospital and some had worked there for many years.
- The hospital had a good relationship with a local charity who assisted members of the public who were visually impaired. Staff recently completed a fun run to raise money for the charity and were actively involved in fund raising.
- The consultants had funded the refreshments for the staff christmas party, staff appreciated this gesture.

Innovation, improvement and sustainability

- The hospital was involved in the external audit of its cataract surgery service.
- The medical director said that they would like to increase the number of age related macular degeneration clinics available for patients as they felt that this was a good service for patients in the local area.

Good

Outpatients and diagnostic imaging

Safe	Good
Effective	
Caring	Good
Responsive	Good
Well-led	Good

Are outpatients and diagnostic imaging services safe?

Good

We rated safe as **good.**

Incidents

- There were no never events in the reporting period April 2016 to March 2017. Never events are serious incidents that are entirely preventable. Guidance or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- There were two incidents in the out-patient department. One of the incidents had been graded as moderate harm though we felt that this was a low harm incident. This was an incident where a patient had slipped from a wheeled office type chair, the patient had not been hurt.
- We saw that the duty of candour was applied to this incident as appropriate. The incident reporting policy did not clearly define how incidents were graded, however the manager stated that they would grade the incidents higher than they were. However we saw evidence that staff were recording and acting upon issues that arose during daily activity and evidence that the incidents had been investigated and that lessons were learned and appropriate actions were taken.
- The minutes of meetings showed that the MAC and the senior team had oversight of all adverse events, complaints and incidents.
- Staff were aware of their roles and responsibilities when reporting incidents and felt comfortable to do. Staff felt confident that actions would be taken following an incident and told us that information from incidents was fed back to them at staff meetings and through emails.
- Although the duty of candour was not specifically identified in the incident policy we saw that the hospital had apologised to a patient following an incident in the clinic. Staff said that they would always apologise to patients if something went wrong during their treatment at the clinic.
- 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

- There was a hospital policy for infection control, this included sections on hand hygiene including surgical hand preparation, personal protective equipment, waste management including sharps, the safe care of linen and management of care equipment. The policy included flowchart information on how to hand rub using gel and how to handwash.
- The hospital had a contract with an agency who provided housekeeping services on a daily basis. This had recently been reviewed due to poor performance and the contract had been terminated with the previous contractors.
- We saw that clinical areas and patient waiting areas were visibly clean and tidy and that areas were well maintained.
- Handwashing facilities were available in clinical areas with the exception of one consulting room on the

ground floor. In this area hand sanitizing gel was available. We saw that staff washed their hands before and after a patients treatment and at other appropriate times. Personal protective equipment, such as gloves and aprons, were available throughout outpatients department. We saw that staff used them appropriately.

- Infection prevention training was completed by all staff as part of their mandatory training. All staff were compliant with this training.
- Staff working within outpatients were compliant with the infection control policy and were seen to have their hair tied back and arms bare below the elbow when working in clinical areas.
- Sharps bins were available in clinical rooms however the labels on these were not always completed. There were appropriate clinical waste bins in clinical areas. We saw that bins were emptied before becoming over full. The hospital had a disposal of waste policy. All clinical waste was disposed of appropriately and appropriate colour coded bags were used according to the hospital policy.

Environment and equipment

- An emergency grab bag containing emergency resuscitation equipment was available on site. The bag was kept in an accessible area during days without a theatre. During theatre sessions the bag was kept in theatre. The bag was checked daily when there was a theatre list but not on other days. The clinical services manager had the checklist on her computer. The grab bag also had a seal that was broken when the bag was used. This indicated if somebody had tampered with the bag.
- There was a laser room in the outpatients department. The room was kept locked when not in use and there were lights on the door to indicate when the room was in use. There were appropriate goggles in the room for the safety of staff and a risk assessment had been completed about the use of the room for the safety of staff and patients and carers.
- Local rules were in place for the safe use of lasers in the hospital. There was an external company who provided laser protection advisory services and a laser safety officer in the hospital.
- There was appropriate signage on the doors for oxygen storage.

