CESP (Somerset) LLP @ Musgrove Park Hospital

Quality Report

Musgrove Park Hospital
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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	**Requires improvement**
Are services safe?	**Requires improvement**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Requires improvement**

Overall summary

CESP (Somerset) LLP @ Musgrove Park Hospital is operated by Consultant Eye Surgeons Partnership (Somerset) LLP. The service is provided at Musgrove Park Hospital. Facilities include operating theatres, a day surgery ward, and outpatient facilities.

The service provides cataract day surgery and follow up outpatient appointments for adults. All patients are NHS funded and surgery is undertaken as part of a contract with a local acute NHS trust in an attempt to reduce waiting times for cataract surgery. Surgery is undertaken

Summary of findings

on a Saturday with follow up outpatient clinics taking place at least once a month, also on a Saturday. All surgery is carried out using local anaesthesia. All patient activity is part of the surgery pathway.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 23 September 2017, along with an unannounced visit to the service on 30 September 2017. We inspected surgery for adults.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to patient'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 patients told us and how the provider understood and complied with the Mental Capacity Act 2005.

We rated this service as requires improvement overall.

We found practice which required improvement:

- We found that clinical complications were not always individually reviewed and learning taken from them.
- No resuscitation trolley checks were completed in theatres on a Saturday while CESP (Somerset) were providing a service.
- No checks were made of fridge temperatures on a Saturday while CESP (Somerset) were providing a service.
- Medicines were not always managed safely or administered by suitably qualified staff.
- Records were not always stored in a way to maintain patient confidentiality.
- Safeguarding vulnerable adults was not given sufficient priority.
- World Health Organisation five steps to safer surgery checklists were not evident in all patients records.
- The provider did not have a complaints leaflet specifically for their service.
- There were underdeveloped governance arrangements to ensure that quality and safety were a top priority.
- There were limited governance arrangements in place to identify, capture and manage risks.

We found good areas of practice:

- All areas visited were visibly clean and actions were taken where standards of cleanliness dropped below what was expected.
- All patient records were complete, legible and up to date.
- Most staff were up to date with mandatory training. There were robust systems in place to ensure that the organisation had oversight of training, competency and validation.
- Evidence based care and treatment was provided which reflected best practice.
- Patient outcomes were positive and benchmarked as better than other similar services.
- A multidisciplinary approach was embedded as part of the service. This included between theatre, ward and outpatient staff.
- There were processes in place to ensure that consent and the Mental Capacity Act were fully considered.
- Patients that had been cancelled in the last 12 months were quickly rebooked.
- Patients received compassionate care from staff who were thoughtful and spent time to ensure that patients' needs were fully met.
- Staff involved patients as active partners in their care and took the time to ensure that emotional support was provided.
- Patients, staff and the local acute NHS trust were positive about how the service was run. Patients were pleased they were able to have Saturday appointments and were positive about the impact on waiting times.

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. We also issued the provider with two requirement notices that affected surgery. Details are at the end of the report.

Amanda Stanford - Interim Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	**Requires improvement** 	Surgery was the main activity of the service. Outpatient appointments were a smaller part of the service and provided only in relation to the main surgical pathway. We rated this service as requires improvement for safety and for being well led, although it was good for being effective, caring and responsive to people's needs.

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Background to CESP (Somerset) LLP @ Musgrove Park Hospital

CESP (Somerset) LLP @ Musgrove Park Hospital is operated by Consultant Eye Surgeons Partnership (Somerset) LLP. The service opened in 2015. CESP (Somerset) provide ophthalmic surgery and outpatients care from Musgrove Park Hospital in Taunton, Somerset. The service has a contract with a local NHS trust to provide cataract surgery for patients who are NHS funded. There are no private patients. The service primarily serves the communities of the South West.

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.

At present, all surgery undertaken by the service is day case; adult cataract surgery for NHS funded patients, through a waiting list initiative. There are no overnight patient stays. Surgery takes place on a Saturday each week with an outpatient's clinic taking place once a month, also on a Saturday.

The service has had a registered manager in post since 12 January 2015. The service has not been inspected before.

Our inspection team

The team that inspected the service comprised a CQC lead Inspector and one other CQC Inspector. Both inspectors had received specialist training for independent eye services. The inspection team was overseen by Catherine Campbell, Inspection Manager and Mary Cridge, Head of Hospital Inspection.

Information about CESP (Somerset) LLP @ Musgrove Park Hospital

CESP (Somerset) LLP @ Musgrove Park Hospital provide cataract day surgery for NHS funded patients. They are a Limited Liability Partnership (a small business company) of eight partners and one consultant associate who are all consultant ophthalmic surgeons. All staff hold substantive contracts with the local NHS trust. All procedures are carried out at Musgrove Park Hospital, Taunton with the service operating from theatres within the Head and Neck Theatre Unit. The service uses a day surgery ward for day case patients and the ophthalmology outpatients department for follow up outpatient appointments.

During the inspection, we visited the day surgery ward, one head and neck theatre and the ophthalmology outpatients department. We spoke with 14 staff including; registered nurses, health care assistants, reception staff, medical staff, operating department practitioners, consultants and senior managers. We spoke with five patients and three relatives. During our inspection, we reviewed nine sets of patient records.

Before visiting, we reviewed a range of information we held and asked other organisations to share what they knew about the service. This included the local Clinical Commissioning Group and NHS Trust.

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 the CQC.

Activity (April 2016 to March 2017)

- In the reporting period there were 378 patients who attended the service for treatment; 100% of these were NHS-funded.
- There were approximately 400 patients who attended outpatient appointments in the reporting period; of these 100% were NHS-funded.
- The service saw between 30-50 patients per month for treatment and outpatient appointments.

