

# Exeter Eye LLP @ Admiral House







## 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

<b>Overall rating for this location</b>	<b>Requires improvement</b>	
Are services safe?	<b>Requires improvement</b>	
Are services effective?	<b>Good</b>	
Are services caring?	<b>Good</b>	
Are services responsive?	<b>Good</b>	
Are services well-led?	<b>Requires improvement</b>	

### Overall summary

Exeter Eye LLP @ Admiral House is operated by Exeter Eye LLP. The service provides ophthalmic surgery and outpatient clinics for private, adult patients from Admiral House in Exeter which is owned by another organisation called Exeter Medical (further referred to as the host

hospital). Exeter Eye LLP rent rooms from the host hospital to provide their outpatient and diagnostic services. These include waiting areas, consultation rooms, a laser room and office space for secretarial staff. Exeter Eye LLP has an agreement with the host hospital to

# Summary of findings

access theatre space, staff and equipment to carry out surgical procedures within Admiral House. Facilities include an anaesthetic room, recovery room and an operating theatre. The service has no overnight beds.

The service provides surgery and outpatient and diagnostic imaging services for privately funded ophthalmic patients. Types of surgery carried out include cataract removal, lens replacement and laser capsulotomy treatment.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 17 and 18 January 2018 along with an unannounced visit to the service on 1 February 2018.

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

Throughout the inspection, we took account of what people told us and how the service 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.

See surgery section for main findings.

## Services we rate

We rated this service as requires improvement overall.

- There was limited oversight by the service that checks undertaken by the host hospital as part of their agreement were being completed. There were no formal reporting systems in place to gain assurance.
- The provider advised us that records were not always stored in a way which maintained patient confidentiality.
- Safeguarding adult processes were not always given sufficient priority.

- There was no policy for mandatory training so there was no clear guidance on what essential training staff were expected to undertake. There were no records of staff compliance levels.
- Staff competencies were not always regularly maintained and Exeter Eye LLP had limited oversight of the competency of staff employed as part of the agreement with the host hospital.
- There was no protocol or training provided in relation to recognition, diagnosis or early management of sepsis.
- Patient outcomes were not monitored by the service as a whole. Individual consultants audited their own outcomes but these were not submitted to any national audit.
- Outcome data was not submitted to the Private Healthcare Information Network (PHIN).
- Staff had not been provided with Mental Capacity Act training. The Exeter Eye LLP consent policy did not provide clear guidance for staff nor did it relate to relevant legislation.
- There was no access to foreign language or sign language interpretation services should these be required. This included both verbal and written translation.
- Governance arrangements were underdeveloped and not used as effectively as they could be to monitor the safety and quality of the service.
- Not all Exeter Eye LLP policies provided relevant and specific guidance for staff.
- Staff engagement was limited but undergoing a process of development.

However, we also found the following areas of good practice:

- Staff were aware of the protocol for reporting incidents. The senior team ensured that actions were taken and lessons were learnt as a result of incidents reported. However, staff had not been provided with incident report training as required by the service's incident reporting policy.
- All areas we visited were visibly clean and well maintained.
- Control measures for the use of laser equipment were good and all safety protocols were used effectively.
- Medicines were stored securely and at recommended temperatures. There were checks on stock levels and fridge temperatures.

# Summary of findings

- All patient records were complete, legible and up to date.
- There were 24 hour arrangements for patient access to consultants following surgery undertaken by the service.
- There was consistent use of the World Health Organisation surgical safety checklist and this was embedded in practice. Completion of the checklist was audited with positive results.
- There was effective multidisciplinary working within the service and with the host hospital. Educational sessions were offered to optometrists and GPs and communication with GPs took place in a timely way.
- Consent was assessed throughout the patient journey and recorded clearly.
- Patients received compassionate care from staff. Staff were caring and took time to gather information about lifestyle and personal circumstance in order to provide the best care and treatment.
- Staff involved patients as active partners in their care and were sensitive to the emotional needs of those using the service.
- Patients were overwhelmingly positive about the service provided and the outcome of their treatment.
- The service provided good continuity of care. Patients were seen by the same consultant throughout their treatment journey.
- Patients were individually assessed for their suitability for treatment taking into account known risk factors.
- The premises and facilities were designed to meet the needs of patients. The theatre and consulting rooms were all on ground level and accessible.
- Patients did not wait long to receive treatment. There were no waiting times for surgery.
- There had been no complaints received by the provider.
- The service sought the views and experiences of patients and feedback was consistently positive.
- Leaders were visible and accessible to staff. All staff were proud of the service and care they provided.
- The service responded positively to opportunities for development.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with two requirement notices that affected surgery and outpatients and diagnostic imaging services. Details are at the end of the report.

Amanda Stanford

Deputy Chief Inspector of Hospitals

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
<b>Surgery</b>	<b>Requires improvement</b> ●	<p>Surgery, and outpatients and diagnostics were the only activities undertaken at this service. Surgery was the main activity at the service. Where our findings apply to other services, we do not repeat the information but cross-refer to the surgery section of the report.</p> <p>We rated this service as requires improvement for safety and being well led, although it was good for being effective, caring and responsive to people's needs.</p>
<b>Outpatients and diagnostic imaging</b>	<b>Requires improvement</b> ●	<p>Outpatient and diagnostic imaging services were a smaller proportion of the service activity. The main service was surgery. Where arrangements were the same, we have reported findings in the surgery section.</p> <p>We rated this service as requires improvement for safety and for being well led, although it was good for being caring and responsive. We do not rate the effectiveness of outpatient and diagnostic imaging services.</p>

# Summary of findings

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Requires improvement 

# Exeter Eye LLP @ Admiral House

## Services we looked at

Surgery; Outpatients and diagnostic imaging;

# Summary of this inspection

## Background to Exeter Eye LLP @ Admiral House

Exeter Eye LLP @ Admiral House is operated by Exeter Eye LLP. The service has been operating since March 2005. At this time it was known as Consultant Surgeons Partnership (South West) and changed name to Exeter Eye LLP in January 2017. The service provides ophthalmic surgery and outpatient care from Admiral House, Exeter. The service primarily serves the communities of the South West but accepts referrals from across the country.

The service is registered with the Care Quality Commission to provide the following regulated activities:

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

All surgery undertaken by the service is adult, day case, ophthalmology surgery for privately funded patients. All surgery is undertaken under local anaesthesia. There are no overnight patient stays. Surgery usually takes place on Tuesdays, Thursdays and Fridays.

A manager had been registered with the CQC since November 2017.

The service also carries out surgery at Royal Devon and Exeter NHS Trust, Northern Devon Healthcare NHS Trust and Nuffield Hospital, Exeter. They have identified these as satellite clinics. We did not inspect these services as part of this inspection.

## Our inspection team

The team that inspected the service comprised a CQC lead inspector and a specialist advisor, with expertise in

ophthalmology. The inspector had received specialist training for independent eye services. The inspection team was overseen by Amanda Williams, Inspection Manager and Mary Cridge, Head of Hospital Inspection.

## Information about Exeter Eye LLP @ Admiral House

Exeter Eye LLP @ Admiral House provides ophthalmic day surgery for privately funded patients. They are a Limited Liability Partnership (a small business company) of seven partners and one associate member who are all consultant ophthalmic surgeons. All consultants hold substantive contracts with the local NHS trust. Procedures are carried out at Admiral House in Exeter which is owned and managed by Exeter Medical (further referred to as the host hospital). Exeter Eye LLP rent space from the host hospital to provide outpatient services. This includes a waiting area, investigation area, consultation rooms, a laser room and office space for secretarial staff. The service has an agreement in place with the host hospital to provide them with facilities, staff and equipment to carry out surgery within Admiral House. Facilities include, an anaesthetic room, recovery room and an operating theatre. The service has no overnight beds.

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

The most commonly performed surgeries were cataract removal and replacement lens implant, as well as intravitreal injections. In outpatient clinic the most commonly performed treatment was laser capsulotomy.

During the inspection, we visited the reception area, the outpatient area which included one laser room, two consultation rooms, one technician room and one diagnostic area as well as secretarial office space. We visited one theatre, an anaesthetic room and the admission and discharge room. We spoke with 13 staff including; registered nurses, health care assistants, reception staff, medical staff, operating department practitioners, consultants and senior managers. We spoke with one relative and seven patients. We also

# Summary of this inspection

received nine 'tell us about your care' comment cards which patients had completed prior to our inspection. During our inspection, we reviewed 12 sets of patient records. Before visiting, we reviewed a range of information we held and asked other organisations to share what they knew about the service. This included the host hospital. We also spoke with the director of the host hospital as part of the inspection.

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 service had been inspected previously. The most recent inspection took place in March 2015. This was a responsive, unannounced inspection carried out as a result of information of concern relating to an operating theatre. During that inspection we found the service was meeting all the standards of quality and safety it was inspected against.

