

The London Eye Hospital

Quality Report

4 Harley Street

London

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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?

Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

Letter from the Chief Inspector of Hospitals

This report refers to outpatient services provided by the hospital at 4 Harley Street. Patients consulted at the location had their procedure performed at another location managed by the provider (London Eye Hospital, 29a Wimpole Street, London). Surgery, performed at that location, was the main activity of the hospital and we reported on it in a separate report. Where our findings on outpatient or surgery – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the relevant section of the report.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? 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 regulations. The main service provided by this hospital was surgery. We rated the outpatient services as requires improvement overall. However, caring and responsiveness of the hospital are rated as good.

We rated the hospital as requires improvement because:

- Medicines were not always managed safely. Medicines were dispensed without a valid prescription being completed.
- Waiting lists were not monitored and there was not enough consultant time available to deliver the EyeMax treatment for the volume of patients requesting it.
- There were no systems in place to triage patients on the waiting list. The hospital were dependent on individuals contacting the hospital to make them aware that their condition had deteriorated.
- Structures to monitor the governance and risk management systems were not effective. For example the hospital did not have a robust enough system of local audit in place. This meant improvements were not always identified or action taken.
- There was no formal strategy or supporting business plans that staff were aware of, which reflected the vision and values.

However:

- Patients' needs were assessed and care was delivered in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. For example, protocols were followed with regard to national guidance for cataract surgery.
- Staff were knowledgeable about safeguarding procedures and knew who they would report any concerns to.
- We observed care provided by staff. Throughout the outpatient department, all staff were helpful and professional, putting patients and their relatives at ease.
- Patients and relatives told us their privacy and dignity were always respected and staff were kind and understanding.
- Staff told us that local leadership within outpatients was good. The manager was approachable, supportive and staff worked together as a team. Staff were proud of their service and were keen to ensure patients received the best care.

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 it move to a higher rating. Details are at the end of the report.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Outpatients and diagnostic imaging

Rating

Summary of each main service

We rated the service as requires improvement because:

- Medicines were not always managed safely. Medicines were dispensed without a valid prescription being completed.
- Waiting lists were not monitored and there was not enough consultant time available to deliver the EyeMax treatment for the volume of patients requesting it.
- There were no systems in place to triage patients on the waiting list. The hospital were dependent on individuals contacting the hospital to make them aware that there condition had deteriorated.
- Structures to monitor the governance and risk management systems were not effective.
- There was no formal strategy or supporting business plans that staff were aware of, which reflected the vision and values.

Requires improvement



However:

- Patients' needs were assessed and care was delivered in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. For example, protocols were followed with regard to national guidance for cataract surgery.
- Staff were knowledgeable about safeguarding procedures and knew who they would report any concerns to.
- We observed care provided by staff. Throughout the outpatient department, all staff were helpful and professional, putting patients and their relatives at ease.
- Patients and relatives told us there privacy and dignity were always respected and staff were kind and understanding.
- Staff told us that local leadership within outpatients was good. The manager was

Summary of findings

approachable, supportive and staff worked together as a team. Staff were proud of their service and were keen to ensure patients received the best care.

Summary of findings

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Requires improvement 

The London Eye Hospital

Services we looked at

Outpatients and diagnostic imaging

Summary of this inspection

Background to The London Eye Hospital

The London Eye Hospital is a private hospital that provides a range of eye treatments and surgical procedures to adults. They specialise in providing cataract treatment and lens implants. The outpatients department at Harley Street has one consulting room on the first floor and an optometry diagnostic room. There are three rooms where optometrists work and provide consultations. The hospital employs two optometrists and one diagnostic technician.

No treatments are carried out at 4 Harley Street. Patients are seen for an initial consultation and optometry tests and aftercare. The department was open Monday to Friday 9am to 5.30pm.

The hospital has outsourced a number of operational services to a third party to provide. These included pharmacy services, clinical waste collection, cleaning / deep clean services, infection control, health and safety inspections and pathology.

The registered manager designate was Lee Brearley. The provider's nominated individual for this service was Muhammad Qureshi.

Our inspection team was led by David Harris, Inspection Manager, Care Quality Commission. The team included CQC inspectors and specialists in the field.

We reviewed a wide range of documents and data we requested from the provider. This included policies, minutes of meetings, staff records and results of surveys and audits. We placed comment boxes at the hospital before our inspection, which enabled staff and patients to provide us with their views. We observed staff interactions with patients and reviewed patient records. We visited all the clinical areas at the hospital.

