

Stereopsis Limited

Panacea

Quality Report

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Date of inspection visit: 12 November 2019
Date of publication: 16/01/2020

This report describes our judgement of the quality of care at this hospital. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this hospital

Good



Surgery

Good



Summary of findings

Letter from the Chief Inspector of Hospitals

Panacea is a private medical centre and a centre for eye care based in Worthing West Sussex. It opened on January 2015 and is situated in an old church. During this inspection we only inspected the eye care service. Rooms within the centre are rented out but activity undertaken is not within the scope of registration with the CQC. This was the first time the service had been inspected.

Panacea Medical Centre is owned by Stereopsis Limited. The centre is set over two-floors and facilities include two operating theatres, clinic rooms and a minor procedure room.

Services provided include, cataract surgery, glaucoma treatment, retinal and eyelid surgery as day case under either topical anaesthetic eye drops or local anaesthetic injection. Ophthalmic (eye) surgery is performed by two consultant ophthalmic surgeons on Tuesday mornings and Thursday afternoons.

The service provides care and treatment for adults only.

We inspected this service using our comprehensive inspection methodology. We have reported our inspection findings in the core service of surgery. We carried out an announced inspection on 12 November 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

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

Services we rate

This was the first inspection of the service. We rated the centre as **Good** overall. This was because:

The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.

Staff provided good care and treatment. The service leader monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.

Staff treated patients with compassion and kindness, respected their privacy and dignity, and helped them understand their conditions. They provided emotional support to patients.

The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.

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

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

The service collected reliable data and analysed it. The information systems were integrated and secure.

Summary of findings

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

One staff's file did not include two written references in line with the provider's policy.

The resuscitation trolleys contained equipment and medicines that staff were not trained to use.

The provider's statement of purpose did not accurately reflect the current activity undertaken.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Name of signatory

Nigel Acheson

Deputy Chief Inspector of Hospitals (London and South)

Summary of findings

Our judgements about each of the main services

Service Surgery

Rating

Good



Why have we given this rating?

Are services safe?

This was the first time the service had been inspected so not previously rated.

We rated it as **Good** because:

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

The service provided mandatory training in key skills to all staff and made sure everyone completed it. The service ensured that bank staff completed mandatory training and regularly reviewed it was up-to-date.

Staff understood how to protect patients from abuse. Staff were aware of their responsibilities with regard to the protection of people in vulnerable circumstances.

Staff had training on how to recognise and report abuse and they knew how to apply it.

The service-controlled infection risk well. Staff used equipment and controlled measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. There were no infections reported.

Patients were cared for in a modern environment that was well maintained.

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

The resuscitation trolleys contained equipment and medicines that staff were not trained to use.

The provider should ensure the recruitment process of staff is undertaken in line with their own policies.

Are services effective?

This was the first time the service had been inspected so not previously rated.

We rated it as **Good** because:

The service provided care and treatment based on national guidance and evidence-based practice. Patient outcomes exceeded national survey results.

Staff monitored the effectiveness of care and treatment.

There were formal systems for collecting comparative data regarding patient outcomes.

The service made sure staff were competent for their roles. However, staff were not trained to use the

Summary of findings

equipment on the resuscitation trolleys. Staff had completed annual appraisals. The manager oversaw staff competencies to ensure that staff remained competent to perform their role.

All staff worked together as a team to benefit patients. They supported each other to provide good care.

Are services caring?

This was the first time the service had been inspected so not previously rated.

We rated it as **Good** because:

Staff treated patients with compassion and kindness.

There was a visible patient-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted patients' dignity.

Patients commented positively about the care provided from all staff they interacted with and staff demonstrated commitment to continuous improvement.

Staff provided emotional support to patients. Patients felt well informed and involved in their procedures and care, including their care after discharge.

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Are services responsive?

This was the first time the service had been inspected so not previously rated.

We rated it as **Good** because:

The service was inclusive and took account of patient's individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services such as local opticians.

People could access the service when they needed it and received the right care promptly. Waiting times, delays and cancellations were minimal and well managed.

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learning with all staff. The service included patients in the investigation of their complaint. The building had been purpose built to meet the needs of the patients, including those with mobility problems.

Are services well-led?

This was the first time the service had been inspected so not previously rated.

We rated it as **Good** because:

Summary of findings

The provider had a clear vision and strategy for the service, staff were aware of it and it was displayed for patients to read to inform patients.

The service collected reliable data and analysed it. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear. The service operated effective governance and risk management processes. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

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

One staff file did not include two written references in line with the provider's recruitment policy.

The providers statement of purpose did not accurately reflect the current activity undertaken.

Panacea

Detailed findings

Services we looked at

Surgery

Detailed findings

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Detailed findings from this inspection

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Background to Panacea

Panacea Medical Centre is operated by Stereopsis Limited. The centre opened in 2015. It is a private centre in Worthing, West Sussex. The centre primarily serves the communities of West Sussex. It also accepts patient referrals from outside this area.

The registered manager left the organisation at the end of October 2019. At the time of the inspection, the acting manager who was the lead ophthalmic surgeon had started the application process to become the registered manager.

Panacea Medical Centre registered with the CQC in 2015. The service has not been inspected before.

We carried out an announced inspection on 12 November 2019.

The centre also offers minor cosmetic procedures such as dermal fillers and Botulinum toxin injections and photobiomodulation (low level laser) cosmetic treatment. We did not inspect these services.

