

# Yorkshire Eye Specialists LLP @ Nuffield Health York Hospital

## Quality Report

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2018

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

## Ratings

### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

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

# Summary of findings

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

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

## Overall summary

Yorkshire Eye Specialists York is operated by Yorkshire Eye Specialists Limited Liability Partnership (LLP). The provider uses the facilities of Nuffield Health Hospital in York which has 40 beds. Yorkshire Eye Specialists provides treatment of ocular disease, disorder or injury that may require surgical intervention in order to successfully treat or manage ocular conditions. Treatment is provided for a wide range of ophthalmic disorders, including, but not limited to cataract, glaucoma, strabismus, eyelid disorders, excision of lesion, blepharoplasty and squints.

We inspected this provider using our comprehensive inspection methodology. We carried out the announced part of the inspection on 22 January 2018, along with an unannounced visit on 26 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 provider understood and complied with the Mental Capacity Act 2005.

The main services provided by this provider were treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures. We inspected two core services. These were outpatients and diagnostic services and surgical services. 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.

We rated the service as good overall.

We found the following areas of positive practice:

- At the time of the inspection, there were no waiting lists for access to surgery or outpatients' services.
- All patients were treated by staff in a professional and courteous manner. Additionally, their privacy and dignity was maintained. Staff treated all patients with respect and as individuals, taking into account their personal needs.
- The provider contacted every patient who did not attend an appointment by telephone, to discuss the reasons for non-attendance and to reiterate the importance of attending appointments to prevent further deterioration of eyesight.
- There were systems in place to keep people safe and safeguarded from harm.
- Patient outcomes in relation to cataract surgery were monitored to ensure high quality care for patients.
- There were mechanisms to manage risk. We examined the minutes of the Medical Advisory Committee (MAC) from March 2018. These showed that risk and incidents had been discussed including looking for trends and safer ways to work with patients.
- The provider had appropriate processes in place to assess patient risk. The provider used the World Health Organisation (WHO) safety checklist for cataract surgery.
- The environment was visibly clean, procedures were in place to prevent the spread of infection, and equipment was well maintained and appropriate for the service.
- There were systems in place to ensure the safe storage, use and administration of medicines.
- Laser safety was managed and records were appropriately maintained.

# Summary of findings

- The provider held contemporaneous and fully completed patient records both electronically and on paper.
- There were adequate numbers of suitably qualified, skilled and experienced staff. Mandatory training completion was high and all staff had received an appraisal within the last year.
- The provider had robust arrangements in place for obtaining consent for patients having surgery or other procedures at the service.

However, we found the following areas of concern:

- There was no assurance that the medicines supplier was appropriately registered.
- The provider did not monitor the memorandum of understanding they had signed with the host hospital.

- Audits around patient's outcomes were not carried out for all procedures. The provider conducted clinical outcomes for cataract surgery but we saw no evidence of clinical audits of the other types of surgery conducted by the provider.
- There was no hearing loop in place at the time of the inspection. However, the provider told us that they could arrange a sign language interpreter or hearing loops for patients with severe hearing loss if required.
- The provider allowed patients to use family members as interpreters during the clinic consultation stage on two occasions, which was not best practice.

## **Ellen Armistead**

Deputy Chief Inspector of Hospitals (North)

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
<b>Surgery</b>	<b>Good</b> ●	<p>Surgery was the main service provided. We rated surgery as good. We observed that patients were treated in a professional and courteous manner by the staff and there were no waiting lists for access to surgery or outpatient services. The environment was visibly clean and the provider had systems in place to keep people safe. There were adequate numbers of suitably qualified and skilled staff. However, there was no assurance that the medicines supplier was appropriately registered.</p>
<b>Outpatients</b>	<b>Good</b> ●	<p>Outpatients' services were provided at this location and for two weekends a month at another location in York. We rated outpatients' services as good. The provider held contemporaneous and fully completed patient records both electronically and on paper. There were systems in place for the safe storage, use and administration of medicines. The provider had some governance structures in place and systems to identify, manage and mitigate risks.</p>

# Summary of findings

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Good 

# Yorkshire Eye Specialists LLP @ Nuffield Health York Hospital

**Services we looked at:**

Surgery; Outpatients

# Summary of this inspection

## Background to Yorkshire Eye Specialists LLP @ Nuffield Health York Hospital

Yorkshire Eye Specialists York is operated by Yorkshire Eye Specialists Limited Liability Partnership (LLP). It is a partnership consisting of nine surgeons. The provider began providing treatment in April 2017. The provider operates from the premises of Nuffield Health in York, North Yorkshire. Yorkshire Eye Specialists provides treatment of ocular disease, disorder or injury that may require surgical intervention in order to successfully treat or manage ocular conditions. The provider provides treatment for a wide range of ophthalmic disorders, including, but not limited to cataract, glaucoma, strabismus, eyelid disorders, excision of lesion, blepharoplasty and squints.

The provider primarily serves the communities of the Yorkshire area. It also accepts patient referrals from outside this area.

The provider has had a registered manager in post since December 2016. At the time of the inspection, the same manager was in post.

This was the first time that we inspected Yorkshire Eye Specialists and an announced inspection was undertaken on 22 January 2018 with an unannounced inspection conducted on 26 February 2018.

## Our inspection team

The team that inspected the provider during the announced inspection comprised a CQC lead inspector, one other CQC inspector, and two specialist advisors with expertise in ophthalmology. The team that inspected

during the unannounced inspection comprised a CQC inspection manager, a CQC lead inspector and one other CQC inspector. The inspection team was overseen by Lorraine Bolam, Interim Head of Hospital Inspection.

