

Exeter Eye LLP

Exeter Eye LLP @ Admiral House

Inspection report

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Date of inspection visit: 5 & 6 January 2022
Date of publication: 12/04/2022

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?

Requires Improvement 

Summary of findings

Overall summary

We carried out a comprehensive inspection of Exeter Eye LLP @ Admiral House on 5 and 6 January 2022. The service was last inspected in January 2018 and was rated as requires improvement.

Exeter Eye LLP @ Admiral House is operated by Exeter Eye LLP. The service provides ophthalmic surgery and outpatient clinics for private adult patients from Admiral House in Exeter.

Admiral House is owned by another organisation (further referred to as the host hospital) and Exeter Eye LLP rent rooms from the host hospital to provide their outpatient and diagnostic services. These include waiting areas, consultation rooms, a laser room and office space for secretarial staff. Exeter Eye LLP has an agreement with the host hospital to access theatre space, staff and equipment to carry out surgical procedures within Admiral House.

Facilities include an anaesthetic room, recovery room and an operating theatre. The service has no overnight beds. Types of surgery carried out include cataract removal, lens replacement and laser capsulotomy treatment. Ophthalmic (eye) surgical procedures are undertaken as day cases. They also provide ophthalmic consultations, diagnosis, treatment and management of long-term ophthalmic conditions.

Surgery is the main service provided. Our findings on surgery, for example, management arrangements also apply to other services, therefore, we have not repeated the information, but cross-referred to the surgery service.

At this inspection we inspected our five key questions: safe, effective, caring, responsive and well led. Before the inspection we reviewed information we had about the location, including information we received and intelligence available. The inspection was announced due to being immediately after the New Year and to check they would be offering their full range of services.

We rated safe, caring and responsive as good in surgery and outpatients. Effective was rated as good in surgery but is not rated in outpatients. Well led was rated as requires improvement in surgery and outpatients.

Our rating of this location since the last inspection had improved. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in most key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Patients were assessed for their suitability for surgery. Staff kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment and gave them pain relief when they needed it during surgery. Managers monitored the effectiveness of the service. Staff worked well together for the benefit of patients. Patients had access to good information about key conditions relating to eyes. Out of hours service for patient who had undergone surgery or treatment was available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients.
- The service planned care to meet the needs of local 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 did not have to wait too long for treatment.

Summary of findings

- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged with patients to plan and manage services and all staff were committed to improving services continually.

However:

- The main leader was not able to fulfil the role of registered manager due to time constraints and other working commitments. They had also not completed additional training for their other lead roles.
- Governance arrangement had improved since our last inspection but there were still areas where improvements were needed. Assessment of risks was still reactive and had also not identified potential risks to the service provision.
- The safeguarding lead did not have the required level of safeguarding training to provide support and guidance to staff. The service vulnerable adults' policy was not up to date with the latest legislation. This was identified at our last inspection. The safety briefing in theatre did not always take place without the distraction of the radio playing in the background which could mean not all staff would have been able to hear the important information.
- There was no system to monitor or record when all staff had completed training and when it was next due.
- There was no list of when audits would be completed to monitor the quality of service provision.
- When new staff were considered for a post not all references were obtained from other employers who did not work for Exeter Eye LLP.

Summary of findings

Our judgements about each of the main services

Service

Outpatients

Rating

Good



Summary of each main service

Our rating of this service improved. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in most key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service. The service was compliant with the safety requirements for the use of lasers.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local 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 did not have to wait too long for treatment.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services and all staff were committed to improving services continually.

However:

Summary of findings

- There was no safeguarding lead trained to level 4 to support staff with any allegations of abuse or any potentially referrals to the local council. The infection prevention and control lead had not undertaken additional training for this role.
- Hand hygiene audits were completed but they lacked any detail and frequency. Medicines audit was more of a monthly stock control and didn't look at all areas to make sure medicines were managed safely.
- The main leader for the service did not have the time to meet the requirements of the registered managers role. Risks to the service provision had not been identified on their risk register and therefore no business continuity plan had been devised. There was no documented system to record the use of audits necessary to monitor the quality of service provision, or the timeframe for when these would be completed.
- When recruiting proposed staff they did not always obtain information about their conduct or references from previous employers who also did not work for Exeter Eye LLP.

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.

We rated this service as good because it was safe, caring and responsive, although leadership requires improvement. Effective is not rated in outpatients.

Surgery

Good



Our rating of this service improved. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had some training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers

Summary of findings

monitored the effectiveness of the service. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Patients who had undergone treatment or surgery were able to contact the consultant in an emergency seven days per week.

- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients.
- The service planned care to meet the needs of local 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 did not have to wait too long for treatment.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The safeguarding lead had not completed safeguarding training to level four to support staff with any allegations of abuse or any potentially referrals to the local authority. The infection prevention control lead had not completed any additional training for this role. The radio was on during the safety brief in theatres therefore this could mean some staff may not hear the important information.
- The main leader for the service did not have the time to meet the requirements of the registered managers role. They had also not completed additional training for their other roles. Risks to the service provision had not been identified on their risk register and therefore no business continuity plan had been devised. There was no documented system to record the use of audits necessary to monitor the quality of service provision, or the time frame for when these would be completed.

Summary of findings

- When recruiting proposed staff, they did not always obtain information about their conduct or references from previous employers who also did not work for Exeter Eye LLP.
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Summary of findings

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Summary of this inspection

Background to Exeter Eye LLP @ Admiral House

Exeter Eye LLP @ Admiral House is operated by Exeter Eye LLP. The service has been operating since March 2005. The service primarily serves the communities of the South West but accepts referrals from across the country. They are a Limited Liability Partnership (a small business company) of seven partners and one associate member who are all consultant ophthalmic surgeons. All consultants hold substantive contracts with the local NHS trust.