Our inspection team

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

Facts and data about Panacea

The centre is registered to provide the following regulated activities:

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

During the inspection, we visited the outpatient departments, theatres, pre and post-operative areas and waiting areas. We spoke with four staff including two

qualified nurses, an ophthalmic technician, health care assistant and the acting manager who was the lead ophthalmic surgeon. We spoke with two patients. During our inspection, we reviewed two sets of patients' records.

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

Activity

In the reporting period July 2018 to June 2019. There were 579 surgical procedures undertaken and 2167

Detailed findings

outpatient attendances. All of these were either self-funding patients or patients with private health insurance. There were 130 patients that had surgery aged between 18 and 74 and 168 patients were aged over 75 years old. The service had 755 patients attending for outpatients' appointments who were aged between 18 and 75 and 11205 were aged over 75 years old.

In the reporting period the most commonly performed operation (45% of all operations) was cataract surgery. The second most performed procedure (26%) was intravitreal injection and the third most commonly performed surgery (20%) was for laser to improve vision after cataract surgery. Cataract surgery, also called lens replacement surgery, is the removal of the natural lens of the eye that has become cloudy, which is referred to as a cataract, and its replacement with an intraocular (into the eye) lens. Intravitreal injections are used to administer medications to treat a variety of retinal conditions. The retina is the light-sensitive tissue lining the back of the eye. All procedures were undertaken under local anaesthesia.

Two consultant ophthalmic surgeons worked at the centre under practising privileges. The centre employed one registered nurse, one health care assistant and one ophthalmic technician. The healthcare assistant and ophthalmic technician also had a dual role as administrator. The centre also employed one qualified nurse on a bank contract.

Track record on safety

- No never events
- Two clinical incidents with no harm and four non-clinical incidents
- No serious injuries

Services provided at the clinic under service level agreement:

- Clinical and or non-clinical waste removal
- Cytotoxic drugs service
- Interpreting services
- Laundry
- Sterilisation of medical equipment
- Fire safety equipment maintenance
- Cleaning services
- Laser protection service
- Recycling removal
- Water risk assessment
- Air Handling unit maintenance
- Theatre battery back-ups/controls/trolleys maintenance
- Theatre phacoemulsification machines maintenance
- Theatre microscope maintenance
- Laser equipment maintenance
- Information technology hardware and backup maintenance
- Lift maintenance
- Building management system maintenance
- Plant room boiler servicing
- Lighting maintenance
- Health and safety support
- Microbiology and histology support.







Our ratings for this hospital

Our ratings for this hospital are:

Detailed findings

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

Surgery

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

Information about the service

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- Building management system maintenance
- Plant room boiler servicing
- Lighting maintenance
- Health and safety support
- Microbiology and histology support.

Summary of findings

The centre had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well.

The service controlled infection risk well. Staff assessed patients to ensure their needs could be met at the centre and kept good care records.

The service managed medicines well. Staff provided good care and treatment and ensured they were comfortable throughout procedures.

Staff worked well together for the benefit of patients and supported them to make decisions about their care, and had access to good information. .

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

People could access the service when they needed it and did not have to wait long for treatment.

Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values.

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.

Surgery

Are surgery services safe?

Good



Are services safe?

This was the first time the service had been inspected so not previously rated. We rated safe as good.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The mandatory training met the needs of patients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training. The bank member of staff completed their mandatory training at a different hospital and was required to provide the centre with certificates to confirm completion. We saw confirmation of this in their staff file.

Mandatory training modules included but were not limited to; Cyber security, medical gases, health and safety, infection control, hand hygiene, complaints management and fire safety. All staff were up-to-date with mandatory training.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

The service had a safeguarding vulnerable people policy, the policy reflected the latest legislation.. The policy included national legislation and included but was not limited to; female genital mutilation, modern slavery, human trafficking and preventing domestic abuse.

Staff knew how to identify adults at risk of, or suffering, significant harm and knew how to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff showed us the

safeguarding folder which could be easily accessed which contained the steps to follow if they had concerns about a patient. The service had not made any safeguarding referrals in the previous 12 months.

The acting manager, the lead ophthalmic consultant was the safeguarding lead. They had completed level 3 safeguarding adults training, in line with national guidance. All other staff completed level 2 safeguarding adults training, in line with national guidance. All staff were up-to-date with safeguarding adults training.

Children and young people were not treated at the centre and staff reported that children did not accompany adults. The adult safeguarding lead had completed level 1 safeguarding children training. One of the qualified nurses had up-to-date level two safeguarding training.

Staff told us that they had regular informal safeguarding training with the safeguarding lead, a session had been held two weeks prior to the inspection. During these sessions they discussed case studies relevant to the type of patients they treated.

Cleanliness, infection control and hygiene

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

There were systems for the segregation and correct disposal of waste materials such as sharp items. This was in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. We saw six sharps containers five were assembled and labelled correctly which ensured traceability. One sharps container did not have the assembled date written on the label. A waste and sharps management audit undertaken in October 2019 showed 92% compliance.

Staff followed infection control principles including the use of personal protective equipment. All staff were 'bare below the elbows' in clinical areas to allow effective handwashing in line with national guidelines. In the operating theatre, staff wore scrub suits and theatre caps in line with the provider's policy.

Surgery

There was adequate access to hand sanitiser gels and hand washing sinks on entry to clinical areas and also at the point of care.

We saw all staff had undertaken a competency and mandatory training in aseptic technique and hand washing techniques, which ensured they had the skills and knowledge necessary. Aseptic technique is a procedure used by staff to prevent the spread of infection.

