ACES (Thetford)

Quality Report

Thetford Community Healthy Living Centre,
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Date of inspection visit: 28 September and 09 October 2017
Date of publication: 05/12/2017

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

Overall summary

Anglia Community Eye Service Limited operates ACES Thetford, which is one of four locations operated by this provider. The service is located in a healthy living centre, where ACES Thetford rents facilities dependent on demand. Facilities include one operating theatre, consultation areas, and a patient waiting area.

ACES Thetford offers a surgery service for patients aged 18 years and over. The main type of surgery performed is cataract surgery. The service offers day surgery only, performed under local anaesthetic. No laser refractive eye surgery is offered at the location. Surgery takes place on Thursdays, with dates scheduled in advance to meet patient need.

ACES Thetford also offers an outpatient service, including pre-operative outpatient consultations, laser eye clinics

Summary of findings

and general outpatient eye clinics. Outpatient clinics usually take place on Wednesdays, Thursdays and Fridays, with dates scheduled in advance to meet patient need.

We inspected the surgery and outpatient services using our comprehensive inspection methodology. We carried out the announced part of the inspection on 28 September 2017, along with an unannounced inspection on 09 October 2017.

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.

Services we rate

- We rated this service as good overall. Although some elements of it require improvement, the overall standard of the service provided outweighs those concerns. We have deviated from our usual aggregation of key question ratings to rate this service in a way that properly reflects our findings and avoids unfairness.

We found the following areas of good practice in relation to surgery:

- The provider had established processes in place for reporting and learning from incidents. We asked three nursing staff about incident reporting and all could describe what constituted an incident and how to report an incident. Staff discussed incidents at meetings and shared learning.
- All areas we inspected were visibly clean and tidy.
- Staff kept equipment clean and followed infection control processes.
- Staff had a system for recording implants used in theatre. Nursing staff logged lens implant stickers and batch numbers in patients' care records.
- Nursing and medical staff transported medicines securely and completed appropriate documentation of medicines administered.
- Nursing and medical staff kept detailed records of patients' care. We reviewed seven patient records completed by staff in the surgery service and found these signed, dated, and legible. All records included the patient's details and surgical notes, including clear documentation of the site of surgery and post-operative instructions.
- Nursing and medical staff completed the World Health Organisation (WHO) surgical safety checklist for cataract surgery and five steps to safer surgery for all patients. This is a safety checklist used to reduce the number of complications and deaths from surgery.
- Managers completed annual appraisals for all staff. Information from the provider stated that 100% of staff had completed an appraisal in the last year.
- All staff had access to up to date policies and guidance and the provider had a process in place for updating policies. We reviewed a selection of policies and found they were version controlled, dated and included references to national standards, guidance and law.
- Staff audited patient outcomes, including visual improvements after surgery and rates of capsular rupture (a possible complication during cataract surgery). Information from the provider showed the consultant working at ACES Thetford had a capsular rupture rate of 0.5% (not adjusting for case complexity). This was lower than the benchmark of 2% set by the Royal College of Ophthalmologists.
- Staff treated patients with kindness and compassion. Staff spoke with patients before surgery to put them at ease and we saw a consultant ask a patient if they had any last minute questions before surgery.
- Patients we spoke with were consistently positive about the service. One patient commented that staff were "lovely and delightful" and told us "they make you feel you matter."
- We received eight CQC comment cards from patients using the outpatient and surgery services. All eight gave positive feedback about the services.
- The provider offered surgery services all year round and surgery was scheduled six weeks in advance dependent on patient need.
- The service reported no complaints from April 2016 to March 2017. The provider had a process in place for managing and responding to complaints.

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- All staff we spoke with were positive about leadership of the service and told us leaders were visible and approachable.
- The provider held governance meetings every two months at their main site. We reviewed four sets of meeting minutes dated from 27 October 2016 to 4 May 2017, which showed meetings included discussion of incidents, complaints and compliments and information governance.
- The provider monitored staff competency though appraisal, professional registration checks and monitoring of clinical outcomes.

However, we found areas for improvement

- Staff had not received the correct level of training in the safeguarding of children.
- Resuscitation equipment was available at the GP surgery in the healthy living centre where the service was located. However, staff did not have oversight of safety checks for resuscitation equipment before our visit. We raised this with senior staff and they assured us that regular monitoring of resuscitation equipment safety checks would be put in place.
- The provider did not audit compliance with the World Health Organisation (WHO) surgical safety checklist for cataract surgery and five steps to safer surgery. This meant senior staff did not have assurance that these safety checks were always completed. We raised this with senior staff at the time of inspection and they told us they would start audits.
- The provider did not audit hand hygiene at this location but told us staff were audited at other locations owned by the provider, where they also worked. We raised this with senior staff at the time of inspection and they told us they would start audits at this location.
- Records dated June 2017 showed staff compliance with Mental Capacity Act training was 50%. Information from the provider showed that this training was scheduled.
- The provider's risk register did not contain dates for entry, review or a named person for each action. This meant the provider did not have clear documentation of the ongoing management of each risk to the service.

We found good practice in relation to outpatients:

- Nursing staff could describe learning from incidents. The outpatient service reported four clinical incidents (all graded no harm) from April 2016 to March 2017. We asked three nursing staff about this and all could describe incidents that had occurred and learning from these incidents.
- A laser protection adviser (LPA) from a nearby NHS trust carried out annual checks on laser safety arrangements. The provider had a named laser protection supervisor, who was responsible for the implementation of laser safety arrangements.
- Patients we spoke with were positive about the outpatient service. One patient said the consultant was "exceptional" and another said their experience had been "excellent" and "staff treated me well."
- Patients met with a consultant surgeon at their pre-operative appointment. This was the same surgeon that completed their surgery, promoting continuity of care for patients.
- Information leaflets for patients were available in the outpatient waiting area. These included "Yag laser capsulotomy," "Bringing eye care to the community" and "Selective laser trabeculoplasty."
- The provider shared information on outcomes of surgery with each patient's GP and optometrist after surgery.

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

Heidi Smoult

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good	Surgery was the main activity provided. Where our findings on surgery also apply to other services, we do not repeat the information but cross-refer to the surgery section. We rated this service as good because it was safe, effective, caring, responsive, and well-led. We found: • Clinical areas were visibly clean and staff complied with infection control procedures. • The provider had a process in place for reporting and learning from incidents. • Policies were up to date and based on national guidance. • Staff received regular training and 100% of staff had completed an appraisal in the last year. • Staff audited patient outcomes, including visual improvements after surgery and rates of capsular rupture (a possible complication during cataract surgery). • Patients we spoke with gave positive feedback about the service. We received eight CQC comment cards from patients, all of which gave positive feedback about the service. • The service had not received any complaints from April 2016 to March 2017. There was a clear complaints procedure in place. • The provider held governance meetings every two months, which included discussion of incidents, complaints and compliments and information governance. • Staff were positive about leadership of the service and told us leaders were visible and approachable. We found the following areas the service should improve: • Staff had not received the correct level of training in the safeguarding of children. • Resuscitation equipment was available at the GP surgery in the healthy living centre where the service was located. However, staff did not have oversight of safety checks for resuscitation

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equipment before our visit. We raised this with senior staff and they assured us that regular monitoring of resuscitation equipment safety checks would be put in place.