The most commonly performed surgeries were cataract removal and replacement lens implant, as well as intravitreal injections. (Intravitreal is a route of administration of a drug, or other substance, in which the substance is delivered into the vitreous humor or clear gel that fills the space between the lens and the retina of the eye).

In the outpatient clinic, the most commonly performed treatment was laser capsulotomy. (It is a laser treatment applied on the capsule that supports the artificial lens in the eye after cataract surgery).

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

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

All surgery is undertaken under local anaesthesia. Surgery usually takes place on a Monday, with some on Tuesdays and Thursdays. The service has operated on some occasional Saturdays to meet the needs of patients.

There was a registered manager who had been registered with the CQC since November 2017.

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

Activity

In the reporting period from 1 January 2021 to 31 December 2021; the most common operation was cataract removal with 1,095 operations performed and 35 Refractive Lens Exchange operations performed.

In the same period there were 4,420 patients who attended outpatient appointments. The majority of these patients were seen as part of the surgery pathway for pre- and post-operative appointments.

Services provided under service level agreement by the host hospital to Exeter Eye LLP.

Reception areas, theatre, anaesthetic room, recovery room and day case waiting area.

Use of necessary equipment for the purpose of providing medical eye care.

Summary of this inspection

Management of building.

Consumables (including lens prostheses) and medicines used in theatre and for discharge of patients.

Clinical and non-clinical waste arrangements.

Equipment in theatres maintenance and servicing.

Theatre staff.

Consultant Anaesthetists.

Track record on safety for the period from 1 January 2021 to 31 December 2021

One Never Event had happened - the wrong lens was inserted into a patient's eye. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all providers. They have the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.

No external review or investigations have been undertaken.

There were no incidences of healthcare acquired infections.

The service received eight formal complaints.

How we carried out this inspection

The team that inspected this location comprised of two CQC inspectors and two specialist advisors. During the inspection we spoke with staff including the management team. We also spoke to patients and reviewed documents and records kept by the service.

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>.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service **MUST take to improve:**

Surgery and outpatients

Summary of this inspection

- The service must ensure the registered manager has the qualifications, skills, knowledge and experience to manage the regulated activity. The registered manager had not completed the required training for their additional roles, for example, as infection prevention control lead and safeguarding level four training. They were not able to perform all the tasks intrinsic to the role due to time constraints at this service due to their position at another provider. Regulation 7(2)(b).
- The service must ensure they assess, monitor and improve the quality of the safety of the services provided in carrying on the regulated activities. Risks to the service must be identified and actions to mitigate these risk implemented. There was no system for regular audits or a time frame for these to be completed. The risk register did not identify the risks to the service provision and actions to mitigate these. Not all policies were up to date with the latest legislation and this was not being monitored. Regulation 17 (2)(a)(b).

Action the service SHOULD take to improve:

Surgery and outpatients

- The service should work to improve clarity of the minutes from their Medical Advisory Committee meetings make it clear when the meeting has changed to a governance meeting.
- The service should use all the monitoring data they collect and use this as part of their quality governance. For example, monitoring number of operations and outpatient appointments cancelled.
- The service should ensure that all references or information about the conduct of any proposed staff is from people who do not already work for Exeter Eye LLP.

Surgery

- The service should work towards gaining greater assurance around safety in the host hospital in relation to evidence of safety checks which must be undertaken on the equipment in theatres.
- The service should ensure there is no background noise, for example a radio playing, when the safety briefing is underway in theatres so all staff can hear the important information.
- The service should consider devising Local Safety Standards for Invasive Procedures based on the National Safety Standards for Invasive Procedures in relation to cataract surgery and share them with the host hospital.

Outpatients

- The service should review the monthly medicines audit/stock control, to include if room and fridge temperature are being checked daily and that they are within safe limits.
- The service should consider reviewing their hand hygiene audit, to include more observations and to review the frequency of when this is completed.






Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Good	Inspected but not rated	Good	Good	Requires Improvement	Good
Surgery	Good	Good	Good	Good	Requires Improvement	Good
Overall	Good	Good	Good	Good	Requires Improvement	Good

Outpatients

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

Are Outpatients safe?

Good 

Our rating of safe improved. We rated it as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Refer to the surgical report for details.

The member of staff who performed the diagnostic testing received and kept up to date with their mandatory training. Records were seen of the e-learning staff needed to have completed.

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse, but the lead had not obtained additional training to support staff with any safeguarding queries.

Refer to the surgical report.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Refer to the surgical report.

Guidance on washing of hands for staff was displayed clearly above sinks in outpatients. We saw an audit for handwashing completed by Exeter Eye LLP, but this only included one question, 'Did the consultant washed or sanitised hands with alcohol before treatment, yes or no'. We were not clear how often these were completed. We were told the host hospital completed hand hygiene audits, but this was for surgery as outpatients was not part of their service level agreement.

Outpatients

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The service had suitable premises. Exeter Eye LLP sublet areas of the environment from the host hospital that were used just by Exeter Eye LLP. The environment consisted of consulting room, a laser room and an area where diagnostic assessments took place. The reception area was shared with the host hospital who had the responsibility for its upkeep and cleaning.

Equipment owned by Exeter LLP was maintained and serviced. A spreadsheet was used to monitor this. Service agreements with other providers had been set up and this included any breakdowns to help prevent delays to patient's treatment. We saw for example, electrical safety checks had been undertaken and were in date.

Following our inspection Exeter Eye LLP found the contracted cleaning company overseen by the host hospital had not been completing cleaning schedules for the outpatient area. This was rectified and the provider sent us evidence of the new schedules and they had plans for future audits.

