Consultant Eye Surgeons Partnership (Dorset And New Forest) LLP

CESP (Dorset & New Forest) @ Nuffield Health Bournemouth

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, 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 to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

Our rating of this location stayed the same. We rated it as good because:

- The service had access to enough staff to care for patients and keep them safe. These staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff working on behalf of the provider assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service had systems in place to manage safety incidents.
- The service provided good care and treatment and managed pain well. The registered manager monitored the effectiveness of the service and made sure staff working on their behalf were competent.
- Staff working on behalf of the provider treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions.
- The service planned care to meet the needs of people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and there was no waiting list.
- The registered manager ran services well and in liaison with the host hospital, which was responsible for a large proportion of care and the operation. The service engaged with patients and the community to plan and manage services.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	Our rating of this service stayed the same. We rated it as good because it was safe, effective, caring, responsive, and well led. Please see our main summary.
Outpatients	Good 	We have not previously inspected outpatients. We rated it as good because it was safe, effective, caring, responsive, and well led. Please see the main summary. Outpatients is a small proportion of hospital activity. The main service was surgery. Where arrangements were the same, we have reported findings in the surgery section.
Services for children & young people	Inspected but not rated 	Services for children and young people is a small proportion of hospital activity. The main service was surgery. Where arrangements were the same, we have reported findings in the surgery section. We have not rated the children and young people service as we do not have enough evidence.

Summary of findings

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Summary of this inspection

Background to CESP (Dorset & New Forest) @ Nuffield Health Bournemouth

CESP (Dorset & New Forest) @ Nuffield Health Bournemouth is operated by Consultant Eye Surgeons Partnership (Dorset & New Forest) LLP. It is an independent health provider delivering day case ophthalmic surgery and ophthalmic outpatient consultations to adults and children and young people. The most common procedures are cataract extraction, lens implant, laser capsulotomy, and excision lesion of eyelid.

The provider delivers services from Nuffield Health Bournemouth Hospital under its own registration. The hospital, referred to in our report as the host hospital, is responsible for most equipment, resources, and support staffing under service level agreements. All patients are self-paying, and the service does not provide care to patients with NHS funding.

The service opened in January 2012 and is registered to provide the following regulated activities:

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

There is a registered manager in post.

We last inspected this service in August 2017 and rated it as safe.

At the time of our inspection there was no outpatient activity and no children and young people were being treated. Our report for these core services is based on interviews with staff and evidence submitted by the provider.

Outpatient services are provided from two dedicated clinical rooms in a separate building on the hospital site. The host hospital outpatients department provides nursing support.

In the previous 12 months the service saw 577 patients across all its functions.

The main service provided by this service was surgery. Where our findings on outpatients or services for children and young people – for example, management arrangements – are the same, we do not repeat the information but cross-refer to the surgery service.

How we carried out this inspection

We carried out an inspection of the service using our comprehensive methodology. We announced the inspection because we needed to make sure the service would be in session at the time of our site visit. We observed surgical care being delivered and carried out. We met with senior staff and nursing staff from the host hospital in the course of their work with CESP patients. That organisation is not part of our ratings or judgement, but care responsibilities are shared to the extent we could not explain or assess care and treatment without considering their role.

Our inspection team consisted of a lead inspector and a specialist advisor.

Summary of this inspection

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Our findings

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	Inspected but not rated	Good	Good	Good	Good
Services for children & young people	Good	Inspected but not rated	Not inspected	Inspected but not rated	Inspected but not rated	Inspected but not rated
Overall	Good	Good	Good	Good	Good	Good

Good

Surgery

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

Are Surgery safe?

Good

Our rating of safe stayed the same. We rated it as good.

Mandatory training

The service required staff who delivered care to maintain mandatory training in key skills.

The registered manager required consultant surgeons working under practising privileges to maintain mandatory training to the level required of staff by the host hospital. Nurses and clinical support staff worked for the host hospital and maintained training in line with their policies.

Training included infection prevention and control, health and safety, and moving and handling. The service did not provide its own training and consultants completed this in their substantive posts at NHS trusts, with supplemental training provided by the host hospital.

Safeguarding

Consultants and staff who provided support understood how to protect patients from abuse and the service worked well with the host hospital to do so. The service required those who provided care to maintain training.