- Staff did not audit compliance with the World Health Organisation (WHO) surgical safety checklist for cataract surgery and five steps to safer surgery. This meant senior staff did not have assurance that these safety checks were always completed. We raised this with senior staff at the time of inspection and they told us they would start audits.
- The provider did not audit hand hygiene at this location but told us staff were audited at other locations owned by the provider, where they also worked. We raised this with senior staff at the time of inspection and they told us they would start audits at this location.
- Records dated June 2017 showed staff compliance with Mental Capacity Act training was 50%. Information from the provider showed this training was scheduled.
- The provider's risk register did not contain dates for entry, review or a named person for each action. This meant the provider did not have clear documentation of the ongoing management of each risk to the service.

Outpatients and diagnostic imaging

Good

We rated this service as good because it was safe, caring, responsive, and well-led. We do not currently rate effective for outpatient and diagnostic imaging services.
We found:

- Staff could describe learning from incidents that had taken place in the outpatient service.
- The provider had systems in place for ensuring safe operation of the laser used in outpatients. A laser protection adviser (LPA) from a nearby NHS trust carried out annual checks on laser safety arrangements and the provider had a named laser protection supervisor, who was responsible for the implementation of laser safety arrangements.
- Patients we spoke with were positive about the outpatient service. One patient said the consultant was "exceptional" and another said their experience had been "excellent" and "staff treated me well."

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- Staff provided patients with verbal and written information on their care. Information displays were provided in the outpatient waiting area.
- The provider shared information on outcomes of surgery with each patient's GP and optometrist after surgery.

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Services we looked at:
Surgery; Outpatients and diagnostic imaging.

Summary of this inspection

Background to ACES (Thetford)

ACES Thetford is operated by Anglia Community Eye Service Limited. It is located in a healthy living centre in Thetford, Norfolk. The service opened in 2011, although the provider did not start surgery at this location until 2016. The service has had a registered manager in post since September 2011 and is registered for the following regulated activities:

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

The service has not been inspected previously.

We inspected the surgery service and the outpatient service. The surgery service provides day surgery, including cataract surgery, eyelid surgery and lacrimal (tear duct) surgery. The outpatient service provides pre-operative assessment clinics, laser eye clinics and general eye clinics. The service primarily serves the community of Norfolk. It also accepts patient referrals from outside this area.

Local NHS clinical commissioning groups fund patient care, which is available to NHS patients over the age of 18 years old.

Our inspection team

The team that inspected the service comprised a CQC lead inspector,and one other CQC inspector. The inspection team was overseen by Fiona Allinson, Head of Hospital Inspection.

Information about ACES (Thetford)

ACES Thetford has one operating theatre, a waiting area, and consultation areas. The service employs one consultant surgeon (with a second surgeon available to cover absence and annual leave). Nursing and support staff are employed on a flexible rota and work at all locations owned by the provider.

We visited the surgery service and the outpatient service at ACES Thetford. We spoke with eight members of staff, including registered nurses, health care assistants, medical staff, and senior managers. We spoke with three patients who were using the surgery service and four patients and two relatives who were using the outpatient service. We also received eight CQC 'tell us about your care' comment cards, which patients had completed prior to our inspection. We reviewed 12 sets of patient care records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection.

- From April 2016 to March 2017, there were 289 surgery day cases. The most common surgical procedures were cataract surgery (205 cases), lid, and lacrimal procedures (20 cases). All procedures were NHS funded.
- From April 2016 to March 2017, there were 811 outpatient attendances. All of these attendances were NHS funded.
- From April 2016 to March 2017, 25% of outpatient clinics were for pre-assessment, 44% were glaucoma clinics, 24% were general clinics, and 7% were laser clinics.
- From April 2016 to March 2017, the service reported no never events, four clinical incidents (all graded as no harm) and no non-clinical incidents. There were no serious incidents or deaths.
- The service reported no complaints from April 2016 to March 2017.

Summary of this inspection

- The provider reported no incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA), Meticillin-sensitive Staphylococcus aureus (MSSA), Clostridium difficile (C.difficile) or hospital acquired E-Coli from April 2016 to March 2017.

Services provided at the hospital under service level agreement:

- Clinical and confidential waste management
- Building maintenance
- Equipment maintenance and servicing
- Pathology services
- Air quality testing
- Laser protection adviser
- Staff mandatory training
- Accounting, financial advice and HR support

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?

Good

We rated safe as good because:

- The provider had established processes in place for reporting and learning from incidents. Staff could describe what constituted an incident and how to report an incident.
- All areas we inspected were visibly clean and tidy. Staff followed 'bare below the elbows' guidance and used personal protective equipment in line with provider policy.
- Staff kept equipment clean and followed infection control processes. We checked a selection of equipment and found it was visibly clean.
- The provider had processes in place for the maintenance of equipment. We reviewed maintenance records for two pieces of theatre equipment. Both had been serviced in line with manufacturers' requirements.
- Staff had a system for recording implants used in theatre. Nursing staff logged lens implant stickers and batch numbers in patients care records and kept a theatre record book.
- A laser protection adviser (LPA) from a nearby NHS trust carried out annual checks on laser safety arrangements.
- Staff kept detailed records of patients' care. Records were signed, dated, legible and included documentation of the site of surgery, treatment plans and medicines given.
- Staff completed safeguarding adults training and safeguarding children level one training. Staff compliance with safeguarding adults training was 100% and compliance with safeguarding children training was 80%.
- Staff completed the World Health Organisation (WHO) surgical safety checklist for cataract surgery and five steps to safer surgery for all patients. This is a safety checklist used to reduce the number of complications and deaths from surgery.
- Consultants were available to provide medical advice for patients via telephone for the first 24 hours after surgery. This meant patients had a point of contact for medical advice after discharge in case of emergency.
- Staff understood how to respond in the case of patient deterioration.

However, we also found the following issues that the service provider needs to improve:

- Staff had not received the correct level of training in the safeguarding of children.

Summary of this inspection

- Resuscitation equipment was available at the GP surgery in the location where the service was provided. However, staff at ACES Thetford did not have oversight of these checks before our visit. We raised this with senior staff and they assured us they would start regular monitoring of resuscitation equipment safety checks.
- Staff did not audit compliance with the World Health Organisation (WHO) surgical safety checklist for cataract surgery and five steps to safer surgery for all patients. This meant senior staff did not have assurance that these safety checks were always completed. We raised this with senior staff at the time of inspection and they told us they would start audits.
- The provider did not audit hand hygiene at this location but told us staff were audited at other locations owned by the provider, where they also worked. We raised this with senior staff at the time of inspection and they told us they would start audits at this location.
- Records dated June 2017 showed staff compliance with Mental Capacity Act training was 50%. Information from the provider showed that this training was scheduled.

Are services effective?

Good

We rated effective as good because:

- All staff had access to policies and guidance and there was a process in place for updating policies. We reviewed a selection of policies and found that they were version controlled, dated and included references to national standards, guidance and law.
- Patients received a local anaesthetic to prevent pain during their procedure. We saw a theatre nurse checking on a patient's comfort and asking whether they had any pain.
- Staff audited patient outcomes, including visual improvements after surgery and capsular rupture rates. Information from the provider showed the consultant working at ACES Thetford had a capsular rupture rate of 0.5% (not adjusting for case complexity). This was lower than the benchmark of 2% set by the Royal College of Ophthalmologists.
- The service reported no unplanned returns to theatre from April 2016 to March 2017.
- Managers completed annual appraisals with all staff. Records showed 100% of staff had completed an appraisal in the last year.

Summary of this inspection

- Senior leaders supported staff with training. Team meeting minutes dated February 2017 included an update on training courses attended by staff, including a cannulation course and a practice management course.
- Senior staff monitored the ongoing competence of staff through the appraisal process, professional registration checks, and review of clinical outcomes.
- The registered manager completed disclosure and barring service (DBS) checks for all new staff and reviewed these every three years.
- The patient's consultant carried out the consent process at a pre-operative clinic. Patient care records contained clear documentation of consent.

