Mr Adrian Parnaby-Price

Swingate House

Inspection report

Second Floor, Swingate House East
Danestrete
Stevenage, Hertfordshire
SG1 1XE
Tel: 0800 634 9860

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Ratings

Overall rating for this service	**Requires improvement**
Are services safe?	**Inadequate**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive to people's needs?	**Good**
Are services well-led?	**Requires improvement**

Overall summary

This service is rated as Requires improvement overall.

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Swingate House (also known as Hertfordshire Eye Hospital) as part of our inspection programme.

Hertfordshire Eye Hospital (HEH) is a privately run service which provides a community ophthalmology service to treat and manage patients with ophthalmic conditions. The service is consultant led and delivers services in a community setting as a first point of referral for GP ophthalmology referrals (with the exception of children under 18, urgent and two week cancer referrals). The service model is to provide a community consultant led ophthalmology clinical assessment and treatment

Summary of findings

service. The service was commissioned by East and North Hertfordshire Clinical Commissioning Group (CCG) to provide services from 2012 to 31 May 2017. Herts Valley CCG commissioned HEH to provideservices from April 2013 to 31 December 2018. HEH does not currently provide services to patients.

Our key findings were:

- The service did not have comprehensive systems to manage risk so that safety incidents were less likely to happen.
- The service reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Previous patient feedback forms indicated that staff treated people with compassion, kindness, dignity and respect.
- Previous patient feedback forms indicated that they were able to access care and treatment from the service within an appropriate timescale for their needs.
- Structures, processes and systems to support good governance and management were not clearly set out, understood and effective.

The area where the provider **must** make improvements as they are in breach of a regulation is:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Please see the specific details on action required at the end of this report.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief Inspector of Primary Medical Services and Integrated Care

Swingate House

Detailed findings

Background to this inspection

- Swingate House (also known as Hertfordshire Eye Hospital) is provided by Mr Adrian Parnaby-Price who is the registered manager of the service. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
- The address of the service is Second Floor, Swingate House East, Danestrete, Stevenage, Hertfordshire, SG1 1XE.
- The telephone number is 0800 634 9860.
- The building is owned and managed by Stevenage Borough Council and is subject to public sector maintenance and building service standards. It is located in the centre of Stevenage and is 100 yards from the central bus terminus, 200 yards from Stevenage railway station and has several car parks within 500 yards. There are several organisations based within the premises.
- The service is registered with the CQC to provide the following regulated activity:
- Surgical procedures.
- Hertfordshire Eye Hospital is a community ophthalmology service. The service does not employ any staff members and does not currently see any patients. The service has previously been commissioned to provide the following treatments:
- Suspected and actual ocular hypertension and glaucoma.
- Dry eyes, blepharitis.
- Ingrowing eyelashes.
- Lid lesions.
- Posterior vitreous detachment, floaters and flashers.
- Dry age-related macular degermation and pigmented retinal abnormalities.

The service has previously been commissioned to provide minor surgical procedures that are suitable to be delivered in a community setting, including:

- Punctal plugs and punctual enlargement.
- Skin/lid lesion surgery, e.g. for cysts and papillomas.
- Eye lash removal (ingrowing).
- Entropion repair.
- Ectropion repair.
- Ptosis surgery.

How we inspected this service

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser. Before our inspection, we gathered and reviewed information from the local Clinical Commissioning Group, the pre-inspection return submitted by the provider and patient feedback submitted online.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Inadequate

Are services safe?

Our findings

We rated safe as Inadequate because:

- The provider did not have clear oversight of safety risk assessments, such as legionella and fire, including evidence of fire drills and testing of the fire alarms. An up to date health and safety risk assessment was not in place.
- At the time of inspection, the service lead had not undertaken basic life support training.
- Electrical equipment was not tested according to manufacturer's instructions to ensure the equipment was safe to use.
- The service did not have a documented cleaning schedule in place and an infection prevention and control audit had not been completed.
- The service did not have an adequate system in place to ensure all medical consumables were within the expiry date recommended by the manufacturers.
- A documented risk assessment for not stocking emergency medicines or emergency equipment was not in place.
- The service did not have a clear documented system for recording and acting on safety alerts.

Safety systems and processes

The service did not have clear systems to keep people safe and safeguarded from abuse in some areas.