## **Activity** (August 2016 to July 2017)

- In the reporting period there were 337 patients who attended the service for day case surgery; 100% of these were privately funded.
- There were 1,661 patients who attended outpatient appointments in the reporting period; of these 100% were privately funded. The majority of these patients were seen as part of the surgery pathway for pre and post-operative appointments.

There were seven partners who were all ophthalmic consultants and one additional associate consultant. In addition the service employed one ocular technician to run the outpatients department as well as four secretarial staff. Reception and theatre staff were provided under a service level agreement with the host hospital. These included one theatre manager, one anaesthetic nurse, two scrub nurses and one health care assistant. There were five more registered nurses who worked on a bank of staff for the host hospital. The accountable officer for controlled drugs was the lead for the host hospital. Consultant anaesthetists were provided to Exeter Eye LLP through an agreement with another organisation.

## Track record on safety (August 2016 to July 2017)

- There had been no never events or serious incidents reported during the reporting period. Never events are serious, largely preventable patient safety incidents, which should not occur if the available preventative measures have been put into place by healthcare providers.
- There were three clinical incidents reported within the reporting period. All clinical incidents occurred in surgery. One incident was assessed as causing no patient harm, one as causing moderate harm and one incident was assessed as causing low patient harm. There was one non-clinical incident reported and assessed as low harm within the outpatient clinic.
- There were no incidences of hospital acquired infection such as Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia, Methicillin-sensitive Staphylococcus aureus (MSSA) bacteraemia, Escherichia coli (E-Coli) bacteraemia or Clostridium difficile (C.difficile) in the reporting period.
- There were no complaints received by the service in the reporting period.

## **Services provided under service level agreement:**

- Reception areas, theatre, anaesthetic room, recovery room and day case waiting area.
- Use of necessary equipment for the purpose of providing medical eye care.
- Management of building.
- Use of policies.
- Consumables (including lens prostheses) and medicines.
- Clinical and non clinical waste arrangements.
- Laser protection Advisor.
- Equipment maintenance and servicing.
- Staff training and appraisal.
- Consultant Anaesthetists.



# Summary of this inspection

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

We always ask the following five questions of services.

### Are services safe?

We rated safe as requires improvement because:

We found the following areas of practice which required improvement:

- There was limited oversight of the completion of safety processes such as medication management, infection and prevention control and staff training and competencies which were undertaken by the host hospital as part of a service level agreement.
- The registered manager did not have easy organisational oversight of the quality of the services being provided.
- Staff did not receive incident reporting training as required by the Exeter Eye LLP policy on incident reporting and management.
- The provider identified that records were not always stored in a way that protected patient confidentiality. This risk was being managed.
- Safeguarding adults was not always given sufficient priority. Policies were not updated in line with current legislation and the service was unclear on what level of training they expected staff to complete.
- Mandatory training was not well defined by the service, there was no policy about what training was deemed necessary for staff to undertake and no checks were provided on compliance levels.
- The service did not have a protocol or provided training in the recognition and management of sepsis.
- There were not always the recommended number of theatre staff within surgery.

However, we also found the following good practice:

- Staff were aware of how to report incidents. The registered manager ensured that actions were taken and lessons were learnt and shared as results of incidents reported.
- Staff were open and honest with patients when things went wrong and were aware of the duty of candour.
- There were systems to minimise the risk of healthcare associated infection. The environment and facilities were suitable and visibly clean.
- Control measures for the use of the non-invasive laser were well established and embedded. Precautions taken protected staff and patients.

Requires improvement



# Summary of this inspection

- Medicines were stored securely and at manufacturer recommended temperatures.
- The team consistently followed World Health Organisation guidelines on the use of safer surgery checklists to minimise risk of harm to patients undergoing surgery. Use of the checklist was audited with positive results. It was clear during our inspection this process was embedded and all members of the team recognised and respected the importance of using these checklists.
- Patients had access to 24 hour consultant cover following surgery.

## Are services effective?

We rated effective as good because:

We found the following areas of good practice in surgery:

- Consultant partners reviewed National Institute for Health and Care Excellence (NICE) guidelines and Medicines and Healthcare Products Regulatory Agency (MHRA) alerts.
- Technology recommended by the Royal College of Ophthalmologists was available and used by the service.
- The service managed the pain of patients well.
- There was effective multidisciplinary working across Exeter Eye LLP and between the host hospital. Educational sessions were offered to optometrists and GPs outside the service.
- All necessary patient information to deliver care and treatment was accessible to staff.
- Staff were aware of consent processes and provided patients with clear information to support decision making and informed consent.

However, we found the following evidence of practice that required improvement in surgery:

- Surgical outcomes were not consistently audited and benchmarked by the service as a whole.
- The consent policy used by Exeter Eye LLP did not reflect the Mental Capacity Act, 2005 and there was no evidence that staff employed by the service or the host hospital had undertaken this training.
- Exeter Eye LLP had limited oversight of the qualifications, training and competencies of those staff working under service level agreements.

Good



## Are services caring?

We found the following areas of good practice:

Good



# Summary of this inspection

- Staff cared for patients with compassion and took time to gather information about individual lifestyles and personal preferences to ensure good treatment outcomes.
- Patients' privacy and dignity was a priority for the service.
- Staff supported patients to reduce anxiety, encouraged them to ask questions and provided detailed information to support decision making.
- Staff showed genuine interest in the individuality of patients and establishing rapport.

## Are services responsive?

We found the following areas of good practice:

- The service offered continuity of care which patients found important and reassuring. The same consultant would see the patient throughout their treatment journey.
- Access to the service was good and patients did not wait long for appointments or treatment.
- The service had received no complaints and patient feedback was overwhelmingly positive.

However, we found the following evidence of practice that required improvement:

- The patient guide did not provide specific details on how to report a concern or complaint.
- Exeter Eye LLP did not have the ability to provide translation services for those people requiring a foreign language or sign language interpreter.

Good



## Are services well-led?

We rated well-led as requires improvement because:

We found the following areas of practice which required improvement:

- Governance arrangements including risk management and quality measurement were underdeveloped. There was no clear audit system or formal reporting to the Medical Advisory Committee. This was especially the case in relation to safety and quality measures undertaken by the host hospital. Accountability was not clearly defined. Performance measures were not used effectively to identify any concerns with safety and to improve services.
- The quality and relevancy of policies and procedures was variable. Relevant legislation and guidance was not always included and not all policies were specific or relevant to the service.

Requires improvement



# Summary of this inspection

- Processes for staff engagement were limited but action was being taken to improve this.

However, we also found the following good practice:

- Leaders were visible as they carried out clinical duties alongside staff and were available.
- Exeter Eye LLP maintained an oversight of risks and action plans were developed based on this.
- The service engaged patients to seek feedback about the service.
- Fee structures were clear and patients were informed of costs prior to undergoing any treatment or consultation.






# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
<b>Surgery</b>	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
<b>Outpatients and diagnostic imaging</b>	Requires improvement	N/A	Good	Good	Requires improvement	Requires improvement
<b>Overall</b>	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement

# Surgery

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

## Are surgery services safe?

Requires improvement 

The main service provided by this hospital was surgery. Where our findings on outpatients and diagnostic imaging, 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 **requires improvement**.

### Incidents and safety monitoring

- The service mostly managed patient safety incidents well and were developing new processes for reporting. However, there was no assurance that staff knowledge was up to date. An incident reporting policy for Exeter Eye LLP was within review date and stated staff should undertake incident report training every two years. However, there was no evidence this training had been provided. This policy included a quick reference guide and a copy was kept with the incident file. The file was easily accessible to staff in the main office.
- Staff described how they reported incidents to the registered manager. Managers investigated incidents and shared learning through the Medical Advisory Committee (MAC) meeting. A complication and incident book was kept in theatre for Exeter Eye LLP. We saw incidents reported in this book had been investigated by managers and also discussed at the MAC meeting.
- Learning from incidents was shared with relevant staff. Following the MAC meeting, minutes were circulated to

members of staff who were employed by Exeter Eye LLP. The practice manager for Exeter Eye LLP would email these to the theatre manager for circulation to staff at the host hospital.

- During the reporting period (August 2016- July 2017) there had been three clinical incidents within surgery and one non clinical incident within the outpatient service. One incident we reviewed was recorded as causing moderate harm to a patient as a result of post surgery inflammation. Actions taken by the consultant were clearly recorded and the registered manager had reviewed and rated this incident. It was discussed at the MAC meeting and a change in procedure was implemented as a result. At the time of our visit a patient attended for surgery with a similar risk of inflammation. Staff working for both Exeter Eye LLP and the host hospital were aware of alternative processes to reduce the risk in line with the change in procedure. This demonstrated learning from incidents had been shared and changes to practice embedded.
- There had been no never events, serious injuries or deaths reported by Exeter Eye LLP in the 12 months preceding our inspection. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- Staff were open and honest with patients when things went wrong. The service had a Duty of Candour policy which was within review date and referred to relevant legislation. Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 is a regulation, which was introduced in November 2014.

