

# Newmedica Community Ophthalmology Service

## Quality Report

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

### Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Good	
Are services well-led?	Good	

### Overall summary

Newmedica Community Ophthalmology Service is operated by New Medical Systems Limited. The service provides NHS day surgical services for adults. Facilities include one operating theatre, and three recovery rooms. The service also provides neodymium-doped yttrium aluminium garnet (YAG) laser therapy at a separate outpatient facility.

We inspected the day surgical unit only using our comprehensive inspection methodology. We carried out the announced part of the inspection on 13 September 2017 along with an unannounced visit to the service on 20 September 2017.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services:

# Summary of findings

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.

We found good practice in relation to surgical care:

- Staff said they felt able to report incidents and that there was a good reporting culture. Lessons were learned and actions were taken when things went wrong
- Staff understood their responsibilities under the duty of candour, although staff had not had to apply this regulation.
- There were processes, systems and audits to assure services were delivered safely.
- There were reliable systems to prevent and protect people from healthcare-associated infections. We observed good hand hygiene practice in clinical areas and patients confirmed this.
- There were safe arrangements for the management of waste and clinical specimens to prevent accidental injury or cross contamination
- During the reporting period, there were no incidences of hospital-acquired infection.
- Staff followed protocols to manage medicines safely and all medicines were stored and administered safely and securely.
- Patient records were well maintained and clear to follow and securely stored.
- We observed good compliance with the World Health Organisations (WHO) surgical safety checklist.
- There were sufficient staff on duty at the time of our inspection to meet patients' needs.
- Staff recruitment data, such as references and qualifications were held in an electronic database, which could be accessed at any time by local management staff.

- Consultants and nursing staff understood the relevant consent and decision-making requirements of legislation and guidance. Consent practices were in line with guidance and best practice.
- Feedback from people who used the service, those who were close to them and stakeholders was positive about the way staff treated people.
- Patients had timely access to initial assessment, diagnosis and treatment.
- Care and treatment was only cancelled when necessary and no operations had been cancelled during the reporting period.
- There was equal access to people who were visually impaired and had physical disabilities.
- Information was provided pre-operatively on how to make a complaint or raise a concern.
- The organisation actively sought the views of patients and staff about the quality of the service provided
- There was an effective governance framework to deliver good quality care and good arrangements for identifying, recording and managing risks

However

- Senior staff had not received training in the duty of candour.
- Whilst good practice was observed during the inspection, we could not see the overall performance statistics for compliance with the World Health Organisation (WHO) surgical safety checklist.
- The WHO checklist was not yet fully implemented for those patients undergoing class four laser therapy laser treatment at the outpatient facility.
- Whilst Newmedica collected patient feedback data and gave all patients feedback cards, they had a low response rate. This was being looked into during the time of our inspection.
- There was a systematic programme of clinical and internal audit but it was not fully embedded into practice. Some of the audits had only recently started due to the infancy of the service.
- Procedures to identify a deteriorating patient were limited..
- Some of the staff mandatory training data was held at corporate level and staff at local level could not easily access this information

# Summary of findings

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

**Amanda Stanford**

Deputy Chief Inspector of Hospitals (hospitals directorate)

# Summary of findings

## Our judgements about each of the main services

### Service

#### Surgery

### Rating

Good



### Summary of each main service

Surgery was the only activity at the day-case unit. We rated this service as good overall for the safe, caring, responsive, effective and well-led domains.

# Summary of findings

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### Summary of this inspection

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Good



# Newmedica Community Ophthalmology Service

## Services we looked at

Surgery

# Summary of this inspection

## Background to Newmedica Community Ophthalmology Service

Newmedica Community Ophthalmology Service is operated by New Medical Systems Limited. The service opened in December 2016 and is an ophthalmological day surgery unit providing cataract operations. Class four laser therapy treatments and follow up appointments are provided at a local outpatient facility under a service level agreement. The service is contracted to provide services to the NHS communities of Bristol, North Somerset and South Gloucestershire.

The service has had a registered manager in post since February 2017 and is registered with the Care Quality Commission to deliver the following regulated activities,

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

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 13 September 2017 along with an unannounced visit to the service on 20 September 2017. This service had not been inspected previously.

## 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 Catherine Campbell, Inspection Manager and Mary Cridge, Head of Hospital Inspection for the South West.

## Information about Newmedica Community Ophthalmology Service

The clinic is located in a rented facility that includes a fully equipped day surgery unit used by a variety of different healthcare providers on separate days. Newmedica access this facility to carry out surgical cataract procedures two days per week. The service started operating at this facility in December 2016 and employs core staff at the location and then contracts staff to work on a day-to-day basis.

The service accesses a private outpatient facility to carry out NHS YAG laser treatments and follow up appointments post cataract surgery. We inspected the day surgery unit only.

The day case unit is self-contained and consists of an operating suite, consulting room, three recovery rooms, changing rooms, staff changing and office area and kitchen.