## Information about Yorkshire Eye Specialists LLP @ Nuffield Health York Hospital

During the inspection, we spoke with seven staff including; surgeons, medical secretaries and practice manager. We spoke with five patients and one relative. During our inspection, we reviewed seven sets of patient records.

There were no special reviews or investigations of the provider ongoing by the CQC at any time during the 12 months before this inspection. The provider had not been inspected previously.

In the reporting period April 2017 to March 2018 there were 527 procedures conducted at Yorkshire Eye Specialists that were all privately funded. These consisted of a wide range of ophthalmic procedures such as excision of lesion of eyelid, cryotherapy of lesion of eyelid, correction of ptosis of eyelid, injection of Botulinum toxin in to extraocular or periocular muscles, ultrasound

phacoemulsification of cataract. The provider used intravenous (IV) sedation for some of these procedures. The IV sedation was administered by consultant anaesthetists, practising under practice privileges.

The provider had nine surgeons who were partners of the LLP and were self-employed. The practice manager and four medical secretaries were employed by Yorkshire Eye Specialists at this location. The clinic also used the services of staff employed by the host hospital; for example, services of anaesthetists and receptionists.

Track record on safety:

- There had been no never events
- There had been one clinical incident with no harm of any degree,
- There had been no serious injuries
- No incidences of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA),

# Summary of this inspection

- No incidences of hospital acquired Methicillin-sensitive staphylococcus aureus (MSSA)
- No incidences of hospital acquired Clostridium difficile (c.diff)
- No incidences of hospital acquired E-Coli

# Summary of this inspection

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

We always ask the following five questions of services.

### Are services safe?

We rated safe as good because:

- The provider promoted a strong safety culture. Staff were aware of how to report incidents and were supported to raise incidents.
- The duty of candour was embedded and appropriately applied by senior staff within the service and staff had a good awareness of openness and honesty when things went wrong.
- The environment and equipment were clean, well maintained and appropriate for the services provided.
- Safeguarding vulnerable adults and children was embedded in the service. All staff had completed at least level 2 training and were aware of safeguarding issues.
- There was a safeguarding policy in place and staff were aware of the responsibilities in reporting any safeguarding concerns.
- The provider had appropriate processes in place to assess patient risk. The provider used the World Health Organisation (WHO) safety checklist for cataract surgery.
- The environment and equipment were clean, well maintained and appropriate for the services provided.
- There were systems in place for the safe storage, use and administration of medicines. However, the provider was not able to assure us that their supplier was appropriately registered.
- Staffing levels were continually and proactively reviewed, which meant there were sufficient numbers of nursing, healthcare assistant and medical staff to meet the demands of the provider and the standards required for surgery by the Royal College of Ophthalmologists (RCOphth).

Good



### Are services effective?

We rated effective as good because:

- High quality care and improving patients' vision was a priority for the provider. Patient outcomes were closely monitored and the provider monitored the performance of each individual surgeon.
- Surgical complications were low and the provider proactively reviewed all complications to identify any relevant learning.
- Medical staff had the appropriate training and competencies to deliver care and treatment.

Good



# Summary of this inspection

- The electronic patient record system meant that all relevant information was available to staff at all times. The system was password protected with different access levels for staff depending on their grade.
- Medical, nursing and healthcare assistant staff had the appropriate training and competencies to deliver care and treatment.
- Care and treatment reflected current legislation and national guidance.
- Staff had received annual appraisals that reviewed their performance against objectives.
- We saw evidence of good multidisciplinary working.
- Patients consented to treatment prior to the surgery.

## Are services caring?

We rated caring as good because :

- We observed compassionate and caring interactions between staff and patients. Staff clearly explained the care and treatment and the expectations of the outcome of treatment to patients.
- All patients and their families that we spoke to spoke positively about the provider and its staff.
- Feedback from people who used the services was consistently positive. This was reflected in the comments we received from patients we spoke with.
- The provider and its staff recognised the social and psychological issues associated with sight defects and sight loss. The provider was responsive to, and supported the emotional needs of patients before, during and after treatment.
- Staff treated patients with dignity and respect.
- Patients told us they felt involved in the decision-making process and were encouraged to ask questions.

Good



## Are services responsive?

We rated responsive as good because :

- People's individual needs were central to the planning and delivery of care and treatment.
- The provider had varied and flexible opening times, so patients could access the service at a time that suited them.
- The provider contacted every patient who did not attend an appointment by telephone, to discuss the reasons for non-attendance and to reiterate the importance of attending appointments to prevent further deterioration of eyesight.
- The provider encouraged staff to address patient concerns face-to-face when they were raised. The provider had not

Good



# Summary of this inspection

received any formal written complaints but more in the form of comments. We saw evidence of active review of all comments received, which identified actions for improvement where appropriate.

- Services were planned to meet the needs of patients, based on their own choices and preference.
- There were no waiting lists for clinic and surgery appointments. If patients wished to progress to surgery they were booked on lists at their convenience.
- We observed individual care and treatments plans for patients.

However,

- There was no hearing loop in place for patients with severe hearing loss at the time of inspection. However, the provider has told us that they could arrange a sign language interpreter or hearing loops for patients with severe hearing loss.
- The provider allowed patients to use family members as interpreters during the clinic consultation stage on two occasions, which was not best practice.