All areas were visibly clean and had suitable furnishings which were clean and well-maintained. The centre used a variety of equipment to minimise the risk of the spread of infection. These included non-touch light switches, hands free electric taps and silicone computer keyboards which could be cleaned effectively.

Staff cleaned equipment after patient contact. Theatres were visibly clean and tidy. We reviewed cleaning checklists for theatres, which provided assurances staff had completed daily and weekly cleaning tasks. In addition, theatres had a six monthly deep clean and we saw records which confirmed these were undertaken.

An external company undertook an annual Legionella risk assessment we reviewed records which showed this was last completed in October 2019. We reviewed the assessment which identified with the hot water not reaching the correct temperature. We saw records which showed this issue had been resolved. We saw records which showed little used water outlets were flushed weekly. This was in line with the Health and Safety Executive standards. Legionnaires' disease is an uncommon but potentially serious form of pneumonia, caused by breathing in droplets of water from a contaminated water source.

External contractors provided cleaning services, infection prevention and control compliance audits and risk assessments.

Cleaning and hand hygiene audit results provided assurances around the cleanliness of the centre and staff compliance with hand hygiene practice and scrub practices. Hand hygiene audits were undertaken monthly, the last audit in October 2019 showed 100% compliance. The last scrub practice audit in October 2019 showed 100% compliance.

Monthly and six-monthly infection prevention and control audits were undertaken. The audit undertaken in October 2019 showed 97% compliance. The six-monthly audit

undertaken in September 2019 showed 76% compliance. We saw the service had resolved the nine actions identified in the audit. For example, there were now posters above handwashing sinks displaying the correct way to wash hands in line with national guidelines.

The service had a service level agreement with a local NHS trust for the processing and sterilisation of reusable surgical instruments. Instruments were collected on Wednesdays and returned ready for use on Fridays.

The service undertook antibiotic compliance audits. This provided assurance that antibiotics were being prescribed and administered correctly in line with national guidelines. The most recent audit undertaken in October 2019 showed 100% compliance.

Staff worked effectively to prevent, identify and treat surgical site infections. We were given an example of when a patient had suspected endophthalmitis. The patient was treated in line with The Royal College of Ophthalmologists guidelines. Microbiology tests later showed the patient did not have endophthalmitis. Endophthalmitis is a serious infection inside the eye that can develop after cataract surgery.

Patients were given information on the signs to look out for which might indicate an infection after surgery. We observed the signs and symptoms were also discussed with the patient as part of the discharge process.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. However, the resuscitation trolley contained equipment staff were not trained to use. Staff managed clinical waste well.

The centre was set over two floors. On the ground floor there was a reception area, waiting room, pre and post-operative areas and two theatres. Only one theatre was used for surgery, the other theatre was used to prepare the surgical instruments prior to the operation. On the first floor there was a large waiting area, clinic rooms, a seminar room and a minor operating room equipped with lasers.

The centre had two resuscitation trolleys, one on the first floor and one on the ground floor. We found the trolleys contained equipment that staff were not trained or qualified to use. For example, laryngoscopes, which are

Surgery

used to insert a tube into a patient's airway when unable to breathe for themselves. No staff working at the centre had advanced life support training which included training on how to insert a tube into a patient's airway. We saw in meeting minutes from 5 November 2019 that the contents and layout of the trolley had been raised as an issue by a staff member. As a result of this the acting manager was in the process of reviewing the contents and layout of the trolleys. The trolley upstairs contained an oxygen cylinder which was not stored in line with the Health and Safety at Work Act 1974 and guidelines. Records we reviewed showed that the trolley contents and defibrillator were checked daily. This provided assurance that the equipment was in working order and safe to use. We checked eight items within the trolleys and found they were all in date.

The fire service had undertaken an assessment of fire safety procedure and equipment within the centre in October 2019. This provided assurance that there was an adequate fire safety procedure and fire safety equipment was working. This assessment identified a fault with one of the fire detection alarms. We saw this issue had been resolved immediately.

The service had enough suitable equipment to help them to safely care for patients. Staff carried out daily safety checks of specialist equipment such as lasers.

We saw the temperature and humidity of the theatre was checked and recorded at the start of every operating list to ensure it was within the safe range. We saw completed records, which confirmed these checks were undertaken.

The traceability for implants used in surgical procedures was maintained by retaining the bar codes with unique traceable reference numbers and inputting them into the electronic and paper patient records. Patients were given a card to keep which contained the barcodes and unique reference numbers for their own lens implants.

The theatre had an integrated management system, which ensured airflow was maintained at 20 changes of air per hour, which was in line with the Royal College of Ophthalmologists ophthalmic services guidance. The integrated system displayed and alarmed if the ventilation system was not working correctly. The airflow system was tested and serviced annually, and we saw service records of its compliance with required standards. This provided assurance that the ventilation system was working correctly and minimising the risk of infection.

Each time a laser was used the temperature and calibration was recorded, we saw completed records, which confirmed this. This was in line with Royal College of Ophthalmologists ophthalmic services guidance. This provided assurance that the lasers were safe to use and working correctly.

The service had two different types of laser for use in glaucoma surgery and retinal diseases and cataract surgery. We saw laser warning signs were used to clearly identify controlled areas where lasers were in use. Local rules were in place for both types of lasers used within the service. Local rules summarise the key working instructions intended to restrict exposure to lasers.

Local rules for the lasers were stored in folders with the lasers. There was a list of authorised users and staff had signed to state they had read and understood them. Staff knew the location of the folder to contact if required.