During the inspection, we visited the theatre suite and spoke with four nursing staff, one carer and four patients.

We spoke with four senior managers and one booking clerk. We also received three 'tell us about your care' comment cards, which patients had completed prior to our inspection. During our inspection, we reviewed ten sets of patient records.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. This was the service's first inspection since registration with CQC.

In the reporting period of December 2016 to July 2017, there were 204 day case episodes of care recorded at the day surgery unit all of which were NHS-funded.

Five consultant surgeons, worked at the service under practising privileges. Newmedica employed one clinical director, one regional director and one service manager, four clinic assistants, and a core team of nursing bank staff who had substantive contracts at a local NHS trust.

# Summary of this inspection

During the reporting period;

- There were no never events.
- There were no clinical incidents resulting in no harm, low harm, moderate harm, severe harm, or death.
- There were no serious injuries.
- There were no incidences of hospital acquired methicillin-resistant *Staphylococcus aureus* (MRSA).
- There were no incidences of hospital acquired methicillin-sensitive *Staphylococcus aureus* (MSSA).
- There were two complaints received.

## **Services provided at the facility under service level agreement:**

- Waste disposal
- Cleaning, repairing and maintenance of the property including fire risk assessments and checks
- Laundry
- Maintenance of medical equipment
- Risk assessments and legionella bacteria checks



# Summary of this inspection

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

We always ask the following five questions of services.

### Are services safe?

We rated safe as good because:

- Lessons were learned and improvements were made when things went wrong. Learning was shared across all Newmedica sites to make sure lessons were learned by all staff.
- The medical advisory committee made sure important information was cascaded to all sites such as the safe use of licensed and unlicensed medicines.
- Standards of cleanliness and infection control were well maintained and monitored. There were reliable systems to prevent and protect people from healthcare-associated infections.
- There were a number of processes, systems and audits used to ensure services were delivered safely.
- There were arrangements for the management of waste and clinical specimens to prevent accidental injury or cross contamination. Decontamination of reusable medical devices was in line with national guidance

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

- Oversight of all of audit data that was collected such as hand hygiene audits and the World health Organisations surgical safety checklist.
- Senior staff had not received training in the duty of candour.
- Procedures to identify a deteriorating patient were limited.

Good



### Are services effective?

We rated effective as good because:

- Adherence to local policies, and the delivery of care and treatment was in line with legislation.
- Processes were in place to check staff competence and qualifications and staff at local levels had access to all the information.
- Staff worked with a local optician to provide seamless care from referrals to ongoing observation and follow up in the community.

However

- There was no monitoring of patients pain levels.
- Staff at local management levels could not easily access staff mandatory training compliance for non-core service staff.

Good



# Summary of this inspection

- Newmedica did not participate in national audits but compared their outcomes to national standards. This data had only recently been collected due to the infancy of the service and did not present a full picture.

## Are services caring?

We rated caring as good because:

- Staff showed sensitive and supportive attitudes to all patients and their relatives.
- Feedback about the way staff treated people who used the service, those who were close to them and stakeholders was positive.
- Privacy and dignity was maintained at all times.
- Staff recognised the important role that relatives played in post-operative care and recovery and included them in discussions where necessary

However

- Some of the facilities were not ideal as patients and their relatives had to share a small room meaning conversations were not private.

Good



## Are services responsive?

We rated responsive as good because:

- Newmedica had implemented an Equality Objective Action Plan in August 2017 to help the service design and deliver the health needs of the local communities.
- Newmedica services reflected the needs of their patient caseload by providing one-stop clinics. This reduced the number of overall attendances for each patient and relieved the stress of multiple appointments.
- Patients had timely access to initial assessment, diagnosis and treatment. The service aimed to see all new patients within eight weeks of referral and during July this had been achieved 97% of the time.

However

- The facilities and premises were not always adequate for the services provided. Newmedica had identified that due to an expansion in the service, they would outgrow the facility and larger premises would be required.
- The friends and family test response rate was below the 25 % internal target.

Good



# Summary of this inspection

## Are services well-led?

Good



We rated well-led as good because:

- Staff were aware of the vision and strategy of the service to provide 'better eye care for all'. Progress against delivering the strategy was regularly monitored within the Newmedica team and alongside the clinical commissioning groups.
- Leaders at local level had the skills, knowledge and experience to lead effectively. Staff told us that senior management at location level were approachable, friendly, and very visible.
- The senior staff at Newmedica worked hard to maintain common goals and standards across all the Newmedica sites.
- A systematic programme of clinical and internal audit was in place and results available showed 100% compliance.
- There were arrangements in place for identifying, recording and managing risks.

However

- We did not see how staff were given adequate time and support to train locally as teams.
- The audit process and collection of data was being embedded in to practice. The World Health Organisation surgical safety checklist and hand hygiene audit results were monitored but had not been added into the overall quality audit spreadsheet.

# 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
Overall	Good	Good	Good	Good	Good	Good

# Surgery

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

## Are surgery services safe?

Good 

We rated safe as **good**.