Consultant surgeons and clinical support staff received training specific for their role from the host hospital on how to recognise and report abuse. They completed training in safeguarding adults and children to a level commensurate with their role. Consultants were trained to level three, which reflected good practice in line with that required by the Royal College of Nursing intercollegiate document on safeguarding.

The consultant we spoke with and the registered manager knew how to identify patients at risk of, or suffering, harm and worked with the host hospital to protect them. If a referrer noted safeguarding concerns or needs on a patient's record, the service worked with them in advance to make arrangements for their care.

The consultant and nursing staff who worked for the hospital knew how to make a safeguarding referral and who to inform if they had concerns. The service made no safeguarding referrals in the previous 12 months.

Good

Surgery

The host hospital safeguarding lead and took responsibility for referrals and investigations. They maintained up to date contact details for regional safeguarding teams. Protocols were in place for the urgent escalation of safeguarding concerns.

Health care assistants (HCAs) and nurses who worked for the host hospital were trained as chaperones and all patients were offered this service during consultations. Posters were displayed reminding patients of the chaperone service.

The host hospital's safeguarding policy was the overriding guidance for care and treatment and the CESP service used this for care and treatment.

Cleanliness, infection control and hygiene

The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Consultants and host hospital staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Host hospital staff used cleaning checklists to document cleaning and decontamination in line with the provider's policy.

The service performed well for cleanliness. Host hospital staff cleaned clinical areas between patients and external cleaners worked outside of public hours to maintain cleanliness. A contractor carried out a monthly deep clean of the theatre.

Consultant surgeons and host hospital staff followed infection control principles including the use of personal protective equipment (PPE). We saw consistently good standards of hand hygiene. The hospital carried out monthly hand hygiene audits to check compliance with World Health Organisation standards and included the CESP consultant surgeon and hospital staff delivering care to CESP patients. In the previous 12 months audits found 92% compliance.

Host hospital staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

CESP surgeons and host hospital supporting staff worked effectively to prevent surgical site infections. In the previous 12 months the service reported no instances of patient infection, including of endophthalmitis, an inflammation of the eye caused by infection.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Arrangements were in place to manage clinical waste.

The host hospital was responsible for provision of surgical space, most equipment, and the maintenance of the environment. The registered manager monitored this through a service level agreement and worked with the senior hospital team to ensure any changes or problems with the environment met the needs of patients.

The design of clinical environments did not fully meet national guidance, including the Department of Health and Social Care (DHSC) Health Building Note (HBN) 00/09 and 00/10 in relation to clinical environment design and infection control in the clinical environment. Flooring in theatre and clinical rooms was compliant with the HBN and the theatre was equipped with a laminar flow air system, which reduced the risk of infection. However, there was no dedicated theatre handwash sink for staff, who had to use the same facility as patients. This was not in line with national guidance. The host

hospital had carried out a risk assessment of the facility in recognition of this. Corridors used to access clinical areas were carpeted, which was not compliant with the HBN as it presented an increased risk of infection. While the service did not manage the environment, their patients were treated within it, which meant there was a potential impact on standards of care. The senior team of the host hospital recognised these risks and said a planned relocation would address them.

CESP owned equipment to measure intraocular lenses needed for cataract surgery. The registered manager maintained appropriate maintenance contracts and insurance for the equipment. Staff from the host hospital cleaned and disinfected the equipment as needed as part of a service level agreement.

CESP surgeons and hospital nurses working with them disposed of single-use surgical instruments in line with manufacturer guidance and recorded serial numbers in patient records. The host hospital was responsible for the decontamination and reprocessing of reusable surgical instruments line with Health Technical Memorandum (HTM) 01/01.

The host hospital was responsible for compliance with the DHSC and the Health and Safety Executive Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 in relation to sharps waste. CESP surgeons and hospital nurses working with them disposed of clinical waste safely and in line with HTM 07/01 (2013) in relation to the safe management and disposal of healthcare waste.

Assessing and responding to patient risk

Consultant surgeons and host hospital staff completed and updated risk assessments for each patient and removed or minimised risks. They identified and quickly acted upon patients at risk of deterioration

Consultant surgeons and host hospital staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Patients had to be medically fit for surgery before the service could deliver treatment and so deterioration was rare. However, appropriate equipment, training, and protocols were in place and managed by the host hospital.

Surgeons carried out risk assessments prior to treatment, such as for venous thromboembolism (VTE) and allergies. We saw good standards of practice from the CESP surgeon and host hospital staff when coordinating analgesia for a patient with multiple allergies.