There were eight consultant partners and one consultant associate. In addition the service employed the following;

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one theatre manager, four theatre nurses, three operating department practitioners, two scrub staff and five health care assistants in theatre. On the ward the service employed the following; two sisters, one deputy charge nurse, three staff nurses and two health care assistants. To facilitate the outpatient's clinic the service employed the following; three associate specialist ophthalmologists, one junior sister, one nurse and four health care assistants. Reception staff were provided under a service level agreement with the local NHS trust.

Track record on safety (April 2016 to March 2017)

- There have been no Never Events or serious incidents reported during the reporting period. Never events are serious, largely preventable patient safety incidents, which should not occur if the available preventative measures have been put into place by healthcare providers.
- There were two clinical incidents reported within the reporting period. Both clinical incidents occurred in surgery and had been assessed as causing no patient harm. There were no non-clinical incidents reported.
- There were no incidences of hospital acquired infection such as Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia, Meticillin-sensitive Staphylococcus aureus (MSSA) bacteraemia, Escherichia coli (E-Coli) bacteraemia or Clostridium difficile (C.difficile) in the reporting period.
- There were no complaints received by the service in the reporting period.

Services provided at the hospital under service level agreement:

- Consulting rooms, patient lounges, theatres and day case lounge.
- Use of necessary equipment for the purpose of providing medical eye care.
- Access to administrative staff and facilities, medical records and computer systems.
- Use of trust policies.
- Consumables (including lens prostheses) and medicines.
- Clinical waste.
- Staff training, appraisal and supervision.

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?

Requires improvement

We rated safe as requires improvement because:

- When complications occurred individual investigations were not carried out. This meant there was little evidence of learning from events or actions taken to improve safety.
- We found while CESP (Somerset) were providing a service resuscitation trolleys were not checked.
- Medicines were not always managed safely or administered by suitably qualified staff.
- Records were not always stored in a way to maintain patient confidentiality.
- The safeguarding lead was unclear as to the procedures to safeguard people from abuse. Staff did not know who the safeguarding lead was increasing the risk of safeguarding concerns being missed.
- There were processes in place to follow the World Health Organisation five steps to safer surgery. However, this was not evidenced in all patient records we looked at.

However:

- Staff understood their responsibilities to be open, honest and candid when something went wrong.
- All areas we visited were visibly clean and performance through infection control audits showed a good track record of infection control prevention and cleanliness.
- All records we checked were legible and up to date. Records audits showed 100% compliance against the set criteria.
- There was a robust system to ensure all staff had appropriate training and validation checks completed in a timely way. During this inspection almost all staff had completed mandatory training.

Are services effective?

Good

We rated effective as good because:

- The service used evidenced based care and treatment which reflected current guidance, standards, and best practice.
- Pain was well managed by the service.

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- Information about the outcomes of patients care and treatment was monitored and benchmarked against other services. The service benchmarked better than other services.
- Care was delivered in a coordinated way between different teams including the theatre and ward staff as well as the outpatient clinic and outside organisations, such as GP's.
- Processes were in place to ensure consent and the Mental Capacity Act were fully considered.
- All staff had received training in the Mental Capacity Act.

However:

- There was limited evidence of evidence based practice being discussed comprehensively at the medical advisory committee.

Are services caring?

Good

We rated caring as good because:

- Patients and relatives told us they felt staff responded to them in a thoughtful manner. Staff showed compassion.
- Feedback from patients who used the service was positive.
- Inspectors observed that staff took time to interact with patients and those close to them in a respectful and considerate way. Staff showed supportive attitudes towards patients and relatives.
- Staff involved patients in their care and ensured that the patients' favourable outcomes were fully discussed.
- Patients were supported emotionally during their time with the service including with anxiety about the operation.

Are services responsive?

Good

We rated responsive as good because:

- Services were planned in a way that took into account people's needs. Patients were pleased they were able to have their operation on a Saturday.
- The local NHS trust commented on the positive impact the service was having on waiting lists.
- Patient arrival times were staggered to reduce the waiting times for patients once they attended the hospital.
- Where patients were cancelled they were quickly rebooked and offered an appointment within 28 days.
- The facilities and the premises were suitable for the service being delivered. Signage was in place for patients with reduced sight.
- The service had received no patient complaints.

However:

Summary of this inspection

- The provider did not give out complaints leaflets specific to the service.

Are services well-led?

Requires improvement

We rated well-led as requires improvement because:

- Leaders did not have adequate oversight of the completion of equipment and medicine checks.
- There were processes in place to review governance (such as the medical advisory committee) but these were underdeveloped and there was limited evidence of robust discussions around governance taking place within these meetings.
- There was limited systems for identifying, capturing and managing risks. There was no risk register, or evidence that action plans had been created when issues arose.

However:

- Staff said that leaders were approachable and open to conversation. This was due to the staff regularly working with them as part of the normal running of the service.
- Actions from contract meetings were well documented.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Overall	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement

Requires improvement

Surgery

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

Are surgery services safe?

Requires improvement

We rated safe as requires improvement.