### Incidents

- There were no never events, serious incidents or incidents reported during the period of December 2016 to June 2017. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- Lessons were learned and actions were taken when things went wrong. If a never event or serious incident occurred in other Newmedica sites' learning was disseminated across all locations. The service provided us with an example of this after a never event when an incorrect lens was used at a different location which resulted in a change in practice across all sites.
- Staff told us there was a good culture of incident reporting. Staff in theatres and on the day case unit were aware of their responsibility and felt supported to report incidents. During the morning of the inspection, we saw how an incident with a fridge temperature was escalated, investigated and resolved. The service told us if an incident occurred than it was assigned to a specific person to investigate and we saw the evidence of how this worked in practice.
- The service manager received an informal daily handover, which included the reporting of any incidents, these would then be added into a register of incidents,

which was communicated to the head of governance. Incidents were on the itemised agenda at the medical advisory committee meetings. Senior staff members analysed themes monthly and then disseminated this information to staff in the 'Bite Sized' governance newsletter.

### Duty of Candour

- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- There was no specific training in place on the duty of candour. The service had its own policy in place for staff to refer to and follow. Staff had not experienced a need for the duty of candour to be applied so were not able to give an example of when this was required. However, staff told us that the regulation referred to openness with patients and their relatives when things went wrong.

### Clinical Quality Dashboard or equivalent (how does the service monitor safety and use results)

- A number of processes, systems and audits were used to quality assure that services were delivered safely. An incident reporting system; risk register; clinical and operational audit and daily checklist were used to assure the safety of the service. Newmedica had a draft policy for clinical audit with a clear schedule of audits and comparison standard; however, the results for this were not yet fully collated. We could not see the overall performance statistics for compliance with the World Health Organisation surgical safety checklist as this had not yet been added to quality audit schedule. The

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service manager told us that a new audit schedule was in the process of being produced. and until that time senior management had an oversight of all audit activity. Evidence of audits were discussed in the local governance meeting minutes.

## Cleanliness, infection control and hygiene

- There were reliable systems in place to prevent and protect people from healthcare-associated infections on the day case unit. During the reporting period, between December 2016 and June 2017, there were no incidences of hospital-acquired methicillin-resistant *Staphylococcus aureus* (MRSA), methicillin-sensitive *Staphylococcus aureus* (MSSA), *Escherichia coli* (E-Coli) or *Clostridium difficile*.
- Decontamination of reusable medical devices was in line with national guidance and carried out at a local NHS Trust. All clinical waste was removed from the back of theatres and kept in the sluice until removed from the building daily by the caretaker.
- Staff on the day-case unit and in theatres decontaminated their hands in line with the World Health Organisations five moments for hand hygiene and NICE guidance (QS 61 statement three). This standard states that people should receive healthcare from healthcare workers who decontaminate their hands immediately before and after every episode of direct contact or care. All the patients that we spoke with told us that they saw staff decontaminate their hands before and after patient contact. Posters for advice on how to hand wash correctly were displayed at sinks around the unit.
- The areas we inspected were all visibly clean, free from dust and in good decorative order. There was a daily and weekly cleaning schedule, which was monitored by the service manager, and results from this were added into the quality audit. August results were available and this showed cleaning was 100% compliant.

## Environment and equipment

- There were processes for providing feedback on product failure. Staff told us that if a piece of equipment needed to be reported to the Medicines and Healthcare products Regulatory Agency (MHRA) this would be escalated immediately through the senior team and the service manager. At the time of our inspection, this had not been tested.

- There were arrangements for the management of waste and clinical specimens to prevent accidental injury or cross contamination. The day case unit and theatres had properly assembled sharps bins, which were labelled correctly and filled below the recommended level
- The maintenance of equipment and facilities were fit for purpose and checked regularly. The theatre suite was laminar flow or ultra clean, which prevented airborne bacteria from getting into open wounds, as well as removing and reducing levels of bacteria on exposed surgical instruments, surgeons and the patient's own skin. The theatre equipment had been checked in March 2017 and it provided 25 air changes per hour, which was in line with Health Building Note 2025. The temperature control system had been checked and was within the recommended range identified by The Royal College of Ophthalmologists, Ophthalmic Services Guidance.
- We checked four pieces of medical equipment and saw that all had in date electrical safety checks and expiry dates. Staff completed daily theatre reports, which itemised which equipment required to be set up and checked prior to the start of the theatre lists, and included fridge temperatures, list volume and names of theatre staff. We reviewed two sets of theatre checklists and all were fully completed.
- The facility provided resuscitation equipment, which was located centrally on the ground floor and was sealed with a tamper evident seal. Checks were required daily and we reviewed the log book for August and saw that 16 checks were missing some of which were days that Newmedica would have used the facilities. We asked for clarification and were told that theatres were not accessed on these days. However it was not clear from the paper records that theatres had or had not been used just that the checks were not completed.