The folder also included contact details of the Laser Protection Advisor and was updated annually by the Laser Protection Advisor or more frequently, if there were changes to staffing or types of laser used.

The Laser Protection Advisor was the acting manager who was also the lead ophthalmic consultant. We reviewed training records which confirmed they had received the necessary training and knowledge to perform this role. This was in line with Medicines and Healthcare products Regulatory Agency legislation.

The ophthalmic technician was responsible for the laser keys, which were kept in a locked key cupboard. We saw records which confirmed the keys were signed in and out each time one of the lasers was used.

The service had a service level agreement with an external company for the servicing and electrical safety testing of the lasers.

We saw the service had an equipment database, which detailed when servicing and electrical safety testing was undertaken. This provided assurance that equipment was safe to use.

The ophthalmic technician undertook the electrical safety testing of all other equipment and had received the training to do so. Records we reviewed showed that all electrical equipment underwent electrical safety testing in November of each year. Testing was in progress at the time of our inspection.

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During our inspection, we checked eight items of electrical equipment all of which had undergone electrical safety checks within the last 12 months.

We reviewed staff training records which showed staff received training and had their competence assessed prior to using equipment on their own.

There was an information folder that was easily accessible to staff which contained the contact numbers of engineers, if there was a problem with any equipment or the building.

Control of Substances Hazardous to Health Regulation risk assessments were in a folder along with the safety data sheets of each product. For example, toilet cleaner and anti-bacterial wipes. Staff knew where to access these which ensured they could consult them in case of an incident. Substances subject to Control of substances hazardous to health regulations were kept securely in a locked cupboard.

The service had suitable facilities to meet the needs of patients attending with eye conditions. The environment had been designed and renovated four years ago to meet national guidance. The environment was modern and spacious but had kept the majority of the old traditional features of the church. We saw all areas were well maintained and free from clutter.

An external company had undertaken an asbestos assessment of the building in 2019. This provided assurance that there was no asbestos that could cause harm in the building.

Assessing and responding to patient risk

If a patient or visitor deteriorated suddenly and required immediate treatment clinic staff would call the emergency services. Staff would maintain basic life support until the emergency services arrived. This had not happened in the last four years.

The service had up to date policies for the treatment of anaphylaxis which reflected national guidelines. Anaphylaxis is a serious allergic reaction that is rapid in onset and may cause death.

All necessary diagnostic tests were completed on the first appointment with the ophthalmic consultant and a

medical questionnaire was completed. The consultant reviewed the results of the medical questionnaire and the diagnostic tests to ascertain suitability for surgery at the centre and went through treatment options with patients.

The service had a contraindication list, which excluded patients who were not safe for treatment at the centre. This included certain eye conditions, contraindicated medicines, and high-risk clinical conditions.

The patient's blood pressure was measured as part of the diagnostic tests undertaken. Patients with high blood pressure were referred to their GP for further treatment before surgery was agreed.

After their procedure, patients were given detailed written instructions on aftercare and the time and date of their next appointment and we observed this during our inspection.

Patients were given the contact number of the consultant ophthalmic surgeon who they could contact 24 hours a day, seven days a week. We observed staff showing patients this number in their discharge information. All patients were telephoned the following day after treatment by the consultant ophthalmic surgeon to check on their recovery and welfare.

The service used the World Health Organisation Five Steps to Safer Surgery checklist. We observed the checklist being undertaken in accordance with guidance. All staff knew what their role and responsibilities were in relation to the checklist, and there was good staff engagement.

The World Health Organization five steps to safer surgery checklist formed part of every patient treatment pathway and compliance was audited for every patient by reviewing their records. This provided assurance that the checklist was being completed correctly. Twenty-one different aspects relating to the checklist were audited. Audit data we reviewed showed good overall compliance with the checklist. Between 3 September 2019 and 24 October 2019 twenty patient records were audited and showed records were complete.

A staff briefing was held prior to each surgical session. This was attended by all staff involved in the surgery. We observed a briefing which included a brief summary of

Surgery

each patient undergoing surgery and highlighted any specific issues or concerns, such as allergies, specific equipment requirements, eye lens implants availability, anticipated difficulties and relevant past medical history.

The service assessed the risk of a patient developing a venous thromboembolism, in line with the Royal College of Ophthalmologists guidelines. Audit data we reviewed showed that 100% of patients were assessed in line with the guidance.

Eye lens implants were ordered in advance for each patient dependent on their requirements. A member of staff checked the lenses at the start of the operating session. The consultant and the scrub nurse also independently checked the lenses prior to the start of the operating session. A final check was undertaken before the lens box was opened and given to the surgeon. Only one lens was taken into theatre at a time. This ensured the correct lens was inserted into the patient's eye. There was always a backup lens exactly the same available if one was accidentally dropped on the floor and had to be discarded.

Nursing and support staffing

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

The service had three qualified nurses who worked part-time, one who worked on bank, one member of staff who had a dual role as a healthcare assistant and administrator and there was one ophthalmic technician. The service did not use any agency staff. Staff worked set days of the week.

Theatre staffing levels were compliant with Royal College of Ophthalmology guidance. We reviewed records, which confirmed that these staffing levels were adhered to.

We reviewed five staff files and saw that generally there was an effective process for the employment of staff. All appropriate checks such as Disclosure and Barring Service, Nursing and Midwifery Council registration, written references and health screening were carried out before they were employed. However, one staff member's file did not contain two written references in line with the provider's Policy for Recruitment and Selection of Staff. This was because the member of staff had been professionally known to the lead ophthalmic consultant for many years.