Incidents

- Staff understood their responsibilities to raise concerns and the importance of reporting. The provider used the NHS trust computer systems to report incidents. Staff told us they knew how to report incidents using this system. Senior managers told us if any incidents were reported on the trust system which were attributable to the provider then they would be informed by the departmental manager at the trust.
- An incident and complication book was available in theatre where consultants would record incidents and complications specific to their service which had also been raised using the NHS trust reporting system. This was to enable the provider to identify those incidents which had taken place when they were responsible for providing the service. The registered manager was responsible for checking this and carrying out any investigations.
- We found no evidence of investigations being carried out following incidences of clinical complications. We reviewed the incident and complication book and could see no evidence of when incidents or complications were reviewed or what action had been taken as a result, which meant that opportunities for learning could be missed.
- There were two clinical complications reported by the service in the reporting period (April 2016 to May 2017). These were used for benchmarking but not individually investigated. We saw evidence of a clinical incident report which was produced by the registered manager on a quarterly basis outlining any incidents which had taken place that quarter. The two clinical complications were reported within this document, however, there was no evidence of how these had been investigated.
- Incidents were a standing agenda item on the medical advisory committee meeting held by the provider. We saw evidence the two clinical complications were recorded within the meeting minutes but could see no evidence of robust discussions taking place nor how they were investigated or learning taken from them to prevent them from happening again. The registered manager advised as these were known complications of the surgery rather than incidents they would not be individually investigated but would be used to benchmark against the National Ophthalmology Dataset. The provider stated that if an unusual type of complication or a cluster of more serious complications such as endophthalmitis (infection within the eye) occurred this would trigger an investigation.
- All consultants, which included the registered manager, would attend ophthalmology departmental governance meetings in their role as a consultant within the NHS. We saw evidence of these meetings and saw incidents were a standing agenda item for discussion. The local NHS trust shared learning with CESP (Somerset). When the trust made clinical policy or service improvements related to ophthalmic services there was evidence these were communicated to CESP (Somerset) as the service had adopted these policies.
- There were no never events reported in the last 12 months for CESP (Somerset) patients. 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.

Duty of Candour

- Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 is a regulation, which was introduced in November 2014. This regulation requires the organisation to be open and transparent with a patient when things go wrong in relation to their care and the patient suffers harm or could suffer harm, which falls into defined thresholds.
- Senior management gave examples of when they had used the duty of candour in relation to their work with the NHS trust. Nursing staff members were aware of the duty of candour and explained that they would be open and honest with patients. Staff received training on the duty of candour within the essential training completed at the beginning of their employment with the local NHS trust and was repeated every three years.

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

- There was no quality dashboard maintained by CESP (Somerset) for care and treatment provided by the service. CESP (Somerset) monitored per and post-operative complications (posterior capsule rupture and endophthalmitis) for cataract surgery as a measure of quality and safety. A partner consultant was responsible for auditing these results.

Cleanliness, infection control and hygiene

- There were reliable systems in place to prevent and protect people from a healthcare associated infection. The service followed the infection control policy of the local NHS trust. We saw all areas were visibly clean and free from dust. Furniture was visibly clean and in good condition, able to be wiped clean and compliant with the Health Building Note (HBN) 00-09: Infection control in the built environment.
- Cleaning was completed by staff from the NHS trust. CESP (Somerset) assured themselves of the cleanliness of all areas through the monthly audits undertaken by the NHS trust. These were communicated to consultant partners who attended the trust departmental governance meetings. However, there was no discussion of these results within the medical advisory meetings specifically for the provider.
- We saw evidence of the NHS audit for cleanliness. The most recent scores for the day surgery ward showed 98.7% compliance (July 2017), 99.3% compliance (August 2017) and 98.7% compliance (September 2017). We were informed that if compliance rates dropped below 95% then the NHS trust would increase monitoring and an action plan would be put into place.
- We observed staff were bare below the elbow and actively gelling their hands before and after contact with patients in line with the National Institute of Clinical Excellence (NICE) Quality Statement 61 (Statement 3). Hand gel facilities were available and clearly signposted. Patients told us that they saw staff using gel before and after any interaction.
- There were no incidences of healthcare associated infection such as Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia, Meticillin-sensitive Staphylococcus aureus (MSSA) bacteraemia, Escherichia coli (E-Coli) bacteraemia or Clostridium difficile (C. difficile) in the reporting period.
- Decontamination of reusable medical devices was provided through the service level agreement with the trust.
- There had been no incidences of infection during the 12 months preceding our inspection.

Environment and equipment

- Resuscitation equipment was available and staff knew where trolleys were located. Trolleys were locked with a tamper proof seal which demonstrated the trolley had not been opened or equipment used or tampered with since it was last used.
- Systems, processes and practices to ensure that resuscitation equipment was safe to use were not followed. In a six month period (between April 1 2017 and September 30 2017) 100% of the 26 required daily checks for resuscitation equipment within the theatre department had been missed while CESP (Somerset) were providing a service on a Saturday. This meant in an emergency all of the relevant equipment may not be available or be within its use by date putting patients at increased risk of harm. We raised this issue with the provider following the inspection. The service

responded promptly and advised they would complete checks on a Saturday when the service operated with immediate effect and provide training to staff around this.

- The service had a list of checks which were to be completed on a daily basis. This included the defibrillators, the blood glucose box, the oxygen and the suction. Between August 1 2017 and September 20 2017 all but one check was missed while CESP (Somerset) were providing a service on a Saturday. We raised this with the provider following the inspection. They informed us checks would be completed when the service operated with immediate effect.
- Arrangements for the removal of waste was provided under the service level agreement with the trust. We saw waste being disposed of in the correct waste disposal bags. We saw all sharps boxes within the theatre, ward and outpatients department were assembled correctly, signed, dated and were not overfilled.
- Clear processes were in place and followed to ensure that the correct lenses were used in surgical procedures. Lenses used in surgery were scanned electronically and recorded to allow cross referencing.

Medicines

- Systems and processes to ensure that medicines were safe to use were not followed. In a six week period (between 25 July 2017 and 7 September 2017) only one of the required six temperature checks had been completed while CESP (Somerset) were providing a service on a Saturday. This meant that medicines used during these days may be unsafe to use and increases risk of harm to patients. We raised this issue with the provider following the inspection who advised a policy had been written to ensure that checks are completed on a Saturday when their service operates.
- Medicines were not always administered by a suitably qualified member of staff. We saw evidence of nursing staff administering eye drops to patients using a patient group direction (PGD). This was in line with national policy. However, around once a month health care assistants (HCAs) ran the day surgery clinic. This included administering eye drops to patients, this went against Nursing and Midwifery Council recommendations. We raised this issue with the service during the inspection. The provider told us they had reviewed this and would ensure a registered nurse was present at all times in the day surgery ward and medication prescribed by a consultant as necessary.
- Patients received medicines to take home following surgery which were prescribed by consultants. The administration of eye drops was discussed with patients and documented on the care pathway paperwork. We saw patient allergies were documented on this paperwork. Medication had labels clearly outlining the regime.