## Are services well-led?

We rated well-led as good because :

- The provider had a strong leadership team, which worked collaboratively to deliver high quality surgical care and treatment. The provider promoted an open-door culture, which empowered staff to raise concerns and to seek support if needed.
- We saw that managers and clinicians were knowledgeable and expert in their field. The staff spoke positively about the managers and we observed strong teamwork and good working relationship between teams, surgeons and managers.
- The provider had governance arrangements in place, which were appropriate for the size of the provider. There were clear reporting lines in place with oversight from the senior surgeon.
- The provider had appropriate policies, procedures and safety protocols in place and a process for ensuring all local policies and pathways were reviewed on receipt of clinical alerts and changes to national and professional guidance.
- Most risks were appropriately identified and added to the risk register. The provider put in place mitigation actions and appropriately reviewed and reassessed risks on an ongoing basis.

However,

- There was no monitoring of the Memorandum of Understanding signed with the host hospital.

Good



# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Outpatients	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

# Surgery

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

## Are surgery services safe?

Good 

The main service provided by this provider was treatment of ocular disease, disorder or injury that may require surgical intervention in order to successfully treat or manage ocular conditions. Where our findings on treatment of ocular disease, disorder or injury – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the surgery section.

We rated safe as good

### Incidents

- The provider had an up to date incident reporting policy for staff to follow which was stored online and was accessible to all staff. The policy set out staff responsibilities to report incidents, accidents and near misses.
- There were no never events between April 2017 and January 2018. Never events are serious incidents that are wholly preventable, where guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers. Each Never Event type has the potential to cause serious patient harm or death. However, serious harm or death does not need to have happened as a result of a specific incident for that incident to be categorised as a Never Event.
- The senior surgeon, practice manager and medical secretaries were signed up to the field safety alert

emails regarding medicines alerts from central government. The senior surgeon was also signed up to the Central Alerting System. These alerts were noted and reviewed at the medical advisory committee (MAC) meetings. The minutes of the MAC meeting were accessible to all staff.

- The provider had a safety alerts policy in place which was up to date. The policy was comprehensive and clearly described the Central Alerting System how the registered manager should distribute alerts to clinical and non-clinical staff.
- Staff could record incidents on to the online system and then send an email to the practice manager for her to investigate the incident. The practice manager utilised the services of a surgeon to investigate complex incidents.
- Incidents were reported and recorded on to a spreadsheet which contained details of clinical and non-clinical incidents.
- We looked at the incident reporting schedule and these contained 17 incidents from April 2017 until January 2018. We saw that incidents were listed by the dates they occurred and categorised in to types; for example, equipment, care delivery and health and safety. The reporting schedule contained learning from incidents.
- We reviewed a root cause analysis report of a serious incident that occurred in December 2017. We saw that a detailed root cause analysis had been undertaken, with the causes and contributing factors identified. The root cause analysis was thorough and the findings presented in a detailed report which clearly stated what occurred and the lessons learned from this incident. The patient was advised of the event as soon as it was identified and

# Surgery

was kept fully informed at all stages. This showed the provider fulfilled their responsibility of adhering to the duty of candour. (The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.

- Staff were aware of the duty of candour requirements. Staff we spoke with described their responsibilities to be open and transparent with patients and if any mistakes were made, they informed the patient immediately with a solution to rectify the mistake.
- We saw evidence of the appropriate application of the duty of candour relating to a serious incident. As part of the duty of candour, the patient was informed of the issues face-to-face at the end of the procedure and was returned to theatre for a lens exchange at the end of the surgical list.

## Cleanliness, infection control and hygiene

- There had been no incidents of a healthcare acquired infection at the clinic from April 2017 to January 2018. There was an infection prevention and control (IPC) policy in place.
- The provider conducted appropriate pre-assessment checks for MRSA and C-difficile before every procedure. Patients who triggered a positive response to the screening questions had the appropriate swabs or stool samples taken. Patients who had previously tested positive for C-difficile were given a card to present to other health providers to show they had a previous infection.
- The clinic was visibly clean; after our unannounced inspection, we reviewed the infection control audit for February 2018 and this showed 96% compliance.
- The provider had a memorandum of understanding with the host hospital to ensure cleanliness was in line with the RCOphth (Royal College of Ophthalmologists) professional standards and guidance. The consultants followed hospital policies and procedures in relation to cleaning in accordance with their practising privileges.
- The provider had a memorandum of understanding with the host hospital in relation to the decontamination of surgical instruments. It was the

responsibility of the host hospital to decontaminate surgical instruments in accordance with Health Technical Memorandum. It was the responsibility of the host hospital to ensure all equipment was appropriately checked, calibrated, tested and serviced annually.

- Hand sanitising solutions were readily available around the clinic. Staff wore disposable scrub uniforms which complied with the bare below the elbows principle. We observed staff using the hand gels and staff did not wear jewellery or watches.
- However, we saw in an audit sent to us after inspection by the provider, that staff were not compliant with wearing appropriate dress in theatres in accordance with infection prevention and control. Since the inspection, the provider have informed us that the staff were employed by the host hospital. However, the provider should monitor the memorandum of understanding to ensure the host hospital is adhering to the terms.
- There were different coloured bins for clinical and domestic waste. The waste management was the responsibility of the host hospital.