Medicines

- There was a medicines policy for the hospital which was dated and had a review date and the policy was in date.
- Patient group directions (PGDs) were in place for the use of medicines in the outpatients department PGDs were seen to be signed and dated by the medical director and pharmacist for procedures performed by nursing staff, optometrist, orthoptist requiring anaesthetic eye drops or dilation drops.
- All cupboards and fridges for the storage of medicines were seen to be clean. Fridge temperatures were within the recommended range of 2-8 degrees. There was an automated temperature gauge which would alert staff if the temperature was to fall or increase out of the recommended range for medicines storage. Checklists for fridge temperatures were seen to be completed daily.
- Medicines were provided by both a nearby NHS hospital trust and private contractor. There were no controlled drugs kept on site.
- All outpatient medicines were kept in a treatment room in a locked medicines cupboard. The keys for this were stored in a secure location in the building. Access to medicines was the responsibility of the senior clinical member of staff each day.
- Stock control was overseen by the clinical services manager and a minimum stock level was kept available.The policy stated that health care assistants checked the medicines so that medicines were used in date order.
- A sample of medicines were checked and we found that a box of eye drops was out of date. There was one other box of eye drops that were out of date that were being stored on top of a medicines trolley in the clinic room. We informed the clinical services manager and this was removed immediately from the medicines cupboard.
- When patients were dispensed medicines, a printed patient label with the patient's name was adhered to the medicine container. The label provided information on how to use the medicine and how to administer eye drops.

Records

- There was a policy for information quality and records management and staff received training and awareness sessions as part of information governance training.
- Patient records were paper based and patient co-ordinators were responsible for the availability of records for the beginning of each clinical session.

Good

Outpatients and diagnostic imaging

- Patient records were kept on site in a secure room. Records were archived in clearly labelled boxes when appropriate. The hospital had a contract for the removal and storage of records offsite. When an appropriate time had elapsed records were destroyed and the certificate of destruction was sent to the hospital.
- We reviewed 10 sets of patient records and found records to be correctly filed and in good condition. Records we saw were written in black ink and had stickers with patient identifiable information. Notes were legible, dated and signed, however not all signatures had printed names next to them.
- There had been a records audit in April 2017 with outcomes and actions recorded and disseminated to staff. This was an annual audit and seven records had been checked.

Safeguarding

- Staff had access to the safeguarding policy for vulnerable adults and children and were given a copy of this to read when they commenced employment and received annual training on safeguarding.
- There were no safeguarding concerns reported to the Care Quality Commission (CQC) in the reporting period of April 2016 to March 2017. There was a safeguarding lead who was the clinical services manager. This member of staff was trained to level two in safeguarding children and young people and level two for vulnerable adults and they were sourcing a level three course for safe-guarding of children and young people. We saw evidence that this had been completed on 10 August 2017.
- Training in safeguarding in both adults and children was incorporated in the mandatory training schedule for all staff. The training figures provided on inspection showed that all staff were compliant with this training. All staff completed appropriate safeguarding training dependent on their role. Clinical staff were trained to level two for vulnerable adults and children and young people.
- The hospital had access to level four advice and information for safeguarding for children and young people from the local NHS specialist children's trust. They had access to a registered childrens nurse through the same trust and another local trust.
- There were a total of five children who were seen in the reporting period April 2016 to March 2017 and they were all seen by the consultant ophthalmologist or the orthoptist who had the required level three safeguarding training for children and young people.
- In the safeguarding policy there was a section for domestic abuse that described signs to be aware of and the effects of domestic abuse on individuals. The policy directed staff on how to raise a concern if they suspected domestic abuse.

Mandatory training

See surgery report.

Nursing staffing

- There was no use of bank agency nurses or bank health care assistants in the outpatients department during the reporting period April 2016 to March 2017.
- There were three staff in the outpatients department (OPD) including the clinical nurse specialist. This included a nurse and a health care assistant but nurses and health care assistants rotated between surgery and the OPD depending on workload. Clinics were led by consultants and supported by nurses or health care assistants depending on the nature of the clinic.
- The hospital used clinical optometrists and orthoptists to support service delivery for the consultant led clinics. They were employed on a sessional basis.
- There had been no sickness from outpatient staff in the reporting period April 2016 to March 2017.

Medical staffing

- There were eight doctors who had practising privileges at the hospital; this included the medical director.
- The doctors held clinics for patients following surgery and there were clinics for other conditions including age related macular degeneration.

Emergency awareness and training

- Please refer to the surgery report

Are outpatients and diagnostic imaging services effective?