Shift briefings and handovers included all necessary key information to keep patients safe. These included all staff responsible for care from both organisations. The CESP surgeon and host hospital surgery team carried out a safety huddle at the beginning of each list to review patient risks and needs.

The CESP surgeon and host hospital theatre team used the World Health Organisation (WHO) surgical safety checklist adapted for cataract surgery. We observed this during our inspection. Staff were thorough in their assessment and included checks of lens prescriptions and the expiry dates of implants.

The service had access to appropriate emergency medical equipment on site provided by the host hospital. This included an automatic external defibrillator, oxygen, airway equipment, and anaphylaxis medicines. We saw hospital staff documented appropriate safety and stock checks, which was in line with CESP requirements.

Surgeons maintained up to date training in sepsis management.

Good

Surgery

While nurses and healthcare support staff worked for the host hospital, they delivered care to CESP patients. This meant the registered manager had a duty to maintain understanding of their emergency training. A recent simulated resuscitation exercise in the host hospital found significant room for improvement, including in team coordination, response times, and leadership. The registered manager worked with the host hospital team to ensure standards improved to maintain patient safety.

Nurses who worked for the host hospital carried out the pre-assessment process for CESP patients, which included risk assessments and a review of medical history.

Staffing

The service had enough consultant surgeons with the right qualifications, skills, training and experience to keep patients safe from avoidable harm.

The registered manager and a dedicated administrator worked substantively for the provider. The provider did not directly employ clinical staff. Four consultant surgeons provided care and treatment within a partnership arrangement with the provider under practising privileges. Each consultant surgeon recruited their own administration support staff.

The host hospital provided nursing staff and healthcare assistants under a service level agreement. These staff worked for the hospital and their training, appraisals, and line management was coordinated by local procedures.

Consultant surgeons worked substantively as NHS consultant ophthalmologists and maintained their qualifications through their home trust.

The director of the host hospital monitored practising privileges for the consultant surgeons. The CESP registered manager liaised with them in the event of queries or issues.

Appraisals of the consultant surgeons indicated audit contributions above the national average. The senior team of the host hospital was responsible for monitoring surgeon appraisals through liaison with responsible officers.

Nurses, operating department practitioners, and healthcare assistants (HCAs) worked for the host hospital and provided care as part of the surgical pathway for CESP patients. The hospital planned surgical lists in advance in liaison with CESP registered manager to ensure enough nursing staff were scheduled.

Surgeons occasionally admitted patients overnight after surgery, such as if they had undergone general anaesthetic and had no-one at home. In such cases the surgeon formally handed over care to the hospital ward staff.

A senior anaesthetic consultant monitored and planned anaesthesia on behalf of CESP. They worked substantively for the host hospital.

Nurses working for the host hospital provided post-operative recovery care. This was always staffed by two qualified nurses

Records

Consultant surgeons kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Good

Surgery

Patient notes were comprehensive, and all staff involved in care delivery could access them easily. Records were a mix of paper copy and electronic copy and stored securely with restricted access. Clinical staff completed paper records of medical and surgical care and shared these with referring professionals. Records were shared between the provider, the operating surgeon, and the host hospital. This reflected the collaborative model of care and treatment. The registered manager could access records at any time if needed for incidents, complaints, or care review.

Staff shared medical records based on agreements within care pathways, such as with GPs and referring independent health services. CESP surgeons prepared clinical outcome and discharge letters following surgery.

Host hospital staff consistently completed allergy checks, medicine histories, and safety checks during pre-assessment, surgery, and recovery. Records showed staff documented safety checks for patients taking warfarin. In all the records we looked at, staff had clearly followed referral information and prescriptions.

The provider carried out an annual notes audit to check for completion and quality. The most recent audit found 100% compliance with expected standards.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

The host hospital was responsible for storing and managing medicines. CESP consultants prescribed medicines for patients under this provider's registration and all other aspects were coordinated by the hospital.

The resident medical officer (RMO) in the host hospital prescribed eyedrops to patients in the pre-assessment and discharge phase of care under a service level agreement with the provider.

Surgeons performed surgery using local anaesthetic and sedation where needed. The host hospital's anaesthetist monitored the use of both through the medical advisory committee and clinical governance functions. This included checks of the 'time out' and 'correct lens' surgical safety protocols. Most cataract surgery was carried out under local anaesthetic or conscious sedation. Where general anaesthetic was needed, the CESP consultant and the host hospital anaesthetist worked together to coordinate care.