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 requires improvement because:

- Medicines were not always managed safely. Medicines were dispensed without a valid prescription being completed.
- Systems to assess, prevent and detect infection risk were not effective enough. For example in ensuring all furniture was fit for purpose and equipment appropriately cleaned.

However:

- There was an incident reporting system in place and staff were encouraged to report incidents. Learning was shared and there was evidence of learning from incidents and evidence of improvements being made as a result of reporting and sharing the outcomes of incidents.
- Staff were knowledgeable about safeguarding procedures and knew who they would report any concerns to.
- Arrangements were in place to ensure enough staff with the right skill mix were on duty to meet patient's needs.

Requires improvement



Are services effective?

We do not currently rate the effectiveness of outpatient's services.

- Staff assessed patient's needs and delivered care in line with current evidence based guidance and national guidance for best practice.
- Staff were suitably qualified and skilled to carry out their roles effectively and in line with best practice. Staff were supported to deliver effective care and treatment to an appropriate standard and kept up to date with changes in practice.
- The learning needs of staff were identified through a system of appraisals and one to one meetings.

Are services caring?

We rated caring as good because:

- Staff were friendly and professional, putting patients and their relatives at ease. We observed administration staff listening and responding appropriately to patients request in a kind and caring manner.

Good



Summary of this inspection

- Services were planned to meet the needs of patients. Patients had a choice of consultant ensuring continuity of care. Appointments were flexible and staff booked assessments on the same day to reduce travel for patients.
- Patients and relatives told us their privacy and dignity were always respected and staff were kind and understanding.

Are services responsive?

We rated responsive as requires improvement because:

- Services for some treatments were organised in a way that met patient's needs. However waiting lists were not monitored and there was not enough consultant time available to deliver the EyeMax treatment for the volume of patients requesting it.
- There were no systems in place to triage patients on the waiting list. The hospital was dependent on individuals contacting the hospital to make them aware that their condition had deteriorated.

However:

- Staff adapted their care approach to show respect for cultural factors. There was evidence of learning from the complaints received from patients and families.
- Patients reported that they were satisfied with how to make a complaint and how they were dealt with.

Requires improvement



Are services well-led?

We rated well-led as requires improvement because:

- Outpatient governance systems were not strongly established and there was a lack of adherence to, and knowledge of, policies and procedures.
- The approach to service delivery and improvement was sometimes reactive and improvements were not always identified or action taken. This meant the impact on the quality of care for patients was not always effectively monitored.
- The risk register was not fit for purpose as it had not identified all areas of risk, for example infection control concerns. Appropriate action plans were not in place with identified timescales for completion.

However:

- Managers encouraged and supported staff so they felt respected, valued and supported. Outpatients was led by the registered manager who reported to the chief executive. Staff told us that local leadership within outpatients were good and managers were approachable, supportive and staff felt involved.

Requires improvement



Summary of this inspection

- Staff in outpatients told us they worked well together as a team. Throughout the inspection, staff were welcoming and willing to speak with us. Staff spoke positively about the service they provided for patients. They were proud of their customer service and the way they worked as a team.
- There were structures in place to maintain clinical governance and risk management.





Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients and diagnostic imaging	Requires improvement	N/A	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	N/A	Good	Requires improvement	Requires improvement	Requires improvement

Outpatients and diagnostic imaging

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

Are outpatients and diagnostic imaging services safe?

Requires improvement 

Incidents

- There was a system for reporting and recording significant events. In the 12 months prior to our inspection there had been no reported never events for the outpatient or diagnostic imaging department. Never events are serious incidents that are wholly preventable and have the potential to cause serious patient harm or death.
- Between October 2015 and September 2016, there had been no clinical incidents within outpatient services.
- We saw minutes which confirmed staff discussed learning from incidents and complaints.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

Cleanliness, infection control and hygiene

- We saw the hospital had completed its first hand hygiene audit in July 2016. These were to be completed quarterly with the next due in November 2016. The auditor reported they had observed 23 “moments of care” and found that just under half (12) followed the appropriate best practice guidance to prevent the spread of infection. Action points from the audit included, to “ensure posters were available explaining

hand hygiene best practice, and picture examples of correct hand washing technique”. There was no action plan in place detailing timeframes for ensuring staff complied with action points.

