

# Minor Ops Limited

# Minor Ops Ltd

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection on 21st May, 29th June and 30th June 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Minor Ops Ltd provides minor eyelid surgery across the North East. The service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of service and these are set out in Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Podiatry is one of the services provided by Minor Ops Ltd; this service is exempt from regulation.

The Operations Director is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

#### Our key findings were:

- We found that this service was providing safe care in accordance with the relevant regulations.
- We found that this service was providing effective care in accordance with the relevant regulations.
- We found that this service was providing caring services in accordance with the relevant regulations.
- We found that this service was providing responsive care in accordance with the relevant regulations.
- We found that this service was providing well-led care in accordance with the relevant regulations.

There were areas where the provider could make improvements. They should:

- Review the arrangements for ensuring that all sites where services are delivered are fit for purpose; including a review of whether it is necessary to carry oxygen when carrying out minor surgical procedures at the opticians' premises.
- Review the arrangements for ensuring the fire alarms at the main site are in working order, by obtaining guidance from the provider of the system.

# Summary of findings

- Review the processes for identifying and carrying out those clinical audits which would help improve patient outcomes.

# Summary of findings

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

We always ask the following five questions of services.

### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

- The service had systems to keep patients safe and safeguarded from abuse.
- There was a system to manage infection prevention and control.
- The service learned and made improvements when things went wrong.
- There were systems to assess, monitor and manage risks to patient safety.
- The systems for handling medicines were appropriate and safe.

However, we found areas where improvements should be made relating to the safe provision of treatment. This was because:

- the provider had not carried out a formal risk assessment or review of the rooms they used within the opticians' premises.
- the service had been unable to carry out fire alarm tests or a fire drill at the new headquarters premises.

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### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

- The service had systems to keep clinicians up to date with current evidence-based practice and standards.
- The continuing development of staff skills, competence and knowledge was recognised as integral to ensuring high quality care.
- The service obtained consent to care and treatment in line with legislation and guidance.

However, we found areas where improvements should be made relating to the effective provision of treatment. This was because:

- Some of the clinical audits, had been carried out as part of the clinical staff's roles within secondary care, rather than specific to the service.

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### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

- Staff treated patients with kindness, respect and compassion. Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.
- The service respected and promoted patients' privacy and dignity.
- All of the 50 patient Care Quality Commission comment cards we received were positive about the service experienced.

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### **Are services responsive to people's needs?**

We found that this service was providing responsive care in accordance with the relevant regulations.

- The service organised and delivered services to meet patients' needs. They took account of patients' needs and preferences.
- Patients were able to access care and treatment from the service within an acceptable timescale for their needs.

# Summary of findings

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- The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
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## **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

- Leaders had the capacity and skills to deliver high-quality, sustainable care.
  - The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.
  - The service had a culture of high-quality care and treatment.
  - There were clear responsibilities, roles and systems of accountability to support good governance and management.
  - There were processes for managing risks; although arrangements could be further strengthened.
  - The service acted on appropriate and accurate information.
  - The service involved patients, staff and external partners to support high-quality sustainable services.
  - There were systems and processes for learning and continuous improvement.
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# Minor Ops Ltd

## Detailed findings

### Background to this inspection

Minor Ops Ltd is registered with the Care Quality Commission to provide an independent medical service from:

- The Quadrus Centre, Woodstock Way, Boldon Business Park, Boldon Colliery, Tyne and Wear, NE35 9PF.

At Minor Ops Limited, podiatry and hearing care services are also provided. These are outside the scope of regulation under the Health and Social Care Act 2008 and as such, we did not inspect them.

The organisation provides an eyelid minor surgery service and has seven sites where care and treatment is delivered. We inspected those services as they were within the scope of the Health and Social Care Act 2008.

We carried out the announced inspection on 22nd May, 29th and 30th June 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check on whether the registered provider was meeting the legal requirements within the Health and Social Care Act 2008 and associated regulations.

Our inspection team was led by a CQC Lead Inspector and included a nurse practitioner. During the inspection we visited the headquarters and two premises; Walkers Opticians in Spennymoor and K McGuinness Opticians in Newton Aycliffe, both in County Durham.

During our inspection, we spoke with the managing director and consultant ophthalmologist, the registered manager, a nurse and a member of the administration team. We also viewed personnel files, training records, service policies and procedures and other records about how the service is managed.

We received feedback from 50 patients detailing their experience of the service.

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

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

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

# Are services safe?

## Our findings

### Safety systems and processes

The service had clear systems to keep patients safe and safeguarded from abuse.

- The service had a number of safety policies, including adult and child safeguarding policies, which were regularly reviewed and communicated to staff. Staff received safety information as part of their induction and during refresher training. Policies were regularly reviewed and were accessible to all staff. They outlined who to go to for further guidance; although they referred to the lead person's role, rather than their name.
- The service worked with other agencies to protect patients from neglect and abuse. Staff took steps to protect patients from harassment, discrimination and breaches of their dignity and respect.
- The service carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken for all staff who had direct contact with patients. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was a system to manage infection prevention and control.
- The service ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to sickness, holidays and busy periods.
- There was an effective induction system for temporary staff tailored to their role.

- The premises used by the service were equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. At the sites where minor surgery was carried out, the service held a defibrillator and a supply of emergency medicines to treat anaphylaxis. Staff had access to oxygen at the sites located within the GP practices but not at the two opticians.
- Doctors held current registration with the General Medical Council (GMC). Appropriate medical indemnity insurance was in place for all clinical staff.