- The provider had appropriate safety policies which were regularly reviewed. They outlined clearly who to go to for further guidance. However, at the time of inspection, the provider did not have clear oversight of safety risk assessments, such as fire and legionella, which were managed by the owner of the premises. Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Shortly after the inspection, the provider obtained copies of these risk assessments and we received evidence to confirm this. Water temperature checks were carried out on a regular basis. The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- At the time of inspection, the service lead did not employ any staff members. The service lead had received up to date safeguarding, fire safety and health and safety training appropriate to their role. However, at the time of inspection, the service lead had not undertaken basic life support training. Shortly after our inspection, we received evidence to confirm that this training had been completed on 5 May 2019.
- We found the premises to be visibly clean and tidy. The service lead had completed infection prevention and control (IPC) training and told us that they carried out regular cleaning of the premises. However, the service did not have a documented cleaning schedule in place to demonstrate this. An IPC audit of the premises had not been completed. Shortly after our inspection, the service provided us with evidence to confirm that an environmental cleanliness audit had been completed and the provider now had a template in place for IPC audits.
- The provider was unable to demonstrate how electrical equipment was tested according to manufacturer's instructions to ensure the equipment was safe to use. Shortly after our inspection, the provider told us that portable appliance testing was scheduled to be completed on 14 May 2019.
- The service lead told us that they calibrated the clinical equipment prior to each consultation and the clinical machines used during patient consultations would undergo a self-testing procedure every time they were re-booted, which would flag up any problems with the clinical equipment.
- There were systems for safely managing healthcare waste.
- The provider had completed a health and safety risk assessment. However, this risk assessment was completed in 2014 and the provider was unable to demonstrate how they followed their health and safety policy, which required the health and safety risk assessment to be reviewed on an annual basis.

Risks to patients

There were some systems to assess, monitor and manage risks to patient safety.

- The service lead understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.

Inadequate

Are services safe?

- At the time of inspection, the service did not provide any services to patients. The service had decided not to stock emergency medicines or equipment such as oxygen and a defibrillator at the premises. However, the service did not have a documented risk assessment in place.
- When there were changes to services, the service lead assessed and monitored the impact on safety.
- The service had a number of safety policies in place for the safe use of clinical equipment used to assess and diagnose patient symptoms and conditions.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- From the sample of documents we viewed, we found individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available in an accessible way.
- The service had systems for sharing information with other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- At the time of inspection, the service did not stock medicines. The service had a medicines management policy in place and a safe and suitable place to store medicines. However, we found the process for checking medical consumables was not effective. During our inspection, we found four disposable syringes which had passed their expiry dates.
- From the sample of documents we viewed, we found the service provided advice on medicines in line with legal requirements and current national guidance. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Track record on safety and incidents

The service did not have sufficient safety systems in place in some areas.

- The service had adequate fire safety equipment in place and all equipment had been serviced on a regular basis. A fire procedure was in place and there was clear fire safety information displayed throughout the premises. Information displayed indicated that fire alarms were tested on a weekly basis. However, we were unable to confirm this and we were unable to determine when the last fire drill took place. The service lead explained that this information was held by those responsible for maintaining and managing the building.
- The service lead was unable to demonstrate how external safety events as well as patient and medicine safety alerts were received and acted on. The service did not maintain a record of safety alerts and explained that they received safety alerts as part of a role they held at a private hospital.

Lessons learned and improvements made

The service had systems in place to learn and make improvements when things went wrong.

- There was a system for recording and acting on significant events. The clinical lead understood their duty to raise concerns and report incidents and near misses.
- The service had not identified or recorded any previous significant events. Findings from clinical audits demonstrated that the service had not identified or recorded any incidents, clinical complications or significant events.
- There were adequate systems for reviewing and investigating when things went wrong.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated effective as Good because:

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

- The provider assessed needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate information relating to additional patient needs were shared with the patient's GP.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. Patients requiring a follow up appointment were managed by the service.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. The service monitored performance and made improvements where required through the use of audits. Clinical audit was used to assess the quality of care and outcomes for patients. For example, the service had completed audits on patient outcomes from oculoplastic surgery, YAG laser iridotomy and capsulotomy treatment. These audits found patients had not experienced any adverse effects.
- The service had completed an audit on patients treated for glaucoma. This audit found that no patients required onward referral for uncontrolled eye pressure and none of these patients required registration for sight impairment following treatment.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- The clinical lead was appropriately qualified. They attended various courses, study days and conferences to ensure they stayed up to date.
- The clinical lead was registered with the General Medical Council and was up to date with revalidation.
- Up to date records of skills, qualifications and training were maintained. However, at the time of our inspection the service lead had not completed basic life support training.

Coordinating patient care and information sharing

Staff worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- We saw evidence of patient assessments documented in clinical records. This included care assessments, details of examinations carried out, symptoms and details of ongoing care agreed with the patient.
- There were clear arrangements for making referrals to other services. The service always recommended information exchange with each patient's NHS GP in keeping with the guidelines in Good Medical Practice highlighted by the GMC.
- The service ensured sharing of information with other providers such as NHS GP services and general hospital services where necessary and with the consent of each patient.
- Before providing treatment, the clinician at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Supporting patients to live healthier lives

Good

Are services effective?

(for example, treatment is effective)

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care. The service had a range of information available to patients, including information on local support groups and guidance on self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated caring as Good because:

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Patient feedback forms collected by the service were positive about the way staff treat people.
- The service lead understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patient feedback forms collected by the service were positive about the level of care and treatment provided to them.
- For patients with learning disabilities or complex social needs family, carers or professionals were appropriately involved.