## Medicines

- Staff followed protocols to manage medicines safely. Medicines requiring refrigeration were stored in a locked refrigerator in theatres. Refrigerators were checked daily to ensure that they were in the recommended temperature range. We observed how staff reacted when a fridge temperature went out of range, what actions were taken, how this was documented and

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escalated to senior staff. We followed this incident through and saw how it was entered into the weekly scorecard, which identified a date for actions to be completed and by whom.

- Medications that did not require refrigeration were stored in locked cupboards. All the stock that we checked were unopened single use and in date. The service did not use controlled drugs.
- The service stored medicines for patients to take home this was prescribed by consultants on the patients' integrated pathway and dispensed by trained nurses. The drops were pre-prepared externally and delivered to the service from a local pharmacy. The nurse added the patients' details in the form of an identification label, which identified the patient, their identification number and the regime. We observed nurses giving patients their medications to take home and how to administer their eye drops; this guidance was also available in the patients' comprehensive information booklet.
- The medical advisory committee meeting minutes had a standard agenda item for unresolved clinical issues. There were discussions and conclusions around licensed and unlicensed medications for local anaesthetic use. The conclusion identified that certain brands of medicines were licensed and that only these would be kept as a stock item.
- Partially and unused medications were disposed of in large clinical waste containers and once full and sealed were removed daily from the building.

## Records

- Patients individual care records were legible, up to date and stored securely. We reviewed ten sets of patients' records and found all were well organised, easy to follow, all entries were signed by the nurse and the consultant and contained clinic letters, communications with patients and referral letters.
- Patients had an integrated care pathway for their entire patient journey. This comprehensive booklet documented the patients' pre-operative assessment, their pre-operative visual acuity, medications, head tremor, anxiety and if an interpreter was required. There were clear processes if a patient was not suitable for surgery and guidelines for referring patients to an alternative provider.

- There were processes to ensure notes were available prior to theatre lists starting. Staff carried out daily theatre checks part of this procedure was to make sure that patients records were available for the consultant.

## Safeguarding

- Staff understood their responsibilities to report any safeguarding concerns. Core service staff employed by Newmedica were required to complete safeguarding adults part A and B and safeguarding children level 1 and 2. Staff we spoke with had no examples of having to escalate a concern during their time working at the facility, but told us they would report their concerns to the service manager.
- At the time of our inspection, all core service staff had completed their safeguarding adults and children training except the service manager. This had been highlighted at head office and we were told training for the manager had been booked.
- Safeguarding featured in the Newmedica staff bulletin, which was disseminated to all staff across the 25 Newmedica sites. Safeguarding was described as everyone's responsibility and examples of how issues had been identified during routine eye examinations and escalated were highlighted as learning points.

## Mandatory training.

- Newmedica used an electronic system to record all their personnel files and this included mandatory training. Human Resources at corporate level kept records and sent a weekly alert to management staff at service level, which highlighted if mandatory training had fallen out of date. Senior staff told us that the electronic rostering system would not allow a staff member to be rostered onto a shift if this was the case.
- At the time of our inspection all but one member of staff was fully up to date with their mandatory training the training outstanding had been booked for October.

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

- We observed how staff completing the World Health Organisations (WHO) surgical safety checklist. The National Patient Safety Agency (NPSA) issued a patient safety alert recommending that all providers of surgical care use the WHO surgical safety checklist. This was incorporated into the '5 Steps to Safer Surgery' which included pre-list briefings, the steps of the WHO Surgical

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Safety Checklist and post-list debriefings in one framework. The checklist focused the whole team on the safety of practices before, during and after a procedure. Learning from a never event where an incorrect lens had been fitted had been incorporated into the WHO surgical safety checklist. Two members of staff checked the size of the lens when removed from the storage area, the lens size was then written on a white-board, this was then double checked with the consultant and the theatre team prior to the procedure starting. We reviewed 10 sets of patient's records all of which contained signed and fully completed checklists. We observed how all processes of the surgical safety checklist and pre list briefing were completed correctly.

- The service had exclusion criteria for those patients who may not be appropriate for the facility for example, if a patient had a body mass index above a certain score. This was documented in the comprehensive integrated cataract pathway, which identified when a patient was not suitable for an operation under the care of Newmedica. If a patient did not meet the requirements than there was a re-referral process so that the patients would be re-assessed and treated in a more suitable facility.
- Newmedica maintained daily checklists for all of its site managers to complete. The purpose of the checklist was to assure senior management that safety tasks had been completed, and to act as a warning system to flag up and identify problems before they occurred. The site or service manager was then accountable for implementation of any actions that resulted from these daily checks. We saw this report being completed during our inspection and were sent copies of previously completed reports.
- Patients were discharged with an emergency out of hours contact number to call should they have any problems. The information booklet gave clear instructions of what complications patients may experience that should be escalated.
- Newmedica had an anaphylaxis kit on site and Actions in Event of Anaphylaxis Policy, which detailed causes, signs, symptoms, and actions. This policy also informed staff that all reactions should be incident reported and documented in the patient record
- However, the procedures in place to identify a deteriorating patient were limited. There were regular observations of patients taken during the pre-operative assessment appointment and again prior and during

surgery, however, these were not part of an early warning scoring system to identify deterioration in a patient's general health. If a patient was to become unwell during this time than an ambulance would be called and the patient transferred to an acute facility.