We do not rate the effective domain in the outpatient core service.

Good

Outpatients and diagnostic imaging

Evidence-based care and treatment

See surgery report

Patient outcomes

- The hospital was meeting its key performance indicators for patients with age related macular degeneration (AMD) with the clinical commissioning group (CCG) by seeing patients within 14 days. We reviewed five sets of patient records and all were seen within six days following referral.
- The clinical commissioning group were provided with information about the service every month and every three months the information was about the patient outcomes that they monitored. We saw from minutes of meetings that the hospital was meeting the key performance indicators. Feedback from this was then disseminated to the staff from the senior management team to improve quality.
- The hospital had purchased some software so that they could begin to audit outcomes for patients with age related macular degeneration (AMD). They had only just started to collect data.

Competent staff

- Staff informed us they had an annual appraisal and the appraisal date was twelve months following their start date at the hospital. All staff at the hospital had completed their appraisals.
- Staff informed us that they were given opportunities to improve and develop. One member of staff had completed a glaucoma course at university and was fully supported with funding for the course, time off and travel reimbursed.
- Two of the clinical nursing staff were about to start a training programme delivered by a consultant to deliver AMD injections to patients. Full training would be given by a local NHS trust with the nurses delivering 150 injections prior to being signed off as competent. These injections would be observed by the consultants. The staff were looking forward to starting the course.

Multidisciplinary working

- Monthly multidisciplinary team meetings were held for the staff at the hospital.
- Staff in the outpatient department worked well with each other and with the consultants. There were good relationships between community optometrists and the hospital and the community optometrists would ring the hospital if they had a query about a patient or required any advice.
- As the hospital was small, staff often worked in both the outpatient department and the surgery service depending on the needs of the service.

Access to information

- All policies, protocols, guidelines and standard operating procedures were available electronically in the hospital.
- We saw that there were computers for the use of staff in the hospital.
- The hospital had an N3 connection, N3 is the national broadband network for the NHS and links hospitals and GP surgeries. This supports the choose and book system and allows secure transfer of patient information electronically.
- In the three month period before this inspection clinical notes were always available for out patient appointments.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff in the outpatients department understood the importance of patients giving consent prior to any interventions or assessments. We reviewed 10 sets of patient records and consent forms were signed and dated in all of them.
- All patients were consented by consultants in a two stage process.This included any patient who lacked capacity though the criteria for treatment would exclude patients with cognitive impairment.
- Staff demonstrated a good understanding of the consent process for the outpatients department and informed us that patients were fully informed and included in the assessment and treatment plan.
- There was no training provided on consent, or the Mental Capacity Act (MCA).When we discussed MCA with staff there was little awareness of how this was relevant to their service.
- Where a patient was having treatment on both eyes there would be two consent forms, one for each eye as recommended within National Institute of Health and Care Excellence (NICE) guidance. This was seen in patient's records.

Good

Outpatients and diagnostic imaging

Are outpatients and diagnostic imaging services caring?

Good

We rated caring as **good.**

Compassionate care

- The hospital collected patient feedback for all cataract post-operative patients. The latest survey results showed that 96.6% of patients would recommend the hospital to friends and family (April 2016 to March 2017).
- We saw that staff were caring and compassionate and that they treated patients with privacy and dignity.
- Patients we spoke with felt that they were informed about their care and staff were very helpful.
- We observed staff escorting patients to the waiting rooms and asking if they would prefer to take the lift or stairs.

Understanding and involvement of patients and those close to them

- We spoke with 11 patients who told us they were kept informed about their care and treatment. All the patients we spoke with were very positive about the service and we saw that patient's relatives were supported when they attended the clinics.
- In the patient survey 92.8% of patients said that they were definitely involved as much as they wanted to be in the decisions about their care. A patient commented, "excellent. All staff are pleasant and helpful. The atmosphere is calm and comfortable. This clinic ticks all the right boxes."

Emotional support

- Age related macular degeneration (AMD) patients were placed in cohorts for the duration of their care. This was because they needed to attend for treatment at regular intervals. This gave the patients the opportunity to socialise and discuss their treatment journey. We were told that many of the groups met outside of the clinic.
- We observed nurses greeting patients arriving for the outpatients clinic by name. The staff and the environment of the hospital provided calming and supportive treatment for patients and it was obvious that patients were at ease when attending the hospital. Patients were laughing and joking with staff in the waiting areas.