# Surgery

This regulation requires the organisation to be open and transparent with a patient, and to provide support when things go wrong in relation to their care and the patient suffers harm or could suffer harm, which falls into defined thresholds.

- Senior managers spoke confidently about the duty of candour and all staff were clear about being open, honest and transparent with patients. We viewed a detailed follow up letter which was sent to a patient as well as their GP following an incident. The letter gave a clear explanation of the incident and an apology.

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

- There was no quality dashboard maintained by Exeter Eye LLP for care and treatment provided by the service. However, individual Exeter Eye LLP consultants monitored outcomes for their patients. This included visual acuity, refractive outcomes and complications for ophthalmic surgery as a measure of safety.

## Cleanliness, infection control and hygiene

- The service controlled infection risk well. Staff followed the infection control policy of the host hospital. We saw all areas were visibly clean, tidy and free from dust. Numerous patients commented on the cleanliness of the service with one patient stating that the 'whole place' was 'spotlessly clean'. Furniture was visibly clean and in good condition, able to be wiped clean and compliant with the Health Building Note (HBN) 00-09: Infection control in the built environment.
- Exeter Eye LLP relied upon the host hospital for cleaning of the clinical areas within theatre as part of the agreement. There were no formal assurances from the host hospital this was completed. Exeter Eye LLP did not perform any checks on this. Cleaning schedules were maintained with some cleaning being completed by staff from the host hospital and deeper cleaning being undertaken by an external company. Checklists were filled in when cleaning was completed and there were no gaps in the cleaning schedule.
- The ophthalmic theatre had a continuous air change system which prevented the spread of infection when the theatre was in use.
- The host hospital completed a six monthly infection control audit, however, this did not get formally reported to Exeter Eye LLP. Exeter Eye LLP did not

complete a practitioner led audit of hand hygiene practices. Instead they completed a patient led audit. This involved asking patients to observe the hand hygiene practice of members of staff including surgeons when undergoing surgery. During the time of the inspection the results of this audit were positive with 100% compliance. Whilst this was a useful guide to hand hygiene practices of staff this was not an effective way of ensuring all aspects of hand hygiene practice were being followed in line with national guidance. All staff we observed routinely washed their hands between patient contact. They used elbow operated taps to minimise contact with hands. Guidance on washing of hands was displayed clearly. Staff wore dedicated theatre clothing with sleeves ending above the elbow.

- Clinical waste was managed safely. Equipment was used, stored and disposed of correctly. Boxes for used sharps, such as needles, were assembled correctly, signed and were not overfull. Oxygen cylinders and their holders were rust free.
- The service had pedal operated bins and used separate bins for domestic and clinical waste. Clinical waste was disposed of in correctly labelled bins and were stored in a locked compound This was collected by an external company approximately twice a week.
- Re-usable surgical equipment was decontaminated at the hospital sterilisation and decontamination unit at a local NHS trust through a service level agreement. Equipment requiring decontamination was collected on a daily basis and sterile sets of equipment were returned with individual labels for traceability. Staff reported no issues with this process.
- There were no incidences of healthcare associated infection such as Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia, Methicillin-sensitive Staphylococcus aureus (MSSA) bacteraemia, Escherichia coli (E-Coli) bacteraemia or Clostridium difficile (C. difficile) in the reporting period.

## Environment and equipment

- The service had suitable premises and equipment and looked after them well, however, there was limited assurance for Exeter Eye LLP that checks made by the host hospital were being completed as there were no formal reporting systems. Maintenance of equipment

# Surgery

was managed by the theatre manager from the host hospital as part of the service level agreement. Exeter Eye LLP had no processes in place to assure themselves that this equipment was being maintained.

- The clinical environment was suitable to meet the needs of patients. It consisted of a recovery room, ophthalmic theatre and anaesthetic room as well as changing facilities for theatre staff. All equipment that we saw had lead covers so there were no trailing wires. The theatre storage was neat and cupboards were labelled clearly. A system of using white boards to alert staff when items needed replacing aided communication. There were signs on doors to alert people of high risk areas and doors had key pad locks to prevent unauthorised access.
- Staff had the equipment they needed to keep patients safe. Emergency equipment was available including resuscitation and emergency medicines. Checklists demonstrated this equipment was checked on a daily basis when the service was open. However, the resuscitation trolley was not tamper evident and could be accessed by patients who may be in the area. This was raised with the registered manager and theatre manager during the inspection and a tamper evident trolley was purchased and in use before the end of the inspection.
- Equipment we saw was within service date. Each had a service plan and were visibly clean. There was suitable equipment available for provision of local anaesthetic and sedation. However, there was no equipment to support people who may need transferring from a chair to the operating table, for example those people who used a wheelchair. We were informed should a patient need this they would be offered surgery at one of their satellite clinics.
- The theatre manager for the host hospital had responsibility for ordering stock for surgery. Equipment, including lenses were ordered by the theatre manager and delivery could be provided on a next day basis. Staff informed us there had been no issues with accessing the correct lenses or equipment. Lenses were stored neatly and labelled clearly and staff followed a system which meant they could trace any implants used for patients.

## Medicines

- Arrangements by the host hospital for the management and storage of medicines kept people safe. However,

there was limited oversight of this process by Exeter Eye LLP. Medicines were ordered by the host hospital from a community pharmacy. Medicines were stored neatly and securely within locked cupboards. Weekly checks on stocks of medicines were undertaken by the host hospital as part of the service level agreement. The records we reviewed showed that stock levels were updated and replenished when used.

- Fridges which held medicines were locked and kept at temperatures as recommended by manufacturers. Daily fridge temperature checks were documented when theatres were in use. Minimum and maximum ranges were recorded. There were also instructions for staff on what to do should the fridge temperature fall outside of the recommended range. During the inspection we observed a fridge had broken. The fridge was clearly labelled to advise it was not in use. All stock had been removed from the fridge and arrangements made with the manufacturers for a replacement.
- Controlled drugs were stored and managed safely. The host hospital stored these medicines and staff followed a system to access and administer them for patients who needed sedation. Medicines were only prescribed and administered by the anaesthetist as required for each patient. The host hospital had a Controlled Drugs Accountable Officer who was the medical director for the premises.
- The registered manager informed us that no cytotoxic medicines were used by the service.
- Medicines were prescribed by consultants and this was recorded within the surgery pathway paperwork. We viewed 12 patient records and saw that all medicines prescribed were signed for by a consultant.
- Staff followed policy and medicines were checked by two members of the nursing staff before being administered. We observed a health care assistant administering an insert to the patients' eye which were used instead of eye drops to dilate the pupil. The health care assistant had evidence they had received training from the manufacturer of the insert and also had a record of their competencies being assessed on a regular basis by the theatre manager of the host hospital. Registered nurses also administered the inserts to patients however, there were no up to date



# Surgery

competencies recorded for registered nursing staff administering these inserts. The theatre manager stated this was something that required development and they were in the process of implementing.

- Patients were supported to self administer medicines safely. Patients received medicines to take home which had been prescribed by the consultant surgeon. All medicines we viewed had labels with instructions for their use. We observed clear guidance being given to patients on how to self administer eye drops. During the pre operative assessment consultants also gave patients the opportunity to self administer non medicated eye drops to demonstrate how this should be done and to ensure that patients were happy and confident with this process.

## Records

- Records were mostly managed in a way that kept people safe. Paper records were stored securely in a locked cabinet on the premises. We did not observe any records being left unattended however, on the day of surgery patient records were kept on a table next to theatre and may be left unattended at times. The registered manager was aware of this risk and had made arrangements to purchase a lockable cabinet for this area.
- Individual care records were written in a way that kept people safe. The service used paper records for recording details of surgery using specific care pathways, for example cataract surgery. This ensured all documents were held in one place. The inspection team viewed 12 sets of patient records and found them to be legible, written in black ink, signed and dated. Letters to patients and GPs were kept electronically as well as in the paper record. There was a daily automatic data back-up of these records and the computer system was password protected
- The provider completed six monthly audits of records. Audits completed in June 2017 and in January 2018 were of approximately 20 patient records in each period. The audit showed 100% compliance for the correct date, legibility, correct colour ink used, consent, correspondence, diagnostic information, operation records, and signatures.