- Basic life support training was not included in the Newmedica mandatory training spreadsheet but had been highlighted on the risk register as not all staff were up to date. All bank staff were up to date with their mandatory training however those staff employed by Newmedica directly that did not have BLS training had dates booked during October 2017.

## Nursing and support staffing

- Theatre lists, staffing levels, and skill mix were planned a month in advance and staffing ratios were in line with the Ophthalmic Services Guidance by the Royal College of Ophthalmologists. Staffing comprised of a consultant, scrub nurse, theatre/ clinical assistant, trained theatre nurse and two nurses outside of theatres to help with pre-operative and post-operative care.
- Staff did not always work every week and so the service had developed a system to make sure staff were reminded of, and on time for their shifts. Staff booked to work were sent a text message to remind them of their shift nearer the time.

## Medical staffing

- There was no assurance or oversight of how many hours' consultants might have worked during the week and if this had the potential to affect their performance or the safety of the service. The service employed five specialist eye consultants to provide their services. Four held substantive posts at a local NHS Trust and one consultant worked solely for Newmedica. The service did not employ any junior doctors, registered medical officers (RMOs) or locums.

## Emergency awareness and training

- There was a business continuity management plan and risks such as fire, flood and equipment failure had been identified and assessed. There were emergency procedures which included communication cascade and liaison with the local clinical commissioning groups.



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- During the induction process, staff were made aware of the local fire policy, fire marshal process and the fire exits. Newmedica had not had an evacuation drill at the time of the inspection but told us one was being planned by the manager of the location.
- There was an emergency backup generator in case of essential equipment failure. This had the capacity to run essential equipment for two hours and staff told us that all security doors were disabled when the generator came on, so no one was locked into the building.

## Are surgery services effective?

Good 

We rated effective as **good**.

### Evidence-based care and treatment

- Patients' needs were assessed and care and treatment was delivered in line with legislation and evidence based guidance. Evidence based guidance and legislation were a standardised agenda item during the corporate medical advisory committee (MAC) meetings. The MAC met monthly and formally reviewed clinical services, procedures and interventions. We reviewed two sets of meeting minutes and saw how relevant NHS cataract guidance was discussed.
- Adherence to local policies and procedures were evidenced throughout the medical advisory committee meeting minutes. Local policies were discussed and new or updated policies disseminated such as safeguarding and dementia policies and strategies. Actions for updates were identified; target dates for completion of actions and the persons responsible for carrying out these actions were recorded.
- Newmedica clinical and administrative pathways were compliant with the latest evidence derived from a number of sources including Royal College of Ophthalmologists guidance and the National Institute for Health and Care Excellence (NICE) Clinical Guidelines.

### Pain relief

- Pain was not formally assessed during the cataract operations. Senior staff told us that patients did not generally experience pain during the procedures offered at the facility. Treatments were minor and the use of a

local anaesthetic was thought to be sufficient analgesia, patients were not offered analgesia routinely post procedure. If a patient required analgesia on discharge, they would be advised to buy their own or a consultant would contact the patient's GP to write a prescription.

### Nutrition and hydration

- Patients and their relatives could help themselves to free tea and coffee in the waiting room. After their operation, staff gave patients hot drinks and biscuits.

### Patient outcomes

- Information about the outcomes of patients care and treatment had started to be routinely collected and monitored though was not fully embedded. Whilst Newmedica did not submit data to the National Ophthalmic Dataset (NOD) or compare their outcomes with other providers, they compared their expected refractive outcomes, visual acuity outcomes and posterior capsular rupture rates against the national standard. Data was collated monthly and added to the audit, which had only started in July 2017. However, July and August's data input were incomplete. As the information provided was unclear we asked the provider what complications had occurred during the reporting period. We were told that one complication of choroidal effusion, a collection of fluid post cataract surgery, had occurred during the reporting period.
- Newmedica draft policy for clinical audit identified a schedule of expected audit activity. This included outcome data but also included an audit on compliance with the World Health Organisations, surgical safety checklist. However, when we looked at the quality audit, we could not see that the monthly audits were added to the overall schedule so we were not assured that the service had oversight of overall compliance to the process.
- The Commissioning for Quality and Innovation (CQUINs) payments framework encourages care providers to share and continually improve how care was delivered and to achieve transparency and overall improvement in healthcare. Newmedica had met with the local commissioning group to monitor progress of their three 2016/2017 CQUIN targets;
  - Staff health and wellbeing.
  - Adherence to microbial prophylaxis.
  - Flu vaccination uptake rates for frontline staff.