Surgeons carried out a good standard of medicine history with each patient during our inspection. This reflected the complex co-morbidities of many patients and ensured prescriptions were safe.

The on-site pharmacy filled prescriptions for CESP patients.

Incidents

The service had processes to manage patient safety incidents well. The registered manager ensured that actions from patient safety alerts were implemented.

The provider had an incident management policy and system. The registered manager shared incidents with the host hospital senior team as part of a service level agreement. As all care and treatment took place on premises operated by the host hospital, both organisations carried out joint investigations and recorded details and findings on their respective systems. Consultant surgeons working under practising privileges agreed to be contactable within 24 hours of an incident report to provide information.

Good

Surgery

The registered manager monitored national patient safety alerts and ensured each consultant surgeon received and acted on them. They liaised with the host hospital governance team to ensure clinical staff received the same information.

The provider used the host hospital's duty of candour protocol. While they had not needed to use this, they demonstrated a good understanding of its principles.

There had been no incidents relating to the service in the previous 12 months.

Are Surgery effective?

Good

Our rating of effective stayed the same. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

The provider did not have its own policies and procedures for service provision, other than for safeguarding. All care and treatment was provided using the policies and procedures of the host hospital.

Consultant surgeons worked to national guidance from NHS England, the National Institute of Health and Care Excellence (NICE), and the Royal College of Ophthalmologists. The host hospital managed policy updates and changes to guidance through their own centralised system.

The registered manager monitored changes to national guidance and liaised with the host hospital senior team to ensure practices reflected these.

Pain relief

Consultant surgeons and host hospital nursing staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

Consultant surgeons assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. They worked with patients to understand their type and level of pain to better assist them.

Host hospital staff checked patients' pain levels in post-operative recovery. They prescribed, administered and recorded pain relief accurately. Consultants discussed pain relief with patients at the pre-assessment stage and arranged general anaesthesia if needed.

Many patients were prescribed pain killers for other conditions and co-morbidities and consultants ensured there were no contraindications or excessive prescribing. They had access to the host hospital's pharmacist for advice or consultant.

Patient outcomes

The service monitored the effectiveness of care and treatment.

Good

Surgery

The service participated in relevant national clinical audits. The registered manager audited cataract surgery outcomes against Royal College of Ophthalmologists benchmarks. The service performed consistently well, with 100% of patients without co-morbidities achieving vision within planned pre-surgical parameters, which exceeded national standards.

One patient in the previous 12 months experienced an intra-operative choroidal haemorrhage. The surgeon and host hospital support team recognised the problem and adjusted treatment accordingly, without harm to the patient.

The service contributed to the National Ophthalmology Database Audit. Results indicated the service provided care in line with, or better than, national benchmarks. This included in the achievement of planned post-operative vision.

Competent staff

The service made sure staff were competent for their roles. The registered manager appraised staff's work performance and held supervision meetings with them to provide support and development.

Consultant surgeons were experienced, qualified and had the right skills and knowledge to meet the needs of patients.

The nature of the service meant consultant surgeons were responsible for their own professional competency and development. The registered manager ensured they maintained up to date knowledge through a review of their annual activity, such as contribution to the research of organisations such as the UK and Eire Glaucoma Society.

The host hospital carried out annual appraisals of consultant surgeons as part of the practising privilege service level agreement. The registered manager received confirmation that each surgeon was fit and competent to continue.

Multidisciplinary working

Healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Consultant surgeons liaised with multidisciplinary colleagues to discuss patients with co-morbidities and coordinate their care.

Consultant surgeons worked with host hospital staff to care for patients. For example, optometrists and ophthalmologists in the hospital provided advanced pre-operative care and review on demand.

The service provided care for patients who presented with co-morbidities, including complex long-term conditions. Consultant surgeons ensured post-operative care met their needs.

Each consultant surgeon had a sub-specialty interest. Where patients were referred with a condition within the sub-specialty, consultants referred to the most appropriate specialist.

Seven-day services

The service offered procedures on demand. As surgery could proceed only with host hospital nursing staff, operations were restricted to the availability of the whole system.

The registered manager worked with the host hospital senior team to manage capacity. They implemented weekend surgery and increased sessions in response to demand.