- Staff monitored the cleanliness of toilets and general outpatient areas. Cleaning staff completed daily general cleaning and ticked to confirm which areas had been cleaned.
- Treatment areas appeared clean however checks to monitor cleanliness were reliant on individual staff ensuring they cleaned equipment. Staff told us they did weekly checks on the cleanliness of equipment and we saw cleaning records in the optometry diagnostic room. However it was difficult to know when cleaning checks had been done as they were not dated.

The room had a lot of electrical equipment in it and five non wipeable computer chairs. We saw that two computer keyboards had tea or coffee stains showing. Staff told us they used wipes to clean equipment and all staff were all meant to clean the equipment after use.

In waiting room five outside the optometry room, two of the five chairs were not wipeable and appeared to have marks on. Staff said they were expecting to get new chairs but did not know when that would be. It was unclear who had overall responsibility for ensuring furniture and all equipment was appropriately cleaned.

- The manager told us all staff completed mandatory training in infection prevention and control training. Training records verified that staff were up to date.
- Spillage and cleaning products were available to staff. Staff explained how they would clean up a spillage and showed us where spillage and cleaning products were stored. The hospital followed the national patient safety

Outpatients and diagnostic imaging

agency (NPSA) colour coding scheme for cleaning materials. These recommended organisations adopt this code as standard in order to improve the safety of hospital cleaning and ensure consistency and provide clarity for staff. This ensured these items were not used in multiple areas, therefore reducing the risk of cross-infection.

- The hospital maintained standards of cleanliness and hygiene and we observed the hospital to be clean and tidy.
- Personal protective equipment, such as gloves and hand-washing facilities were available. We observed two staff using personal protective equipment appropriately, and in line with: Health and Safety Executive (2013) Personal protective equipment (PPE): A brief guide. INDG174 (Rev2). London: HSE.
- There were systems in place for the segregation and correct disposal of waste materials such as sharp items. Sharps containers for the safe disposal of used needles were available in each consulting rooms. These were dated and were not overfilled. This was in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013

Environment and equipment

- Equipment we looked at was stored appropriately.
- An external electrical maintenance team were responsible for annual safety testing. The equipment we checked had an up to date safety test and appeared in good condition.

Medicines

- We saw evidence that medicines were not always managed safely. For example, we observed one member of staff that did not have the authority to prescribe medication, dispense antibiotic medication drops without a prescription. Staff said they tried to ensure patients had the medication they needed. If a patient ran out of medicines, because they had administered them incorrectly they would dispense the same medication again without getting another prescription signed by the consultant. They did not consider they needed to get another prescription signed by a consultant in order to dispense the same medication. If they thought the medication should be changed they would contact the consultant and discuss

with them first. The consultant would recommend a suitable treatment and this would be dispensed by the member of staff and a retrospective prescription signed by the consultant would be provided. A prescription drug is a pharmaceutical drug that legally requires a medical prescription to be completed before being given to a patient. The hospital medicine management policy stated there must be a valid prescription and “dispensing must be carried out and signed by two registered practitioners. Either by a registered nurse or doctor.” This meant staff were not following policy on dispensing drugs.

- Medicines were securely stored in locked cupboards. Lockable fridges were in place, with daily temperature checks. This meant the department followed the appropriate guidance on the safe handling and storage of medication.
- Emergency medicine and equipment was available within the department. Resuscitation equipment was located under the main reception desk in the waiting area. We saw that equipment was not always checked daily. Reception staff told us they had basic resuscitation training as part of their mandatory training. Emergency drugs, for example anaphylaxis treatment were kept in the downstairs office and were checked and in date.
- The hospital outsourced pharmacy services to an external provider.

Records

- Patient care records generated in outpatients such as treatment information were kept within the department and were easily accessible. Once finished with these were then scanned onto the patient electronic record.
- Paper records used in the outpatient department were stored securely. Electronic records were only accessible to authorised people. Computers and computer systems used by hospital staff were password protected.
- Patient records were usually available when needed in the outpatient clinics. The reception staff managed the transfer of records in and out of the clinics. There was a tracking system in place to ensure that the location of individual records could be identified.
- Records were stored securely until needed then transferred to and from treatment rooms by staff.