# Surgery

The service was on track to meet their targets.

## Competent staff

- Consultants and nurses who worked at the service provided Newmedica human resources (HR) department copies of their immunisations, disclosure and barring service (DBS) checks, their qualifications, registration and/or indemnity insurance. References were provided along with proof of identification. This data was held in an electronic database, which could be accessed at any time by local management staff, if they needed to check the details. We looked at two consultants' files and two nurses' files and saw this information was recorded and in date. However we could see no evidence of a breakdown of mandatory training apart from an in date appraisal record from their NHS trust. We asked if the local managers had a breakdown of the mandatory training but they could not provide us with this during the inspection. Staff told us that records were kept at corporate level and an alert would be sent to management staff at service level when mandatory training had fallen out of date.
- All consultant staff had participated in an appraisal during the twelve months preceding our inspection. Consultants who worked for the local NHS trust had their appraisals carried out by their substantive employer. One consultant was not employed by an NHS trust and was appraised by senior staff at corporate level.
- Learning needs at local level were not always identified. Clinical training and qualifications were a standardised agenda item on the corporate medical advisory committee meetings. Whilst most information was devolved to local level meetings such as a Bristol team meeting and a local clinical governance group we did not see discussions on further staff training in any of these meetings' minutes.

## Multidisciplinary working

- Newmedica worked with a local optician to provide continuity of care from referral to discharge and ongoing monitoring in the community. Senior members of the community optical service who were part of the executive committee were invited to attend the medical advisory committee meetings.
- Newmedica had a contract with local Clinical Commissioning Groups (CCG). The service held quarterly

meetings with the CCGs to monitor the contract, discuss patient satisfaction and quality of the services provided to the area. As the service was new, only one meeting had been held prior to our inspection.

## Access to information

- Consultants told us that notes were always readily available. Newmedica had two systems of recording information. Staff told us this duplicated some of the information and was a potential risk, which was under discussion at corporate level.
- Staff inputted electronic data at pre admission and inputted written information into a paper integrated care pathway. It was this pathway, which was used to document all interactions and operation notes during the patient's admission.
- Daily checklists included a check to make sure that all notes were available for the consultant prior to the operating list starting. Notes were stored securely in a locked room at the separate, local outpatient facility and transported in sealed bags to the surgical facility prior to theatre lists. All notes that were kept on site were kept with the consultant, stored in locked rooms or locked in cupboards.

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

- Patients accessing cataract services were supported to make informed decisions by the process of consent. Newmedica consent forms outlined to patients what complications could be experienced, serious or frequently occurring risks, and alternatives to surgery. Patients had a copy of this consent form for personal reference in the cataract surgery information for patients' booklet. If a patient decided they had further questions or more clarification was needed then the booklet also provided further contact details.
- Staff were trained in dementia awareness, consent and the Mental Capacity Act (2005). Newmedica had an exclusion criteria which included those patients 'with a mental health condition which means they are unable to consent to treatment, are detained under the Mental Health Act or are experiencing an acute psychotic episode'

## Are surgery services caring?

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Good 

We rated caring as **good**.

## Compassionate care

- Staff showed sensitive and supportive attitudes to all patients and their relatives. We saw that patients and their relatives were treated with respect and kindness during all interactions with staff. Patients told us they felt supported and well cared for during the whole process from pre-assessment through to discharge.
- Feedback about the way staff treated people who used the service, those who were close to them and stakeholders was positive. All patients received feedback forms with pre-paid envelopes. Questions included the recommendation of the service to friends and family, the standard of the service location and setting and two free text areas. Survey results for July 2017 scored patients' overall experience of services as 85% positive. This had improved by August to 94% and feedback was shared with the commissioners during contract monitoring meetings. However, the friends and family test response rate was below the 25 % internal target. Newmedica had assured the commissioners that they had plans in place to improve this before the next contractual meeting with the CCG, the date of which was to be confirmed.
- All healthcare professionals introduced themselves to the patients in their care. Nursing staff and consultants explained their roles and responsibilities when they met patients for the first time and continued to do so throughout their procedure. We observed how well the theatre team interacted with patients who were nervous about their procedure. Every step was explained to the patient who was included in all the conversations in the operating theatre.
- Privacy and dignity was maintained in theatres at all times and patients were made to feel as normal as possible. Patients were not required to change into theatre gowns but were able to stay in their own clothes. A patient comment card collected during the inspection period stated that 'Dignity and respect is an understatement. All staff were amazing.'
- However, some of the facilities were not ideal as patients and their relatives had to share a small room during the pre-operative and post-operative phase of

their care, which did not allow for private conversations. Staff recognised that this was not ideal and would take patients to a separate room if a private conversation was required.

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

- People were involved and encouraged to be partners in their care and in making decisions about their treatment and support. Staff spent time talking to patients and their relatives. Patients and their relatives received information about eye drops in a way that they could understand. Staff recognised the important role that relatives played in post-operative care and recovery and included them in discussions where necessary.