Records

- Records were paper based with the provider using a cataract care pathway booklet to record the pre-operative assessment, operation, post-operative care and outpatients clinic appointment. This ensured all information was stored effectively in one place. Through the service level agreement the provider had access to NHS patient care records and would integrate this booklet within the NHS records following each procedure.
- To ensure that patient's care records were written and managed in a way that kept people safe six monthly audits were conducted by the provider. We received a copy of the most recent audit of 20 records, completed in June 2017, which showed 100% compliance for correct date, legibility, correct colour ink used, consent, correspondence, diagnostic information, operation records, and signatures. However, we saw no evidence of this being discussed at the medical advisory committee meetings or with staff.
- Inspectors checked nine sets of patient records and found issues within them. These consisted of missing signatures when medicines were administered, and medicines being given without evidence of a prescription.
- Records were not always stored in a way to maintain patient confidentiality. Patient records were kept with patients in the day surgery room on the day of surgery. However, we saw an unlocked trolley of records relating to discharged patients. These were left in a corridor beside the reception desk waiting for collection from the records department. We were able to access these records which should have been locked. We discussed this with staff at the time of our inspection and we were informed actions were being taken to rectify this.

Requires improvement

Surgery

Safeguarding

- There were arrangements in place to safeguard adults from abuse. Staff told us they were aware of how to report safeguarding concerns during their usual working arrangements at the hospital through the NHS trust systems. However, they were not able to identify the safeguarding lead for the provider. This increased the risk for safeguarding concerns not being dealt with. We raised this with the registered manager following the inspection who confirmed that staff have now been advised to raise any concerns with the safeguarding lead for the ward rather than the provider as part of the NHS trust policy.
- The organisation's safeguarding lead was responsible for providing more expert advice and ensuring the service met its responsibilities to safeguard vulnerable adults from abuse. However, when we discussed this with the safeguarding lead for the service they were only able to inform us they would follow NHS trust policy rather than what the policy entailed. Increasing the risk or safeguarding concerns not being appropriately escalated.
- CESP (Somerset) told us they used the Safeguarding Adults at Risk policy provided by the trust as part of their service level agreement. We viewed this document and saw it was in date and reflected current legislation including the Care Act, 2014. Training was provided to staff around safeguarding children and adults as part of their essential learning when initially employed and then on a three-yearly basis. The provider had recently started monitoring compliance of staff training which demonstrated all staff were currently up to date.

Mandatory training

- Staff received mandatory training in safety systems, processes and policies. Training was provided through the local NHS trust as part of the service level agreement. Mandatory training included essential learning which was required to be undertaken every three years. In addition to this there was training provided in manual handling, infection prevention and control, safeguarding level two and life support training.
- CESP (Somerset) had recently started to collect information to monitor the training compliance of its staff. The provider had purchased support from a management consultant to ensure that they had oversight of the training of its medical staff.
- The company used compliance software to manage this and alert the provider when any training was due for renewal. We viewed the spreadsheet held by the provider that documented the mandatory training that had been completed by the consultant staff. We saw that all staff were up to date with their essential learning training. However, we saw that two consultants were not up to date with their infection control training, one was not up to date with manual handling training and two consultants and one associate specialist was not up to date with resuscitation training. We were informed the registered manager would be responsible for ensuring all staff had completed necessary training.
- CESP (Somerset) had recently employed a theatre manager to support the registered manager with keeping records for staff which included training. We viewed a spreadsheet that indicated staff members were 100% compliant with their mandatory training aside from one member of staff who had not completed manual handling training. Senior managers we spoke with told us that these records would now be updated and reviewed regularly to ensure all staff had the necessary training on an ongoing basis.

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

- There were 24 hour cover arrangements in place for patients following discharge. The consultant partners worked on a 24 hour rota on call system for the NHS as part of their substantive role within the trust. Any patient requiring emergency treatment would have access to this through the NHS trust and were provided with contact details on leaving the ward. These arrangements were agreed with the local NHS trust.
- There had been no unplanned returns to theatre within the reporting period (April 2016 to March 2017). One patient we spoke with told us they contacted the ward, as advised, following the surgery as they were concerned about side effects of the surgery. They had been pleased with the response and action taken which included returning to the ward to speak to the consultant.
- We observed how staff working for the organisation assessed and responded to risks by completing the World Health Organisation (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 five steps to safer surgery which included pre-list briefings, the steps of the WHO surgical 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.

- Despite observing clear and consistent processes associated with the WHO checklist taking place, we found that out of the nine sets of patient notes, two did not have the checklist in place. This increased the risk of harm to patients. We were informed following the inspection that these forms may have been removed for auditing purposes but we cannot confirm this. The overall compliance in completing this safety standard had recently started to be audited by the provider and there were no results available at the time of the inspection.
- CESP (Somerset) used a cataract care surgical pathway that included pre, peri and post-operative care. This pathway enabled staff to undertake patient risk assessments, record and respond to them.
- There were regular observations of patients taken prior to and during surgery, however, these were not part of an early warning scoring system to identify deterioration in a patient's general health. Staff followed NHS policies for deteriorating patients and this was included under the service level agreement with the NHS trust. Staff received training in sepsis identification and action and there was a sepsis link nurse available within the trust.
- CESP (Somerset) did not have a formal inclusion policy however, consultants made a clinical judgement for patients who were suitable to be treated by the provider. Patients with very complex needs, for example, those living with advanced dementia or with significant mobility problems would not be treated by the provider but would be treated through the usual NHS service. This was to ensure a high volume of patients could be seen safely on a Saturday and the service could reduce patient numbers on the waiting list. A consultant would make an assessment as to whether to treat a patient on a Saturday at the time of the initial consultation within the NHS appointment. Once an individual was assessed as being appropriate they would be sent an appointment and a leaflet explaining their treatment would be undertaken by a private provider.