Since our inspection the provider has amended this policy to add: Personal references from in house clinicians or other employees who have known and worked closely with the applicants for a number of years may also be accepted.

Medical staffing

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

The service employed two ophthalmic consultants under practicing privileges. Practicing privileges were reviewed as part of the appraisal process. One ophthalmic surgeon who had stopped working at the centre and had not updated their supporting documents had had their practicing privileges removed.

Both ophthalmic surgeons only worked within private practice. The lead ophthalmic consultant undertook annual appraisals with the other ophthalmic consultant and we saw copies of these in their file. A consultant who worked at another private health facility was the lead ophthalmic consultant's responsible officer and undertook their annual appraisal with them. We saw copies of these appraisals within the lead consultants file. The same consultant also supported the lead ophthalmic consultant through their revalidation process with the General Medical Council which had recently been completed.

We saw that the provider had checks in place to ensure any new surgeon employed or granted practising privileges at the hospital, held the required level of training and experience.

We reviewed the two consultant staff files and saw there was an effective process for the granting of practising privileges. All appropriate checks such as Disclosure and Barring Service, General Medical Council, Indemnity insurance, references and health screening were carried out before practising privileges were granted. All the documents were reviewed annually as part of the appraisal process to ensure they were up-to-date.

Records

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

Surgery

The service had a Policy on Information Management, Subject Access Requests & Access to Health Records which was up-to-date and was based on latest national legislation.

The centre used a mixture of an electronic patient record system and paper records. The service was in the process of changing completely over to an electronic patient record system.

Patient records included information such as the patient's medical history, previous medicines, consultation notes, treatment plans and follow-up notes.

We reviewed two sets of paper patient records and found the records to be correctly filed and complete. Each consultant was responsible for securing medical records in-line with the policy. The lead consultant ophthalmic surgeon kept medical records at their home in a locked cabinet and the other consultant kept them on site in a locked cabinet. This was in line with the centre's policy. This ensured there was a complete and accurate record for each patient that either of the consultants were responsible for. Records taken off site followed the same policy and were kept in a locked case, never left unattended and locked away in a fireproof cabinet when at destination. Patient records on site were kept securely in line with the provider's policy. We saw the paper notes were within a locked cabinet and only certain staff had authorised access to the key for the cabinet.

Records included information specific to the treatment needed such as the recommended type and prescription of lens to be implanted during surgery based on various diagnostic tests. The serial number of the implanted lens was logged on the patient's records, as was any other equipment used during surgery. This meant any issues with the implants discovered subsequently, the patient could be tracked.

The service audited patient records each month to provide assurance that records were completed fully and accurately. The audit checked for full patient details, treating consultant, date and time of entries, consent process, list of medicines, past medical history and biometry results. The most recent audit undertaken between 20 September 2019 and 24 October 2019 (16 patient records) showed good compliance. For example, 100% of patients had their biometry results attached to their record and full patient details documented.

Medicines

Staff followed systems and processes when prescribing, administering, recording and storing medicines.

The clinic did not keep any controlled drugs.

The service had a policy for medicines management which was in date and was in line with relevant legislation.

Staff stored and managed medicines and prescribing documents in line with the provider's policy.

We saw medicines were stored securely and there were processes to ensure they remained suitable for use. Fridge temperatures were checked and recorded daily to ensure that certain medicines that required refrigeration remained suitable for use. Room temperatures were also checked daily.

The centre occasionally used sublingual (under the tongue) lorazepam to help patients relax during their procedure. This medication was used to treat anxiety. Lorazepam belongs to a class of drugs known as benzodiazepines which act on the brain and nerves (central nervous system) to produce a calming effect. We reviewed records which showed that complete records were kept for the lorazepam and it was stored securely.

In an emergency situation staff would call the emergency services and maintain basic life support until they arrived. The resuscitation trolley contained emergency medicines such as intravenous (into a vein) adrenaline that staff were not trained to administer. We saw in November 2019 clinic meeting minutes that this had been raised and the content of the trolleys was in the process of being reviewed.

The trolley also contained intra-muscular (injected into a muscle) adrenaline for the treatment of anaphylaxis which staff were trained to use.

The service sourced medicines from two main suppliers, some eye drops were obtained directly from the manufacturer. We saw medicine stock level and recording audits were undertaken. An audit undertaken in October 2019 identified areas for improvement. For example, medicines not being recorded on the stock list as used. The audit showed what action had been taken to address the issues and we saw confirmation that this had been discussed with the staff involved.

Surgery

We checked six different medicines and found these to be in date. Medicines had a stock level and were ordered when required and delivered within a couple of days.

The unit occasionally used cytotoxic medicine (Mitomycin C). This medicine can be applied to the eye to prevent scarring. The use of this medicine during eye surgery is 'off label'. Off-label, medicines are used for a purpose, which differs from that stated on the licence. Patients were informed as part of the consent process that they were receiving an off-label medicine and the risks and benefits were explained and documented on the consent form.

The provider used Mitomycin C in line with the provider's Handling, Segregation and Disposal of Cytostatic and Cytotoxic Waste policy. The policy set out the process for the safe management of the medicine. It included the roles and responsibilities, for the surgeon and theatre staff, preparation, administration and disposal. However, there was not a specific control of substances hazardous to health regulation risk assessment for Mitomycin C.

The service used procedure specific protocols for eye drop regimes. This ensured staff preparing the eye drops had reference document to use. Medicines including eye drops were prescribed by the ophthalmic consultants. Staff who installed them had completed an eye drop installation competency. We saw these completed competencies in staff files this provided was assured that staff had the knowledge and skills to safely install eye drops.