Privacy and Dignity

The service respected patients' privacy and dignity.

- The service recognised the importance of people's dignity and respect.
- The clinical lead knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patient feedback forms collected by the service were positive about being treated with dignity and respect.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated responsive as Good because:

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. For example, follow up appointments were being offered between three and five days after patient consultations. The service changed this following patient feedback and offered follow up appointments between seven and 10 days after the patients initial consultation.
- The facilities and premises were appropriate for the services delivered. Disabled parking spaces were available, the service had access enabled facilities and the building had a suitable lift which enabled wheelchair access to the service, which was located on the second floor.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- At the time of our inspection the service was not providing services to patients. From the documents we viewed, we found patients had timely access to initial assessment, test results, diagnosis and treatment. When the service was previously providing care and treatment to patients, patients could be seen between 10am and 7pm Mondays to Saturdays and appointments could be offered on Sundays if required.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patient feedback forms collected by the service were positive about the appointment system.
- Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and had processes in place to manage complaints appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaints policy and procedure in place. The service had not recorded any complaints.
- The service did have systems in place to obtain patient feedback and took action in response to this information.

Are services well-led?

Requires improvement

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We rated well-led as Requires improvement because:

- The provider had not established a governance framework to ensure adequate oversight of systems and processes in all areas of safety.
- The provider did not have a comprehensive process to identify, understand, monitor and address risks to patient safety.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services.
- Leaders prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a vision which was to provide a patient-centred and bespoke eye care service.
- The service lead understood the vision, values and strategy and their role in achieving them.

Culture

The service had a culture of high-quality sustainable care.

- The service focused on the needs of patients.
- Practice policies demonstrated that the service had an open, honesty and transparent approach towards incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- The service actively promoted equality and diversity. The clinical lead had received equality and diversity training.

Governance arrangements

There were no clear responsibilities, roles and systems of accountability to support good governance and management in some areas.

- Structures, processes and systems to support good governance and management were not clearly set out, understood and effective in all areas.
- The provider had not established proper procedures and activities to ensure safety and assure themselves that they were operating as intended.
- During our inspection we found weaknesses in governance arrangements and systems and processes. For example, the service did not have;
- A comprehensive system in place to ensure essential training was completed. At the time of inspection, the service lead had not undertaken basic life support training.
- A documented cleaning schedule in place and evidence of infection prevention and control audits, in line with the infection prevention and control policy.
- An adequate system in place to ensure all medical consumables were within the expiry date recommended by the manufacturers.

Managing risks, issues and performance

There was no clarity around processes for managing risks, issues and performance in some areas.

- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations and referral decisions.
- The provider had business continuity plans in place.
- There was not an effective, process to identify, understand, monitor and address risks to patient safety. For example, the service did not have;
- Clear oversight of safety risk assessments, such as legionella and fire or an up to date health and safety risk assessment.
- A system to ensure electrical equipment was tested according to manufacturer's instructions to ensure the equipment was safe to use.
- A documented risk assessment for not stocking emergency medicines or emergency equipment.

Are services well-led?

Requires improvement

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- A documented system for recording and acting on safety alerts.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to monitor performance. Performance information was combined with the views of patients.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients and external partners and acted on them to shape services and culture.
- We saw evidence of feedback opportunities for patients and how the service responded to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.
- The service told us that they submitted monthly performance reports to the local Clinical Commissioning Groups and obtained patient feedback forms. The service had collated 184 feedback forms during 2018 and these were all positive about the services provided and care and treatment received. The service invited patients to attend patient forum meetings.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service lead had received an appraisal from their Responsible Officer in October 2018.
- There were systems to support improvement and innovation work. For example, the service was aware of a need to develop the services they provided and told us that they wanted to develop their services to meet demand for the treatment of cataract. (A cataract is the clouding of the lens in the eye which affects vision). The service lead told us that they were considering expanding their service in the community and wanted to establish satellite clinics within GP practices.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Surgical procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: The provider did not have clear oversight of safety risk assessments, such as legionella and fire or an up to date health and safety risk assessment in place. The provider did not have a system to ensure electrical equipment was tested according to manufacturer's instructions to ensure the equipment was safe to use. The provider was unable to demonstrate how external safety events as well as patient and medicine safety alerts were received and acted on. The provider did not have a documented risk assessment in place for not stocking emergency medicines or emergency equipment, such as a defibrillator and oxygen. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Surgical procedures

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

The provider did not have a comprehensive system in place to ensure essential training was completed. At the time of inspection, the service lead had not undertaken basic life support training.

The provider did not have adequate stock control procedures in place for the safe management of medical consumables.

The provider did not have a documented system in place for the safe and effective management of infection prevention and control procedures and infection control audits were not carried out in line with the infection prevention and control policy.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.