Protection control measures were used to provide a safe working environment for the use of the non-invasive laser. We were shown and told about the annual inspection of the laser area which had been undertaken by an external Laser Safety Advisor. They identified the service was compliant with the relevant legislation and national guidance.

Safety precautions were used to protect staff, patients and visitors when the laser was being operated. Staff were aware of the local rules for the operation of the laser. The laser room had a suitable lock and laser hazard warning sign on the door. There was also an automatic 'switch off' on the machine should the door be opened. There were no reflective surfaces within the room. The laser was serviced and had a service plan which was within date.

Staff disposed of clinical waste safely. The host hospital was responsible for the contract with the external waste removal providers.

Assessing and responding to patient risk

Staff completed an assessment for each patient to check they were suitable for treatment or surgery.

A member of staff completed assessments for each patient on arrival to check they were able to have treatment. Diagnostic tests on the patient's eye were completed at the initial appointment to check they were suitable for surgery. The results were shared with the consultant in charge of the patient's care who made the final decision on their suitability.

Refer to the surgery report

Support staffing

The service had enough support staff with the right skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Nursing staff were provided by the host.

Refer to surgery report

Outpatients

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.

Refer to the surgery report.

The registered manager was the clinical laser safety supervisor for Exeter Eye LLP with the ocular technician as the operational laser safety supervisor role.

Records

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

Refer to surgery report.

Records of the use of laser were detailed and staff could access them easily when they needed to add to them.

Patient records were comprehensive and detailed about the results from their diagnostic tests.

Medicines

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

Staff followed systems and processes when prescribing, administering, recording and storing medicines. Medicines for the outpatient clinics were ordered by Exeter Eye LLP and delivered from a community pharmacy. Medicines were stored securely within locked cupboards. Monthly stock checks of medicines were undertaken, and this included checking they were in date to use.

Daily fridge and room temperature checks were documented when clinics were in use. These were all within safe limits. Staff knew what to do if the fridge temperature fell outside of the recommended safe range.

No controlled drugs were used within the outpatient clinic

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Refer to surgery report

Are Outpatients effective?

Inspected but not rated 

Effective is not rated in outpatients.

Outpatients

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. However not all policies were updated with the latest legislation.

Refer to the surgery report.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

Refer to the surgery report.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to demonstrate good outcomes for patients. The service monitored the number of appointments and if they were missed.

Refer to the surgery report.

Competent staff

The service make sure staff were competent for their roles. Managers appraised staff's work performance, but these were behind schedule.

Refer to the surgery report.

Multidisciplinary working

Doctors, nurses and other support staff worked together as a team to benefit patients. They supported each other to provide good care.

Refer to the surgery report.

Seven-day services

Key services were available five days a week to support timely patient care, but patients had access to consultants 24 hours a day following surgery or treatment.

Refer to the surgery report.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Refer to the surgery report.

Are Outpatients caring?

Good 

Outpatients

Good 

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

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Refer to the surgery report.

Emotional support

Staff provided emotional support to patients to minimise their distress.

Refer to the surgery report.

Understanding and involvement of patients and those close to them

Staff supported patients to understand their condition and make decisions about their care

Refer to the surgery report.

Are Outpatients 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 local people and the communities served.

Refer to the surgery report.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

Refer to the surgery report.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times for patients were monitored.

Outpatients

Managers and staff worked to make sure patients did not stay longer than they needed to. Appointment times were staggered so patients did not have to wait a long time to be seen.

Managers monitored and took action to minimise missed appointments. Between January 2021 and December 2021, 31 outpatients' appointments were missed. If a patient missed an appointment the consultant's secretary would contact them. If they had no response, they could contact the patients next of kin.

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, investigated them and shared lessons learned with all staff.

Refer to the surgery report.

Are Outpatients well-led?

Requires Improvement 

Our rating of well-led stayed the same. We rated it as requires improvement.

Leadership

Leaders did not have all the skills and abilities to run the service due to time constraints. They understood and managed the priorities and issues the service faced. They were mostly visible and approachable in the service for patients and staff.

Refer to the surgery report.

Vision and Strategy

The service had a vision for what it wanted to achieve and a documented strategy to turn it into action. The vision and strategy were focused on sustainability of services. Leaders understood and knew how to apply them and monitored some progress.

Refer to the surgery report.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

Refer to the surgery report.

Governance

Leaders had some governance process throughout the service and with partner organisations. However, some improvement was needed to documentation of audits. Staff at all levels were clear about their roles and accountabilities. Senior staff had regular opportunities to meet to discuss performance of the service.

Refer to the surgery report.

Outpatients

Some audits were used to monitor service provision. Monthly stock checks on medicines were completed and these checked the medicines had not expired. However, the audit did not cover for example, that fridge and room temperatures were within safe limits and being recorded when the clinics were running. We were also told consultants recorded in a book in each outpatient room when eye drops were prescribed and used. This was also not audited for compliance.

Management of risk, issues and performance

Leaders used some systems to manage performance. They did not always identify and escalate relevant risks and issues or identified actions to reduce their impact. They did not have their own plans to cope with unexpected events.

Refer to the surgery report.

Records of the monitoring of cleaning of outpatients were not routinely shared with Exeter Eye LLP to assist with their governance. However, it was found following our inspection the cleaning company used and overseen by the host hospital did not maintain schedules of the areas they cleaned for Exeter Eye LLP. This was rectified and would be audited in the future.

Information Management

The service collected data and analysed it. The information systems were integrated and secure. Data or notifications were not always consistently submitted to external organisations as required.

Refer to the surgery report.