Are services caring?

Good

We rated caring as good because:

- Staff showed kindness and compassion in their interactions with patients. We saw staff talking to patients before surgery to put them at ease.
- Patients we spoke with were consistently positive about the service. One patient commented that staff were "lovely and delightful" and told us "they make you feel you matter."
- We received eight CQC comment cards from patients using the outpatient and surgery services. All eight gave positive feedback about the service. Comments included "The staff were caring and happy" and "I was concerned about the operation but reassurance was given."
- Staff explained care and involved patients in their care. One patient said they felt "well informed" and that the consultant had explained possible complications and side effects to them.
- Staff told us they talked with patients and encouraged them to talk to each other before their procedure to reduce any anxieties. One member of staff told us how they used their previous experience of working in a health related environment to help reassure patients before surgery.

Are services responsive?

Good

We rated responsive as good because:

- The provider offered surgery services all year round and surgery was scheduled six weeks in advance dependent on patient need.
- Surgery was planned six weeks in advance so that patients did not have their surgery date altered due to surgeons' annual leave.

Summary of this inspection

- The number of referrals received determined the number of theatre slots booked. Senior staff told us if demand increased, there was the option of booking additional theatre slots. If there were a rise in demand at the point of pre-assessment then they would increase the number of theatre slots booked to match this.
- Designated disabled parking was available. Parking at the location was free of charge. There was level access to the location and a wheelchair accessible toilet was available.
- Information from the provider showed the waiting time for a pre-operative outpatient appointment was six weeks and the waiting time for surgery was 12 weeks.
- Information leaflets for patients were available in the outpatient waiting area. These included "Yag laser capsulotomy," "Bringing eye care to the community" and "Selective laser trabeculoplasty."
- The service cancelled 25 procedures for non-clinical reasons from April 2016 to March 2017. Of these, 100% (25 patients) were offered another appointment within 28 days of the cancelled appointment.
- The service reported no complaints from April 2016 to March 2017. There was a process in place for managing and responding to complaints.
- Team meeting minutes dated February 2017 and April 2017 showed that discussion of compliments and complaints was a standing item on the agenda.

Are services well-led?

Good

We rated well-led as good because:

- Staff were consistently positive about leadership of the service and told us that leaders were visible and approachable.
- One member of staff said, "There's always someone to ask" and another said "I've never felt so supported as I do here."
- Senior staff told us there was an open door policy if staff wished to raise concerns. One member of staff told us about a time they had challenged practice and said they felt supported and had "no fear of reprisal."
- Senior staff had a clear vision and strategy for the service. Senior staff said the mission of the service was to provide a local, fast and efficient consultant-led service and that the vision for the future was to continue to offer the highest quality care for patients.

Summary of this inspection

- Governance meetings took place every two months at the provider's main site. Meeting minutes dated from 27 October 2016 to 4 May 2017 showed meetings included discussion of incidents, complaints and compliments and information governance.
- The provider monitored the competency of consultants. Senior leaders had oversight of consultants' revalidation status and yearly appraisals. The registered manager kept a log of General Medical Council (GMC) registration, indemnity insurance, and copies of appraisals from any other employers.
- Senior staff had regular meetings with clinical commissioning groups (CCGs), who monitored performance of the service.

However, we also found the following issues that the service provider needs to improve:

- The provider held a risk register, which included identified risks, mitigation strategies, and actions. Each risk was rated low, medium, or high. However, the risk register did not contain dates for entry, review or a named person for each action. This meant the provider did not have clear documentation of the ongoing management of each risk to the service.

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 and diagnostic imaging	Good	N/A	Good	Good	Good	Good
Overall	Good	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 service was surgery. Where our findings on surgery – for example, management arrangements also apply to other services, we do not repeat the information but cross-refer to the surgery section.

We rated safe as **good.**

Incidents

- There was an incident reporting policy dated 30 May 2017, which was accessible to staff and in date for review.
- The service reported no never events or serious incidents from April 2016 to March 2017. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers.
- The service used a paper-based system to report incidents. The surgery service reported no clinical or non-clinical incidents from April 2016 to March 2017.
- We asked three staff about incident reporting and all could describe what constituted an incident and how to report an incident or near miss. A consultant was responsible for investigating incidents and senior staff discussed incidents at clinical governance meetings. Senior staff shared learning from incidents at team meetings. We reviewed team meeting minutes dated February and April 2017, which showed discussion of significant incidents at all locations owned by the provider was a standing item on the agenda.
- Senior staff kept an incident log, which recorded details of incidents, actions taken and the date each incident was discussed at the clinical governance meeting. We reviewed this log, which confirmed no incidents had occurred in the surgery service from April 2016 to March 2017.
- We reviewed a postoperative de-briefing checklist, which included a prompt for staff to consider any errors or near misses during surgery and to report any incidents.
- Duty of candour was not included in mandatory training. We asked three staff about the duty of candour and all three understood their responsibilities in relation to this. 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. There had been no incidents where duty of candour was triggered in the service.

Clinical Quality Dashboard or equivalent

- The service monitored safety outcomes, including post-operative infections and capsular rupture rate (a possible complication of cataract surgery). The service reported no post-operative infections from April 2016 to March 2017.
- Information from the provider showed the consultant working at ACES Thetford had a capsular rupture rate of 0.5% (not adjusting for case complexity). This was lower than the benchmark of 2% set by the Royal College of Ophthalmologists.

Good

Surgery

Cleanliness, infection control and hygiene

- All areas we inspected were visibly clean and tidy. Hand sanitiser was available in clinical areas and handwashing sinks were available in theatre and clinical areas. Information for staff on handwashing techniques was displayed in the clean utility.
- Staff had access to personal protective equipment (PPE) including gloves and gowns. Staff followed 'bare below the elbow' guidance in line with the provider's hand hygiene policy and we observed staff using PPE appropriately in line with the provider's infection control policy. The surgeon, scrub nurse, and theatre nurse changed gowns after every patient and performed a new scrub (to decontaminate their hands and forearms) before the next patient.
- Staff kept clinical equipment clean and followed infection control processes. We checked a selection of five pieces of equipment and found that equipment was visibly clean. We reviewed a theatre cleaning checklist for September 2017, which showed staff had cleaned theatre equipment, including the operating table, stools, and equipment trolleys every day when surgery took place. Staff cleaned theatre equipment between each patient use.
- A deep clean of the theatre took place on a monthly basis. We reviewed records showing the theatre had been deep cleaned on a monthly basis and was last deep cleaned on 31 August 2017.
- Decontamination of surgical instruments was undertaken through a service level agreement with a nearby NHS trust.
- The theatre was used only for ophthalmic surgery. This was in line with "Ophthalmic services guidance-Theatres" (2013) from the Royal College of Ophthalmologists, which states "Most eye surgery should be performed in ophthalmic theatres, ideally dedicated for ophthalmic use."
- Clinical and non-clinical waste was clearly segregated and stored securely in appropriate coloured bags to indicate clinical waste for incineration. Removal of waste was undertaken through a service level agreement with the location where the service was located.
- We checked two sharps bins and found they were signed, dated and not over filled.
- All clinical areas had laminate flooring, which enabled easy cleaning. This was in line with the Department of Health (DH) Health Building Note 00-09: Infection control in the building environment.
- The provider had an infection control policy dated 30 June 2017, which staff could access. The policy was version controlled, ratified and in date for review.
- The registered manager showed us records of a training session on infection control completed by staff in July 2017. This was in additional to mandatory training and was arranged to ensure all staff understood infection control procedures.
- The provider's training records dated June 2017 showed staff compliance with mandatory training in infection control was 100%.
- The provider reported no incidences of hospital acquired Meticillin-resistant Staphylococcus Aureus (MRSA), Meticillin-sensitive staphylococcus aureus (MSSA), Clostridium difficile (c.difficile) or hospital acquired E-Coli.
- The service did not carry out screening for MRSA prior to treatment. We discussed our findings with senior staff who explained that all patients were treated using aseptic non-touch technique to prevent the spread of infection.
- The provider did not audit hand hygiene at this location but told us staff were audited at other locations owned by the provider, where they also worked. We raised this with senior staff at the time of inspection and they told us they would start audits at this location.