## Safeguarding

- Safeguarding adults was not always given sufficient priority by the service and policies and procedures were not in line with current legislation.
- In the reporting period (August 2016 to July 2017) there were no safeguarding concerns relating to this service reported to the Care Quality Commission (CQC).
- Consultant partners had access to safeguarding training through their substantive role working as consultants for local NHS trusts. The provider maintained an electronic record of completed training The practice manager would alert any consultant who was not compliant with safeguarding training.
- Secretarial and technical staff from Exeter Eye LLP had undertaken safeguarding awareness training annually which had been provided by the host hospital. A register of staff attendance was made to ensure compliance was maintained. There was no evidence that more advanced training was offered or completed for staff working for Exeter Eye LLP.
- Nursing staff for theatre followed the safeguarding policy of the host hospital which was in date and provided guidance on what action should be taken in the event of a safeguarding concern being raised. Staff were knowledgeable about what should be reported as a safeguarding concern and knew who the safeguarding lead for the host hospital was if they needed advice and guidance. Nursing staff for the host hospital had received level two safeguarding training through an e-learning package. Several staff members had also attended further training around female genital mutilation and radicalisation. However, there were no checks made by Exeter Eye LLP on the compliance of this training.
- The registered manager was identified as the safeguarding lead for the provider but had not undertaken any further training to support them in this role.
- Exeter Eye LLP had a 'Vulnerable Adults' policy which was in date and held contact numbers of local safeguarding contacts. The terminology in the policy had not been updated in line with the Care Act, 2014 and the policy did not fully reflect this legislation. There were no quick reference guides for staff on what to do in the event of a concern and had not been fully adapted for relevant use by the provider.

## Mandatory training

# Surgery

- Mandatory training was provided but no oversight of what training staff needed to undertake their roles was provided by the service. Staff received mandatory training through a service level agreement with the host hospital however, Exeter Eye LLP had no policy for mandatory training and no clear understanding of what training should be mandatory for clinical and administrative staff to carry out their roles. There were no targets for compliance.
- Staff from Exeter Eye LLP joined with staff from the host hospital for an annual day of training. Mandatory training provided by the host hospital included safeguarding awareness, manual handling, fire and safety, basic life support and diversity training. A register was taken of those who had attended this training and was provided to Exeter Eye LLP as confirmation of compliance. Training in the Mental Capacity Act, infection, prevention and control and information governance was not included as part of the annual training provided.
- Consultant staff had access to mandatory training through their roles as consultants within the local NHS trust. The provider monitored their compliance and when this was due for renewal. This showed all consultant partners were up to date with mandatory training as required by the local NHS trust.

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

- Risks were assessed to maintain patient safety but there were limited tools for staff to identify when a patient's condition was deteriorating.
- The consultant assessed patients for surgery on an individual basis. Risk factors were assessed by the surgeon undertaking the surgery and patients were informed of all risks and options open to them at their initial appointment. Diagnostic tests were completed in the outpatient clinic at the initial appointment. Ultimately the consultant made the decision on the suitability of the patient for surgery and those considered to be at risk were not accepted for treatment.
- There was no formalised standard operating procedure or policy for staff to follow in the event of deterioration of a patient on the day of surgery. There was no protocol or training provided in relation to recognition, diagnosis or early management of sepsis as recommended in the guidelines published by the National Institute for

Clinical Health and Excellence (NICE). Early warning scores were not used to assess deterioration in patients. However, staff monitored patients vital signs such as heart rate, blood pressure and respirations. There was always a member of staff present with a patient throughout surgery and a surgeon and anaesthetist were available for additional support if needed.

- We observed how staff assessed and responded to risks by completing the World Health Organisation (WHO) surgical safety checklist. The National Patient Safety Agency (NPSA) issued a patient safety alert recommending that all providers of surgical care use the WHO surgical safety checklist. This was incorporated into the five steps to safer surgery which included pre-list briefings, the steps of the WHO surgical safety checklist and post-list debriefings in one framework. The checklist focused the whole team on the safety of practices before, during and after a procedure. The host hospital had adapted the surgical pathway which included the surgical safety checklist within the paperwork. Exeter Eye LLP used the same paperwork. This ensured that these checks were a central part of the surgery. We observed four operations taking place and saw the protocols being used consistently and effectively. All members of the surgery team worked well together and communicated clearly.
- Compliance with the WHO checklist was audited by the practice manager for Exeter Eye LLP every six months. We saw evidence that of the 22 records checked 100% had a completed checklist. We reviewed 12 patient records and found all checklists were present and completed in full.
- There were no service level agreements in place for the transfer of patients to any local NHS trust. Staff would telephone for an ambulance if there were any emergencies in theatres or outpatient clinics.
- Patients could contact consultants 24 hours a day following discharge if there were any concerns or emergencies. Patients were happy with this arrangement and one patient commented that it added to the 'personal touch' of the service.
- There were no unplanned returns to theatre during the reporting period (August 2016 – July 2017).

## Nursing and support staffing

- There were recommended numbers of theatre staff within surgery. All nursing and support staff within theatre were employed by the host hospital and

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provided to Exeter Eye LLP under a service level agreement. The theatre manager (employed by the host hospital) was responsible for ensuring there were adequate numbers of staff and the correct skill mix for each of the operating lists.

- All surgery was elective and planned and staffing was organised in advance. No operations had been cancelled due to lack of staff in the 12 months preceding the inspection. The host hospital employed one theatre manager, one health care assistant, one anaesthetic nurse and three registered nurses. There were approximately five members of bank staff that the host hospital regularly used. These registered nurses also worked within the local NHS trust.
- Records showed that all staff including bank staff were provided with an induction and a staff handbook containing all the relevant policies used by the host hospital.
- The registered manager advised us that they operated with a minimum of four nursing staff in theatre in line with the Royal College of Ophthalmologists, Ophthalmic Services Guidance, February 2018.

## Medical staffing

- There were adequate numbers of surgeons and anaesthetists for the service offered. Exeter Eye LLP was led by nine consultant partners and one associate member. All were specialist ophthalmic surgeons registered on the current General Medical Council specialist register. These individuals carried out all surgery. All consultants also carried out ophthalmic surgery within local NHS trusts as part of their substantive roles.
- Exeter Eye LLP employed a practice manager to oversee the checks required for all medical staff employed by the partnership. We reviewed all seven partner's files, these contained the necessary documentation, and all were within date. These checks included professional registration, Disclosure and Barring Service (DBS) checks, Hepatitis B immunity, passport, driving licence, curriculum vitae, confidentiality declaration, references, appraisal and indemnity insurance. We saw evidence of checks made to the partner's revalidation status with the General Medical Council and when these were due for renewal. The practice manager used computer software to manage this which would send an alert

when any of these items were due for renewal. Senior managers told us these records would be updated and reviewed regularly to ensure all staff had the necessary documentation on an ongoing basis.

- All consultants had received an annual appraisal by an independent consultant as a requirement for this role working within the NHS. Exeter Eye LLP held evidence of these appraisals and felt this provided them with assurance.
- Consultants would provide patients with a contact number following surgery and were responsible for emergency cover for the 24 hours following surgery. No locum usage or junior doctor cover was used. Consultants informed us that it was rare for patients to make contact and this did not impact upon them significantly in terms of their workload.
- Exeter Eye LLP had a service level agreement in place with another small business company for the provision of anaesthetists. All surgery undertaken by the service was overseen by an anaesthetist and we were informed that surgery would not take place if there was not an anaesthetist present. There had been no issues within the 12 months preceding the inspection with availability of medical staff.
- We saw evidence of the service level agreement and saw that it was signed by both Exeter Eye LLP and the company providing anaesthetists. However, there was no review date for this agreement. Exeter Eye LLP had assurances from the company that all employment histories, registration details and medical insurance indemnity for each of the consultant anaesthetists was held by the host hospital. The host hospital also completed DBS checks on each individual. However, Exeter Eye LLP did not have their own oversight of this or evidence that this had taken place.

## Emergency awareness and training

- Systems were in place to respond to emergencies and major incidents. The host hospital's electricity supply was backed up with a generator should the power on site fail. Treatment would therefore not be compromised if power failed mid surgery. This was managed by the host hospital and we were informed there was regular testing of this process.
- Staff we spoke with were aware of their responsibilities and evacuation plan in the event of a fire. Staff were required to follow the policy provided by the host

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hospital and undertake fire safety training as part of their annual mandatory training. This had been completed by all staff working for Exeter Eye LLP at the time of the inspection.

## Are surgery services effective?

Good 

We rated effective as **good**.

### Evidence-based care and treatment

- Current evidence and best practice was used effectively to develop and deliver treatment. National Institute for Health and Care Excellence (NICE) guidelines and Medicines and Healthcare Products Regulatory Agency (MHRA) alerts were a standing agenda item at the Medical Advisory Committee (MAC) meeting. We were informed that the registered manager was emailed directly with MHRA alerts and would review these and raise them at the meeting as relevant. Between April 2016 and January 2018 no guidelines or alerts were discussed because they were documented as 'nil relevant to our practice'.
- Exeter Eye LLP followed recommendations from The Royal College of Ophthalmologists and used the Quality Standard Self-Assessment Tool for ophthalmic services to guide them in this. Staff used this tool and showed us action plans written to ensure areas on non-compliance were addressed.
- The World Health Organisation (WHO) 'safer surgery checklist' had been adapted well for use during surgery. The National Patient Safety Agency (NPSA) issued a patient safety alert recommending that all providers of surgical care use the WHO surgical safety checklist. This was incorporated into the five steps to safer surgery, which included pre-list briefings, the steps of the WHO surgical safety checklist and post-list debriefings in one framework. The checklist focused the whole team on the safety of practices before, during and after a procedure. We observed staff assessed and responded to risks by completing the WHO checklist and the team were consistent and followed best practice in the delivery of these checks.
- Technology recommended by the Royal College of Ophthalmologist was available and used effectively by the provider pre-operatively, during surgery and at

outpatient clinics. Measurements of the eye were taken to improve accuracy of the surgery outcome. This included a machine used to measure the curvature of the cornea. During cataract surgery a 'phaco-emulsification' machine was used and a standard operating procedure was present to demonstrate how to use and care for the machine.