## Environment and equipment

- The clinic was visibly clean and spacious. It was located on the second floor of a multi-storey building and accessible via the lifts and stairs. The waiting area was pleasant with comfortable seating, magazines, TV and hot and cold beverages.
- The provider rented two offices and a clinical room from the owners of the hospital and used their facilities to carry out procedures and provide treatment.
- The clinic used the equipment of the host hospital and they sought assurances about the safety of the equipment by having a signed memorandum of understanding in place. However, they did not monitor this memorandum of understanding.
- The clinic had a contract with an external laser protection adviser who had conducted a review in December 2017 and this review was conducted on an annual basis.
- The review showed that the overall management of laser safety was found to be "nearly fully compliant"

# Surgery

however the report recommended the appointment of a laser protection supervisor who should be employed by the host hospital, have a clinical background and be in a position to oversee the laser work.

- As Yorkshire Eye Specialists were using the facilities of the host hospital, the safety and security of the lasers was the responsibility of the hospital and the surgeon performing the procedures. The host hospital was responsible for ensuring the lasers were calibrated, safety checks completed, that the area was secure and lasers closed down at the end of the day.
- The provider had a signed memorandum in place with the host hospital which stipulated the responsibilities of the host hospital in relation to the lasers. Any issues identified were discussed at the Medical Advisory Committee (MAC) meetings. Also, the signed memorandum of understanding was assurance for the provider. The LPS had recently retired and had not been replaced at the time of the inspection. A member of staff had been identified to attend a training course in April 2018 in order to become the next LPS. This employee had now been appointed as the LPS.
- The laser was housed in an appropriate laser safe room. There was a warning sign on the door stating that the room was a laser-controlled area and not to enter the room if the room is use sign was lit. There was an illuminated sign above the door to indicate when the room was in use. The door had a lock, there were blinds on the windows and a curtain to pull around the laser when it was being used, thus shielding the laser from any windows and reflective surfaces. Laser safety goggles were available for use.

## Medicines

- There were systems in place for the storage, use and administration of some medicines. However, the provider was not able to assure us that their supplier was appropriately registered.
- The provider used cytotoxic drugs. This is a group of medicines contain chemicals which are toxic to cells, preventing their replication or growth, and so are used to treat a number of disorders. The toxicity of cytotoxic drugs means that they can present risks to staff who handle them. Occupational exposure can occur if control measures are not in place. Cytotoxic drugs must be used under the Control of Substances Hazardous to Health Regulations 2002 (COSHH).
- Yorkshire Eye Specialists followed the host hospital's standard operating procedure for cytotoxic spillage guidelines and a local standard operating procedure for intraocular injections with anti-vascular endothelial growth factor VEGF. This is a group of drugs which stop a protein VEGF produced by cells in the retina from working. New blood vessel growth is a major problem which occurs in a number of eye conditions. The procedures clearly described the steps to be undertaken by various members of staff. The consultants were suitably qualified to carry out the procedures requiring cytotoxic drugs. They were also aware of the correct disposal procedure for cytotoxic drugs.
- The drugs were ordered from pharmacy via medicine charts for use during procedures. The drugs were stored, used and disposed of appropriately and in line with standard procedures. Patients were advised about the risks of cytotoxic drugs and that these were off-licence. Off-licence medicines means that the medicine is not licensed to treat the condition in question but will have a licence to treat another condition. Doctors can recommend an off-licence medicine if they think that it will treat another condition effectively and that the benefits are greater than any risks.
- There were local microbiology protocols in place for the administration of antibiotics and the prescribers were using the antibiotic formulary of York Teaching Hospital and the prescribers were using this in conjunction with the host hospital's MAC.
- The provider had a memorandum of understanding in place with the host hospital to ensure all staff involved in the care of patients were suitably qualified and had completed the mandatory training. The staff were aware of policies on administration of controlled drugs as per Nursing and Midwifery Council (NMC) standards.
- The clinic had a fridge for the storage of medicines. These were located in a locked room and the fridge was also locked. The temperature of the fridge was regulated by an internal system that picked up fluctuations in temperature and notified these to the pharmacy department.

# Surgery

- Ophthalmic nurses administered eye drops to cataract inpatients in the surgical unit prior to surgery. Post-operatively patients were prescribed eye drops by the resident medical officer (RMO).
- The provider used IV sedation for some of their procedures. The IV sedation was administered by consultant anaesthetists, practising under practice privileges.
- After our inspection senior staff told us they had appropriate facilities and equipment in place; this included, anaesthetists, anaesthetic nurses, IV access, pulse oximetry, non-invasive blood pressure monitoring, ECG, resuscitation equipment, appropriate nursing staff and the facility for overnight stay for patients who were slow to recover from the effects of sedation or who experienced medical problems during sedation. The host hospital provided the equipment for the sedation and the appropriate staff to carry out the monitoring or care of patients who were slow to recover from sedation.

## Records

- Each patient had both electronic and paper records. We examined seven patients' records and found them to contain pre-assessment notes, medical history and consent forms. However, the records did not contain the WHO surgical safety checklists. These were later placed in patients' notes held separately by the host hospital along with risk assessments and other pre-assessment documentation. We saw that the WHO checklists were thoroughly completed as were the risk assessments in the seven records that we reviewed.
- We saw that the patients' paper records were stored securely when not in use. Electronic records were stored securely using passwords and access only given to certain members of staff.
- After our inspection, the provider told us a discharge summary was sent from the host hospital to the patient's GP. Referring optometrists were kept informed via clinic letters from the consultant where the provider had the patient's consent. These were sent after the initial consultation and again at follow up consultation.

- GPs and optometrists had access to the provider's administration team who in turn could contact the appropriate consultant. In the event, they would need to speak to the consultant, the administration team would facilitate this request.