Environment and equipment

- Patients entered the main waiting area through a level access area with automatic doors. The main waiting area included a reception desk and there was a separate area with chairs for patients waiting for surgical appointments.
- Clinical areas we inspected were tidy and free of clutter.
- Equipment maintenance was provided through a service level agreement with an external company. We reviewed maintenance records for the phacoemulsification machine (a machine used in cataract surgery) and the microscope used in theatre. Both pieces of equipment had been safety checked and serviced in line with the manufacturers' requirements.

- Surgical instruments were provided through a service level agreement with a local NHS trust. We checked four surgical equipment packs and found that all four were within expiration date.
- The registered manager monitored service level agreements relating to the environment and equipment and showed us records of the agreements in place.
- We checked a sample of ten consumable items and found that all were in date.
- We reviewed a 'theatre list room set up check' for September 2017, which showed staff had completed all required equipment checks on days when surgery took place.
- Staff had a system for recording implants used in theatre. Staff logged lens implant stickers and batch numbers in each patient's care records and kept a theatre record book, which contained records of each operation that had been performed and the lens implant used. We reviewed seven patient care records and found all seven contained information on the lens used and its batch number. This meant that lens implants could be traced effectively if any safety issues were identified.
- Resuscitation equipment was available at the GP surgery in the location where the service was being delivered. Safety checks for this equipment were completed by staff at the GP surgery on a weekly basis. Records dated 28 March 2017 to 26 September 2017 showed that safety checks had been completed appropriately. However, the staff at ACES Thetford did not have oversight of these checks before our visit. We raised this with senior staff and they assured us that regular monitoring of resuscitation equipment safety checks would be put in place.

Medicines

- The provider had a medicines policy dated 30 May 2017, which staff could access. The policy was version controlled and in date for review. The policy referenced relevant national legislation and guidance, for example the Medicines Act (1968, amended 2003).
- Staff completed training on medicines administration as part of their role-specific competencies. We reviewed a selection of staff files and found records of competency were well completed and monitored through the appraisal process.
- Medicines were not stored at this location. Staff stored all medicines at the provider's main site and monitored stock levels at the main site. When staff attended ACES Thetford, medicines were transported in a cooled, secure container, which was kept with a doctor or nurse at all times. This was in line with the provider's medicines policy.
- The service did not use any controlled drugs, as the use of these was not required during the surgical procedures offered.
- We reviewed seven sets of patient care records and found that medicines were appropriately documented and signed for by medical and nursing staff. Staff had clearly documented patient allergies in all seven records.
- We checked a sample of four medicines and found all of these were in date.
- The service did not use any cytotoxic medicines at this location.
- Staff kept an anaphylaxis kit in theatre. This included adrenaline, which we checked and found, was within its expiry date.
- A pharmacy service was located in the healthy living centre, which patients could access to pick up prescribed medicines if required.

Records

- There was a records management policy, dated 30 May 2017, which was accessible to staff and in date for review. The service used paper records. Records were not stored at this location but were transported by nursing staff to the location in a locked case, which was kept in sight of staff at all times.
- We reviewed seven sets of patient care records completed by staff in the surgery service and found these signed, dated, and legible. All seven records included the patient's details and surgical notes, including clear documentation of the site of surgery and post-operative instructions.
- Staff told us records were transferred back to the provider's main site by a member of staff in a locked case and all notes were checked back in after transportation. Records were then electronically scanned, prior to being securely shredded. Staff members did not take records home.
- The service carried out a monthly audit of 10 medical records. The audit focused on the completeness of medical records. From the data provided, we were unable to establish if records related to the surgery or

outpatient department. Whilst the audit did not provide an overall percentage compliance figure, audit results from January 2017 to June 2017 showed that records were well completed.

- The nominated individual (a consultant) was the named Caldicott guardian for the provider. A Caldicott guardian is a senior person responsible for protecting the confidentiality of patient information and enabling appropriate information sharing.

Safeguarding

- The provider had a "Protecting Vulnerable Adults from Abuse Policy" dated 30 June 2017, and a "Child Protection Policy" dated 30 May 2017. Both policies were in date for review and contained information to signpost staff to local safeguarding boards. Although the policies indicated that safeguarding training was necessary, they did not stipulate the level of training required. This means the child protection policy was not written in line with the Royal College of Paediatrics and Child Health "Safeguarding children and young people: roles and competences for health care staff, Intercollegiate Document" (2014).
- The registered manager and one of the consultants were the leads for safeguarding. Staff we spoke with knew who the safeguarding leads were and how to contact them in the event of a safeguarding concern. Staff told us they would contact the local authority for specialist safeguarding advice if required.
- The service did not treat patients who were under the age of 18. However, children were permitted to visit the service. Whilst staff, including the safeguarding lead had received level one training in safeguarding children and young people, this did not meet Intercollegiate guidance "Safeguarding children and young people: roles and competences for health care staff" (2014). Guidance states all non-clinical and clinical staff who have any contact with children, young people and/or parents/carers should be trained to level two, whilst safeguarding leads should be trained to level three.
- The service reported no safeguarding concerns from April 2016 to March 2017.
- All staff completed safeguarding adults training and safeguarding children level one training. Records dated June 2017 showed 100% staff compliance with safeguarding adults training, and 80% compliance with safeguarding children training. Training records did not include a target for safeguarding training.

Mandatory training

- Staff completed mandatory training including basic life support, infection control, fire safety, and moving and handling training. Staff completed training either through electronic learning or face to face. Staff told us managers gave them adequate time to complete training.
- The providers training records dated June 2017 showed that staff compliance with basic life support training, fire safety training, and infection control training was 100%. Compliance with information governance training, challenging behaviour training and moving and handling training was 80%. However, compliance with Mental Capacity Act training was 50% and manual handling practical training was 25%. Information from the provider showed that this training was scheduled. Training records did not include a target for mandatory training.

Assessing and responding to patient risk

- We reviewed the providers policy on 'Acceptance and exclusion criteria for surgery,' dated 30 May 2017. This was ratified and in date for review. Exclusion criteria included patients under the age of 18, acute diplopia (double vision) and patients requiring general anaesthetic, among others.
- Staff carried out pre-operative patient assessments, which included assessment of the patient's ability to lie flat, any history of diabetes and any pre-existing chest or breathing problems.
- Staff completed the World Health Organisation (WHO) surgical safety checklist for cataract surgery and five steps to safer surgery for all patients. This is a safety checklist used to reduce the number of complications and deaths from surgery. We observed staff completing these safety checks appropriately, including confirmation of the patient's identity and site of surgery. We reviewed seven patient records and found that the checklist was documented in all of the records we reviewed.