Some specialist equipment used for the diagnostic testing was linked automatically with the computer system used by Exeter Eye LLP. This meant consultants had immediate access to the results and these could be used during the consultation appointment. Some results from the diagnostic tests were also able to be accessed in the theatre during the operation to improve accuracy of the surgery.

Engagement

Leaders engaged with patients, staff, and the public to manage services. They collaborated with their partner organisation to help improve services for patients. However, staff meetings didn't include all staff at the same time.






Refer to the surgery report.

Learning, continuous improvement and innovation

All staff were committed to improving services. Leaders did not participate in research.

Refer to the surgery report.

Surgery

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

Are Surgery safe?

Good 

Our rating of safe improved. We rated it as good.

Mandatory training

Staff mostly received mandatory training in key skills but there was no system for recording this and monitoring when updates were required.

Medical staff received and kept up to date with their mandatory training as this was part of their contract with the NHS trusts they worked with. Evidence of this was shared with this service as part of their revalidation requirements.

Administration staff received and kept up to date with their mandatory training. Records were seen of the e-learning administration staff needed to have completed.

There was no system for recording or monitoring mandatory training and no system to identify when staff required an update. However, records of individual members of staff training demonstrated they were up to date with mandatory training.

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse, but the lead had not obtained additional training to support staff with any safeguarding queries.

Administration staff received training specific for their role.

Medical staff received training from the NHS trusts they worked for which was specific for their role on how to recognise and report abuse. This was in line with the procedures for Exeter Eye LLP.

The safeguarding lead for this service was the registered manager but they had not undertaken any further training to support them in this role and did not have the level four safeguarding training. This had been identified at the last inspection. They were also not always available to support staff with any safeguarding queries during the core hours of this service due to their commitments with their NHS role.

Surgery

Staff knew how to make a safeguarding referral and who to inform if they had concerns. No safeguarding referrals had been reported.

The Vulnerable Adults Policy had been reviewed since our last inspection. However, we found it still did not reflect the latest legislation.

Cleanliness, infection control and hygiene

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

The areas used by this service were clean and had suitable furnishings which were clean and well-maintained. Exeter Eye LLP rented rooms from another provider who owned the building and we have referred to them as the host hospital. The host hospital had the responsibility for monitoring the cleaning of the whole environment which was undertaken by an external provider. This was part of the service level agreement Exeter Eye LLP had with the host hospital.

Staff followed infection control principles including the use of personal protective equipment (PPE). Exeter Eye LLP had recently changed their COVID-19 guidance for patients following a national change. We saw information about the procedure for patients to follow to prevent cross infection inside the main entrance.

Infection control and hand hygiene audits were completed by the host hospital staff, but the reports were not shared with Exeter Eye LLP. We identified this at the last inspection in 2018. As a result, the host hospital now send an e-mail to confirm when they had completed the audits. Exeter Eye LLP did not get to see the full reports. However, senior staff from Exeter Eye LLP told us if any issues were identified these would be shared with them by the host hospital.

Re-usable surgical equipment that required decontamination was sent to a unit at the local NHS trust as part of a service level agreement Exeter Eye LLP had with the host hospital.

We observed and staff told us they cleaned equipment after patient contact. Equipment in theatres was the responsibility of the host hospital, however, we saw stickers on equipment in theatres stating when they were clean, and when this had been done.

Staff worked effectively to prevent, identify and treat surgical site infections. A process for monitoring this had been devised and the service had not reported any surgical site infections since 2014.

The infection control lead was the registered manager for Exeter Eye LLP, but they had not undertaken any additional training for this role. This was identified at the last inspection.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The service had suitable premises. Admiral House where Exeter Eye LLP was based was owned by another provider. Exeter Eye LLP sublet areas of the premises from the host hospital under a service level agreement. Some areas were shared under the service level agreement between Exeter Eye LLP and the host hospital, for example, theatres and reception.

Surgery

The service level agreement also covered the equipment used in theatre. At our last inspection we had identified Exeter Eye LLP were not asking for assurance of servicing, ongoing maintenance and safety checks had been completed. After the site visit at this inspection, we were sent evidence Exeter Eye LLP had checked the equipment owned by the host hospital had been serviced and maintained. However, this did not include details about safety checks and if had been completed.

Staff employed by the host hospital in theatres disposed of clinical waste. The host hospital was responsible for the contract with the external clinical waste removal providers.

Assessing and responding to patient risk

Consultants assessed each patient for their risks and decided if they could have surgery. Staff received training to help identified patients at risk of deterioration.

Consultants completed assessments for each patient at their first outpatient appointment to check if they were suitable for surgery at this location.

Exeter Eye LLP staff had received training in sepsis awareness and a risk tool was on display in the office. Since the last inspection a formalised standard operating procedure had been devised for the transfer of patients to the local NHS trust if there was a deterioration in their condition.

If patients had any concerns following discharge, they could contact the consultants 24 hours a day, seven days a week.

Compliance with the World Health Organization (WHO) checklist was audited by the host hospital and copies of these were shared with Exeter Eye LLP.

We observed the safety briefing on one of the days of our inspection. However, it was difficult to hear as the radio was playing in the background which meant we could not hear all of what was being said and we were stood with some of the staff. This was a risk if all staff cannot hear what is being said and could place patients at risk. The majority of staff present were employed by the host hospital. We fed back to the registered manager for Exeter Eye LLP about the background noise and that we could not hear the important safety information.

There had been no unplanned returns to theatre.

Support staffing

The service had enough support staff with the right skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Nursing staff were provided by the host hospital as part of the service level agreement.

All surgery was planned, and staffing was organised in advance. No operations had been cancelled due to lack of host hospital staff in the 12 months preceding the inspection.