## Safeguarding

- Safeguarding vulnerable adults and children was embedded in the service. All staff had completed at least level 2 training for adults and children and were aware of safeguarding issues. Although the provider did not treat children, the training meant that staff were aware of and able to recognise potential safeguarding issues relating to children who may accompany patients.
- The provider had a safeguarding policy in place and one of the surgeons was the safeguarding lead. He was trained to level two for adults and children.
- Two of the consultants were dedicated paediatric trained consultants and three other consultants would see children within their speciality. Two of these consultants dealt with eye lid problems.

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

- Staff received mandatory training in various subjects depending on their grade within the organisation. The subjects covered included basic life support, infection control, information governance, conflict resolution, fire safety, moving and handling, principles of health and safety, safeguarding adults level 2 and safeguarding children level 2. Most of training was completed online through a recognised company.
- The registered manager had an overview of the staff's mandatory training and there was a traffic light system in place which flagged up when mandatory training was due for renewal. The renewal period was different for the various courses completed. The registered manager sent a reminder email to staff when their training was due for renewal. At the time of inspection, 67% of staff were compliant with their mandatory training. However, there was no mandatory training target in place.

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

# Surgery

- Staff used an adapted 'five steps to safer surgery' World Health Organisation (WHO) checklist to ensure patients were treated in a safe manner and to reduce the rate of serious complications. We saw completed WHO checklists were stored in patient notes held by the host hospital. We examined seven patient records and they contained completed WHO checklists. We observed two patient procedures and the surgeons followed the WHO checklist correctly.
- The provider audited WHO checklists, these demonstrated satisfactory levels of compliance.
- The provider used anaesthetists who were self-employed and attended the hospital under practice privileges. I. This consisted of a group of anaesthetists and there were usually two in the building at any given time. Anaesthetists were booked if they were needed to sedate patients, at the same time as booking in patients for their procedure. The anaesthetist stayed with the patients until they had fully recovered. The provider conducted most of its procedures under local anaesthetic; within the reporting period we saw 35 procedures were carried out using a local anaesthetic, and four procedures were carried out using some other form of sedation.
- If patients deteriorated during their stay in the hospital, the provider called the RMO employed by the host hospital. If the patient needed acute services, the provider would ring an ambulance to transfer the patient to the nearest accident and emergency department. There had been no unplanned transfer of patients to another healthcare provider in the previous 12 months.
- All patients were self-referred or were referred by their GPs or optometrist and attended consultations with the surgeon prior to surgery. The provider did not operate an admission exclusion criteria. Our observation of a patient consultation and review of patient records showed that a full medical history was taken and comprehensive assessment notes were made by the surgeon including details of any allergies prior to surgery.
- When patients received their discharge advice, patients were given contact details of who to contact in an emergency.
- The surgeons used by the provider were self-employed and partners of the LLP but other staff utilised during surgery were employed by the host hospital. None of the nursing staff were employed directly by the provider. The number of staff used on a daily basis depended on the number of patients and the type of procedures. Staffing levels were planned by the surgeons.
- It was the responsibility of the host hospital to conduct background and competency checks of the nursing staff they employed, including verification of their registration with the Nursing and Midwifery Council (NMC).
- The provider did not log the number of staff utilised from the host hospital as they did not pay those staff.

## Medical staffing

- The provider employed nine surgeons who worked across surgery and outpatients. Appointments were agreed by all members of the partnership once appropriate references and checks were carried out.
- The provider had access to a team of anaesthetists who were self-employed and worked in the host hospital under practicing privileges. The provider had a protocol with the host hospital about using their anaesthetists. There were usually two in the building at any given time and they were booked if they were needed to sedate the patients, when the patients were booked for their procedures.
- The provider did not accept emergencies but did have an out of hour's numbers for patients to ring should they require any advice or support after their surgery. This number was covered by doctors over 24 hours.
- If patients deteriorated in the hospital, the provider followed the host hospital's protocol and called their doctors. If the patient needed acute services, the provider rang an ambulance to take them to the nearest accident and emergency department. In the last 12 months there had been no cases of emergency transfers.

## Emergency awareness and training

## Nursing and support staffing

# Surgery

- The provider had an up to date business continuity policy in place. This covered a range of emergency situations such as loss of premises, bomb threats, fires, loss of communication and loss of services, including gas, electricity and water.
- The provider had appropriate fire and bomb threat procedures in place, which took in to account the host hospital's building procedures. Staff were aware of their duties in emergency situations and where to congregate in a fire.
- Back-up generators, operated by the host hospital, were in place to be used in the event of a power failure. These were serviced once a month and these ensured a continued supply of power in the event of a power failure mid-treatment, thus not compromising any treatment.

## Are surgery services effective?

Good 

We rated effective as good

### Evidence-based care and treatment

- The provider informed us that care and treatment was provided in line with current legislation and national guidance such as RCOphth professional standards for refractive surgery April 2017, NICE guidance such as that for photo-refractive surgery, preoperative tests, surgical site infection, sepsis: recognition, diagnosis and early management. Policies referenced the appropriate guidance and were evidence based. However, we did not evidence this during the inspection.
- The provider informed us that they conducted ocular implant surgery to National Institute of Health and Care Excellence (NICE) guidelines and the Royal College of Ophthalmologists (RCOphth). Since the inspection, the provider have informed us that these guidelines are stored on their compliance software and are reviewed regularly, at least on an annual basis.
- We observed during consultation and through examination of patient records that all patients undergoing surgery underwent a preoperative assessment in the clinic. Patients were informed about the risks and benefits of their procedure and given an opportunity to ask questions.