Good

Surgery

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

The service supported patients to make informed decisions about their care and treatment.

The provider required patients to consent to their care and treatment without the need for best interests decisions. Where a patient was unable to consent to care or did not have capacity to understand the proposed care, the consultant referred them to an NHS or specialist independent provider.

The registered manager monitored patient's understanding of the consent process in a survey. Between January 2022 and July 2022, patients rated consultants as very good or excellent in the consent process.

Consultant surgeons understood how and when to assess whether a patient had the capacity to make decisions about their care. Consent processes were in place at each stage of care and treatment and host hospital nursing staff supported this.

Consultant surgeons and host hospital staff gained consent from patients for their care and treatment in line with legislation and guidance and made sure patients consented to treatment based on all the information available.

We saw clear documentation of consent in patients' records. The host hospital kept records of consent documentation.

Are Surgery caring?

Good

Our rating of caring stayed the same. We rated it as good.

Compassionate care

All staff who delivered care treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

We saw consultant surgeons and host hospital staff were discreet and responsive when caring for patients. They took time to interact with patients and those close to them in a respectful and considerate way. During our observations staff were understanding, positive, and reassuring.

Patients said staff treated them well and with kindness. One patient told us they were "very happy" with the service to date and was pleased they could be seen quickly.

The registered manager monitored patient experience of compassionate care in a survey. Between January 2022 and July 2022, patients rated the medical secretary, consultants, and support staff in the host hospital as very good or excellent.

Comments from written patient feedback included, "Very caring," and "Truly delighted."

We observed compassionate care from host hospital nurses to CESP patients during our inspection.

Emotional support

Staff provided emotional support to patients to minimise their distress.

Good

Surgery

Host hospital staff supported patients to maintain their privacy and dignity. They adapted their approach to achieving this based on individual needs, such as by providing elderly patients with additional time and patience to prepare for surgery. During our inspection we saw host hospital nurses who supported surgery were reassuring and helped patients to manage anxiety before a procedure.

Patient feedback was positive about the standard of care. One patient noted, “Relaxed experience, not anxious.”

Understanding and involvement of patients and those close to them

All staff who delivered care supported patients to understand their condition and make decisions about their care and treatment.

We observed the consultant surgeon and host hospital staff made sure patients and those close to them understood their care and treatment. They worked with patients to help them understand the planned benefits of surgery, the likelihood of success, and the risks involved. They made sure patients had a clear understanding of plans before they proceeded to consent and treat.

The consultant surgeon and host hospital staff talked with patients in a way they could understand. We observed the teamwork with a patient who was uncertain of their planned treatment. They helped the patient to make an informed choice and to have a better understanding of the planned procedure.

Patients and their families could give feedback on the service and their treatment. The registered manager ensured patients understood their care was provided by CESP with support from the host hospital.

Patients gave positive feedback about the service. A recent patient noted, “I am deaf, and every effort was made to see that I understand everything.” Another patient wrote, “Given total reassurance.”

We observed a very high standard of communication of host hospital nurses in theatres who were confident and empowered to ensure the surgeon led the procedure appropriately.

The registered manager monitored patient’s experiences of involvement in their care using a survey. Between January 2022 and July 2022, patients rated consultants as very good or excellent when addressing concerns or queries and when explaining risks and benefits of surgery.

Patients rated information they received about their care highly. Between January 2022 and July 2022, all patients rated the standard of information they were given about their care and treatment, including postoperatively, as very good or excellent.

Are Surgery responsive?

Good

Our rating of responsive stayed the same. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Good

Surgery

The registered manager planned and organised services to meet the needs of the regional population. They recognised pressures on the regional health economy and the lack of capacity for cataract surgery. They worked with private opticians and NHS services to prioritise care for those with the greatest urgency of need.

Facilities and premises were appropriate for the services being delivered. All clinical service areas had step free access. Refreshments were available in waiting areas.

Patients could access post-operative consultant health support 24 hours a day 7 days a week.

Administration staff contacted patients in advance of each appointment to ensure they planned to attend and minimise the risk of a missed appointment.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. They coordinated care with other services and providers.

The provider coordinated care for patients living with dementia and learning disabilities with the host hospital, which had resources and communication support tools. Surgical teams met ahead of treatment to plan care and ensure it would meet individual needs. The host hospital had a dementia champion, who provided support with planning in advance to patients living with dementia.

The host hospital made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed.