We saw the expiry date and batch number of eye drops were documented within the patients record for traceability in the event of an issue with the drops.

Eye drops for patients to take home were prepared by a qualified nurse and the consultant checked the prepared drops against the prescription before they were given to the patient.

We observed a full explanation was given to patients regarding their eye drops they took home during the discharge process, which included the purpose of the medicine, frequency, duration and possible side effects. For example, we heard staff explaining to a patient that one of the drops may have the side effect of having to urinate more frequently. Patients were given information leaflets which contained information on how to install the drops. Patients who had undergone cataract surgery were given two different types of eye drops with similar names. We saw

staff clearly wrote on the boxes which needed to be taken first and when to avoid confusion. Staff checked to ensure that the patient was able to administer the drops themselves or had a friend or relative to support them.

The provider had a contract with a provider approved by the Environment Agency for the disposal of pharmaceutical waste. We saw three blue medical waste containers designated for the disposal of pharmaceutical waste. We saw the containers were assembled and labelled correctly which ensured traceability.

The centre did not use outpatient prescriptions. Ophthalmic consultants would write to the patient's GP with recommendations for them to prescribe any medicines.

An audit undertaken between 20 September 2019 and 24 October (16 patients) showed 100% of patients had a list of prescribed current medicines documented in their patient record.

Incidents

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

Staff knew what incidents to report and how to report them. Staff explained how they would report them to the lead ophthalmic surgeon and prior to this the centre manager. We saw a log was kept of all incidents reported. These were investigated by the manager and risk assessed and rated as red (high risk), amber (medium risk) and green (low risk).

Between July 2018 and June 2019, the service reported two incidents, one was risk assessed as high risk (suspected endophthalmitis) and one risk assessed as moderate risk (incorrect management of dirty needles).

We reviewed the incident reported involving incorrect management of dirty needles. We saw actions had been taken. One action was additional training which had been provided to the staff member involved.

Surgery

We reviewed the other reported incident of a patient with suspected endophthalmitis. The investigation was thorough and identified learning points unrelated to the incident itself which were shared with staff.

The service had a Being Open and the Duty of Candour policy which was in date, however we were told there had been no incident where staff needed to apply it. Staff understood the duty of candour. They told us they were open and transparent with patients and gave them an explanation when things went wrong. Staff gave us examples of being open and honest with patients. For example, if the centre was running late. The Duty of Candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.

Are surgery services effective?

Good



Are services effective?

This was the first time the service had been inspected so not previously rated. We rated effective as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Staff followed policies to plan and deliver care according to best practice and national guidance. Policies and guidelines were developed in line with the Royal College of Ophthalmologists and the National Institute for Health and Care Excellence guidelines.

In theatres, we observed National Institute for Health and Care Excellence guideline NG77 Cataracts in adults: Management, was adhered to. For example, immediately before the operation the surgeon referred to the patient's printed biometry results.

We observed that National Institute for Health and Care Excellence guideline NG77 was followed for the complete patient's pathway, from providing the patient with enough information to make an informed decision through to post-operative assessment.

The service undertook local audits which included, medicines, World Health Organisation Five Steps to Safer Surgery, consent and cataract and glaucoma audits.

We saw meeting minutes, which confirmed updates and new National Institute for Health and Care Excellence guidelines were discussed. Staff could access local policies and national guidelines which were in a folder.

Nutrition and hydration

There was a variety of hot and cold drinks available for patients and visitors. We saw staff checked what drink a patient would like after their procedure, so they had it ready when they came out of theatre. There was a selection of biscuits and snacks available for patients.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain or discomfort.

Most patients had topical anaesthetic drops prior to their surgery which provided pain relief during the surgery. Patient undergoing retinal surgery did so under peribulbar anaesthesia and patients undergoing eyelid surgery had an injection of local anaesthetic into the eyelid. Peribulbar block involves injections above and below the eye socket, with local anaesthetic in the muscle of the eye. We observed staff checking the patient was not experiencing pain during or after the procedure.

Patients were given a post-operative care booklet which explained what level of pain or discomfort was expected after the procedure, and if the pain became severe to contact either the centre or the ophthalmic surgeon. The booklet also gave information on how patients could minimise the discomfort afterwards, for example by using lubricating eye drops. We observed a staff member discussing these with a patient during the discharge process.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. Patient outcomes exceeded national survey results.

There were no unplanned return to theatres between July 2018 and June 2019.

Surgery

The service undertook audits which monitored patient outcomes for cataract and glaucoma procedures.

An audit undertaken in May 2018 included 20 patients who underwent refractive cataract surgery, some patients had both eyes operated on, so the audit outcomes was for a total of 26 eyes. The audit showed that for patients that did not have another pre-existing eye condition 100% of patients achieved a visual acuity of 6/9. This was better than the national average of 95%. Visual acuity is a measurement of central vision only. The audit also showed that the predicted refraction was below the accepted standard outlined in The Royal College of Ophthalmologists' National Ophthalmology Database study of cataract surgery 2015. Refractive cataract surgery is a permanent lens replacement procedure, which could correct your vision, done at the same time as removing cataracts and replacing the natural lens with an advanced lens designed to correct vision.