### Information to deliver safe care and treatment

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

- Individual records were written and managed in a way that kept patients safe. The records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

### Safe and appropriate use of medicines

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

- The systems for managing medicines, including emergency medicines and equipment minimised risks.
- Staff administered medicines to patients and gave advice on those medicines in line with legal requirements and current national guidance.

### Track record on safety

The service had a good safety record but we identified some areas for improvement during this inspection.

- There were some risk assessments in place, including health and safety and a fire risk assessment. However, the service had not carried out a formal risk assessment or review of the rooms they used within the opticians' premises. We visited both premises and did not identify any concerns. Managers told us they would ensure they undertook regular checks in the future.
- The service had recently moved into new premises and was awaiting instructions from the fire alarm provider to enable them to carry out regular tests of the fire alarms and a fire drill.

# Are services safe?

- Activity was monitored and reviewed. This helped managers to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## **Lessons learned and improvements made**

The service learned and made improvements when things went wrong.

- There was an effective system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

- Systems for reviewing and investigating when things went wrong were in place. The service learned and shared lessons and took action to improve safety. For example, following an incident where a patient's notes had not been sent to the service, a review was carried out and plans put into place to ensure it did not happen again.
- There was a system for receiving and acting on safety alerts.

The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if they had any concerns after the minor surgical procedures and where to seek further help and support.

### Monitoring care and treatment

The service carried out some quality improvement activity.

- The service used information about care and treatment to make improvements and had carried out some clinical audits. For example, an audit on the effectiveness of eyelid surgery had been undertaken. However, some of the clinical audits were not specific to the service and had been carried out by clinical staff as part of their roles within secondary care. The provider recognised this as an area they planned to develop in the future.

### Effective staffing

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

- The service understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

- The service provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring and clinical supervision.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating patient care and information sharing

Staff worked together and with other health professionals to deliver effective care and treatment.

- We saw records which showed that appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they were referred to, or after they were discharged from the service.

### Supporting patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

### Consent to care and treatment

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

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



# Are services caring?

## Our findings

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information; staff telephoned patients the day before their appointment to offer them support and ask if they had any questions about the procedure.
- All of the 50 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with results from the service's own patient survey.

### **Involvement in decisions about care and treatment**

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

### **Privacy and Dignity**

The service respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Private rooms were available if patients' wished to speak to staff away from the reception areas.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. Patients' needs and preferences were taken into account.

- The service understood the needs of patients and tailored services in response to those needs (for example, clinics were held in various locations throughout the area).
- The facilities and premises were appropriate for the services delivered. Most of the premises used by the service were within CQC registered locations (mainly GP practices). Some services were provided within opticians.
- The service made reasonable adjustments when patients found it hard to access services. For example, post-operative information was available in large print and interpretation services could be booked where necessary.
- Care and treatment was coordinated with other services; systems were in place to share information with the patients' own GPs once treatment was complete.

### Timely access to the service

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

- Patients had timely access to initial assessment, diagnosis and treatment. The average waiting time for treatment was 15 days; compared to the service's target of 20 days.
- Waiting times, delays and cancellations were minimal and managed appropriately. The service had a 'dashboard' tool in place to help monitor access. Daily, weekly and monthly reviews were carried out and additional clinics added where necessary to keep waiting times low.
- Patients reported that the booking system was easy to use.

### Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available.
- The complaints policy and procedures were in line with recognised guidance. Two complaints had been received in the last year. We reviewed one of the complaints and found that it had been satisfactorily handled in a timely way.
- The service learned lessons from individual concerns and complaints and also from analysis of trends. They acted as a result to improve the quality of care. For example, following a complaint about the post-operative guidance, the service provided further training for staff and updated procedures to prevent the issue re-occurring.

# Are services well-led?

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

## Our findings

### Leadership capacity and capability

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

- Leaders had the experience, capacity and skills to deliver the service's strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

### Vision and strategy

The service had a clear purpose; 'dedicated to providing the highest possible level of care to patients'.

- There was a clear set of aims and objectives. The service had supporting business plans to achieve their priorities.
- Staff were aware of and understood the service's purpose and their role in achieving it.
- The service monitored progress against delivery of the strategy.

### Culture

The service had a culture of providing high-quality care and treatment.

- Staff stated they felt respected, supported and valued.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Managers were aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received a monthly one to one and an annual appraisal.
- There were positive relationships between staff and teams.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding.
- Managers had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

### Managing risks, issues and performance

There were processes for managing risks, issues and performance; although these could be improved.

- There were some processes to identify, understand, monitor and address current and future risks including risks to patient safety. However, the arrangements for checking the satellite premises and testing the fire alarms at the main site were unsatisfactory.
- The service had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their surgical procedures. Managers had oversight of national and local safety alerts, incidents, and complaints.
- Some clinical audit was undertaken but the provider had recognised that this could be improved by undertaking service specific audits.
- The service had plans in place in the event of a major incident.

### Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- The service monitored performance data and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.

# Are services well-led?

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

- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## **Engagement with patients, the public, staff and external partners**

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

- A range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.

- The service encouraged parents to provide feedback about whether they were satisfied with the care and treatment they had received. Patients were asked for their views after every consultation.

## **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on learning and improvement.
- The service made use of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.