Outpatients and diagnostic imaging

Safeguarding

- The hospital did not offer appointments to children in outpatient clinics. All patients were over the age of 18. Level 1 and 2 safeguarding children training was provided for staff who had contact with children, young people and/or parents/carers.
- Safeguarding adults and children training was included as part of the mandatory training package and staff told us they knew where to find information should they need to. We saw training records that confirmed all staff in the outpatients department had completed safeguarding adults and safeguarding children training. However, the level of training was not recorded for safeguarding adults on the training list, so we were unable to assess if the required competencies had been achieved.
- We saw there were safeguarding policies and procedures to follow and staff knew who their safeguarding lead was if they had any concerns.

Mandatory training

- We saw the training matrix that identified staff were up to date with mandatory training. Mandatory training included health and safety, fire safety and basic life support. Staff we spoke with told us they received regular training.

Nursing staffing

- There were no nursing staff employed within the outpatient department. Individual consultants and optometry staff were based at Harley street outpatient department and this was managed by the Operational and Patient Manager. Patients were met by reception staff and directed to their appointment. Staff told us patients attended the department for optometry testing, to see the consultant and screening to ensure patient's eye conditions were suitable for treatment.
- Arrangements were in place to ensure enough staff with the right skill mix were on duty to meet patient's needs.

Medical staffing

- Consultants working at the hospital had been granted practising privileges. Practising privileges is a term used when doctors have been granted the right to practise in

an independent hospital. This right is subject to various checks on for example; their professional qualifications, registration, appraisals, revalidation, and fitness to practice declaration.

- Consultants covered their own outpatient clinics on a sessional arrangement.

Emergency awareness and training

- The hospital had a business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.
- All staff had access to annual fire training and the manager explained the evacuation procedure for outpatient's clinics.

Are outpatients and diagnostic imaging services effective?

We do not currently rate the effectiveness of outpatient's services.

Evidence-based care and treatment

- Patients' needs were assessed appropriately and national guidance for cataract surgery was followed.
- The hospital did not participate in any external clinical audits and did not benchmark its outcomes against other services that provided similar treatment.
- Staff were kept up to date with changes in practice. They had access to guidelines from NICE and used this information to deliver care and treatment, which met patient's needs. For example, staff received National Patient Safety Alerts and alerts from the Medicines and Healthcare products Regulatory Authority. They felt that they had accurate and up to date information confirming that best practice guidance to improve care and treatment and patient's outcomes.

Patient outcomes

- See the surgery report section for main findings (London Eye Hospital Wimpole Street).

Competent staff

- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work.

Outpatients and diagnostic imaging

There was an induction programme for all newly appointed staff. Mandatory training topics included safeguarding, infection prevention and control, fire safety and health and safety.

- The learning needs of staff were identified through a system of appraisals and one to one meetings. The manager told us all staff were up to date with their appraisal.
- The hospital had processes in place to ensure all new clinical staff had verified references. However we looked at six staff files for consultants with practising privileges and found that only two were recorded as having completed mandatory training and three with evidence of an appraisal. This meant the hospital could not be assured consultants were up to date with training including safeguarding adults training.

Where practising privileges are being granted, there should be evidence of a formal agreement (similar to formal agreements/job descriptions/agreement to comply with policies as there is with staff holding an employment contract). The agreement should enable the registered person to ensure the quality of care and should include requirements relating to: adherence to the registered person's policies and clinical governance arrangements.

Multidisciplinary working

- Information held on the hospital's own patient record system needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. This included care assessments and investigation and test results.
- Patients referred for assessment and treatment of cataracts were seen by a consultant, a nurse, and also had any necessary tests, such as blood test. Staff aimed to ensure that essential tests were all completed on the same day in one appointment. Staff told us that optometrists and ophthalmic consultants worked well together.
- Letters to patients GPs were sent following outpatient appointments that detailed the treatment given and advised of any further treatment that was planned.
- The hospital staff shared relevant information with other services in a timely way, for example when referring patients to other services.

Access to information

- Staff generally had the information they needed to deliver effective care and treatment to people who used services. For example, access to policies, procedures and professional guidance.
- Clinic information and patient notes were accessible to relevant staff.
- Consultants were responsible for the outpatient records for their private patients and stored these off site.
- Consultants holding practicing privileges with the hospital were required to be registered as independent data controllers with the Information Commissioner's Office.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We observed a consultant following the hospital policy on consent to ensure that patient consent was gained for each procedure.
- Staff told us doctors discussed treatment options during the consultation. Where written consent was required, this would often be obtained in the outpatient clinic. Patients told us they had been asked for consent before their procedures. We viewed two records that confirmed this.
- Mental capacity act training was delivered by an external provider. Some staff we spoke with had completed Mental Capacity Act (2005) training and described the process of how they would ascertain if a patient lacked capacity to consent, however not all clinical staff we spoke with had received this training.