### Pain relief

- The service assessed and managed the pain of patients well. Patients underwent surgery under local anaesthetic. Staff monitored patients for signs of pain throughout the operation. Staff told us patients very rarely reported pain either during or after the procedure.
- For any patients who were anxious sedation could be offered following consultation with the surgeon and anaesthetist. An anaesthetist and anaesthetic nurse was present for all surgery undertaken and oversaw this process..
- Staff asked patients to rate their pain following surgery. This was recorded within the surgery pathway document as well as comments from the nurse about how the patient felt following the procedure. We viewed 12 sets of notes and all patients had their pain assessment and treatment documented.
- Patients were provided with written and verbal advice on what to do should they feel any discomfort or pain on discharge.

### Nutrition and hydration

- Facilities were in place to provide patients with tea or coffee and a biscuit following surgery completed under local anaesthetic. Water was also readily available. Patients were asked to fast prior to surgery in case they required sedation on the day.
- The service told us they had looked into options around the quality of the food and drinks provided to patients as this tended to be the lowest score within their patient satisfaction survey. Actions following this had not been taken at the time of the inspection.

### Patient outcomes

- Surgical outcomes for patients were not consistently audited by the service as a whole. Consultants monitored their individual data including posterior capsule rupture rates, visual acuity results and actual versus intended refractive outcomes. These were benchmarked against the National Ophthalmic

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Database (NOD) figures. The registered manager explained outcomes for individual surgeons compared favourably when benchmarked in this way. This individual data was used to monitor performance of surgeons.

- Continuous audits for Exeter Eye LLP as a whole were not completed and therefore the service could not be compared against national average rates to determine how effective it was. Exeter Eye LLP had recognised this was an area for development and an action plan was in place for continuous audit processes to be established for the provider as a whole. The lack of consistent data and the inability to benchmark outcomes against national databases was reflected in the risk register for the service.
- Clinical outcome data was not externally verified. Exeter Eye LLP did not submit data to national audits or to the Private Healthcare Information Network (PHIN).

## Competent staff

- Exeter Eye LLP had limited oversight of the qualifications, training and competencies of those staff working under service level agreements.
- Exeter Eye LLP was made up of seven consultant partners and one associate member (consultant employed by Exeter Eye LLP). The practice manager kept a database that recorded details of consultant appraisals, references and employment history. We saw that all required information was available and in date for all consultants employed and all had received appraisals undertaken by the local NHS trust within the year preceding the inspection.
- All staff had completed basic life support training as part of their annual mandatory training.
- The service were provided with nursing and support staff to run the theatre as part of an agreement with the host hospital. The host hospital employed a theatre manager, registered nurses and a health care assistant. The organisation recruited appropriately qualified personnel. They assessed suitability using previous experience, offered competency training and assessed staff to ensure they met those competencies. Exeter Eye LLP did not have oversight of these processes and checks and received no formal assurance from the host hospital that this information was collected and competencies monitored.
- Exeter Eye LLP had an agreement with another organisation for the provision of anaesthetist

consultants to undertake surgery. The service had requested assurance from the company that all consultants had the appropriate checks including Disclosure and Barring Service, employment histories and indemnity insurance. The company had informed Exeter Eye LLP that this information was held for each anaesthetist, however, they saw no evidence of these checks.

## Multidisciplinary working

- Care was delivered in a coordinated way between different teams including theatre, reception and outpatient staff. Staff told us that they worked well together. For example, reception staff were aware of the appointments and surgery times for each patient prior to the day. Theatre staff told us that secretarial staff kept them well informed of cancellations and changes to any theatre lists.
- We observed surgery being undertaken and noted good communication within theatre. Interactions between all staff members, both medical and nursing, were respectful, pleasant and courteous. The team members were clear about their roles and focused on the needs of the patient throughout the surgery.
- There were clear arrangements to inform GPs and opticians that treatment had taken place on the patient's discharge from surgery.
- Exeter Eye LLP held educational evenings for GPs and opticians approximately once every three months. Leaders of the service felt this strengthened relationships between these professionals and allowed them to update others on the latest practice within ophthalmic treatment.

## Access to information

- All of the information needed to deliver effective care and treatment was available to the relevant staff in a timely and accessible way. This included patient notes and risk assessments. All patient records were kept on the premises and secretarial staff were required to locate the records for each appointment and operating list and ensure they were available for the day of surgery or outpatient appointment. Staff informed us this system worked well and there had been no instances when records were not available.
- Information was sent to other professionals in a timely way to ensure continuity of care. The consultant completed a discharge summary following completion

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of the surgery and after any outpatient appointment. This was dictated by consultants and typed by secretarial staff before being sent to patients' GP to ensure they were kept informed of any treatment undertaken. Secretarial staff informed us this activity took priority for them as they were aware of the importance of GPs being kept up to date with patients' care records.

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

- The service ensured patients gave informed consent before they underwent treatment. However, the policy used by Exeter Eye LLP did not give sufficient guidance to staff and did not refer to relevant legislation. Staff gave detailed verbal and written information about the risks, benefits and realistic outcomes of the treatment. We saw leaflets provided to patients had detailed information on specific treatments undertaken by the provider. These were comprehensive and included information about the potential complications of treatment.
- Patients we spoke with told us the consent process was very thorough and they had the opportunity to take away information and think about the procedure at length before agreeing to any treatment.
- Consent was checked at all stages of the treatment process. We observed consultants assessing consent at the initial consultation and also speaking with patients privately, explaining the risks of the surgery and assessing the capacity of the patient to ensure consent was given again on the day of surgery.
- Consent was clearly documented and recorded in patient records. The provider undertook six monthly auditing of consent records. Audit results demonstrated that signed consent forms were present in 100% of the 22 records audited.
- We reviewed 12 sets of patient records. Consent was recorded as being given with patient signature in all records.
- The consent policy used by Exeter Eye LLP was within review date however, it not include up to date legislation. The policy did not refer to the Mental Capacity Act, 2005 nor did it provide clear guidance on how to assess capacity in light of this act and did not refer to the process of making a best interest decision. Mental Capacity Act training was undertaken by

consultants as part of their employment with a local NHS trust. The provider had evidence of completion of this training of each of the consultant partners and we saw this training was in date.

- There was no evidence that staff members employed directly by Exeter Eye LLP nor those employed under the service level agreement with the host hospital had received Mental Capacity Act training.
- Staff demonstrated an understanding of the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act, 2005. The registered manager who was also a consultant was able to provide information about how a patient's capacity was assessed and the process of making a best interest decision. The service had not provided treatment to anyone who was unable to give informed consent during the 12 months preceding the inspection.

## Are surgery services caring?

Good 

We rated caring as **good**.

## Compassionate care

- Staff cared for patients with compassion. We observed staff took time to interact with patients and those close to them in a respectful and considerate manner. All patients and relatives we spoke with were positive about their experience. One patient told us they found the consultant's approach "very good" and another explained the service was "first rate".
- We looked at nine comment cards that patients had completed before the inspection. Comments were overwhelmingly positive. One comment noted staff were "friendly and caring" and "had my comfort and wellbeing foremost during treatment and afterwards". Another commented that staff were "professional, skilled and kind".
- Staff were observed respecting patients' privacy and dignity. Patients wore their own clothes throughout the procedure and staff did not discuss personal information with patients in public areas. Consultants and nurses would undertake discussions before and after the operation in a separate room to ensure privacy.

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- Staff showed an encouraging, sensitive and supportive attitude to patients and those close to them. We observed staff making patients comfortable in theatre by checking their position and offering them pillows to put under their knees before the procedure started.

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

- Staff involved patients and those close to them throughout treatment. A patient commented that “everything was made clear to me through the process” and they were “not rushed”. We spoke with one patient who stated staff “explained everything really well”. This had helped them to feel involved.
- We observed consultants providing clear and in depth information to patients during initial consultations. Consultants used the visual aid of a model eye to demonstrate and explain to patients what options were available to them and how the surgery would be undertaken. Patients were provided with information about relevant treatment options including benefits, risks and potential consequences.
- Patients were supported to manage their own health. Staff were observed giving clear advice following surgery which included information about post-operative care and how and when to put in eye drops.
- Relatives were observed being invited to sit with the patient when discharge arrangements were discussed. Staff ensured that any patient who had undergone surgery was always accompanied home with a close friend or relative and they were also given instructions around post-operative care and medications.