We observed during our inspection that there were enough staff deployed to meet the needs of the patients and meet the requirements for surgery. We were told the number of staff in theatre was in line with the Royal College of Ophthalmologists, Ophthalmic Services Guidance, February 2018.

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Medical staffing

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

The service had enough medical staff to keep patients safe. All surgery was consultant led. Exeter Eye LLP had seven partners and one associate member who all worked for a local NHS trust.

Locum medical staff were not used at Exeter Eye LLP.

Anaesthetists were present for some eye surgery as they provided sedation if requested by a patient. A service level agreement with another provider to provide anaesthetist cover had been devised and was in use.

Records

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

Patient notes were comprehensive, and all staff could access them easily. We reviewed 15 sets of patients records and all were legible, and most were signed and dated by the staff. Of the 10 patients who had surgery, we found two where the sign out time had not been added to the safety briefing checklist. The purpose of the sign out time is to ensure surgery has been completed in its entirety, documented accordingly and to ensure ongoing safety of the patient beyond the theatre. We also found in five patients records where lens track and trace stickers had not been added to the safety checklist but were included in the patient records. We also saw letters to patients and GPs which were kept electronically as well as in the paper record.

Records were stored securely in locked cabinets and only authorised staff had access to them. Computer systems were password protected.

The provider completed six monthly audits of records. We were shown the most up to date audit which had identified an issue where a patient had not signed a consent form. Actions were taken and another audit was completed several months following this incident and the audit scored 100%.

Medicines

The service did not manage medicines.

The host hospital had the responsibility as part of the service level agreement to provide medicines in theatre and when patients were discharged.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents. Managers investigated incidents and shared lessons learned with the whole team. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. The provider had an incident reporting system where staff completed a paper incident report, and this was then logged onto their incident reporting log. Incidents were reviewed each quarter and added to the quarterly report. These were discussed at Medical Advisory Committee meetings (MAC).

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Staff had received training in accident and incident reporting.

The service had reported one never event. This was the insertion of the wrong lens. The host hospital had investigated the incident as it took place in theatre. The final report was due to be shared with Exeter Eye LLP at the time of this inspection. Any learning from this would be shared with Exeter Eye LLP and the host hospital staff.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. We saw evidence of this with the never event.

Staff received feedback from investigation of incidents, and we saw this were also discussed at the MAC meetings. Minutes of these were circulated to the relevant staff.

Exeter Eye LLP had access to the Medicines and Healthcare products Regulatory Agency (MHRA) alerts. This is important safety information that may need to be acted on from incidents that may have happened nationally. These were then shared with staff and discussed at the MAC meetings as required.

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.

We were sent evidence following the inspection to demonstrate senior staff checked the National Institute for Health and Care Excellence (NICE) website to see if any new guidance had been released. NICE guidance was an agenda item on the Medical Advisory Committee (MAC) meetings and was discussed as required. We did observe Exeter Eye LLP had included evidence in some of their policies to demonstrate NICE guidance had been used when they were devised. For example, the sepsis policy.

All the partners were employed within NHS trusts and were up to date with the national guidance and evidence based practice they used at these hospitals.

As Exeter Eye LLP do not provide NHS funded care and treatment, there was not a requirement to devise Local Safety Standards for Invasive Procedures (LocSSIPs) based on the National Safety Standards for Invasive Procedures specifically for cataracts. Exeter Eye LLP did not have any LocSSIPs. However, NHS England recommend this as best practice to improve patient care and safety.

Staff had access to up-to-date policies to plan and deliver high quality care according to best practice and national guidance. However, we found one policy had not been updated as previously mentioned with the latest legislation. The service also did not obtain evidence that staff had read all policies and procedures.

Exeter Eye LLP was in the process of devising a staff handbook.

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Nutrition and hydration

Staff gave patients enough food and drink to meet their needs. Staff followed national guidelines to make sure patients fasting before surgery were not without food and fluids for long periods.

Staff made sure patients had enough to eat and drink where appropriate. As patients were only in surgery for short periods and were day cases, they were provided with tea and biscuits post operation. Water was available in the main reception.

Patients waiting to have surgery were not left nil by mouth for long periods. Patients were advised to fast prior to surgery in case they requested to have sedation.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

Staff assessed and managed the pain of patients well. Patients' surgery was under local anaesthetic, and they were offered sedation. Staff monitored patients for signs of pain throughout the operation.

Patients were provided with advice both verbally and written on what to do should if they feel any discomfort or pain on discharge.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to demonstrate good outcomes for patients. Results from data monitoring were compared to national standards.

Outcomes for patients were positive, consistent and met expectations, and they were bench marked against national standards. Activity was monitored for individual consultants, for example the number of operations they had completed. These were discussed at the Medical Advisory Committee meetings (MAC). For cataract surgery we saw evidence in the quarterly report for complications compared to number of procedures completed. This was the same for monitoring of posterior capsule rupture. The posterior lens capsule forms a physical barrier between the anterior and posterior segments of the eye after extracapsular cataract surgery and prevents the spread of microorganisms from the anterior chamber into the posterior chamber in the postsurgical eye.

Results were benchmarked against the National Ophthalmic Database (NOD) figures. The NOD figures were collected every few years however, Exeter Eye LLP did not provide data for the last review, but they were still able to compare their data against national targets. We saw their results for cataract surgery were better than the national averages.

Exeter Eye LLP had not reported any endophthalmitis (an inflammation of the internal eye tissues, most commonly caused by an infection) post cataract surgery since 2014.

The provider was not able to submit data to Private Healthcare Information Network (PHIN). They had tried, following their last inspection but due to a system issue they could not provide data

There was no documented programme of audits to check improvement over time. We saw evidence of a records audit and actions taken when an issue was identified, this was completed six monthly.