Are outpatients and diagnostic imaging services caring?

Good 

Compassionate care

- We observed care provided by staff. Throughout the outpatient department, all staff were helpful and professional, putting patients and their relatives at ease.

Outpatients and diagnostic imaging

- The outpatients department had suitable rooms for private consultations. Patients were admitted into individual rooms so they could discuss their procedure or treatment in private.
- We noted consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Patients said staff were helpful, polite and they were treated with dignity. One relative gave an example about her relative, where they had felt listened too, and been treated with respect by all staff. We observed clerical staff in the clinic assisted patients promptly and were friendly and efficient.
- Patients were expected to bring another person with them to the consultation. No staff had received chaperone training as this service was not provided.

Understanding and involvement of patients and those close to them

- Staff introduced themselves and we observed consultants introduce themselves and shake patient's hands when they were called in for their appointment slot.
- Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choices of treatment available to them.
- Feedback from patients was collected in the comment and suggestions box located in the reception area. Patient satisfaction questionnaires were sent to patients every six months and staff had individual discussions with patients when they returned for follow up appointments. We saw seven feedback cards collected during our inspection, all gave positive feedback, including comments that staff are "caring" and patients "are treated with kindness".

Emotional support

- One optometrist told us they gave patients information on how to access specialist support groups and organisations. For example, Royal National Institute for the Blind and Macular Degeneration Society.

- Throughout our visit we observed staff giving reassurance to patients both over the telephone and in person.

Are outpatients and diagnostic imaging services responsive?

Requires improvement 

Service planning and delivery to meet the needs of local people

- The clinic provided a range of eye treatments including, refractive eye surgery.
- Patients completed a comprehensive pre- assessment questionnaire prior to attending for their first consultation. Patients were contacted by telephone one week before appointments to ensure all information was current and nothing had changed.
- The hospital identified patients who may be in need of extra support when they completed their initial assessment information. For example: patients at risk of developing a long-term condition and those requiring advice on their diet.
- The hospital had a dedicated member of staff whose role was to discuss with patients the finance details. They told us they discussed costs for each procedure. Two patients told us they had been given full written details of the charges for their treatment and were happy with the information they had been given.

Access and flow

- The hospital had a waiting list of approximately nine months for EyeMax treatment. The manager told us there was not enough available consultant time to manage the volume of patients requesting treatment and patients knew they would have to wait. Staff said some patients chose to wait longer because they wanted a specific date or their eye health might not be suitable for the operation yet. Patients were not told how long they would have to wait because the hospital did not know. They were dependent on consultants choosing to provide sessions to fit patients in. The clinic offered EyeMax treatment for age related macular degeneration.

Outpatients and diagnostic imaging

- There were no systems in place to triage patients on the waiting list. The hospital was dependent on individuals contacting the hospital to make them aware that their condition had deteriorated. The manager said that most patients were already having regular reviews at their local eye hospital and that is where patients would go if they had any issues. Once the patients had received treatment at the hospital patients could have as many follow up appointments as they required. There were no additional charges for this.
- On arrival, patients reported to the main reception where they would then wait until collected and taken to their consultation room. There was sufficient space and flexibility for the number of patients being treated at the time of inspection.
- Waiting times for appointments were variable. Most patients were seen within 15 minutes, however nursing staff told us patients could wait longer when clinics were busy.
- The hospital did not collect information on waiting times however they conducted quarterly audits to monitor the time patients spent within the hospital. This information was used to give patients an idea of how long appointments were likely to take and enable them to plan for their visit and arrange transportation.
- The hospital could be accessed by those who had a physical disability as there was a lift available to all floors, however patients that used wheelchairs could not always guarantee they could get in the lift. Incident reports highlighted that some wheelchairs were too big for the lift. The hospital had a smaller wheelchair patients could transfer into if needed and a ground floor consultation room was available if the patient was unable to use the lift.
- The hospital aimed to offer proactive care to meet the needs of adults that attended the hospital. Relatives were encouraged to stay with patients at all times, if required.
- The hospital had a chaperone policy. However patients were expected to bring another person with them to the consultation. No staff had received chaperone training as this service was not provided in the outpatients department.
- The hospital website gave information on what patients could expect when attending the outpatients department.
- Staff told us translation services were available for patients who did not have English as a first language, however they were rarely used.