## Emotional support

- Staff showed genuine interest in the individuality of patients. Consultants asked questions about patient’s occupations, hobbies and lifestyle which allowed them to put the patient at ease and provided a personal service.
- Staff recognised when patients and those close to them needed additional support to be involved in their care and treatment. One patient told us “they will see you at short notice if you are worried about treatment you have received to put your mind at rest”.
- Staff provided emotional support to patients to minimise their distress. Staff took time to explain what would happen on the day of surgery. Staff were aware, as procedures were carried out under local anaesthetic;

care was needed to reduce any anxiety felt by the patient. We observed staff members holding the hand of patients to reassure them and explaining what would happen throughout the procedure.

## Are surgery services responsive?

Good 

We rated responsive as **good**.

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

- The service offered choice and flexibility for patients in terms of surgery and outpatient appointment days and times as well as location. The provider had access to satellite clinics where they could also offer treatment. These clinics were not inspected at the time of this inspection.
- Consultant partners each had their own sub specialities within ophthalmic surgery. For example, cataract, retinal surgery or glaucoma. This enabled the service to offer a full range of treatments.
- The service offered good continuity of care for patients. Patients would see the same consultant for initial consultations, treatment and follow up appointments. Secretarial staff had access to consultant diaries and were able to book appointments for surgery immediately following consultation if necessary.
- The facilities and premises met the needs of the service that was delivered. All areas including waiting, treatment and theatre rooms were on the ground level with parking space available. Some patients advised us that the location was difficult to get to with public transport. Directions were sent out to patients prior to appointments.

## Access and flow

- Access to the service was good. Appointments could be made through direct patient contact or GP referral. All patients attending Exeter Eye LLP were private patients. Secretarial staff were responsible for booking both outpatients and surgical appointments and were able to provide dates and times for initial consultations usually at the time of the request. Senior managers were hoping to move to a computerised diary system to further assist this process.

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- Patients were able to access their consultant of choice. Patients told us the appointments system for both surgery and outpatient appointments was very good and that the process to be seen was very quick.
- Patients not attending their appointments was generally not an issue for the service and therefore they did not monitor rates of non-attendance. As patients were seen by the same consultant throughout their treatment pathway they would be aware that a patient had not arrived for their appointment or surgery and would make follow up enquiries.
- The provider took action to minimise the time patients spent at the clinic on their day of treatment. Patient arrival times were staggered to coincide with their allotted surgery time. This meant there was less time spent waiting on the day of surgery. Senior managers were aware that despite a staggered approach some people had raised concerns about the length of time they were waiting on the day of surgery. Managers had responded to these concerns by providing clear communication with patients about anticipated wait times.
- Appointments and treatment would only be cancelled when absolutely necessary. During the reporting period no surgery had been cancelled by the provider and we were informed that if this had been necessary patients would be offered another appointment within 28 days.

## Meeting people's individual needs

- The service mostly took account of patients' individual needs. Patients with limited mobility or those who wore hearing aids were supported but those whose first language was not English had no additional support. Exeter Eye LLP did not have the ability to provide translation services for those people requiring a foreign language or sign language interpreter. This included verbal and written translation. However, there had not been a requirement to engage any interpreters during the running of the service. Patient leaflets were available in large print.
- A mobile hearing loop was provided by the host hospital for patients who used hearing aids. However, there were no signs to advise patients that this was available.
- For patients with a mobility impairment support was limited. Staff were available to assist patients to transfer

- in and out of the theatre chair. However, there was no lifting equipment for staff to use when helping patients. The service informed us if this was identified as a need they would offer surgery at one of their satellite clinics.
- There were parking facilities available at the location with designated parking spaces for people with a disability. The whole service was provided on a level access and there were accessible toilets available.
- There was a chaperone sign in reception and patients were encouraged to have relatives or friends accompany them. Patients were informed before surgery they should have someone to accompany them home following surgery. Staff informed us that the premises closed no later than 7pm and therefore people were not discharged late at night.
- For patients living with a learning disability or dementia, the service made reasonable adjustments on a case by case basis.

## Learning from complaints and concerns

- No complaints had been received by Exeter Eye LLP in the reporting period August 2016 to July 2017. We reviewed the patient guide for the service which outlined the complaints procedure for patients. However, this did not give advice on how to raise an initial complaint.
- The complaints policy was within review date. The policy highlighted that the manager was responsible for completing audits and thematic reviews of complaints to be reported every two months and an annual report of complaints for learning and monitoring purposes.
- The registered manager explained a formal written acknowledgement of the complaint would be made within specific timescales, they would lead an investigation into the complaint and produce a full written report with recommendations and actions.
- We saw evidence that complaints were a standing agenda item at the Medical Advisory Committee (MAC) meeting held by the service. However, as no complaints had been received we were unable to see evidence of any discussion, learning or action taken as a result of a complaint.
- The service was aware that due to its location within a host hospital complaints may be made to the other service. We were informed that there was good communication between the services and that any complaints received by either service would be highlighted to the appropriate manager.



# Surgery

## Are surgery services well-led?

Requires improvement 

We rated well-led as **requires improvement**.

### Leadership / culture of service related to this core service

- Leaders were visible and approachable. The service was led by two consultants with one of these consultants acting as registered manager. The registered manager also maintained clinical duties undertaking surgery and outpatient clinics. Staff told us as they regularly worked alongside the leaders of the service it meant they were available if there were any concerns to raise. One consultant informed us that the team seemed very 'cohesive' and worked well together.
- All members of staff we spoke with told us the managers were open and that there was a culture of honesty. Staff stated they felt able to raise issues with managers if they had concerns and they were happy working for the provider. This was especially the case since the introduction of the practice manager whose responsibilities included developing relationships between consultants and staff.
- Fees and conditions of service were clear and patients were provided with a simple fee structure prior to surgery being completed as well as documentation of the terms and conditions. One patient we spoke with told that that prices were discussed at open evenings held by the service for potential patients. They felt this had been 'frank and honest'. Fees were also available on the website for the provider.
- Leaders were keen to make improvements when issues were highlighted however, this demonstrated a reactive leadership style rather than proactive measures being taken.

### Vision and strategy for this core service

- Exeter Eye LLP stated they had a vision to provide 'the most advanced techniques and technology to deliver clear vision' and to offer 'the very best in patient care and comfort'. The registered manager and consultant partners were responsible for developing a mission statement. There was no evidence that Exeter Eye LLP

staff had been involved in the creation of this. There were no measures in place to monitor the effectiveness of these goals nor how they would know when this was achieved.

- Leaders were proud of their service and the fact they could offer all sub specialities of ophthalmic surgery within one organisation.
- A strategic plan had been developed which included an assessment of the current business market in relation to ophthalmic care. The goals of this plan included increasing patient numbers and to offer further surgical procedures. The service aimed to achieve this through the attraction of new partners and good working relationships with local health care providers.

### Governance, risk management and quality measurement (and service overall if this is the main service provided)

- Governance arrangements including risk management and quality measurement were underdeveloped. Exeter Eye LLP reviewed significant events and incidents, complaints, National Institute for Health and Care Excellence (NICE) guidelines, facilities, risk assessments, finances, equipment, staffing and patient satisfaction results and comments at the Medical Advisory Committee (MAC) meeting which took place on a quarterly basis. These meetings were regularly attended by consultant partners and the practice manager. A business meeting also followed on from the MAC meeting where issues such as fees and website design were discussed.
- Exeter Eye LLP maintained an oversight of risks to the running of their service and patients. The risk register documented descriptions of risks, severity, control measures taken and included executive risk ownership with dates for review. Issues raised at the inspection were immediately added to the risk register and an action plan developed. An example of risks identified on the register included inconsistencies in the way clinical outcome data was being collected. Discussions of this risk had been discussed at MAC meetings.
- Meetings were held to monitor the quality of the service but no record was made of them. The registered manager held meetings with the theatre manager and with the lead for the host hospital to gain assurances around actions they were contracted to provide. Exeter Eye LLP had limited oversight of checks completed on medicines, infection and prevention control processes

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as well as the training and competency of staff. This was because Exeter Eye LLP did not request any formal reports or audit results from the host hospital or undertake an audit themselves of checks completed.