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Competent staff

The service make sure staff were competent for their roles. Managers appraised staff's work performance, but these were behind schedule.

Nursing staff were employed by the host hospital for theatres and Exeter Eye LLP relied on the host hospital as part of their service level agreement to make sure they had the qualifications, skills and competencies to fulfil the role. Exeter Eye LLP were sent an e-mail from the host hospital to confirm when staff in theatres were up to date with their competencies.

Managers supported the administration staff through appraisals of their work. However senior staff told us they were behind schedule with these. We were sent evidence of one member of staff's appraisal to see the areas discussed.

There was a basic structured competencies assessment for the administration staff to complete. We were sent a copy of one members of staff competency assessment following our inspection. This demonstrated they were competent for their role.

One member of staff was the designated health and safety lead for Exeter Eye LLP. We were sent evidence, following the inspection, that this member of staff had completed an additional course to enable them to undertake this role.

Administration staff were able to attend team meetings with the practice manager, but the registered manager did not attend and no joint team meetings for all staff had been implemented. Therefore, staff did not have the opportunity to meet and feedback about the service as a whole team.

Exeter Eye LLP monitored all the required checks for the consultants as per the General Medical Councils requirements, for example, indemnity insurance. Each consultant had to provide evidence of their revalidation and appraisals completed at their NHS location. The practice manager monitored this and requested the information when it was due.

The service had a process to follow if a member of staff was not meeting the expectations of the business.

Multidisciplinary working

Doctors, nurses and other support staff worked together as a team to benefit patients. They supported each other to provide good care.

Staff worked well with the host hospital staff when required to care for patients. We observed staff employed by the host hospital communicating with staff from Exeter LLP about patients. Reception staff were told when patients were due to come in for surgery or outpatient appointments. Theatre staff were aware of the timings of each patient surgery and when they were due to come in. They were also told of any changes to the theatre list.

Arrangements had been implemented to inform GPs and opticians about the treatments or surgery that had taken place on the patient's discharge from this provider

Exeter Eye LLP held educational evenings for other healthcare professionals involved in the care of eyes, however due to COVID-19 this had stopped. A virtual event for optometrist was held in September 2021. They were recognised by the General Optical Council as a provider of Continuing Education and Training.

Seven Day services

Key services were available five days a week to support timely patient care, but patients had access to consultants 24 hours a day following surgery or treatment.

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Patients had their surgery under local anaesthetic and sedation if requested. They were discharged home once recovered. The consultant would see the patient before discharge if they had any concerns or if requested by the patient.

Patients who received treatment or surgery were given a hot line number to contact the consultant out of hours if they had concerns following surgery or treatment.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Each patient was assessed for their suitability for surgery by the consultant. Patients chose to come to this service as they could refer themselves or by another health care professional.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. We saw in the patient records we reviewed evidence of consent forms signed by the consultant and patient. Risk were also listed on the consent form.

Staff made sure patients consented to treatment based on all the information available. Consultants told patients about the treatment or operation and leaflets were also provided. The provider website also contained details about eye condition/diseases, treatments and operations.

The administration staff received training in the awareness of the Mental Capacity Act.

Clinical staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. This was provided as part of their NHS contracts and mandatory training.

Exeter Eye LLP did not routinely ask for evidence that staff employed by the host hospital had undertaken this training.

Are Surgery caring?

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

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients in a respectful and considerate way. All patients we spoke with were positive about their experience. We observed patients in theatre and staff were kind and courteous when speaking to patients. Patients said staff treated them well and with kindness.

Staff were observed respecting patients' privacy and dignity. Patients wore their own clothes throughout the procedure. Staff checked the patient was comfortable throughout the procedure.

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Staff followed policy to keep patient care and treatment confidential. We did not witness any breaches of patient confidentiality.

Emotional support

Staff provided emotional support to patients to minimise their distress.

Staff gave patients help, emotional support and advice when they needed it. We observed staff talking to patients during their surgery to make sure they were comfortable.

Due to the COVID -19 pandemic patients' families were not able to be in the location with them and had to wait outside or collect them later. Therefore, we were not able to observe staff talking to families etc.

Understanding and involvement of patients and those close to them

Staff supported patients to understand their condition and make decisions about their care and treatment.

Staff made sure patients understood their care and treatment. Staff talked with patients in a way they could understand. Staff had access to some communication aids, for example loop for hearing aids. We observed staff interacting with patients during their surgical pathway in a way they could understand.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Following their treatment or surgery, patients were sent information on how to give feedback. This was displayed on their website. However, information about how to make a complaint was not included.

Patients gave positive feedback about the service.

Are Surgery responsive?

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 local people and the communities it served.

Managers planned and organised services, so they met the needs of the local population. Patients were able to self-refer or they were referred by their GP or optician. Patients could choose their consultant and they were able to have some flexibility in appointment times. All patients were private which meant their treatment was funded by insurance companies or themselves. Satellite clinics with various locations across Devon were available.

Each consultant had their own areas of specialities within ophthalmic surgery and treatments for eye conditions. For example, cataract and refractive lens surgery, macular degeneration and glaucoma. The service offered good continuity of care for patients as they would see the same consultant for initial consultations, treatment and follow up appointments.

Facilities and premises were appropriate for the services being delivered.

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Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

The service had information leaflets available in languages spoken by the patients and in large print. The providers website contained lots of information about treatments and surgery for patients to access.

Managers made sure staff, and patients, could get help from interpreters. Staff had access to a telephone translation service.

Staff had access to some communication aids to help patients become partners in their care and treatment. For example, a hearing loop was available, and we saw signs in the main reception advertising this.