Good

Surgery

- We reviewed a record of the team brief for the WHO surgical safety checklist and five steps to safer surgery, dated 28 September 2017. This was thoroughly completed and indicated that all theatre staff were present at the team brief.
- Staff gave each patient a sticky label stating their identity. This was put on the side of the patient's body where surgery would be performed and provided a visual reminder to staff about the site of surgery.
- There was an anaphylaxis kit in theatre for use in case of a severe allergic reaction.
- A member of staff accompanied each patient back to the waiting area. Staff explained post-operative advice to patients. Patients were also provided with written post-operative advice and emergency contact details.
- Consultants were available to provide medical advice for patients via telephone for the first 24 hours after surgery. This meant that patients had a point of contact for medical advice after discharge in case of emergency. Patients we spoke with were aware of the emergency contact number.
- The provider had a service level agreement dated January 2017, which stated that the GP service situated in the same location as the provider would provide emergency care during the opening hours of the surgery.
- We asked three members of staff about how they would respond if a patient deteriorated. All three members of staff told us they would call for help, call 999, and perform basic life support if required until an ambulance arrived.
- Information from the provider showed all staff were trained in basic life support. Two staff had completed immediate life support training.
- The service did not routinely monitor patients' observations (for example respiratory rate and blood pressure) during surgery. This was because the service only offered short, day case eye surgery under local anaesthetic, which meant changes in patients' observations were unlikely to occur during surgery. Staff confirmed that general anaesthetic and sedation were not used in the service and there had been no incidents related to patient deterioration during surgery.
- Staff did not carry out pre-operative assessments or preventative measures for venous thromboembolism (VTE). Staff told us these assessments were not required due to the short length of time patients spent in surgery and the fact their mobility was not restricted.
- After our inspection, the provider sent us a VTE policy, dated 18 October 2017, which referenced national guidance and stated "patients can be excluded from assessment for prophylaxis so long as the result of that assessment would be that no prophylaxis would be required for any patient in the group. The Royal College of Ophthalmologists and we believe that this applies to adult patients undergoing routine cataract or minor lid surgery under local anaesthetic".
- Staff did not audit compliance with the World Health Organisation (WHO) surgical safety checklist for cataract surgery and five steps to safer surgery. This meant senior staff did not have assurance that these safety checks were always completed. We raised this with senior staff at the time of inspection and they advised audits would be implemented.

Nursing and support staffing

- A dedicated team of staff at the provider's main location planned staffing for all locations owned by the provider. Staffing was calculated to meet surgical workload and if demand increased, staffing levels were flexed accordingly.
- Surgical lists were reviewed one week in advance and again the day before to ensure adequate staffing was in place.
- The registered manager told us that staff were very accommodating in working where demand was greater, which included sites across different locations owned by the provider.
- Staff were trained in multi skilled roles, such as theatre and outpatient care, to enable the use of staff in any area dependent on demand in surgical activity.
- On the day of our inspection, there were two trained nurses and three healthcare assistants working. This was adequate to meet patient need.
- The service did not employ any agency staff. Staff sickness and annual leave was covered by staff from other locations run by the provider if required.

Medical staffing

Good

Surgery

- Surgery was mainly provided by one consultant surgeon. A second consultant was available to cover any periods of annual leave or sickness as required. Both surgeons were on the General Medical Council (GMC) specialist register in ophthalmology.
- A surgeon was available on-call for 24 hours after surgery in case patients needed advice in an emergency.

Emergency awareness and training

- The provider had a business continuity plan in place dated July 2016. This was in date for review and included actions to support business continuity and to protect the safety and welfare of staff, visitors, and the public.
- The registered manager showed us details of arrangements they had made to hire a portable theatre and equipment in the case of a major incident. On site battery back-up provided a continuous electricity supply in the event of loss of mains power.
- The provider's training records dated June 2017, showed 100% of staff had completed fire safety training.

Are surgery services effective?

Good

We rated effective as **good.**

Evidence-based care and treatment

- All staff had access to policies and guidance. We reviewed a selection of policies and found they were version controlled, dated and included references to national standards, guidance and law. For example, the infection prevention and control policy dated 30 June 2017 referenced National Institute of Health and Care Excellence (NICE) guidance.
- Managers encouraged staff to attend conferences and training to stay up to date with evidence based guidance and standards. Guidance and information for patients was based on Royal College of Ophthalmologists (RCOphth) guidelines.
- The provider had a process for reviewing and updating policies. Senior staff told us policies were reviewed and approved at clinical governance meetings, which took place every two months.
- Staff were aware of guidance relevant to their roles. For example, a nurse told us about new NICE guidance on management of cataracts in adults, which was relevant to their practice.

Pain relief

- Patients were given a local anaesthetic to prevent pain during their procedure.
- We observed the theatre nurse checking on a patient's comfort and asking the patient whether they had any pain.
- Additional pain relief could be prescribed by the consultant if required. Staff did not routinely give patients pain relief to take home as this was not usually required. Patients we spoke to did not report any pain or discomfort following their procedures.
- The service did not have a dedicated pain team, due to the nature of surgery carried out.

Nutrition and hydration

- Staff offered all patients a hot drink and a biscuit after their procedure.

Patient outcomes

- Senior staff monitored complications following cataract surgery. The service reported no post-operative complications from April 2016 to March 2017. Audit results dated September 2016, January 2017 and May 2017 confirmed this.
- Senior staff monitored rates of capsular rupture (a possible complication of cataract surgery). Information from the provider showed the consultant working at ACES Thetford had a capsular rupture rate of 0.5% (not adjusting for case complexity). This was lower than the benchmark of 2% set by the Royal College of Ophthalmologists (RCOphth).
- Staff monitored visual improvements following cataract surgery and consultants told us they compared results against the RCOphth national dataset as part of their appraisal process. Records dated September 2016, January 2017 and May 2017 confirmed these visual outcomes were monitored.
- The service started submitting data to the RCOphth national audit in September 2017. No results from this audit were available at the time of our inspection.
- Staff completed a yearly audit of patient satisfaction surveys. In the 2016 survey, the provider received four out of 25 patient satisfaction surveys. Results showed

two patients rated the service 'excellent' and two patients rated the service 'good' overall. Senior staff told us the number of responses gathered in 2016 was limited because the surgery service was still being set up in 2016.
- The service reported no unplanned returns to theatre from April 2016 to March 2017.

Competent staff

- The provider had an induction programme for new members of staff, which included safeguarding adults and children, fire, health and safety and confidentiality. We reviewed an example of a checklist for one member of staff, which was completed appropriately.
- Managers completed annual appraisals for all staff. Information from the provider showed that 100% of staff had completed an appraisal in the last year. We looked at staff appraisals and found these included evidence of continuing professional development, support to achieve objectives and professional challenge around areas for future development.
- Staff appraisals included records of role-specific competencies, which staff completed annually. These included topics such as visual fields, biometry, and administering medication.
- Staff told us leaders supported them to attend training courses. One member of staff told us about a minor surgery course they had completed and a ROphth conference they had attended. We saw team meeting minutes dated February 2017, which included an update on training courses attended by staff, including a cannulation course and a practice management course.
- A consultant provided clinical training to health care assistants once a month. One health care assistant told us they had the opportunity to ask for training and gave an example of training they had received after raising an area of practice they wished to improve.
- The registered manager completed disclosure and barring service (DBS) checks for all new staff and reviewed these every three years. We reviewed records showing all staff working in the service had completed and had an up to date DBS check.
- We reviewed records showing that senior staff monitored registration and revalidation with the Nursing and Midwifery Council and General Medical Council (GMC) for all professionally qualified staff.
- Both consultants were on the GMC specialist register in ophthalmology. Senior staff kept records of indemnity insurance for consultants working in the service. Senior staff monitored the ongoing competence of consultants through the appraisal process and review of clinical outcomes.
- Staff attended team meetings every other month. Staff told us and we saw from minutes that meetings included updates on complaints, significant events, and ideas for improving the service. Meeting minutes dated February 2017 and April 2017 showed discussion of significant events, complaints, and changes to systems and processes.