The lead ophthalmic consultant was auditing a new technique using a gel stent implant inserted in the eye to lower high eye pressure in patients with open-angle glaucoma where previous treatment had failed. The consultant had been undertaking the technique since 2016 and measuring outcomes as the new technique was undergoing revolution. The 2018 audit showed an improvement in outcomes since the first audit in 2016. In the 2018 audit there was an average reduction of 29.3% in eye pressure and this was maintained at three months after surgery. This was 23.5% lower than the 2016 audit.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. All staff had received an appraisal in the previous 12 months. We saw evidence of supervision within the staff files we reviewed.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.

Managers gave all new staff a full induction tailored to their role before they started work. We saw there was a policy on the induction of new staff. We saw completed induction programmes during our inspection, which confirmed it was undertaken.

There were systems to enable the revalidation of surgeons and there was an accountable person responsible for ensuring revalidation was valid.

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care.

In theatres, we observed that the whole team worked well together, and all members of the team had a voice.

The centre had effective relationships with community eye practitioners such as optometrists and opticians. We saw correspondence in a patient's record to an optician making recommendations.

Staff we spoke with reported positive multidisciplinary working relationships with colleagues. Many of the staff had worked together for many years.

Seven-day services

The centre was open Monday to Friday 9am until 5pm. Patients had the contact number of their ophthalmic consultant should they need to contact them outside of the centre opening hours. The consultants covered for each other when on annual leave.

Health promotion

We saw a variety of patient information promoting healthy lifestyle choices and mental health well-being such as stopping smoking, eating healthily and reducing stress.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

The service had a consent policy which was in date and was in line with the Mental Capacity Act and Deprivation of Liberty Safeguards legislation. The policy set out staff responsibilities for seeking and obtaining informed consent, including the type of consent (verbal or written) needed for procedures undertaken at the centre.

Surgery

The service sought written consent from patients to share information with their GP.

We saw the consent process started at the outpatient appointment when surgery had been recommended. Patients were given information leaflets to take away and read at home, this gave patients time to thoroughly read and understand the benefits and risks of the procedure.

We saw the information leaflets were standardised and explained the procedure, suitability, benefits, risks and alternatives. This was in line with the Royal College of Ophthalmologists guidelines.

We observed the consenting process and saw the consultant checked with the patient that they had read and understood the information that had been provided. This also gave the patient an opportunity to ask more questions. We saw there were standardised consent forms for each procedure which included complication rates. This was in line with the Royal College of Ophthalmologists guidelines. This ensured patients were informed of the risks, we saw the consultant discussed these during the consent process.

The service undertook monthly consent form audits which measured seven different aspects of the consent form. For example, 'is the name of the procedure included and clearly legible and is the eye side written in full, not abbreviated and legible'.

An audit undertaken between 20 September 2019 and 24 October (16 patients) showed 100% compliance with all seven aspects.

All staff had completed training which included; Mental Capacity Act and Deprivation of Liberty Safeguards and consent training.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff explained to us that the capacity of a person to consent to treatment was reviewed by consultants and staff during the outpatient consultation.

Are surgery services caring?

Good



Are services caring?

This was the first time the service had been inspected so not previously rated. We rated caring as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients in a respectful and considerate way. We observed that staff had taken the time to find out about the interests and hobbies, which they talked to them about.

Patients said staff treated them well and with kindness. We observed encouragement and reassurance being given to patients during their surgery.

Patients we spoke with were positive about the care they had received. Patients comments included; "The care has been fantastic, I have great confidence in the consultant and their team and everyone has been amazing."

We reviewed 22 thank-you cards which were displayed in the waiting room. Comments included; "I cannot express in words how grateful I am for restoring my sight and "It is wonderful work you are doing, and I really appreciate my new eye".

Patients completed patient satisfaction surveys, which enabled patients to provide feedback on the care they received at the centre. Patient satisfaction survey results for between July 2019 and September showed 87% of patients rated their care as excellent and 13% rated it as very good. Patient satisfaction survey results for between April 2019 and June 2019 showed 94% of patients rated their care as excellent and 6% rated it as very good.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. We observed staff discussing the patient's eyesight and the need to maintain their eyesight as any further deterioration would impact on their ability to drive and fly a plane.

Staff gave patients, emotional support and advice when they needed it.

Surgery

We saw staff spoke to patients in advance of their procedure to ask if they had any preference on the music played whilst they were in theatre to reduce anxiety. For example, one patient requested Frank Sinatra, staff selected the music in advance and played it throughout their procedure. This helped to reduce anxiety and provided a distraction.

We saw staff give the patient comprehensive verbal and written information about their on-going care. This included eye care, follow-up appointments, hobbies and advice on medicines. This helped patients understand how to care for themselves and recognise any post-operative complications.

Patient satisfaction survey results and testimonials were on Panacea Medical Centre's website. This provided support for patients as they heard it from a patient's perspective.

Comments on thank-you cards from patients included; "A big thank-you for the care and attention I received, I can now see for miles and miles".

We were given an example of a patient who was particularly anxious about their surgery. Staff allowed their daughter to accompany them and sit and hold their hand throughout their surgery.

Understanding and involvement of patients and those close to them

Staff made sure patients and those close to them understood their care and treatment. We observed staff giving patients the opportunity to ask any questions during conversations.

The service actively involved patients' relatives as partners in their care. For example, we observed staff asking a patient if they wanted them to explain to their wife about the installation of eye drops.

Staff made sure patients and those close to them understood their care and treatment. Patient records we reviewed demonstrated patients giving their consent to information regarding their care being shared with their next of kin.

Patients were greeted on arrival at the centre and met the team prior to proceeding with surgery. Postoperative instructions were in a printed booklet and reviewed with the patient prior to discharge.