## Emotional support

- Staff responded compassionately when people needed help. We observed how people were supported to meet their basic personal needs as and when required.
- We observed how nursing staff and consultants calmed an anxious patient prior to and during their operation.

## Are surgery services responsive?

Good 

We rated responsive as **good**.

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

- Information about the needs of the local people were used to plan and deliver services. NHS Bristol, North Somerset and South Gloucestershire clinical commissioning group (CCG) contracted Newmedica to provide services to patients in the south west of England. Newmedica had an Equality Objective Action Plan for 2017-2020. This was implemented in August 2017 to help the service design and deliver the health needs of the local communities. This action plan had aims, deadlines and identified the people responsible for the actions. It included;
  - The translation of a core set of patient information leaflets to make them accessible to key local languages.
  - Accessible Information Standard incorporated into the information for those patients with a disability.

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- To ensure data was captured to enable the service to consider the diversity of the population and to help plan services.

These actions had completion dates after our inspection.

- Newmedica services reflected the needs of their patient caseload by providing one-stop clinics. During these clinics, patients would receive all diagnostic tests, minor operations or listings for surgery in one appointment. Newmedica told us that this reduced the number of overall attendances for each patient and relieved the stress of multiple appointments, especially for those patients who were elderly.
- The commissioners who contacted us reported they had no concerns about the services Newmedica provided.
- The facilities and premises were not always adequate for the services provided. Newmedica had identified that due to an expansion in the service, they would outgrow the facility and larger premises would be required. This was reflected in the cramped room used for patients to have their eye drops administered pre-operatively and recover post-operatively.

## Access and flow

- Patients had timely access to initial assessment, diagnosis and treatment. Patients told us that they were seen within three weeks of being referred by their GP and found the communications with the service easy.
- Senior staff and the booking team told us that they always worked to a 12-week period, which started from the day a patient was referred to the service. The service aimed to see all new patients within eight weeks of referral and during July this had been achieved 97% of the time. Newmedica aimed to provide day-case surgery within 12 weeks of this referral and during July, 85% of patients were operated on during this period. Newmedica reported to the CCGs that, additional lists were being implemented to cope with increased demands.
- Newmedica had a team located at the outpatient facility who monitored and managed the access and flow of patients. Information was uploaded electronically and used to audit waiting times and admission targets.
- Exclusion criteria were in place and when patients did not fit the admission criteria, they would be referred back to the commissioners. This was identified during the pre-admission procedure and was documented in

the patients integrated care pathway. Care and treatment was only cancelled when necessary and during the reporting period of December 2016 to June 2017 there were no cancelled operations.

- GPs were sent electronic discharge summaries, which identified a patient's treatment and discharge medications.

## Meeting people's individual needs

- The service had identified the needs of different people within its community. The Equality Objective Action Plan 2017-2020 identified how the service planned to capture information on the individual health needs of the local communities to improve their service. This included the implementation of the accessible information standard for all new patient information. This was a relatively new service and target dates for completion of these actions were after our inspection. However, we saw an updated action plan which documented progress towards achieving their targets.
- Reasonable adjustments had been made to provide access for patients with physical disabilities. There were designated parking bays for visitors with disabilities at the front of the building and the building could be accessed by a ramp. A lift provided access to the theatre suite and all levels of the facility. Staff were experienced in caring for patients who were visually impaired.
- The surgical pathway used by the service included a check box for an interpreter. If this was required, booking staff were able to request interpreting services. Part of the services equality objective plan for 2017-2018 was to translate a core set of patient information leaflets into key languages.

## Learning from complaints and concerns

- Patients and their relatives told us they knew how to make a complaint about the service. Staff told us that a complaints policy was accessible to both patients and staff. There was one complaint reported to Newmedica during the reporting period of December 2016 to June 2017, this was on track to be resolved within 20 days as stated in their complaints policy and in line with their key performance indicator target.
- Newmedica provided feedback forms with stamped addressed envelopes. The patient feedback form included an email address, where to find the complaints policy and a free text section, which asked what the patient disliked. Procedures were in place to gather this

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feedback and disseminate learning across the sites. Complaints were an itemised agenda at the corporate medical advisory committee meetings for all areas of Newmedica. Themes such as staff behaviour and the environment were analysed monthly and fed back to local service managers. These would be reviewed and cascaded through newsletters and staff bulletins.

- A governance and quality report was submitted to the local clinical commissioning group (CCG) on a quarterly basis. There had been only one meeting as the service had only been commissioned since December 2016.

## Are surgery services well-led?

Good 

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

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

- Leaders at local level had the skills, knowledge and experience to lead effectively. At the time of our inspection, Newmedica had been providing surgical care from this location for under a year. Staff were getting used to working together but told us they all felt valued and enjoyed working for the service. Staff told us that senior management at location level were approachable, friendly, and very visible.
- The senior staff worked hard to maintain common goals and standards across all the Newmedica sites. This was reflected in the 'What's Happening' bulletin and the 'Bite sized' newsletter.
- Staff were supported and encouraged to update and attend mandatory training and a recent company day. However, we did not see how staff were given adequate time and support to train locally as a team.