### Pain relief

- During consultations patients were advised that there may be some discomfort before they had surgery. This ensured that patients were prepared and understood what to expect. Patients were made aware of the risks and benefits of their surgery during their consultations. This was evidenced during the observation of two patient consultations.
- Patients undergoing eye surgery were treated under local anaesthesia. Anaesthetic eye drops were administered prior to treatment to ensure patients did not experience pain or discomfort. This enabled patients to remain fully conscious and responsive. We observed that staff asked patients during their laser treatment surgery if they had any discomfort and acted accordingly.
- We saw that patients were given advice on pain relief and how to manage their pain after discharge. Anti-inflammatory eye drops were given to patients to take home and used to relieve pain if required. Information leaflets were given to patients that identified what symptoms were normal to have after surgery. This identified that there may be some pain and discomfort for the first few days.

### Nutrition and hydration

- Nursing staff offered drinks and biscuits to patients pre-operatively if they were not fasting, and also post operatively. Staff told us they were aware of the needs of diabetic patients and would offer appropriate sugary drinks to patients if their blood sugar levels were low. This was based on NHS guidance.

### Patient outcomes

- Although Yorkshire Eye Specialists collected data on patient's outcomes, they could not compare this with any national body or submit this nationally as they did not have a year's worth of data collected. The provider had been collecting this data since September 2017, which was five months of data at the time of our inspection.

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## Competent staff

- Although there was not a LPS in place at the time of our inspection, the provider had since recruited someone to this post.
- All staff were up to date with the completion of their annual appraisal. The surgeons conducted the appraisals of each other. The practice manager appraised the medical secretaries and the senior surgeon conducted the appraisal of the practice manager.
- The provider had a memorandum of understanding in place with the host hospital to ensure all staff involved in the care of the provider's patients were suitably qualified and had completed the mandatory training.
- We reviewed two personnel files and these contained DBS certificates, references, contract of employment and completed appraisals. All new staff were given an induction and general information handbook.

## Multidisciplinary working

- We observed good multi-disciplinary working and communication between the team in the clinic on the day of our inspection. There was no evidence of multi-disciplinary working with other local organisations.

The non-medical staff employed by the provider consisted of four medical secretaries and a practice manager. The non-medical worked effectively with the surgeons by welcoming patients upon arrival and informing the surgeons. They also booked any follow-up appointment requested by the surgeons and prepared and sent discharge letters to GPs.

## Seven-day services

- Surgery was carried out Monday to Friday between 8:30 am and 7 pm.
- The provider did not provide emergency treatment; instead patients were advised to attend the eye clinic at York Hospital as an emergency patient if they suffered from eye problems.
- During working hours, patients could contact the clinic if they had any additional questions or concerns. An out of hours contact number was available for patients to use after the provider had closed.

## Access to information

- The clinic had an electronic patient record system as well as paper records. The electronic system was password protected and levels of access were granted according to the role of the member of staff. The electronic system had notes that came up each time a patient's record was accessed. These notes contained information for the surgeon to be aware of such as allergies. The paper records contained consent forms, prints of scans and pre-assessment checklists.
- The provider kept patient notes on site at the host hospital and copies of some documents were placed in the hospital notes. Staff had access to written and electronic notes for any patient that is seen by the provider.
- We examined seven patient records and they contained pre-assessment information but did not contain the WHO surgical safety checklist. These were later located in patient's notes held separately by the host hospital along with risk assessments and other pre-assessment documentation. This meant that staff may not have had all the information they needed at the time to care for patients effectively. We observed two patient consultations where the WHO checklists were fully completed.
- Prior to leaving clinic, patients were given verbal instructions, supported by written information of how to take care of their eyes and how to administer any prescribed eye drops.

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

- Yorkshire Eye Specialists had an up to date consent policy in place. An external company had been contracted to compile all policies and procedures. There was no Mental Capacity Act (MCA) or Deprivation of Liberty Safeguards (DoLS) policy in place. Instead the provider used a flow diagram based on the MCA to determine whether appropriate consent was obtained.
- Patients attended an initial consultation with the surgeon where treatment options were explained, including the risks and benefits of the treatment and the costs involved. The patients were also given information leaflets about their treatment options.

# Surgery

- The provider offered patients clinic and theatre appointments on a first come, first served basis depending on surgeon availability. They did not monitor this but told us there was a relevant cooling off period between deciding on intervention and surgery. This was in line with the General Medical Council (GMC) guidance of allowing at least a one week cooling off period.
- Seven patients' records were examined and these contained comprehensive pre-assessment notes, risk assessments and consent forms.
- A consultation by the surgeon with a patient was observed and the surgeon explained the risks and benefits of surgery to the patient in a clear and concise manner. The patient was offered a copy of the consent form and information leaflet.
- Surgeons informed us that it was rare in the private sector for patients to attend who lacked capacity to consent. If such a patient did attend, they would conduct a capacity assessment under the Mental Capacity Act and Deprivation of Liberty Safeguards to determine whether appropriate consent was obtained. The provider did not operate an exclusion criteria. However, the host hospital did not admit children under the age of 16.