Nursing and support staffing

- The theatre manager was responsible for ensuring there were adequate numbers of nursing and support staff and the correct skill mix for each of the operating lists. Staff members worked for CESP (Somerset) on a Saturday. Operating lists were not finalised until staff were arranged. The service had never used bank or agency staff. Discussions about the workforce was a standing agenda item on the medical advisory committee meeting minutes we viewed.
- All nursing staff working for CESP (Somerset) also worked for the local NHS trust, in the head and neck department, as their main employment. If they moved from this employment they were no longer eligible to undertake work on behalf of the service. This was to ensure they had the skills and experience to do the job. Staff worked for the organisation under a zero hours contract.
- Reception and administrative staff were provided to CESP (Somerset) as part of the service level agreement they held with the local NHS trust.

Medical staffing

- CESP (Somerset) was led by eight consultant partners and one associate consultant. These individuals carried out all surgery. Three additional associate specialists were employed to run the outpatients clinic.
- Consultants worked to a rota to provide treatment and care over a 24 hour period as part of the on call system provided by the NHS trust.
- CESP (Somerset) employed a business management consultant to manage the checks required for all medical staff employed by the partnership. We reviewed all nine partner's files, these contained the necessary documentation, and all were within date. These checks included professional registration, DBS checks, Hepatitis B immunity, passport, driving licence, CV, confidentiality declaration, references, appraisal and indemnity insurance. We saw evidence of checks made to the partner's revalidation status with the General Medical Council and when these were due for renewal. The company used compliance software to manage this and alert the provider when any of these items were due for renewal. Senior managers we spoke with told us these records would be updated and reviewed regularly to ensure all staff had the necessary documentation on an ongoing basis.

Emergency awareness and training

Requires improvement

Surgery

- Systems were in place to respond to emergencies and major incidents. The local NHS hospital's electricity supply was backed up with a generator should the power on site fail. Treatment would therefore not be compromised if power failed mid surgery.
- CESP (Somerset) adhered to the local NHS trust fire evacuation policy. Staff we spoke with were aware of the policy and what to do in the event of a fire and informed us that the NHS trust checked the fire alarms every week. Staff were required to undertake fire safety training as part of their essential learning on a three yearly basis.

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. The service used guidance from the local NHS trust to ensure care and treatment reflected current evidence-based guidance, standards and best practice. The service used the policies from the local NHS trust to inform their practice. This was agreed within the service level agreement between CESP (Somerset) and the trust.
- We saw evidence that policies and procedures were a standing agenda item on the medical advisory committee (MAC) meetings for the provider. However, there was limited evidence of thorough discussion of these policies within the meeting minutes.
- Consultant partners attended the trust departmental meetings as part of their substantive role within the NHS. However, there was limited evidence that issues discussed within these meetings were discussed at the MAC meetings held specifically for the provider.
- CESP (Somerset) informed us all consultant partners were Fellows of the Royal College of Ophthalmologists and followed their guidance in relation to cataract surgery which was last issued in 2010. The partners were anticipating the update of this guidance in 2017. All consultants received regular bulletins and updates individually.
- We saw evidence that the registered manager received Medicines and Healthcare products Regulatory Agency safety alerts directly by email. The provider informed us these were discussed as part of the MAC meeting when relevant.
- Clear processes were in place to promote staff adherence to standards such as the National Safety Standards for Invasive Procedures (NatSSIPs). This sets out the key steps necessary to deliver safe care for patients undergoing invasive procedures.
- Technology was used by the provider pre-operatively, during surgery and at the clinic post operatively. Measurements of the eye were taken pre-operatively to improve the accuracy of the surgery outcome. A machine was used for the cataract surgery called a 'phaco-emulsification' machine and an auto-refractor machine was used post operatively to confirm the prescription of the patient following surgery. The service had reported no cases where the outcome of the prescription was different to that expected.

Pain relief

- The service assessed and managed the pain of patients. Patients underwent surgery under local anaesthetic. Staff monitored patients for signs of pain throughout the operation. Staff told us patients very rarely reported pain either during or after the procedure. Patients were given pain relieving medicines if appropriate.

Nutrition and hydration

- Facilities were in place to offer patients tea or coffee and a biscuit following surgery completed under local anaesthetic. Patients were also advised to bring a light snack with them on the day of surgery as there could be a wait for surgery.

Patient outcomes

- Information about the outcomes of patients' care and treatment was routinely collected and monitored. The provider kept a manual record of refractive outcomes and peri and post-operative complications. Complications included bruising, posterior rupture, endophthalmitis (an infection inside the eye) and dropped nucleus. There had been no incidents of endophthalmitis or dropped nucleus within the provider's history. The provider compared their clinical outcomes against national standards and benchmarked

this against the National Ophthalmic Dataset (NOD). During the reporting period from April 2016 to March 2017 the provider had a 0.3% posterior rupture rate, which was better than the national benchmark of 1.92%. The provider did not submit data to the NOD at the time of inspection. However, the local NHS trust was investing in a new electronic patient record that would automatically input this data and CESP (Somerset) informed us they would be using this to begin to submit data nationally.