### Vision and strategy for this core service

- Staff were aware of the vision and strategy of the service to provide 'better eye care for all'. This was recently updated and delivered at a company-learning day which all core staff had been invited to attend.

- Progress against delivering the strategy was regularly monitored within the team and alongside the clinical commissioning groups. Newmedica were aware that they may outgrow the facilities due to an increase in demand and were considering different options.

### Governance, risk management and quality measurement (and service overall if this is the main service provided)

- There was an effective governance framework to deliver good quality care. There were processes to ensure services were consistently managed from provider to location level.
- The governance framework consisted of three committees, which met monthly and reported to the Board of Directors. These were the medical advisory committee, responsible for all clinical matters, the quality management committee, responsible for the standards of the company and the local Information governance committee, responsible for information security.
- Information was cascaded through to all teams by the staff news bulletin and the 'Bite Sized' newsletter and then for local issues and key messages at a Bristol team meeting held weekly. The monthly 'Bite Sized' service governance newsletter, discussed information governance, learning and outcome themes, incidents, complaints and provided links to guidance and advice. This newsletter was produced for all Newmedica sites and it identified and discussed monthly topics such as dignity in care and the role of the CQC in the regulation of healthcare provision and the upcoming inspection.
- There was a systematic programme of clinical and internal audit but not yet fully embedded in practice. Some audits had only recently started due to the infancy of the service. Audits of the safe surgery checklist had only started two months prior to the inspection. The WHO surgical safety checklist and hand hygiene audit results were monitored but had not been added into the overall monitoring dashboard. However at the time of our inspection the quality audit dashboard showed one month's collected data which included 100% compliance with;
  - Weekly cleaning routine.
  - Daily cleaning routine.
  - Fridge cleaning checks.
  - Room safety checks.
  - Environment safety checks.



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- Fire safety checks
- Regular control of substances hazardous to health checks
- Newmedica patients accessed the class four laser at the outpatient facility and managers had assessed the need for and audit of the surgical safety checklist. This had been identified and discussed in August's local governance committee meeting and added to an action log. However this was not on the risk register.
- Newmedica accessed the facilities at the outpatient clinic under a service level agreement dated within the last year. This contract covered the use of the staff, the consulting rooms, diagnostic suite and equipment, and the class four laser. This agreement was due for renewal in 2019.
- There were arrangements for identifying, recording and managing risks. The risk register was accessible to senior managers within Newmedica via the intranet. The register was produced by service and divisional leads which included location, administrative, staffing and equipment risks. All risks identified were assessed, existing controls and consequences identified and mitigating actions included. There was a plan to move each risk from the start risk to the target risk and eventual removal from the register. The location also kept a service improvement plan, which drilled down further into local risks and included an action plan, who should complete the actions and by when.
- There was a holistic understanding of performance, which was cascaded to the teams and included safety, quality, activity and financial information. A monthly performance report was published for all of Newmedica services and this enabled staff at the facility to compare their performance to other sites. This performance indicator reported on capacity, utilisation and rates for patients who did not attend, and reported that in June and July, Bristol had been utilising its services at 97%.
- There were systems to monitor a surgeon's indemnity insurance. Records were held by the human resource department, any issues or expiry dates were alerted to the service level manager by an electronic system. Staff were not be able to work until this had been resolved.
- The service level agreement (SLA) between the provider and the premises' landlord was signed and dated for 2017. However, there was no review date identified and so the arrangements for managing and monitoring the contract were unclear.

## Public and staff engagement

- Newmedica had systems to capture patient feedback though were looking into poor response rate during the time of our inspection.
- An annual staff survey was carried out during the Newmedica company day. This assessed the company's strengths, areas to maintain and opportunities, areas to improve. Newmedica scored below the standard outlined for a high performing provider.
- Newmedica encouraged all staff to attend its 'Company Day', which was attended by 95% of all staff across all locations. One of the aims of the day was to involve all the staff in the development of Newmedica vision, values and strategy.

## Innovation, improvement and sustainability

- Newmedica met with the local clinical commissioning groups to monitor and maintain the quality of the service. The service had identified that its capacity level had been increasing and this had the potential to outgrow the current location. Newmedica had informed the CCG that in order to continue to grow the service, meet contractual, arrangements, and deliver targets within timeframes, new premises were being considered.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **SHOULD** take to improve

- The provider should ensure that it has oversight of the World Health Surgical Safety Checklist and hand hygiene audit and that this should be added into the overall compliance dashboards.
- The provider should provide training on the duty of candour.
- The provider should have processes in place to identify the deteriorating patient.
- The provider should consider the monitoring and audit of patients pain levels
- The provider should have contract monitoring review dates in place.
- The provider should consider participating in national audits to compare their outcomes to national standards.