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 access to a free car park at the front on the building.The main building was well signposted on the main road and close to main public transport routes.
- The main entrance was at the front of the building which was accessed by stairs. Patients pressed a buzzer and reception staff let them in the main door and then guided patients to the area they needed to go to.
- NHS patients had access to several waiting areas in the building dependant on their appointment. There were four consulting rooms and four treatment rooms over two floors at the clinic. A lift was available for patients if necessary.
- There was little signage in the clinic areas to guide patients but staff would accompany patients to the waiting area.
- Waiting areas had comfortable seating arrangements and water was available in a dispensing machine. We saw the temperature of each waiting room was comfortable and the areas were visibly clean and tidy.
- Patient toilets were available on all outpatient levels of the building, these were clean and had hand washing facilities available.

Access and flow

- There were 4,121 outpatient total attendances in the reporting period April 2016 to March 2017 and of these 87% were NHS funded and 13% were other funded.
- During the reporting period of April 2016 and March 2017 the provider met the target of 92% of patients on incomplete pathways waiting 18 weeks or less from the time of referral. 100% of patients started non-admitted treatment within 18 weeks of referral in the same reporting period.

Good

Outpatients and diagnostic imaging

- Outpatient clinics ran Monday to Friday between 9:30 and 16:00. There were no out of hours clinics or clinics at weekends. Appointments were flexible and days and times of appointments were changed to meet the patient's individual needs.
- Pre-operative appointments were usually offered within one to two weeks following referral. Appointments were offered to patients in letter format and staff would accommodate a patient's request if they needed to amend the appointment.
- Staff informed us that if an appointment was available at short notice they would contact patients and offer these over the telephone.
- We were advised by staff that if a patient did not attend an appointment they would attempt to contact them and offer an alternative appointment. This would be repeated three times and on the third non-attendance the administrative staff would inform the consultant in charge if the individual's care. The consultant would then inform the GP of non-attendance.
- There were two patient co-ordinators that worked three days per week and had an overlap on one day for continuity to the service.

Meeting people's individual needs

- Patient leaflets were available in outpatient waiting areas and outside the main reception. Leaflets were available in large print and staff informed us that patients diagnosed with age related macular degeneration disease received correspondence on yellow paper with black ink and enlarged print. Leaflets included information about specific conditions like glaucoma and different treatments. There were no leaflets in other languages.
- There was a separate access to the building for patients who had mobility issues. This was sign posted from a path at the front of the main building however the sign was small.
- The entrance door at the side of the building for patients with mobility issues was not signed and the buzzer to inform reception staff that patients have arrived was at head height and was not signed. This meant it was difficult to reach for some patients.
- The building had lift access to all floors and was fitted with a speaker system to advise patients who were visually impaired what floor they were on and when doors were opening and closing. The lift was not big enough to fit a hospital stretcher and in an emergency there were double doors outside the theatre in the event a patient needing to be transferred to hospital.
- There were toilets available for people with mobility difficulties that had hand grab rails and an emergency pull cord.

Learning from complaints and concerns

See surgery section

Are outpatients and diagnostic imaging services well-led?

Good

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

Leadership and culture of service

- See surgery report

Vision and strategy for this core service

- See surgery report

Governance, risk management and quality measurement

- See surgery report

Public and staff engagement

- See surgery report

Innovation, improvement and sustainability

- The hospital had begun the age related macular disease clinics (AMD) before the vast majority of other service providers.The hospital was starting to deliver the nurse led services for AMD.

The medical director said that they would like to increase the number of age related macular degeneration clinics available for patients as they felt that this was useful service for patients in the local area as it wasn't delivered at the local NHS trust.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should provide training for staff on the Mental Capacity Act.
- The provider should ensure that medicines are checked in line with the organisational policy and a medicines process audit is in place.
- The provider should look at incident reporting to check that incidents are graded appropriately and that all incidents are recorded in a consistent way.
- The provider should include the duty of candour and its application in the incident policy.
- The provider should develop more audit activity for patient outcomes.
- The provider should ensure patients living with a learning disability are better supported with access to information.
- The provider should consider access to the building for patients with mobility difficulties is clearly accessible and appropriately signed.