The service provided follow-up care to meet individual needs. For example, all patients received a follow-up phone call and post-operative review. The service offered additional in-person and remote appointments on demand where patients had questions or needed additional care.

Patients who were frail or who needed additional support were able to bring a carer or other person with them.

The service provided patients with printed information about their treatment at the time of the first consultation. This included how to prepare for surgery and how much time they should expect to be in the clinic. Printed information for after surgery was specific to clinical pathways and included follow up contacts, including for urgent support.

The consultant surgeon provided patients with printed information about their treatment to help them understand the potential risks and benefits. The information included what to expect during treatment, such as blurred vision.

Access and flow

People could access the service when they needed it and received the right care. Times from referral to treatment and arrangements to admit, treat and discharge patients were consistently good.

Patients could access the service by self-referral or through a referral from an optometrist or GP. The provider did not have its own entity to promote services. For example, it did not have a website and relied on word of mouth recommendations to supplement referrals from other professionals.

All patients were seen by a consultant within two weeks of referral and offered a surgical appointment if needed within a further two weeks.

Good

Surgery

Where patients needed cataract surgery in each eye, the service aimed to complete the whole process within one month.

The registered manager worked with the host hospital senior team to manage capacity and demand based on theatre and staff availability.

Patients consistently rated access highly. The registered manager assessed patients' experiences of making appointments in a survey. Between January 2022 and July 2022, patients described the speed at which they were seen, the choice of appointments, and the efficiency of the discharge process as very good or excellent.

The service did not monitor procedure cancellations or patients who did not attend for their appointment. The host hospital coordinated follow-up and care for patients who cancelled or did not arrive for planned care.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously and had processes in place for investigation and sharing lessons learned.

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas.

Consultant surgeons and host hospital staff understood the policy on complaints and knew how to handle them. They received training on handling complaints and maintained an understanding of the policy, which was managed by the host hospital.

The registered manager was responsible for investigating complaints. In the previous 12 months the service received no formal complaints.

In the event of a complaint, the registered manager would share this with the host hospital senior team in accordance with the service level agreement. This ensured both organisations involved in patient care were involved in understanding areas for improvement.

Are Surgery well-led?

Good

Our rating of well-led improved. We rated it as good.

Leadership

The registered manager had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced.

The registered manager was the managing director. They had extensive experience in the NHS and independent health sector and had established a service driven by clinical need and based on high standards of care. They reported to the board of directors, who were the consultant surgeons.

Good

Surgery

The registered manager was responsible for the regulated activities provided under CESP registration and strategic leadership of the service. They were not based substantively at the host hospital and the host hospital senior leadership team managed daily delivery of care and staff leadership.

The registered manager met quarterly with the theatre manager, hospital manager, and matron to review the service.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action.

The registered manager demonstrated a focus on clinical quality and addressing regional gaps in service provision. They worked to achieve this though a focus on financial viability and effective clinical care evidenced through audit.

The provider offered a comprehensive consultant-led service and worked with the host hospital to ensure this was delivered consistently.

Culture

The service had an open culture where patients, their families and associated staff could raise concerns without fear.

Consultant surgeons had worked with the provider for several years. The host hospital nursing team spoke positively of this relationship. The provider had limited tangible presence, but the combination of good audit outcomes and positive patient feedback reflected a good working culture.

The registered manager made themselves available to colleagues, host hospital staff, and patients whenever asked.

Governance

The registered manager participated in effective governance processes.

The provider operated primarily as an administrative function with a small amount of clinical services and all other functions carried out through service level agreements with the host hospital. The registered manager met with the host hospital's senior leadership team quarterly to ensure service level agreements were working well and in the best interests of patients.

The host hospital held records of each consultant surgeon's professional indemnity insurance alongside the other professional evidence needed for them to provide care and treatment. The registered manager of CESP had access to these documents.

The registered manager met with the host hospital senior team quarterly to review activities and safety mechanisms, such as the implementation of national safety alerts.

One of the four consultant surgeons deputised as the registered manager in the event of their absence.

The registered manager reviewed practising privileges of each consultant surgeon on an annual basis. They included outcomes of the individual's appraisals and other care-related measures to ensure care was of a good standard.

The service operated a joint governance framework through the partnership with the host hospital. This was an effective approach to maintain good standards of shared learning and an open working culture.