## Are surgery services caring?

Good 

We rated caring as good

### Compassionate care

- Staff welcomed patients when they arrived at reception. We observed staff interacting with patients in a friendly and professional manner.
- We spoke with two patients during the announced inspection and we spoke with three patients on the telephone after the inspection and they all had positive comments about the provider and staff. One patient commented "Surgeon was very friendly, calming nature and very professional. Comfortable that they will do a good job on my eye." Another patient said "Couldn't rate

them higher if I tried. Staff are wonderful. Premises are fantastic." A third patient stated "Welcoming, made me feel at home, explained options available. Very pleased with service from start to finish."

- All patients we spoke with were satisfied with the treatment and care they received. All patients told us they were informed of all the risks, benefits and costs and had plenty of time to reconsider their surgery.

A patient's satisfaction survey had been conducted with a sample size of 72 from October 2017 to March 2018. The patients made comments such as "I felt confident that my specialists were hugely competent. The whole process was efficient and very personal." Another patient said, "Consultant was outstanding." A third patient said "As I was feeling apprehensive regarding procedure, I felt all staff took this information in to consideration. I am extremely happy with the outcome."

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

- Patients we spoke to informed us that they were given realistic expectations of the outcomes of their surgical procedure.
- We observed the surgeon explaining the surgical procedure to patients and ensured they understood the information provided by backing this up with information leaflets and answering questions posed by the patients. The surgeons also provided the costs of the procedure to patients during these consultations.
- Patients informed us that they had ample time to consider the information provided about their proposed surgery, including any risks and benefits.
- Staff provided written information about aftercare and ensured that patients had the out of hours contact number if they had any questions or concerns following surgery.
- As there was a four week wait between initial consultation and surgery, people had sufficient time to consider the information provided about their proposed surgery, including any risks and benefits.

### Emotional support

- Patients told us that staff took time to discuss their worries and fears about possible treatments and staff

# Surgery

put them at ease by explaining procedures thoroughly in a clear manner. Patients were given an out of hours number they could ring if they had any problems after their procedure.

- We observed staff speaking to patients in a sensitive and professional manner and patients were given time to ask questions.

## Are surgery services responsive?

Good 

We rated responsive as good

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

- Patients were self-referring, or were referred by their GPs or optometrist. The clinic was open five days a week from 8:30 am until 7 pm. This offered choice and flexibility to patients. The clinic did not undertake any NHS work and did not receive referrals from the NHS.
- The provider's catchment area covered the immediate local population of York and patients from across the North Yorkshire region.
- Surgery days were carried out on average five times a week depending on treatment needed.

### Access and flow

- Surgery at the provider was offered on an elective basis.
- Staff informed us there was no waiting lists in place for treatment. Data we reviewed showed that, on average, patients waited four weeks between consultation and their actual procedure.
- From 6 April 2017 and the date of inspection, there were 54 cancelled procedures from a total of 608 procedures, this represents an 8.9% cancellation rate. We saw 28 were for non-medical reasons, with the top three examples being, the patient changed their mind (eight patients) followed by patient work commitments (four patients) and the host hospital's IT system was faulty (four times), 23 were for medical reasons and 3 were for unknown reasons.

- There were no incidences of unplanned transfer of a patient to another health care provider in the last 12 months.

### Meeting people's individual needs

- Staff informed us that they hadn't had a patient with hearing difficulties and thus no hearing loop was in place. However, the provider should ensure facilities were available for deaf patients or others with individual needs to ensure they had equal access to treatment. Staff told us if a patient had a family member or companion who could use sign language they would use them as an interpreter. However, this was not best practice.
- The provider had a lift in place for patients and told us appropriate and reasonable adjustments were made for patients with other complex needs. Wheelchairs and hoists were available.
- Literature in different formats and languages could be sourced if needed.
- Patients with learning difficulties were usually accompanied by a family member or carer. The service provided information in easy read format. The provider also could provide additional time for consultation and theatre times.
- The clinic used the services of a professional company to provide telephone interpretation services for patients whose first language was not English.

The provider had a range of patient information leaflets available, explaining the various conditions and treatments it offered, including pre and post care instructions.

### Learning from complaints and concerns

- The provider had a comprehensive complaints policy in place that was last reviewed in September 2017.
- Patients were informed how they could complain during their initial consultation.
- The clinic had not received any complaints in the last 12 months. Complaints from other services were shared so that lessons could be learned. We were told there were no themes of complaints.

# Surgery

- Staff informed us that if a verbal complaint was made on the day of treatment, the practice manager would try to resolve any issues and address the complaint directly with those involved.

## Are surgery services well-led?

Good 

We rated well-led as good

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

- The organisational structure of the provider consisted of nine surgeons, one practice manager and four medical secretaries. The provider was led by one of the senior surgeons who was also the registered manager.
- The surgeons were knowledgeable about the risks and benefits of the different types of procedures they were performing.
- The leaders were visible and approachable for staff working for the provider. The practice manager had an open-door policy where the medical secretaries could see her at any time with any issues.
- The provider told us they complied with the Competitions and Marketing Authority (CMA) order that came in to force in April 2015 about the prohibition of inducing a referring clinician to refer private patients to, or treat private patients at the facilities. This was accomplished by patients being given the choice of appropriate surgeons to whom they could be referred.
- Staff told us that they had regular staff meetings and that they felt that their views were heard and valued. All staff we spoke with were motivated and positive about their work.