- The service monitored the number of patients that required readmission following surgery to review the effectiveness and safety of procedures. In the reporting period (April 2016 to March 2017), there were no readmissions to surgery within 28 days.

Competent staff

- All staff had developed skills and experience through their substantive post working for the ophthalmic department at the local NHS trust. Only staff working for a specific department at the trust were eligible to work for the service.
- Staff had access to one to one meetings, appraisals and revalidation through the local NHS trust as agreed through the service level agreement. Evidence of these appraisals was recorded by the provider for consultants and they had recently started to collect information for each of the nursing staff they employed. All staff had received a recent appraisal.

Multidisciplinary working

- Care was delivered in a coordinated way between different teams including the theatre and ward staff as well as the outpatient clinic. Staff told us patients using the service had been assessed to be at low risk of complications and so the operating list ran smoothly and the different departments worked well together.
- There were clear arrangements in place to inform GPs that treatment had taken place on the patient's discharge from the ward. This was done electronically and in a timely way.
- Senior managers informed us they were looking forward to the arrival of a new ophthalmology specific electronic records system within the NHS trust. This would allow the service to communicate with opticians quickly in future and enable them to gather details of refractive outcomes.

Access to information

- All of the information needed to deliver effective care and treatment were available to the relevant staff in a timely and accessible way. This included patient notes and risk assessments. Administrative staff were required to provide the records for each operating list. Staff informed us this system worked well and there had been no instances to their knowledge when records were not available. Reception staff would make sure that records were present on the ward the day before surgery and chase these with the records department if they were not there.
- Additionally to this, the service had access to the appropriate systems to allow them to use electronic information. This included the use of NHS pathology services through the NHS trust intranet.
- When people moved between teams (for example following discharge), information was sent to other professionals in a timely way to ensure continuity of care. The consultant completed a discharge summary following completion of the surgery, which was sent to GPs electronically to ensure they were kept informed of the treatment. The service used paper records from the hospital and used a specific cataract care pathway to document episodes of care. These were then returned to the hospital records department.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- The service ensured patients gave informed consent before they underwent treatment. Staff gave detailed verbal and written information about the risks, benefits and realistic outcomes of the treatment. We saw a copy of the cataract advice leaflet given to patients prior to surgery. This included information about the potential complications of the surgery. Consent was checked at all stages of the treatment process. We observed consultants speaking with patients privately, explaining the risks of the surgery and assessing the capacity of the patient to ensure consent was given. We reviewed nine sets of patient records. Consent was recorded as being given with patient signature in all nine records.
- At the start of the treatment process if there was any doubt about a patient's ability to provide informed consent they would be treated through the NHS trust rather than this service. The consultant assessed consent initially at the NHS pre-operative assessment

before the patient was assessed as being suitable for treatment by the provider. Therefore, if a patient needed treatment as the result of a best interest decision they would be treated through the NHS treatment route.

- Staff understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act, 2005. Mental Capacity Act training was provided by a local NHS trust as part of the essential learning completed on initial employment and required every three years following this. Training was included as part of the service level agreement with the trust for staff of the provider. The provider had recently started to collect evidence of completion of mandatory training for staff. We were shown evidence of spreadsheets kept by the provider that 100% of staff had completed the essential learning training. Staff we spoke with were aware of the principles of the Mental Capacity Act and best interest decisions.

Are surgery services caring?

Good

We rated caring as good.

Compassionate care

- Staff took time to interact with patients and those close to them in a respectful and considerate manner. All patients and relatives we spoke with were positive about their experience and spoke of the kind manner of the staff and how considerate and helpful they had been. Patients and relatives told us they felt staff responded to them in a thoughtful manner. One relative told us they 'could not fault the staff' and the nurses were 'wonderful'. One patient told us the service was 'absolutely brilliant' and the staff 'very friendly'.
- Staff showed an encouraging, sensitive and supportive attitude to patients and those close to them. We observed staff making patients comfortable in theatre by checking their position and supporting them to relax before the procedure started. Staff were aware, as procedures were carried out under local anaesthetic, care was needed to reduce any anxiety felt by the patient. We observed one staff member holding the hand of a patient to reassure them throughout the procedure. One patient told us, as they used walking aids, a member of staff had walked with them and pointed out to them where the floor sloped to support them. They were grateful of this.
- Staff were observed respecting patients' privacy and dignity. Patients wore their own clothes throughout the procedure and staff did not discuss personal information with patients when in the ward area. Consultants would undertake discussions before the operation in a private room to ensure privacy. However, when giving eye drops within the day surgery unit there were no curtains to give the patient privacy.

Understanding and involvement of patients and those close to them

- Staff informed us they involved patients in their own care and treatment. For example, consultants asked patients what outcome they desired before surgery as some people preferred to remain slightly short sighted as they had been used to wearing glasses. Staff recognised some people wished to continue wearing glasses after their cataract operation and therefore the prescription would be tailored to their request. We observed consultants describing the procedure to patients by explaining what they would do and why. Consultants discussed the risks of the procedure and what outcome could be reasonably expected. For example, if glasses would still be required for reading.
- Staff recognised when patients and those close to them needed additional support to be involved in their care and treatment. Relatives we spoke with told us staff had recognised when it would be better for the patient to have the relative stay on the ward. For example, one person was asked by staff to stay on the ward as their relative could become anxious if they were alone. The relative told us they felt listened to and respected by this and the staff had shown 'kindness and understanding'.
- Staff ensured that patients were able to find further information and ask questions about their care. Staff provided patients with clear instructions on who to contact following discharge should they need advice and staff were observed encouraging patients to ask questions about anything they were unclear of.

Emotional support

- Patients were given appropriate and timely support and information to cope emotionally with their care. We

observed a patient who was particularly anxious about having eye drops put in. Staff took care when they were doing this and explained what they were doing throughout the process. One patient told us that they had seen another patient who appeared so anxious they looked unwell. The patient told us they had seen staff repeatedly checking on this patient and reassuring them, which they felt was very caring.