Good

Surgery

The registered manager, board of partners, and practice manager formed the medical advisory committee (MAC). The MAC met quarterly and held overarching responsibility for clinical operations and policies, including leadership of the practicing privileges policy. MAC members reviewed incidents and learning and ensured the wider staff group were included in communications and decision-making about the service. Reviewed and developed policies and procedures.

Quarterly governance meetings included the registered manager and hospital senior team and surgery department managers.

Management of risk, issues and performance

The registered manager used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The registered manager maintained a risk register for the service and shared this with the senior team of the host hospital. They reviewed risks regularly and the directors maintained oversight of this. At the time of our inspection the key risk was supply problems with intraocular lenses. They mitigated this through ordering products further in advance. The risk assessment system effectively identified the errors and the risk register process enabled both senior teams to work together for a solution.

The senior team of the host hospital included CESP activity in quarterly performance and clinical governance safety meeting reviews. This included a review of incidents or complaints that involved CESP care, with peer review carried out by a hospital ophthalmologist.

The host hospital carried out quarterly quality and safety audits, which included a sample of work undertaken by this provider, including adverse events, return to theatre, and emergency transfers. The service reported no occurrences in the previous 12 months.

Information Management

The Information systems were integrated with the host hospital and secure.

The service had data sharing and security agreements, including a formal contract, with the host hospital. This reflected the joint nature of care. Appropriate data protection arrangements were in place, including secure data storage with access controls and back-up in the event of systems failure. CESP retained key surgical data to support future access requests, audits, or complaint investigations.

The service was registered with the Information Commissioners Office, reflecting best practice in the event of a data breach.

Engagement

The service engaged with patients and host hospital staff. to plan and manage services.

The service maintained an average 30% response rate for patient feedback. The registered manager reviewed feedback provided directly to the service and received by the host hospital where care included that provided by CESP.

The registered manager collated feedback related to each consultant. As all aspects of care other than surgery and clinical outpatient consultations, bookings and patient records were managed by the host hospital, this system enabled the

registered manager to track feedback specific to the provider. Between January 2022 and July 2022, using a five point scale, all patients scored their experience with consultants as very good or excellent. In the same period, all patients said they would recommend the service, their consultant, and the host hospital as a facility. Written comments included, “Totally satisfied from start to finish,” and “Overall treatment excellent.”

Good

Outpatients

Safe	Good
Effective	Inspected but not rated
Caring	Good
Responsive	Good
Well-led	Good

Are Outpatients safe?

Good

Our rating of safe stayed the same. We rated it as good.

For mandatory training, safeguarding and incidents, assessing and responding to patient risks, and medicines please see surgery.

Cleanliness, infection control and hygiene

The service controlled infection risk well.

The host hospital carried out monthly infection prevention and control audits of the outpatients department. This included the facilities used by CESP staff and patients. Between February 2022 and August 2022, the service achieved 100% compliance with expected standards.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe.

The registered manager ensured equipment used for visual field tests and eye examinations were maintained and safe for use. Consultants cleaned and disinfected equipment between use.

Staff carried out daily safety checks of specialist equipment. The senior team used a planned and preventative maintenance programme to ensure equipment was safe. The host hospital checked water supplies for Legionella regularly.

Medical staffing

The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

Consultant ophthalmologists provided outpatient care through a practising privileges arrangement with the provider and the host hospital. The registered manager of the provider was responsible for the care provided and the host hospital managed the practising privilege arrangement.

Good

Outpatients

Records

The service kept detailed records of patients' care and treatment. Records were stored securely.

Consultants completed paper records for each patient and CESP stored these securely with restricted access. The consultant maintained records of each episode of care or treatment.

Outpatient records included clear separation of the various parties responsible for care, such as the different areas delivered by CESP and the host hospital. Consultants included detailed information on their assessment of need in records. For example, they documented providing patients with reassurance about their symptoms and the potential causes.

Are Outpatients effective?

Inspected but not rated

We do not currently rate effective in outpatients.

Please see surgery.

Are Outpatients caring?

Good

Our rating of caring stayed the same.

We rated caring as good.

Please see surgery.

Are Outpatients responsive?

Good

We have not previously inspected outpatients. We rated responsive as good.

For meeting people's individual needs and learning from complaints and concerns, please see surgery.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Good

Outpatients

Outpatients care included consultants for eye conditions, pre-surgical review, and ongoing follow-ups after surgical treatment. Consultants worked with private colleagues in the region to ensure patients received the most appropriate care. This included colleagues in the host hospital, who arranged reviews in other clinical specialties.