Parking facilities were available at the location with designated parking spaces for people with a disability close to the main entrance. The service was provided on the ground floor and there were accessible toilets available by reception.

Due to COVID-19 and the pandemic patients were not able to bring relative or family members with them to appointments. However, if a patient required assistance from a carer this could be accommodated but they needed to follow the same COVID-19 guidance as the patient.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to treat and discharge patients were monitored.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes. The provider monitored the waiting time for each consultant so if patients wanted the earliest appointment, the service chose a consultant with the shortest waiting time. Patients who requested a specific consultant were informed of the waiting time so they could make an informed decision if they were happy to wait.

Managers and staff worked to make sure patients did not stay longer than they needed to. Surgery times were staggered so patients did not have to wait too long before they were seen.

When patients' operations were cancelled these were rearranged as soon as possible. Exeter Eye LLP monitored all cancelled operations and why these were cancelled. Across all their locations a total of 88 procedures were cancelled. Of these 34 were by Exeter Eye LLP and the host hospital and 54 by patients. Reasons included patients or consultants being sick and equipment failure.

The appropriate cooling off periods for cosmetic surgery were considered as set out in by The Royal College of Ophthalmologists. We reviewed five sets of patients records who all had undergone cosmetic eye surgery and we observed their surgery was after the two-week cooling off period.

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, investigated them and shared lessons learned with all staff.

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Patients, relatives and carers knew how to complain or raise concerns. We saw evidence of feedback to the service. However, information on how to make a complaint was not included on their website or displayed in patient areas. Following the inspection, the provider told us there was a poster on display in the diagnostic area, but they planned to move it to a more prominent position.

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and would identify themes as required.

The service had received eight complaints in the last 12 months.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The practice manager was responsible for acknowledging the complaint and contacting the complainant. The complaint was shared with the registered manager and the consultant who provided the treatment. This would be investigated. There were set timescales to respond to complaints.

Managers shared feedback from complaints with staff and learning was used to improve the service. All complaints were discussed at the medical advisory committee meetings.

The provider was looking to join an independent service to refer on any complaints they might not be able to reach a conclusion on with the complainant.

Are Surgery well-led?

Requires Improvement 

Our rating of well-led stayed the same. We rated it as requires improvement.

Leadership

Leaders did not have all the skills and abilities to run the service due to time constraints. They understood and managed the priorities and issues the service faced. They were mostly visible and approachable in the service for patients and staff.

Not all the leaders had all the skills, knowledge or time to manage the service. The registered manager was only at the service one to two days per week and this was spent with patients. They also had a contract with a local NHS trust as a consultant. This meant they didn't have time to commit to the registered managers role. A practice manager had been appointed prior to the last inspection to oversee the day to day running of the service. They kept the registered manager up to date on any issues within the service.

The registered manager had many roles within the service to include safeguarding lead, infection prevention and control lead and Caldicott Guardian. However, no additional training had been completed to enable them to undertake these roles effectively.

Leaders understood the challenges to quality and sustainability and could identify the actions needed to address them. These were not always documented. Leaders were keen to make improvements when areas were identified as an issue however, this was more of a reactive management style. This was also identified at the last inspection.

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Leaders were visible when they were at the service and staff confirmed they were approachable.

Vision and Strategy

The service had a vision for what it wanted to achieve and a documented strategy to turn it into action. The vision and strategy were focused on sustainability of services. Leaders understood and knew how to apply them and monitored some progress.

There was a clear vision with quality and sustainability as the top priorities. The registered manager told us Exeter Eye LLP had a vision to provide 'the most advanced techniques and technology to deliver clear vision' and to offer 'the very best in patient care and comfort'. The registered manager and consultant partners were responsible for developing a mission statement. We were shown this during our inspection.

There was a documented strategy for achieving their priorities and delivering good quality sustainable care. The registered manager told us it was about delivering high quality care to patients.

Staff knew about the strategy for wanting to offer patients high quality care and they told us they made sure they worked towards achieving this.

Some aspects of progress against delivery of the strategy were monitored at the Medical Advisory Committee meetings (MAC) where they discussed performance and activity of each consultant.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff felt supported, respected and valued. The culture was centred on the needs and experience of patients who used services. Staff told us they felt positive and proud to work in the organisation.

The culture encouraged, openness and honesty at all levels within the organisation, including with patients, in response to incidents. We saw evidence of this when the service reported the never event of the wrong lens being inserted. Records demonstrated the patient was informed of what had happened and offered alternative treatment. This was explained to the patient who made the decision on further treatment from the options offered.

Staff told us they were able to raise concerns without fear of retribution, and they were listened to by the leaders of the service.

There were cooperative, supportive and appreciative relationships among staff. Staff and teams worked collaboratively, in their own service and with staff from the host.

Governance

Leaders had some governance process throughout the service and with partner organisations. However, some improvement was needed to documentation of audits. Staff at all levels were clear about their roles and accountabilities. Senior staff had regular opportunities to meet to discuss performance of the service.

There were some structures, processes and systems of accountability to support the delivery of good quality, sustainable services. At our last inspection we found the governance systems were underdeveloped. At this inspection we found some

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progress toward improving this, but this still requires some improvement. There was confusion about when governance meetings were happening to discuss monitoring of the service provision. We were told, following our inspection, that governance meetings were included at the same time as the Medical Advisory Committee meetings (MAC). But this was not clear in the minutes of these meetings. Senior staff said they would review the title of the minutes to make it clearer.

We were sent records of meetings with the host hospital to discuss service provision and any issues for example, equipment. These meeting were undertaken on a regular basis.