### Vision and strategy for this core service

- The clinic did not have patient facing values, vision or strategy in place. However, the provider monitored patient outcomes through cataract audits to ensure high quality care for patients

### Governance, risk management and quality measurement

- The provider utilised surgeons employed by another hospital in York. The practice manager was responsible for checking the professional registration and medical indemnity annually of the surgeons and storing these on the provider's electronic system.
- All consultants had to have valid DBS checks and had signed to the DBS update service. These responsibilities were stipulated in a memorandum of understanding between the provider and host hospital which had been signed by both parties. However, the provider did not monitor adherence to this memorandum of understanding; this meant they were not assured of the procedures undertaken by the host hospital.
- The clinic had an electronic risk register in place which contained a list of risks together with controls in place to mitigate the risk. The risks were rated with a traffic light system. The risks register showed that it was reviewed on a regular basis as the date each risk was reviewed was recorded on the register. We were not assured the risk register accurately reflected the actual risks, for example, the lack of an LPS was not recorded on the risk register.
- Yorkshire Eye Specialists did not have a laser protection supervisor as the previous occupier of this role had retired. This meant there were potential risks associated with the lack of a supervisor at the time. However, since the inspection, the provider had recruited a laser protection supervisor.
- Staff were clear about their roles and responsibilities and we observed that staff were clear about their reporting line within the management structure. The practice manager line managed the medical secretaries and they were managed by one of the surgeons. The surgeons appraised each other on a yearly basis.
- Staff informed us that quality and safety monitoring was conducted through annual audits, incident reporting system, complaints and patient feedback.
- The provider held Medical Advisory Committee (MAC) meetings, board meetings, clinical governance meetings and partnership meetings. The MAC meetings were held quarterly and attended by the registered manager, practice manager and two nominated consultant partners. The board meetings were held quarterly and attended by the surgeons. Senior staff from the host hospital only attended board meetings by special

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invitation or request. The partnership meetings were held quarterly and attended by the surgeons and the practice manager. We examined the minutes of these meetings and found them to contain comprehensive notes discussing a wide range of issues such as installation of new software, finances, staff turnover. These showed actions being taken about those topics as a result of issues raised during these meetings.

- Board meetings were held quarterly and these were attended by the surgeons, the host hospital's senior management, and the practice manager. We examined three minutes from previous board meetings and these showed that a wide range of business issues were discussed at these meetings such as finance, marketing, partnership matters and clinical governance.

## Public and staff engagement

- The provider did not conduct any public engagement exercises at the time of our inspection.
- The staff we spoke with felt told us they supported by the provider. Staff told us they enjoyed working at the clinic and that they received support and mentoring from their line manager. The service did not conduct staff surveys.

The service conducted a patient survey with a sample size of 72. The patients made comments such as "I felt confident that my specialists were hugely competent. The whole process was efficient and very personal." Another patient said, "Consultant was outstanding." A third patient said "As I was feeling apprehensive regarding procedure, I felt all staff took this information in to consideration. I am extremely happy with the outcome."

## Managing Information

- The provider kept paper and electronic patient records. The paper records were locked in a room each night to ensure confidentiality. The electronic records were password protected with access given to staff depending on their grade.

## Innovation, improvement and sustainability

- The acquisition of a handheld device, purchased in November 2017, had improved the audit of cataract surgery. This helped to improve lens selection in future patients.

# Outpatients

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

## Are outpatients services safe?

Good 

We rated safe as good because:

- See 'surgery' section for main findings

### Incidents

- See 'surgery' section for main findings

### Cleanliness, infection control and hygiene

- See 'surgery' section for main findings

### Environment and equipment

- See 'surgery' section for main findings

### Medicines

- See 'surgery' section for main findings

### Records

- See 'surgery' section for main findings

### Safeguarding

- See 'surgery' section for main findings

### Mandatory training

- See 'surgery' section for main findings

### Medical staffing

- See 'surgery' section for main findings

### Emergency awareness and training

- See 'surgery' section for main findings

## Are outpatients services effective?

Good 

We rated effective as good

### Evidence-based care and treatment

- See 'surgery' section for main findings

### Pain relief

- See 'surgery' section for main findings

### Nutrition and hydration

- See 'surgery' section for main findings

### Patient outcomes

- See 'surgery' section for main findings

### Competent staff

- See 'surgery' section for main findings

### Multidisciplinary working

- See 'surgery' section for main findings

### Access to information

- See 'surgery' section for main findings

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

- See 'surgery' section for main findings

## Are outpatients services caring?

# Outpatients

Good 

We rated caring as good

## Compassionate care

- See 'surgery' section for main findings

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

- See 'surgery' section for main findings

## Emotional support

- See 'surgery' section for main finding

## Are outpatients services responsive?

Good 

We rated responsive as good

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

- See 'surgery' section for main findings

## Access and flow

- See 'surgery' section for main findings

## Meeting people's individual needs

- See 'surgery' section for main findings

## Learning from complaints and concerns

- See 'surgery' section for main findings

## Are outpatients services well-led?

Good 

We rated well-led as good

## Leadership and culture of service

- See 'surgery' section for main findings

## Vision and strategy for this core service

- See 'surgery' section for main findings

## Governance, risk management and quality measurement

- See 'surgery' section for main findings

## Public and staff engagement

- See 'surgery' section for main findings

## Innovation, improvement and sustainability

- See 'surgery' section for main findings

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider SHOULD take to improve

- The provider should ensure that the medicines supplier was appropriately registered.
- The provider should ensure that audits for patient outcomes are conducted for all the procedures they perform.
- The provider should monitor the memorandum of understanding with the host hospital to ensure compliance of the terms and conditions contained within the memorandum.
- The provider should make arrangement for interpreters to be available when they are needed and not let family members interpret for patients