Access and flow

People could access the service when they needed it and received the right care promptly.

Consultant's secretaries managed referrals and appointments and liaised with the registered manager to ensure facilities were available. Patients booked directly on a self-pay basis or were referred by another doctor.

The service contacted patients ahead of appointments to minimise missed appointments.

Are Outpatients well-led?

Good

We have not previously inspected outpatients. We rated well led as good.

For leadership, vision and strategy, culture, information management, engagement, and learning, continuous improvement and innovation, please see surgery.

Governance

The registered manager operated effective governance processes.

The quarterly governance monitoring system included the registered manager and hospital senior team and outpatient department managers. The registered manager met with the host hospital outpatients manager quarterly to review service provision.

Management of risk, issues and performance

The registered manager used systems to identify and manage risks and issues.

The registered manager used a risk register to monitor risks to staff and patients. They shared this with the host hospital senior team who was responsible for most aspects of care. The outpatient environment was listed on the risk register due to its age and need for refurbishment. The registered manager was working with the host hospital team to manage a planned programme of improvement.

Inspected but not rated

Services for children & young people

Safe	Good
Effective	Inspected but not rated
Responsive	Inspected but not rated
Well-led	Inspected but not rated

Are Services for children & young people safe?

Good

We have not previously rated safe. We rated it as good.

For mandatory training, cleanliness and infection control, records, medicines, and incidents, see surgery.

Safeguarding

The service understood how to protect children, young people and their families from abuse. The consultant had training on how to recognise and report abuse and they knew how to apply it.

The consultant responsible for children and young people care maintained level three training. They had access to host hospital reporting systems and the host hospital safeguarding team provided support through a service level agreement.

The child protection policy was managed by the host hospital. The registered manager and the host hospital senior team worked together to ensure the policy remained appropriate for the type of care provided.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe.

Children and young people attended on an outpatient basis in clinical rooms managed by the host hospital. This meant consultants had access to the same emergency equipment and clinical consumables as substantive hospital teams.

Surgery had a children's recovery bay equipped with appropriate emergency equipment. The host hospital was responsible for the management and upkeep of this area.

Assessing and responding to patient risk

The consultant completed and updated risk assessments for each child and young person and removed or minimised risks. Staff identified and quickly acted upon children and young people at risk of deterioration.

The consultant surgeon and host hospital staff used the national paediatric early warning scores (PEWS) tool to identify children or young people undergoing surgery at risk of deterioration and escalated them appropriately.

Staff completed risk assessments for each child and young person if needed although this was uncommon for outpatient consultants.

Inspected but not rated

Services for children & young people

Staffing

The service had access to enough nursing staff with the right qualifications, skills, training and experience to keep children and young people safe from avoidable harm and to provide the right care and treatment.

One consultant surgeon provided services for children and young people. They delivered clinical care and all other support services and functions were provided by the host hospital.

The service arranged nursing and support staff in advance with the host hospital to keep children and young people safe during surgery.

The host hospital scheduled a registered children's nurse for surgical procedures. The nurse remained with the patient throughout their treatment and the registered manager arranged this in advance with the hospital through a service level agreement.

Are Services for children & young people effective?

Inspected but not rated

We inspected but did not rate effective.

Please see surgery.

Are Services for children & young people responsive?

Inspected but not rated

We inspected but did not rate responsive.

For meeting individual needs and learning from complaints and concerns please see surgery.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Facilities and premises were appropriate for the services being delivered. The surgical suite had a dedicated pre-assessment and recovery area for children and young people. Outpatient rooms were situated in a building separate from the main hospital and staff coordinated children and young people visits to ensure they did not need to wait with adults.

The service had systems to care for children and young people in need of additional support, specialist intervention, and planning for transition to adult services. Consultants referred patients to other specialists in the host hospital or to specialist transition services in the region.

Inspected but not rated

Services for children & young people

Access and flow

People could access the service when they needed it and received the right care promptly. There was no waiting list for care and treatment.

Consultant surgeons provided consultations for children and young people. In the previous 12 months they had seen 15 patients under the age of 16.

Patients were referred by other private services, including independent hospital consultants.

Are Services for children & young people well-led?

Inspected but not rated

We inspected but did not rate well-led.

Please see surgery.