- Quality and relevancy of policies and procedures for Exeter Eye LLP was variable. Relevant and up to date guidance for staff was not always included. The 'Vulnerable Adults' policy made reference to out of date terminology and did not relate to relevant legislation such as the Care Act 2014. Not all policies were comprehensive and relevant for the specific services provided by the provider. There was no policy for mandatory training. All policies we checked had been reviewed in a timely way and within the 12 months preceding our inspection. However, it was not clear that the MAC were involved in the review or 'signing off' of policies. There was no systematic method of ensuring staff had read or were aware of Exeter Eye LLP policies.
- Governance arrangements were not effective. Service level agreements with the host hospital and the service providing anaesthetists were signed by relevant parties and we saw the service level agreement with the host hospital had been reviewed annually with a signed and updated schedule attached. There were no formal meetings held to review the agreements but we were told that informal discussions took place with leads from the host hospital.
- All the consultant partners and associate members working for Exeter Eye LLP held indemnity insurance in accordance with the Health Care and Associated Professions Indemnity Arrangements Order 2014.

## Public and staff engagement (local and service level if this is the main core service)





- The service proactively sought the views of patients but actions in response were limited. A patient survey was undertaken by Exeter Eye LLP which showed consistently positive results. The last survey undertaken at the end of 2017 had a response rate of 60% and an overall satisfaction rate of 90%. The practice manager provided a report for the MAC meetings, which included patient feedback as a standing agenda item. Discussions had taken place around lower scores from the survey. These related to food and drinks provided in the waiting area. However, no actions had been recorded in response to these concerns.

- Processes for staff engagement were limited but improvement actions were in progress. The new practice manager had been employed in response to recognition by the service that relationships between consultants and support staff needed development.
- The practice manager was in the process of strengthening relationships between support staff and consultants prior to the inspection. This included the introduction of regular team meetings where feedback from the Medical Advisory Committee could be provided and questions from the team raised. Staff informed us the practice manager was available outside of organised meetings and they had many opportunities to discuss concerns.
- All organisations carrying out NHS work are required to ensure there is a dedicated person to whom concerns from staff can be easily reported. This person is known as a 'Freedom to Speak up Guardian'. Although not a requirement for independent health care organisations Exeter Eye LLP had an identified practice manager undertaking this role which demonstrated good practice.
- Managers told us they valued their staff and the work they did for the service however, it was not clear how this was recognised and communicated to staff.

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

- Leaders for the service responded positively to opportunities for learning. During our inspection managers were keen to make improvements and actioned any concerns immediately upon being informed. For example purchasing a tamper evident resuscitation trolley when a concern around this was raised by our inspection team.
- A practice manager had recently been recruited to support the registered manager with improving governance, communication with staff and sustainability of services. Actions had already been undertaken including the introduction of a new incident reporting tool, risk register and creation of action plans for the service.
- The Medical Advisory Committee meeting minutes highlighted that partners were involved in discussions around purchase of new equipment such as hand held slit lamps and laser machines as well as the benefits of different types of lenses.

# Outpatients and diagnostic imaging

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

## Are outpatients and diagnostic imaging services safe?

Requires improvement 

We rated safe as **requires improvement**.

### Incidents

- For detailed findings on incidents please see the safe section of the main surgery report.

### Cleanliness, infection control and hygiene

- The service controlled infection risk well. We saw all areas were visibly clean, tidy and free from dust. We observed two outpatient clinics and saw that all staff sanitised equipment with suitable wipes after each patient. Wipes were accessible and plentiful and staff reported no issue with maintaining cleanliness in the clinic. We observed staff following the policy of the service being bare below the elbow, wearing minimal jewellery and having nails short and visibly clean.
- Cleaning schedules were maintained and we saw completed checklists detailing when the clinic had been cleaned.
- For detailed findings on incidents please see the safe section of the main surgery report.

### Environment and equipment

- The service had suitable premises and equipment. Maintenance of equipment was managed by the practice manager and we saw evidence that each piece of equipment had a service plan which was within review date and all machines had been regularly serviced.

- The environment was suitable to meet the needs of patients. The outpatient area consisted of consultation rooms, office space for secretarial staff, a laser room and an area for diagnostic assessments to take place.
- Control measures were used to provide a safe working environment for the use of the non-invasive laser. An annual inspection of the laser area had been undertaken by an external Laser Safety Advisor which identified the service was compliant with 'Guidance on the safe use of lasers', Medicines and Healthcare products Regulatory Agency and the Control of Artificial Optical Radiation at Work Regulations, 2010. A risk assessment had been completed which was in line with legislation and a laser safety audit had been completed in May 2017. The external Laser Safety Advisor had commented that this audit highlighted a high quality of record keeping.
- Precautions taken protected the safety of staff, patients and visitors when lasers were being used. Staff were knowledgeable about the local rules for the operation of the laser and their compliance with the reading of these rules was monitored and recorded. The laser room had a suitable lock and laser hazard warning sign on the door. We were informed there was an automatic 'switch off' on the machine should the door be opened. There were no reflective surfaces within the room. The laser was serviced and had a service plan which was within date. Discussions about the servicing or replacement of the laser took place within the Medical Advisory Committee and this was recorded on the risk register.
- Each time the laser was used a record was made of the type of procedure undertaken, the name of the patient and a signature of the consultant operating the machine.

### Medicines

# Outpatients and diagnostic imaging

- Arrangements for the management and storage of medicines kept people safe. Medicines for the outpatient clinics were ordered by Exeter Eye LLP and delivered from a community pharmacy. Medicines were stored neatly and securely within locked cupboards. Weekly checks on stocks of medicines were undertaken by Exeter Eye LLP staff. There had been no issues reported with medicines availability or stock levels.
- Fridges which held medicines were locked and kept at temperatures as recommended by manufacturers. Daily fridge temperature checks were documented when clinics were in use. Minimum and maximum ranges were recorded. There were also instructions for staff on what to do should the fridge temperature fall outside of the recommended range.
- No controlled drugs were used within the outpatient clinic.
- Medicines were prescribed by consultants. We viewed 12 patient records and saw that all medicines medications prescribed were signed for by a consultant. Eye drops used to dilate the pupil were administered by the ocular technician who had been trained and their competencies had been assessed.
- For our detailed findings on medicines please see the safe section in the surgery report.

## Records

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

## Safeguarding

- For our detailed findings on safeguarding please see the safe section in the main surgery report.

## Mandatory training

- For our detailed findings on mandatory training please see the safe section in the main surgery report.

## Nursing staffing

- There were adequate numbers of staff to support the outpatient service. Exeter Eye LLP employed a number of secretarial staff and one ocular technician to support the running of the outpatient service alongside the consultant partners.

- There had been no incidences where the clinic had been cancelled due to the non-availability of staff. If the technician was not available the consultants were able to complete any necessary assessments at the time of consultation.

## Medical staffing

- The registered manager was identified as the clinical laser safety supervisor for the provider with the ocular technician undertaking the operational laser safety supervisor role. Records clearly identified authorised operators and documented these individuals had received Laser Safety Core of Knowledge training and had read the local rules which were available.
- For our detailed findings on medical staffing please see the safe section in the main surgery report.

## Emergency awareness and training

- Systems were in place to respond to emergencies and major incidents. The host hospital's electricity supply was backed up with a generator should the power on site fail. Treatments provided within the outpatient department involving the use of a laser would therefore not be compromised if power failed mid treatment. This was managed by the host hospital and we were informed there was regular testing of this process.
- For our detailed findings on emergency awareness and training please see the safe section of the main surgery report.

## Are outpatients and diagnostic imaging services effective?

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

## Evidence-based care and treatment

- For our detailed findings on evidence based care and treatment please see the effective section of the main surgery report.

## Pain relief

- The service assessed and managed the pain of patients well. Patients were asked about any discomfort and pain following treatment and we were informed that pain was rarely an issue following procedures.

# Outpatients and diagnostic imaging

- Assessments undertaken within outpatient appointments were generally not painful but staff informed us they would monitor and ask patients if they felt any discomfort.
- Patients were given information about their treatment and what action to take should they feel pain on discharge from the service.

## Nutrition and hydration

- A variety of teas, coffees and hot chocolate were available free of charge within the reception area for patients and water was readily available.
- We observed during the inspection that the outpatient appointments ran to time and therefore no long waits for patients within the waiting area.

## Patient outcomes

- For our detailed findings on patient outcomes please see the effective section within the main surgery report.

## Competent staff

- Staff had the right qualifications, skills, knowledge and experience to their job. Exeter Eye LLP employed one ocular technician to support the outpatient clinic as well as, four secretarial staff and one part time practice manager. We saw paper files were kept for all staff which included qualification and employment histories, references and identification. All staff had evidence of a recently completed appraisal carried out by Exeter Eye LLP within their files. The new practice manager had identified that Disclosure and Barring Service checks were out of date for one member of staff and actions had been taken to ensure this was being completed. This was not however identified on the risk register held by the provider.
- The organisation recruited appropriately qualified personnel. They assessed suitability using previous experiences, offered competency training and assessed staff to ensure they met those competencies. All staff had received basic life support training.
- Staff were trained to fulfil roles for laser safety in line with national guidance. The registered manager was identified as the clinical laser safety supervisor with the ocular technician undertaking the operational laser safety supervisor role. Records clearly identified

authorised operators and documented these individuals had received Laser Safety Core of Knowledge training and had read the local rules which were available.