There was no planned timetable for audits to monitor service provision and improvement. We saw a records audit was completed every six months and where an issue was identified we saw action had been taken.

Compliance with the World Health Organization (WHO) checklist was audited by the host hospital and copies of these were shared with Exeter Eye LLP.

We saw spreadsheets of complaints and incidents, and these were also included in the quarterly safety report, we were told these were reviewed for any trends. We saw there were several data information incidents which had been investigated and actions taken.

There was no training matrix or schedule to monitor training of staff, and the policy did not contain details on frequency and how training was to be evidenced. However, records we were shown of individual members of staff training demonstrated they were up to date with mandatory training.

Not all policies were not always up to date with the latest legislation, for example their vulnerable adults' policy which was also identified at the last inspection. The incident reporting policy did not contain all the information about notifiable incidents to the Care Quality Commission and other bodies.

Since the last inspection the provider now asked the host hospital for assurances, for example about staffing in theatres, training of these staff and infection control audits at regular intervals and theatre equipment servicing and maintenance. An e-mail was returned from the host hospital stating if all the areas were compliant. Exeter Eye LLP did not have oversight of the actual documents or details.

Cleaning of theatres was completed by the host hospital staff and records of this were also not routinely shared with Exeter Eye LLP to help with their monitoring and auditing.

MAC meetings were attended by the consultants and practice manager. Minutes were kept of these meetings and they looked at for example, any incidents, performance and complaints.

Staff at all levels were clear about their roles and they understood what they are accountable for, and to whom.

Arrangements had been implemented with partners and third-party providers. We saw Exeter LLP had service level agreements with several other providers including the host hospital. Senior staff told us there was no review date on the service level agreement with the host hospital and they met when changes were needed.

Management of risk, issues and performance

Leaders used some systems to manage performance. They did not always identify and escalate relevant risks and issues or identified actions to reduce their impact. They did not have their own plans to cope with unexpected events.

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There were some assurance systems to monitor performance and any issues. We saw performance was discussed at the MAC meetings, but it was not clear if they were part of any other governance arrangements.

There was no systematic programme of clinical and internal audit to monitor quality, operational processes, and systems to identify where action should be taken. We saw evidence of one of the records audits which were completed six monthly and actions had been taken following the identification of an issue. We did see monitoring of the service that was not considered or used as part of their auditing, for example, monitoring of cancelled operations/outpatient appointments and the reasons why.

Arrangements for identifying, recording and managing risks, issues and mitigating actions was based on being reactive rather than proactive. The risk register was about issues that had happened and not on potential risks. This log was detailed but no tool had been used to assess the risk. This meant staff had not identified any risks to their service provision.

Potential risks were not considered when planning services, for example seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities. Senior staff told us the host hospital had a business continuity plan and felt these would be the same sort of risks for them, for example, power cut. Exeter Eye LLP did not have their own business continuity plan to manage the risks to their service.

Information Management

The service collected data and analysed it. The information systems were integrated and secure. Data or notifications were not always consistently submitted to external organisations as required.

We saw the service had an understanding of performance, as this was monitored for each consultant and discussed at the MAC meetings. Views of patients were also included in the meetings. This was also published on their website for each consultant so prospective patients could read it.

There were some arrangements to ensure that data or notifications were submitted to external bodies as required. Not all senior staff were aware of what notifications needed to be sent to the Care Quality Commission (CQC). For example, when the elective service was closed, and surgery was not carried out a notification form was not sent. However, they did notify the CQC of the Never Event. We also found they had not reported a suspected case of work related COVID-19 to RIDDOR. However, following the inspection, the provider sent us details of the review of each case and found the staff in question had not been in the same office, therefore it was not classed as a work related infection of COVID-19.

Arrangements to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems had been implemented. We saw any data security breaches were recorded as an incident, investigated and areas for learning were included.

Staff had to log into and out of their computer systems to prevent unauthorised access.

The registered manager was the information controller for the purposes of The General Data Protection Regulation (GDPR) and Caldicott Guardian.

Engagement

Leaders engaged with patients, staff, and the public to manage services. They collaborated with their partner organisation to help improve services for patients. However, staff meetings didn't include all staff at the same time.

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Patient's views and experiences were gathered and acted on to shape and improve the services. We were shown proof of action when concerns had been expressed, for example about the chairs in reception. The service worked with the host hospital and these were replaced. Patients were invited to leave their views and a score on the service website and by using an external ratings website.

Patient feedback was collated as a whole and for each consultant. Patients were asked to score set questions with five being the highest score. We saw most patients had scored the service over '4.5'. Patient feedback was displayed on their website for prospective patients to view. Individual comments were also collated. These were discussed at the MAC meetings.

Staff views were sought and recorded. We saw on their website the results of a staff survey. This was completed in 2020. The overall feedback was positive.

Staff meetings were held but we noticed from the minutes there was not a meeting for all staff. The administration staff and technician met as a team with the practice manager. The consultants met at the MAC meetings with the practice manager, who fed back from the other staff meeting. The registered manager did not attend the administration teams' meetings. This meant there was no cohesive team approach to obtaining staff feedback and views.

There were positive and collaborative relationships with the host hospital and their staff to meet the needs of patients who used the service.

Learning, continuous improvement and innovation

All staff were committed to improving services. Leaders did not participate in research.

Leaders were looking to improve their service with the introduction of advance machines and computer software for diagnostic testing of the eyes prior to treatment and/or surgery.

Exeter Eye LLP was not participating in research projects or recognised accreditation schemes.

We saw staff participation in, and learning from internal reviews, for example the recent never event. The host hospital was completing the investigation, and this was going to be shared with Exeter Eye LLP staff as well as their own staff. This investigation was due for completion after our inspection.