- Patients were supported to manage their own health. Staff were observed giving clear advice following a procedure which included information about the use of sunglasses and how and when to put in eye drops. Patients told us instructions were clear. One patient told us, as well as written advice, staff had explained if eye drops needed to be taken four times a day this could be at every mealtime, which had helped them to understand.

Are surgery services responsive?

Good

We rated responsive as **good:**

Service planning and delivery to meet the needs of local people

- Services were planned to take account of the needs of the local population. The provider was commissioned to undertake cataract surgery for patients on the waiting list of the local NHS trust. The local NHS trust informed us that the service was responsive and having a beneficial impact upon the numbers of people waiting for the procedure, as they were able to complete surgery on a Saturday. We spoke with the local Clinical Commissioning Group as part of the inspection and they reported no issues with the service provided.
- Services were only offered on one day a week. However, patients told us they were very pleased they could access the surgery on a Saturday. One patient told us this was helpful as it meant they could have surgery without impacting their work commitments.

Access and flow

- Access to the service was based on the medical judgement of the consultant surgeon during the NHS preoperative assessment. Patients who were deemed as suitable for surgery under CESP (Somerset) would be offered an appointment for surgery.
- Patients not attending their appointment was generally not an issue for the service as appointments were booked relatively close to the date of the surgery. If a patient did not attend their follow up appointment the nurse leading the clinic would inform the registered manager. A clinician would review their notes and a decision made to re-book the patient giving post-operative reviews priority.
- The provider took action to minimise the time patients spent on the ward on their day of treatment. Patient arrival times were staggered to coincide with their allotted surgery time. This meant there was less time spent waiting on the ward. Patients were informed in writing prior to their surgery date that they may be on the ward for up to six hours.
- Care and treatment was only cancelled when absolutely necessary. During the reporting period of April 2016 to March 2017 one surgery list of approximately ten patients had been cancelled for non-clinical reasons. The patients had been offered another appointment within 28 days.
- Patients told us the appointments system for the follow up appointment was very good. When patients left the ward they given a discharge letter, this letter was also electronically sent to their GP. Before leaving the patient would be provided with a date and time for their appointment at the outpatients clinic for follow up within the next month. Patients told us this system worked very well and they felt the information they had on discharge was clear. We saw evidence of leaflets provided to patients which included the contact numbers for the ward which was available 24 hours a day.

Meeting people's individual needs

- There were toilets available for patients with mobility issues on both the ward and in the outpatients department. Staff told us they would assist any patients that needed additional support to access these.
- Signs in both the ward and outpatients department were yellow with black text which are easier for those with visual disabilities to see. There was a hearing loop available in the reception on the ward.

- Staff told us they could access translation services through the local NHS trust by using the hospital intranet. Staff would be made aware in advance if this was needed so it could be arranged. Staff could not remember a time when translation services were needed.
- Information leaflets were available to patients from the local NHS trust and CESP (Somerset) outlining information specifically around cataract surgery. These could be produced in large print.

Learning from complaints and concerns

- There had been no complaints received by the provider in the reporting period (April 2016 to March 2017). The provider was aware that due to their location patients may complain to the local NHS trust instead of their service. We saw evidence of a leaflet provided to patients outlining that their care was being provided by CESP (Somerset) and that they could ask questions about this. However, there was no mention on the leaflet of how to complain to the service directly. We viewed the Patient Advice and Liaison Service (PALS) leaflet provided by the service which had been developed for the local NHS trust. We were advised by senior staff that patients were given copies of this and encouraged to raise concerns with any staff member, directly to the consultant, PALS department or departmental manager. Patients told us they would not be concerned about making a complaint if needed.
- The provider used the local NHS trust policy on complaints which was available to them as part of the service level agreement. We saw evidence of this policy which was in date and available to staff through the hospital intranet system.
- The registered manager told us any complaints made to the local NHS trust would be highlighted as attributable to the organisation by the departmental manager and passed on to the service. The registered manager explained they would lead an investigation into the complaint, a formal written response would be made and if required a meeting set up with the complainant. We saw evidence that complaints were a standing agenda item at the medical advisory committee (MAC) meeting held by the provider. However, as no complaints had been received by the provider we were unable to see evidence of any discussion about complaints and any learning or action taken as a result.
- The provider carried out a patient satisfaction survey. We saw evidence of the results of this survey. There was a high response rate of 67%. The results of the survey were positive. Out of 52 patients, 94% said they would recommend the service to others.
- Some patients commented that they were not told they would not be fit to drive following the outpatient appointment. There was no evidence that this was discussed by the provider nor action taken in response to this. Positive comments from the survey included:
  - ‘Services were very good’.
  - ‘Lovely staff’.
  - ‘Everything went smoothly, very comfortable’.
  - ‘I was treated very much as an individual’.
  - ‘Friendly staff. Good communication’.

Are surgery services well-led?

Requires improvement

We rated well-led as **requires improvement.**

Leadership / culture of service related to this core service

- Leaders were visible and approachable. The service was led by two consultants with one of these consultants acting as registered manager. The two leads were responsible for managing all staff. Staff told us they regularly worked alongside the leaders of the service and this meant they were available if there were any concerns to raise. All members of staff we spoke with told us that the managers were open and that there was a culture of honesty. Staff stated they felt able to email managers if they had any concerns and that they were happy working for the provider.
- Managers told us they valued their staff and the work they did for the service and showed their appreciation by holding a party for them once a year. We were told cakes were brought in for staff by managers to show their thanks for those working on the weekend.
- Leaders did not have adequate oversight of the completion of equipment and medicine checks. As part of the service level agreement the NHS trust had agreed to complete these checks. However, CESP (Somerset) LLP did not have in place appropriate checks to assure themselves that these actions had been completed

satisfactorily. There was no evidence of discussion around these risks nor was there any discussion of shortfalls within the medical advisory committee meeting minutes.