Multidisciplinary working

- We observed staff working together effectively in theatre. Staff we spoke with were positive about their working relationships.
- Staff shared patient outcomes with the patient, the referring optometrist and with the patient's GP after surgery.

Access to information

- Patients were referred to the service by optometrists or their GP, through an electronic referral system. Patient appointments were managed centrally at another location run by the provider.
- Patient care records were kept in paper format and were accessible to staff. Records were kept in a locked case, which was in sight of staff at all times.
- Staff could access policies and guidance online or in paper format.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Consent was carried out in advance of surgery at a pre-operative clinic, where the consultant gave patients verbal and written information on the risks and benefits of surgery. This meant patients had a 'cooling off' period to consider their decision before surgery took place.
- We reviewed seven patient care records and found that all seven contained clear documentation of consent.
- We observed staff re-confirming patients' consent to procedures at the time of surgery.
- The provider had a 'Consent to treatment or examination policy' dated 30 May 2017. This was version controlled and in date for review and referenced relevant legislation, including the Mental Capacity Act (2005). Staff we spoke to understood principles of mental capacity assessment.

Good

Surgery

Are surgery services caring?

Good

We rated caring as **good.**

Compassionate care

- We spoke with three patients. All three patients gave us positive feedback about their experience. One commented that staff were "lovely and delightful" and told us "they make you feel you matter." Another described staff as "friendly and supportive" and one patient said the service was "Absolutely brilliant."
- Staff were kind and compassionate in their interactions with patients. Staff talked with patients before surgery to put them at ease and we saw a consultant asking a patient if they had any last minute questions before surgery.
- Staff respected patients' privacy and dignity. Senior staff told us about how they balanced patients' privacy with preferences patients had expressed about sitting together before and after surgery. Senior staff told us that being in a communal waiting area often reduced patients' anxieties about having surgery. Staff checked with patients if they were happy to discuss post-operative advice in this area.
- Screens were available in the surgical area to protect patients' privacy and dignity in the case of an emergency.
- We received eight CQC comment cards from patients using the outpatient and surgery services. All eight gave positive feedback about the service. Comments included "The staff were caring and happy", "I was concerned about the operation but reassurance was given" and "I have been treated with dignity and respect."
- Staff completed an annual audit of patient satisfaction surveys for outpatient and surgery services. The response rate to the 2016 survey was low, with four out of 25 surveys returned, which meant limited conclusions could be drawn from these results. Two patients rated the service 'excellent' and two patients rated the service 'good' overall.

Understanding and involvement of patients and those close to them

- Staff explained care clearly to patients. For example, we observed a member of staff explaining the purpose of eye drops to a patient. One patient told us a nurse had gone through a patient information booklet with them and that this was "really helpful" and another said, "You know exactly what they are going to do."
- One patient told us they felt "well informed" and the consultant had explained possible complications and side effects to them.
- Senior staff told us they had consulted with patients about how they would prefer the waiting area for surgery to be set up.
- Patients were given feedback forms to complete and return after their surgery. We reviewed information in a patient booklet that encouraged patients to provide feedback, stating, "We value your comments, both good and bad, about our service. They will help us to improve and fine tune the procedure for future users."

Emotional support

- Staff told us they talked with patients and encouraged them to talk to each other before their procedure to reduce any anxieties. One member of staff told us how they used their previous experience of working in a health related environment to help reassure patients before surgery.
- The service did not provide formal counselling services or clinical nurse specialists, due to the nature of the service provided.

Are surgery services responsive?

Good

We rated responsive as **good.**

Service planning and delivery to meet the needs of local people

- Local clinical commissioning groups (CCGs) commissioned the service and provided NHS funded services for patients in a local health centre without the need for patients to attend a hospital.
- The provider offered surgery services all year round and surgery was scheduled six weeks in advance dependent on patient need. Surgery scheduling was planned six weeks in advance so that patients did not have their surgery date altered due to surgeons' annual leave.

Good

Surgery

- The number of referrals received determined the number of booked theatre slots. Senior staff told us if demand increased, there was the option of booking additional theatre slots. If there was a rise in demand at the point of pre-assessment then the service would increase the number of theatre slots booked in accordance.
- Designated disabled parking was available at the service and parking was free of charge. There was level access to the location and a wheelchair accessible toilet was available.

Access and flow

- Patients were referred to the service through their GP or optometrist.
- The service cancelled 25 procedures for non-clinical reasons from April 2016 to March 2017. Of these, 100% (25 patients) were offered another appointment within 28 days of the cancelled appointment.
- Senior staff told us they monitored waiting times to ensure patients had timely access to surgery. Information from the provider showed the waiting time for a pre-operative outpatient appointment was six weeks and the waiting time for surgery was 12 weeks.
- The service monitored referral to treatment times (RTT) for surgical appointments. For the months of October 2016 to December 2016, patients waited on average eight to nine weeks for surgery. For the months of January 2017 to March 2017, patients waited on average 10 to 12 weeks for surgery.
- Patients were discharged home on the day of surgery and received a follow up appointment one to two weeks after surgery.

Meeting people's individual needs

- Staff had access to face-to-face and telephone interpretation services for patients who did not understand or speak English. The registered manager gave us an example of how staff had sourced a Croatian interpreter to attend surgery with a patient who did not speak English.
- The registered manager told us they had requested a sign language interpreter for a patient who was hearing impaired.
- Senior staff were aware of the accessible information standard and informed us they met the requirements of this standard. We did not see further information to confirm this.
- Staff did not complete training on dementia awareness as part of their mandatory training requirements.

Learning from complaints and concerns

- The service reported no complaints from April 2016 to March 2017.
- Senior staff told us they would respond to any complaint in two working days and would then provide a formal written response. Senior staff told us clinical staff would be involved in any complaint relating to clinical care. This was in line with the provider's policy.
- The provider had a complaints policy in place, dated 30 May 2017. The policy was ratified and in date for review. The policy was accessible to staff and included information for staff on how to handle complaints and the process for investigating complaints and sharing learning with staff.
- We reviewed team meeting minutes dated February 2017 and April 2017, which showed that discussion of compliments and complaints was a standing item on the agenda.
- Information provided before inspection stated that in the event of a complaint, patients or relatives would be invited to come in to discuss the complaint face to face and that if a complaint was not resolved at local level the patient advice and liaison service (PALS) department at the CCG would be the initial point of contact.
- Information provided before inspection gave an example of learning from feedback, where staff made changes to paperwork based on feedback from a patient. The provider stated that positive verbal feedback had been received from the patient following this.

Are surgery services well-led?

Good

We rated well-led as **good.**

Leadership / culture of service related to this core service

- The service was led by a consultant and a registered manager. Staff were consistently positive about leadership of the service and told us that leaders were visible and approachable. One member of staff said, "There's always someone to ask" and another told us that working for the service was "The best job I've ever had" and "I've never felt so supported as I do here."
- Leaders were passionate about developing staff and were conscious of ensuring that staff felt they could be confident to raise any concerns. Senior staff told us there was an open door policy if staff wished to raise concerns. One member of staff told us about a time they had challenged practice and told us they felt supported in doing this and had "no fear of reprisal." They described how they felt "supported through periods of change" by leaders.
- Senior leaders gave examples of how they supported staff and took action to positively manage staff absence by ensuring a graded return to work where appropriate.
- Senior staff told us they tried to "achieve good staff morale by providing good leadership." One senior staff member told us the thing they were most proud of was the team because there were "no levels of hierarchy getting in the way".