Meeting people's individual needs

- We observed that seating in the main waiting room area did not cater for patients that required different seat heights, for example patients with orthopaedic conditions. Whilst there were no specific chairs in the outpatient waiting area for bariatric patients, chairs could be provided without arms that could be utilised for this purpose.
- Patient leaflets were available in the outpatient reception area covering a range of eye conditions and treatment options. Staff told us they were not available in large print or other languages. There was no information to advise patients where they could obtain information in alternative formats.
- Written information was available to direct carers to the various avenues of support available to them.
- The hospital did not have a hearing loop for patients who used hearing aids and were hard of hearing.

Learning from complaints and concerns

- See the surgery report section for main findings.
- The hospital had a system for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for independent hospitals in England and there were designated staff who handled all complaints in the hospital.

Are outpatients and diagnostic imaging services well-led?

Requires improvement 

Leadership and culture of service

- Outpatients was led by the registered manager who reported to the chief executive. Staff told us that local leadership within outpatients were good and managers were approachable, supportive and staff felt involved.

Outpatients and diagnostic imaging

- There were lines of management responsibility and accountability within outpatient's department. Staff described who their line managers were and their individual roles and responsibilities.
- Staff in outpatients told us they worked well together as a team. Throughout the inspection, staff were welcoming and willing to speak with us. Staff spoke positively about the service they provided for patients. They were proud of their customer service and the way they worked as a team.

Vision and strategy for this this core service

- There was no formal strategy or supporting business plans that staff were aware of, which reflected the vision and values.

Governance, risk management and quality measurement

- Governance frameworks were not effective in monitoring all quality aspects of the care and treatment provided by the hospital. There was no record that confirmed consultants with practicing privileges were aware of the hospitals policies and procedures. There were no system to confirm the formal agreement between the hospital and individual consultants (similar to formal agreements/job descriptions/agreement to comply with policies as there is with staff holding an employment contract). The agreement should enable the registered person to ensure the quality of care and should include requirements relating to: adherence to the registered person's policies and clinical governance arrangements.
- Audits were not effective in ensuring staff followed correct procedures. For example, staff were required to

check resuscitation equipment weekly. We saw weeks with no signature, checks that were sporadic and dates inconsistent. In the administration office the first aid box was checked by the registered manager. The box was missing multiple airways listed on the label as required. This kit was required to be checked monthly.

- The risk register did not identify all areas of risk, for example infection control concerns. Appropriate action plans were not in place with identified timescales for completion.
- There were structures in place to maintain clinical governance and risk management. For example, medical advisory meetings (MAC), however these were not effective. The manager told us the waiting list for EyeMax treatment was four or five months, however, records indicated some patients had been waiting for over nine months. The waiting list was not monitored and the provider had no oversight of how many patients were on the waiting list. Patients were not prioritised accordingly to clinical needs and appointments were dependent on consultants booking sessions at the hospital. Staff could not tell us when patients on the waiting list would be operated on. The MAC did not track various performance systems including; ensuring consultants with practicing privileges were up to date with statutory and mandatory training and ensuring they had sufficient consultant time to deliver the service in a timely way.

Public and staff engagement

- The hospital public and staff engagement processes have been reported on under the surgery service within this report.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **MUST** take to improve

- Ensure that risks to patients are identified, assessed and monitored consistently and ensure policies and processes are implemented and adhered too.
- The provider must take prompt action to address concerns identified during the inspection in relation to medicine management and the governance of the service.

- Ensure the risk register is fit for purpose, identifies all areas of risk and has appropriate action plans in place with identified timescales for completion.

Action the provider **SHOULD** take to improve

- Ensure that patient leaflets are available in other formats, such as large font or braille, and other language. And ensure easy to read information leaflets and information is available when required.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none">• Systems or processes must be established and operated effectively.• Assess, monitor and improve the quality of services to mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.• Have in place systems and processes established that operate effectively to enable the provider to identify where quality and/or safety are being compromised and able to respond appropriately and without delay.• Audit information should be up to date, accurate and properly analysed and reviewed by people with the appropriate skills and competence to understand its significance.
Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">• Ensure the proper and safe management and administration of medicines.