Vision and strategy for this core service

- Staff told us they worked to the values of the NHS trust where they were employed. The provider worked on behalf of the local NHS trust to reduce waiting times for NHS funded patients requiring cataract surgery. All staff members we spoke with were aware of the reasoning behind the service and its aim to enable the waiting list for cataract surgery to be reduced.
- Progress to review the effectiveness of reducing waiting times was monitored and reviewed within contract review meetings held between the trust and the provider. These took place at least quarterly. We saw four meeting minutes which included discussion around the numbers of patients being treated against the contract target as well as numbers of complications and incidents.

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

- There were limited systems in place to effectively identify, record and manage risk. The service did not have a risk register. They were guided by risks identified through the local NHS trust systems. There was limited evidence within the meetings held specifically for this provider that risks were discussed comprehensively. Senior partners had recognised that the service was reliant upon service level agreements with the NHS trust. There were no contingency plans should this arrangement change at short notice.
- The provider produced a quarterly governance report. This report was not effective at identifying risks, evaluating current risks or promoted the use of action plans. The tick box style of reporting was not sufficient and it did not record any actions nor explain how the provider was compliant with regulation. Furthermore, the regulations mentioned in this report were out of date.
- The provider held medical advisory committee (MAC) meetings to discuss governance and management of CESP (Somerset). MAC meetings were held on a six monthly basis and we were provided with minutes from two meetings dated November 2016 and May 2017. This meeting had a set agenda including, but not limited to, the discussion of incidents, complications, complaints, facilities, staffing, finances and contracts. This committee was well attended by consultant partners. However, the meeting minutes were not comprehensive and gave limited evidence of robust conversations taking place around these issues. The minutes did not clearly outline actions to be taken nor did it evidence who would be responsible for these actions.
- The registered manager along with the consultant partners of CESP (Somerset) attended the local NHS trust departmental governance meetings and told us they would discuss any issues which had arisen there within the medical advisory committee (MAC) meeting for the provider. There was limited evidence in either of the minutes we reviewed of departmental governance being comprehensively discussed.
- Working arrangements and contracts with the local NHS trust were managed effectively. We saw evidence of the service level agreement between the provider and the trust. This agreement was signed and dated December 2014 and reviewed and extended between January and March 2017 and then again between August and September 2017. We reviewed four contract review meeting minutes which took place between the trust and the provider in October 2015, May 2016, December 2016 and August 2017. They demonstrated robust discussions between the NHS trust and CESP (Somerset) had taken place and there were clear action points. These records were owned and completed by the trust.
- All of the consultant partners and associate members working for CESP (Somerset) held indemnity insurance in accordance with the Health Care and Associated Professions Indemnity Arrangements Order 2014.

Public and staff engagement

- The service sought the views and experiences of patients who had undergone surgery. A patient satisfaction survey was undertaken. There was a good response rate and the results of this survey were very positive with 94% of patients saying they would recommend the service to others. We saw copies of the medical advisory committee minutes that showed the results of patient questionnaires were a standing agenda item.

Requires improvement

Surgery

- The provider did not hold team meetings for the staff employed by them but staff told us they were informed of changes or important information through individual email communication.
- All organisations carrying out NHS work are required to ensure there is a dedicated person to whom concerns from staff can be easily reported. This person is known as a 'Freedom to Speak up Guardian'. CESP (Somerset) had an identified consultant partner undertaking this role.

Innovation, improvement and sustainability

- Consultant partners at CESP (Somerset) were involved in supporting the introduction of an electronic patient record system within the local NHS trust, which would be specifically for ophthalmology patients. This system would bring benefits to the service including the ability to input information automatically into the National Cataract Database to capture posterior rupture rates, which would support audit systems in the future.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider MUST take to improve

- The provider must ensure that resuscitation trolleys are checked when CESP (Somerset) is providing a service to ensure that equipment is safe to use.
- The provider must ensure that medicines are appropriately stored, prescribed and administered by suitably qualified staff.
- The provider must embed effective governance arrangements to ensure that the quality of care and the safety of patients is actively discussed and acted upon.
- The provider must establish effective governance arrangements to ensure that risks are identified, managed and mitigated.

Action the provider SHOULD take to improve

- The provider should ensure that learning is sought through individual investigation of clinical complications as well as being used for benchmarking.
- The provider should ensure they have effective oversight of audits completed by the NHS trust under the service level agreement and that these are actively monitored and discussed by the organisation.
- The provider should ensure that patient records are stored securely.
- The provider should ensure that systems and processes for the safeguarding of adults are clear and followed to ensure the safety of patients.
- The provider should ensure the organisational safeguarding lead has knowledge of safeguarding systems and processes.
- The provider should ensure that the World Health Organisation five steps to safer surgery checklist is embedded for all surgical procedures.
- The provider should produce complaints leaflets for the service which are clear about how to report complaints directly to the provider.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment 12.- (2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include- (e) ensuring that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and used in such a way; Daily resuscitation checks were not completed while CESP (Somerset) were providing a service. (g) the proper and safe management of medicines; Unregistered staff were administering prescription only medicines without the supervision of qualified and registered practitioners. Medicine fridge temperatures were not checked while CESP (Somerset) were running a service.

Regulated activity	Regulation
Diagnostic and screening procedures Termination of pregnancies Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance 17.-(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to- (a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. There were underdeveloped processes in place to review and record the governance of the service.

This section is primarily information for the provider

Requirement notices

(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

There were limited processes in place to identify, record and mitigate risks to the service.