Vision and strategy for this core service

- Senior staff had a clear vision and strategy for the service. Senior staff told us the mission of the service was to provide a local, fast and efficient consultant-led service and that the vision for the future was to continue to offer the highest quality care for patients.
- Senior staff told us how they planned to achieve their vision through ensuring staff shared the same commitment, felt valued and listened to, received ongoing training and worked in a well-equipped clinic and theatre.
- Staff understood the aims of the service and shared the commitment of senior leaders to provide high quality care for patients.

Governance, risk management and quality measurement

- Governance meetings took place every two months at the provider's main site. Governance meetings were attended by senior medical and administrative staff from all sites run by the provider. We reviewed four sets of meeting minutes dated from 27 October 2016 to 4 May 2017, which showed meetings included discussion of incidents, complaints and compliments and information governance.
- There was a lead consultant responsible for review and learning from incidents. This consultant reviewed all incident reports and had oversight of incident investigations.
- Information was shared with staff at team meetings, which took place every two months. We reviewed meeting minutes dated February 2017 and April 2017, which showed meetings, included discussion of incidents, complaints and compliments and updates on systems and processes.
- The provider had a process in place for monitoring the competency of consultants. Senior leaders had oversight of consultants' revalidation status and yearly appraisals, which included monitoring of surgical outcomes for each consultant. The registered manager kept a log of the consultants General Medical Council (GMC) registration, indemnity insurance, and copies of appraisals from any other employers. Senior staff gave us an example of how they had addressed concerns about the competence of an individual that had previously been employed by the service. We saw four sets of board meeting minutes dated from 10 October 2016 to 11 May 2017, which confirmed that senior leaders monitored staff competency, including appraisals and revalidation.
- Senior staff told us they had regular meetings with clinical commissioning groups (CCGs), who monitored performance of the service. We saw clinical governance meeting minutes dated May 2017, which confirmed a visit by a local CCG to audit the quality of the service.
- The provider had an Equal Opportunities and Diversity Strategy, dated 30 October 2017. This document referenced the Equality Act (2010) and included 'Equality and Diversity Strategy Priorities for 2017 to 2020.'
- The provider had a risk register, which included identified risks, mitigation strategies, and actions. Each risk was rated low, medium, or high. Risks included staff competency and the storage, control and dispensing of medicines. However, the risk register did not contain dates for entry, review or a named person for each action. This meant the provider did not have clear documentation of the ongoing management of each risk.

Good

Surgery

Public and staff engagement

- Patients were given satisfaction surveys after using the service. Staff audited results of these on a yearly basis. There was a low response rate in 2016, with only four responses collected out of 25. Two patients rated the service as "Excellent" overall and two patients rated it as "Good." Senior staff told us the low response rate was because the service only began at this location in 2016.
- Senior staff carried out a survey on staff perceptions of the safety culture at all ACES locations (including ACES Thetford) in April 2017. The provider received 29 responses out of 40. The survey included questions on supervision, management and communication from senior staff around patient safety. Results were positive with 16 staff rating patient safety as 'excellent' overall, 10 giving a rating of 'very good', one giving a rating of 'acceptable' and two staff not responding to this question.

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

- Senior staff told us about plans they had in place to develop staffing in anticipation of increasing demand for the service. Senior staff were aware of the impact increasing demand would have on the environment and facilities available.

Good

Outpatients and diagnostic imaging

Safe	Good
Effective	
Caring	Good
Responsive	Good
Well-led	Good

Are outpatients and diagnostic imaging services safe?

Good

We rated safe as **good.**

Incidents

- The service reported four clinical incidents in outpatient services (all graded no harm) from April 2016 to March 2017. We asked three staff about learning from incidents and all three could describe incidents that had occurred and where learning had taken place from these incidents. For example, a nurse told us about a change to the process for confirming patients' identity at outpatient appointments following an incident where a patient responded to the wrong name.
- The registered manager told us about learning from an incident where a referral letter had not been completed. The incident was investigated and a staff training need was identified. Training was put in place to prevent re-occurrence of the incident.
- Incident reporting procedures for the outpatients service were the same as for the surgery service. For our detailed findings on incident reporting processes, please see the safe section in the surgery report.

Cleanliness, infection control and hygiene

- Hand gel was available in outpatient consultation areas. Staff working in the outpatient service followed "bare below the elbow" guidance and completed hand hygiene in line with the provider policy on infection control.
- All clinical and non-clinical areas we inspected were visibly clean and tidy.
- For our detailed findings on cleanliness, infection control and hygiene please see the safe section in the surgery report.

Environment and equipment

- The service used a laser for some outpatient treatments including laser treatment after cataract surgery and selective laser trabeculoplasty (a form of laser treatment for glaucoma). A warning sign was used to alert staff and patients to the use of a class 3b laser and to outline safety requirements when the laser was in use. Staff confirmed they wore goggles when using the laser. We did not see the laser in use.
- A laser protection adviser (LPA) from a nearby NHS trust carried out annual checks on laser safety arrangements. The provider had a named laser protection supervisor, who was responsible for implementation of laser safety arrangements and who liaised with the LPA at the NHS trust regarding laser safety. We reviewed a completed laser risk assessment, carried out by the LPA on 28 August 2017, which included documentation of actions taken in response to issues highlighted.
- The laser was maintained by an external company, under service level agreement. We reviewed the maintenance record, which confirmed the laser had been serviced on 5 July 2017, in line with manufacturer's requirements.
- We checked two pieces of equipment in the outpatient clinic and found that both had been electrical safety tested, and were in date for their next review.

Medicines

- A patient group direction (PGD) was in place for staff to administer drops to dilate the patient's eye. PGDs

provide a legal framework which allows some registered health professionals to supply and/or administer specified medicines, such as painkillers, to a predefined group of patients without them having to see a doctor.

- Staff completed training on medicines administration as part of their role-specific competencies. We reviewed a selection of staff files and found records of competency were well completed and monitored through the appraisal process.
- We checked five packs of eye drops and found all five were in date. We checked five patient care records and found that these included a signed record of eye drops instilled.
- Staff checked patients' allergies at pre-operative appointments. We checked five patient care records and found that patients' allergies were clearly documented.
- Consultants could prescribe additional medicines for patients to take home if required. Prescription pads were kept in a locked cabinet and a log was kept each time a prescription was issued.
- A pharmacy service was located in the healthy living centre, which patients could access to pick up prescribed medicines if required.
- For our detailed findings on medicines, please see the safe section in the surgery report.

Records

- Staff kept a record every time the laser was operated. Records dated September 2017 confirmed staff completed this documentation.
- Patient care records were not stored at this location but were transported by nursing staff to the location in a locked case, which was kept in sight of staff at all times.
- We reviewed five patient care records and found these were signed, dated and legible. All five records contained a clinical summary, documentation of allergies and a record of pre-operative assessment.

Safeguarding

- Safeguarding arrangements within the outpatient department were the same as safeguarding arrangements in surgery. For our detailed findings on safeguarding, please see the safe section in the surgery report.

Mandatory training

- Mandatory training arrangements within the outpatient department were the same as in surgery. For our detailed findings on mandatory training, please see the safe section in the surgery report.

Nursing and Medical staffing

- On the day of our inspection, the outpatient clinic was staffed by one healthcare assistant and one consultant. This was sufficient to meet patient need.
- The service had a laser protection supervisor and had access to a laser protection adviser at a nearby NHS trust.
- Arrangements for the planning of staff in the outpatient department were the same as in surgery. For our detailed findings on planning of staff, please see the safe section in the surgery report.