- Staff told us there were opportunities for development and learning made available to them. For example staff had been supported to attend conferences specific to ophthalmic surgery. Through the appraisal process, secretarial staff had requested seminar sessions and to observe surgery. This was to help them be more effective at understanding the needs of patients. This was still in consideration by managers.
- For our detailed findings on staff competency please see the effective section within the main surgery report.

## Multidisciplinary working

- For detailed information about multidisciplinary working please see the effective section within the main surgery report.

## Access to information

- All of the information needed to deliver effective care and treatment was available to the relevant staff in a timely and accessible way. Staff had access to records for each patient. These were kept on site, located by the secretarial staff and made available for each outpatient appointment. We were informed there had been no instances where records were not available.
- Some equipment used to take pictures of retina, such as the Optical Coherence Tomography (OCT) machine, was linked automatically with the computer system used by the provider. Results from this machine could be accessed by the consultant immediately within the consultation room and used within the consultation appointment.
- For detailed information about access to information please see the effective section within the main surgery report.

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

- For our detailed findings on consent and the Mental Capacity Act please refer to the effective section in the main surgery report.

**Are outpatients and diagnostic imaging services caring?**

# Outpatients and diagnostic imaging

Good 

We rated caring as **good**.

## Compassionate care

- Staff cared for patients with compassion. We observed all staff including the technician, reception staff, secretaries, and consultants interacting with patients in a genuinely warm and friendly manner. Patients told us they felt staff were caring and kind and they were very pleased they had chosen the service. One patient had written to the consultant to personally thank them for their kindness and stated “your combination of professionalism, care and compassion made me feel comfortable and secure”.
- Staff were observed respecting patients’ privacy and dignity. During the inspection all consultations took place in private rooms and rooms had clear engaged signs on them to advise of when the room was occupied. We observed staff knocking on doors and waiting for a reply before entering.
- The diagnostic machines were in an open area located near consultation rooms however, staff advised us that no confidential conversations took place whilst tests were being undertaken in this area and we observed staff abiding by this during the inspection.

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

- Staff involved patients and those close to them throughout treatment. Patients were encouraged to bring relatives or friends with them for their outpatient appointment and there were clear signs about chaperone availability in the reception area of the clinic.
- We observed three outpatient appointments. We saw patients being given time to ask questions during their appointments. Information given to patients was detailed. One patient told us they felt fully aware of the treatment options available to them and that they were able to make an informed choice based on this.
- Staff fully involved patients and those close to them in decisions about their care and treatment. One patient told us that they felt the information given to them was “impartial” and “honest” as they had been directed to the NHS due to the nature of their condition. The patient was thankful for this.

- Patients were supported to manage their own health. We observed patients being provided with clear guidance on managing their condition at post-operative appointments and what issues to look out following discharge from the service.

## Emotional support

- Staff showed genuine interest in the individuality of patients. We observed all staff having conversations with patients about their lifestyles including hobbies and interests and their personal circumstances. This provided information for the staff member about how best to provide treatment and what emotional support may be needed for that person throughout the treatment process.
- Staff provided emotional support to patients to minimise their distress. When undertaking tests within outpatient appointments we observed staff providing clear instructions for each piece of equipment used. Staff attempted to alleviate any fear patients may have with regards to the assessment by using a calm approach and fully explaining the purpose of each test.

## Are outpatients and diagnostic imaging services responsive?

Good 

We rated responsive as **good**.

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

- For our detailed findings on service planning and delivery please refer to the responsive section in the main surgery report.

## Access and flow

- Access to outpatient appointments was good. Patients had timely access to initial assessment, diagnosis and post-operative appointments. All patients were private and treatments and assessments were elective rather than accessed in an emergency.
- Between the reporting (August 2016 to July 2017) 1,661 patients were seen at outpatients appointments. These numbers included those who had been seen for both post and preoperative assessments.

# Outpatients and diagnostic imaging

- Patients were able to self-refer or were referred by their GP or optometrist. On initial contact appointments were made with the patients' consultant of choice. As secretaries had access to diaries of the consultant's dates for the appointment were given immediately. The provider did not audit the waiting time for initial appointments as there were no waiting lists and patients were accommodated.
- No clinics had been cancelled during the reporting period.
- We observed two outpatient clinics on separate days and saw that appointments ran to time. Patients in the waiting room informed us that they had no complaints about the service and that they had enough time during the appointment for long discussions about any tests and treatment that was offered.
- Consultant staff dictated letters to GPs and secretarial staff were responsible for sending these out following appointments. We saw evidence of detailed correspondence with other professionals within patient files. Letters included comprehensive details of patient's treatment options and the reasoning for undertaking specific treatment based on the individual need of the patient. For example their lifestyle choices and preferences.

## Meeting people's individual needs

- For our detailed findings on meeting people's individual needs please see the responsive section in the main surgery report.

## Learning from complaints and concerns

- For our detailed findings on learning from complaints, please see the responsive section in the main surgery report.

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

Requires improvement 

We rated well-led as **requires improvement**.

### Leadership and culture of service

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

### Vision and strategy for this core service

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

### Governance, risk management and quality measurement

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

### Public and staff engagement

- For our detailed findings on public and staff engagement, please see the well led section in the surgery report.

### Innovation, improvement and sustainability

- For our detailed findings on innovation, improvement and sustainability, please see the well led section in the surgery report.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider must have oversight of the training and competency of staff, infection control processes, medication management, and equipment maintenance completed by the host hospital. This could be in the form of a report to provide assurance of the quality and safety of services provided under agreement.
- The provider must ensure staff receive Mental Capacity Act training.
- The provider must ensure that all staff have incident report training which is updated every two years in line with their own policy on Incident Reporting and Management.
- The provider must provide training and protocols for staff in relation to recognition, diagnosis or early management of sepsis as recommended in the guidelines published by the National Institute for Clinical Health and Excellence (NICE).
- The provider must ensure that safeguarding policies reflect current legislation and provide guidance on what to do should a safeguarding concern be raised. The provider must ensure all staff have appropriate safeguarding training, compliance of this is monitored and the manager has oversight of this.
- The provider must further develop their governance arrangements to ensure there are clear systems of accountability. That information and analysis is used proactively to identify concerns with safety and quality to drive improvement.

- The provider must ensure outcomes are collected and monitored for all surgeons who are part of the service and benchmarked against national databases. Areas for concern should be identified, investigated and improvements made.
- The provider must submit outcome data to the Private Healthcare Information Network (PHIN).
- The provider must review their policies and safety procedures and ensure they are in line with current legislation, relevant and provide sufficient operational guidance for staff.

### Action the provider **SHOULD** take to improve

- The provider should ensure that hand hygiene audits are completed by staff and patient led audits only provided as a supplementary form of oversight.
- The provider should ensure all records are stored securely.
- The provider should ensure that patients are provided with details of how to complain to the service and contacts for external agencies should they not be satisfied with the internal process.
- The provider should ensure they have access to interpreting services for both verbal and written information. This includes the ability to translate leaflets and consent forms as necessary.
- The provider should continue to develop processes for staff engagement.



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
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>17.-(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to-</p> <p>(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p> <p>Surgical outcomes for patients were not consistently audited by the service as a whole to ensure the quality and safety of the service was monitored and action taken as a result of concerns.</p> <p>Clinical outcome data was not externally verified. Exeter Eye LLP did not submit data to national audits or to the Private Healthcare Information Network (PHIN).</p> <p>There was limited oversight by the service that checks undertaken by the host hospital as part of their agreement were being completed. There were no formal reporting systems in place to gain assurance.</p> <p>Policies were not always updated in line with legislation and were not always relevant to the service being provided. The consent policy used by Exeter Eye LLP did not reflect the Mental Capacity Act, 2005. The 'Vulnerable Adults' policy did not reflect current legislation and did not provide clear operational guidance for staff.</p> <p>(f) evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a).</p> <p>There were underdeveloped processes in place to review and record the governance of the service. The Medical Advisory Committee did not effectively evaluate and monitor safety processes to improve services and safety.</p>

This section is primarily information for the provider

# Requirement notices

## Regulated activity

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

## Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

18. – (1) Sufficient numbers of suitably qualified, competent skilled and experienced persons must be deployed. They must receive such appropriate support, training, professional development, supervision and appraisal as necessary to enable them to carry out the duties they are employed to perform.

Mandatory training was not well defined by the service, there was no policy about what training was deemed necessary for staff to undertake and no checks were provided on compliance levels.

There was no evidence that staff employed by the service or the host hospital had undertaken Mental Capacity Act.

The training required by staff in relation to safeguarding adults was not well defined and compliance levels were not checked.

There was no training provided in relation to recognition, diagnosis or early management of sepsis as recommended in the guidelines published by the National Institute for Clinical Health and Excellence (NICE).

Staff had not received training in incident reporting as required by Exeter Eye LLP incident reporting and management policy.