Emergency awareness and training

- Emergency arrangements for the outpatient department were the same as in surgery. For our detailed findings on emergency arrangements, please see the safe section in the surgery report.

Are outpatients and diagnostic imaging services effective?

We do not currently rate effective for outpatient and diagnostic imaging services.

Evidence-based care and treatment

- The provider had a 'Use of laser policy' dated 30 May 2017. This was ratified and was in date for review. The policy included information for staff on safe use of the laser, including use of personal protective equipment.
- For our detailed findings on evidence-based care and treatment, please see the effective section in the surgery report.

Pain relief

- Pain relief could be prescribed for patients by the consultant if required.
- For our detailed findings on pain relief please see the effective section in the surgery report.

Nutrition and hydration

- Water was available for patients in the main outpatient waiting area of the location.

Good

Outpatients and diagnostic imaging

Patient outcomes

- Arrangements for monitoring patient outcomes in the outpatient department were the same as in surgery. For our detailed findings on patient outcomes, please see the effective section in the surgery report.

Competent staff

- Staff involved in use of the laser had completed 'core of knowledge' training. This is essential training on laser safety for staff using class three and four lasers.
- There were local rules in place relating to use of the laser. Staff were required to read the local rules and sign to confirm that they had understood these.
- For our detailed findings on competent staff, please see the effective section in the surgery report.

Multidisciplinary working

- Staff worked together effectively in the outpatient service.
- Information on outcomes of surgery was shared with the patient's GP and optometrist after surgery.
- For our detailed findings on multidisciplinary working, please see the effective section in the surgery report.

Access to information

- Staff asked patients to confirm their consent for sharing of information with their GP and optometrist.
- For our detailed findings on access to information, please see the effective section in the surgery report.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We saw a consultant completing consent to surgery with two patients at their outpatient appointment. The consultant confirmed the patient's identity, the proposed treatment plan and explained the risks and benefits of surgery.
- We observed a member of staff seeking consent from a patient before administering drops to dilate the patient's eye.
- For our detailed findings on consent, Mental Capacity Act and deprivation of liberty safeguards please see the effective section in the surgery report.

Are outpatients and diagnostic imaging services caring?

Good

We rated caring as **good.**

Compassionate care

- We spoke with four patients and two relatives in the outpatient service. All of them gave us positive feedback about the service.
- One patient commented that the consultant was "exceptional" and another said their experience had been "excellent" and "staff treated me well."
- Staff interacted with patients in a kind and compassionate way during their outpatient appointments. Staff took time to listen to patients' concerns and build rapport with patients during their consultation.
- For our detailed findings on compassionate care, please see the caring section in the surgery report.

Understanding and involvement of patients and those close to them

- We saw a staff member explaining to a patient what to expect during assessment at their outpatient appointment. A consultant explained the risks and benefits of surgery to patients.
- Patients gave positive feedback about their involvement in decision making. One patient said, "It was very nice to explain everything so well."
- Staff gave patients written information on their care. Patients we spoke to felt well-informed about their care. One patient told us "I got a booklet" and "All my questions were answered."
- For our detailed findings on understanding and involvement of patients and those close to them, please see the caring section in the surgery report.

Emotional support

- Staff gave reassurance to patients about their treatment. One patient told us "Everybody's been lovely, I'm not scared at all now, but I was."
- For our detailed findings on emotional support, please see the caring section in the surgery report.

Are outpatients and diagnostic imaging services responsive?

Good

Outpatients and diagnostic imaging

Good

We rated responsive as **good.**

Service planning and delivery to meet the needs of local people

- Outpatient clinics were booked six weeks in advance, dependent on demand. Outpatient clinics usually took place on Wednesdays, Thursdays, and Fridays but could be flexible dependent on demand.
- Staff telephoned patients to arrange a convenient date for them to attend their outpatient appointment.
- Patients met with a consultant surgeon at their pre-operative appointment. This was the same surgeon that completed their surgery, promoting continuity of care for patients.
- For our detailed findings on service planning and delivery, please see the responsive section of the surgery report.

Access and flow

- Senior staff monitored waiting times for outpatient services. Information from the provider showed the waiting time for a pre-operative outpatient appointment was six weeks and the waiting time for a general outpatient eye appointment was 10 weeks.
- The service monitored referral to treatment times (RTT) for outpatient appointments. For the months of October 2016 to December 2016, patients waited on average five to seven weeks for an outpatient appointment. For the months of January 2017 to March 2017, patients waited on average six weeks for an outpatient appointment.
- Patients we spoke with gave positive feedback about access to the outpatient service. One said "I waited two to three weeks for an appointment – very quick" and another said "I waited a couple of months. I had a choice of where to go."
- For our detailed findings on access and flow, please see the responsive section of the surgery report.

Meeting people's individual needs

- Patients were given written information regarding their condition and their treatment plan. We saw an 'Information booklet for cataracts', which included information on what to expect at an appointment, what to do on the day of the operation, post-operative instructions, possible complications and information on what to do in an emergency.
- Information leaflets for patients were available in the outpatient waiting area. These included "Yag Laser Capsulotomy," "Bringing eye care to the community" and "Selective Laser Trabeculoplasty."
- Information boards in the outpatient waiting area, displayed information for patients including information on glaucoma and the anatomy of the eye.
- The consultant had detailed discussions with patients about surgery and whether this would be the right treatment for them. In one consultation, we saw the consultant discussing the patient's social situation, their history of falls and how the patient's eyesight affected their everyday activities.
- Staff supported patients with their individual needs. We saw a healthcare assistant give a patient advice on how to arrange transport home from their appointment, as they would not be able to drive home after their surgery.
- Patients we spoke with were positive about the facilities offered. One said they had "no problems parking and it's free."
- For our detailed findings on meeting people's individual needs, please see the responsive section of the surgery report.

Learning from complaints and concerns

- The service reported no complaints relating to the outpatient service from April 2016 to March 2017.
- For our detailed findings on complaints, please see the responsive section of the surgery report.

Are outpatients and diagnostic imaging services well-led?

Good

We rated well-led as **good.**

Leadership and culture of service

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

Vision and strategy for this core service

Good

Outpatients and diagnostic imaging

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

Governance, risk management and quality measurement

- For our detailed findings on governance, risk management, and quality measurement, please see the well-led section of the surgery report.

Public and staff engagement

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

Innovation, improvement and sustainability

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

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure the level of safeguarding training staff receive is in line with the Royal College of Paediatrics and Child Health "Safeguarding children and young people: roles and competences for health care staff, Intercollegiate Document".

Action the provider SHOULD take to improve

- The provider should ensure there is oversight of the safety and maintenance of resuscitation equipment.
- The provider should ensure there is assurance regarding staff compliance with the World Health Organisation (WHO) surgical safety checklist for cataract surgery and five steps to safer surgery.
- The provider should ensure there is assurance regarding staff compliance with hand hygiene and infection control policy at this location.
- The provider should ensure that all staff receive appropriate training in relation to mental capacity assessment and the requirements of the Mental Capacity Act (2005).
- The provider should ensure actions taken to manage risks to the service are clearly recorded and monitored.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **Regulation 13(2) Systems and processes must be established and operated effectively to prevent abuse of service users** **How this regulation was not being met:** • Staff were not trained to the correct level for the safeguarding of children, in line with the Royal College of Paediatrics and Child Health Safeguarding children and young people: roles and competences for health care staff, Intercollegiate Document.