Are surgery services responsive?

Good



Are services responsive?

This was the first time the service had been inspected so not previously rated. We rated responsive as good.

Service delivery to meet the needs of local people

Facilities and premises were appropriate for the services being delivered. Panacea medical centre was designed and renovated to support the specific needs of patients with eye disorders. The centre was integrated and had a bespoke environment using high technology diagnostics and therapeutics.

The centre did not undertake bilateral eye surgery on the same day, due to the risk of infection. Instead, patients who had the operations separately at a time convenient to the patient.

The centre provided private healthcare treatment. Patients could either self-pay or use private health insurance. Patients could self-refer or be referred by another healthcare agency for example, an optician.

All patients were pre-planned for elective treatment. This meant that treatment lists were well planned and sufficient staffing numbers were employed to treat patients.

Sixty-percent of all patients treated chose the centre by recommendations of friends and family. The centre did not actively advertise and obtained the majority of business by word of mouth.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

The service had information leaflets available on request in languages spoken by the patients and local community. Information leaflets were available in large print for patients who were visually impaired.

Surgery

The service had access to telephone interpreting services for patients who needed it. The staff spoke five different languages between them so were able to translate for patients if required.

The centre had an equality access audit undertaken by an external agency in September 2019. The audit assessed how accessible the building and equipment within was for service users with a physical disability. The overall score the centre obtained was 80%. We saw the service had taken action to address issues highlighted in the audit. For example, the front door bell was lowered to make it at a height that wheelchair users could reach.

There was a TV in the reception area, which displayed the services available at the centre and health information.

The centre offered free car parking which included designated bays for those with disabilities. The centre was in the process of re-designing the signage to make it clearer for those with visual impairment.

The centre had wheelchair accessible toilets and wheelchairs available for patients to use if required. There was a passenger lift for between the ground floor and first floor, suitable for wheelchair users and people with limited mobility.

We were given an example of a patient who attended the clinic who suffered from urinary incontinence. To ensure their needs were met their appointment was in a clinic room closely situated to a toilet.

There was a holistic approach to assessing, planning and delivering care and treatment. Each patient's individual circumstances, occupation and hobbies were taken into account when deciding on care and treatment.

Patients who were particularly anxious about their surgery could have a visit to the theatre to familiarise themselves prior to their surgery.

The patient group treated at the clinic was predominately older people, with age related eye conditions. Therefore, the service had developed and were using a dementia strategy which had three strategic aims:

- Become a dementia friendly organisation with environments and processes that cause no avoidable harm to patients with dementia.
- Deliver person centred care that supports the patient with dementia and their carer

- Develop a skilled and effective workforce able and unafraid to champion compassionate person-centred care.

Access and flow

People could access the service when they needed it and received the right care promptly.

Patients could self-refer or be referred by another health professional such as GP, optician or optometrist. If patients did not attend for their appointment staff telephoned them to find out the reason and check on their welfare.

Consultants did not have waiting lists. Patients could typically be booked in for procedures at the patient's convenience subject to the ordering of any bespoke lenses. Patients were seen for an outpatient appointment within one week of referral. If surgery was required, this was undertaken within two weeks of the initial referral.

One member of staff had a dual role as health care assistant and administrator. Included in their role was all aspects of patient administration including; patient appointments, clinics and theatre lists.

The service had not cancelled any procedures due to a non-clinical reason between July 2018 and June 2019.

Learning from complaints and concerns

The service had a system for handling complaints and concerns and followed the organisation's complaints policy. The policy provided a structured process for staff to follow when dealing with complaints.

Between September 2017 and August 2019, the clinic received four complaints. We reviewed the complaints log during our inspection, which showed very few complaints with no themes, all complaints had been successfully resolved locally and were responded to within the time frames set out in the policy.

Complaints were a standard agenda item of centre meetings and we saw confirmation of this in meeting minutes. Learning was disseminated in this way.

We saw posters in the centre which contained information on how to make a complaint or leave

feedback. Details of how to make a complaint was also on the centre's website.

Surgery

Complaint information included contact details for the Independent Healthcare Sector Complaints

Adjudication Service. The service had not had any complaints referred to Independent Healthcare Sector Complaints Adjudication Service.

All staff received training in handling complaints with the focus on trying to resolve complaints informally at the time of the complaint. All staff were up-to-date with complaints training.

Are surgery services well-led?

Good



Are services well-led?

This was the first time the service had been inspected so not previously rated. We rated well-led as good.

Leadership

The lead ophthalmic consultant was the acting manager at the time of the inspection and was the co-owner of Panacea medical centre. The previous registered manager had left the centre at the end of October 2019. The lead ophthalmic consultant was in the process of applying to become the registered manager. The lead ophthalmic surgeon was supported administratively by a member of staff who was also the co-owner and had a dual role as administrator and health care assistant.

All staff reported to the lead ophthalmic surgeon who had the skills and experience to lead the service. Staff told us they felt valued, supported and respected in their roles.

We saw strong leadership, commitment and support from the lead ophthalmic surgeon. They were responsive, accessible and available to support staff. Staff said that their work life balance was good.

Vision and strategy

The service had aims and objectives of its purpose and what it strived to achieve. The aims and objectives were focused on using the latest technology, a patient centred approach, treating patients with honesty and integrity, having appropriately trained staff and providing the best facilities.

Staff we spoke to were aware of the aims and objectives of the service. There was a patient guide of the aims and objectives of the service displayed in the waiting room and reception area.

Culture

We observed positive working relationships between staff. Due to the small size of the centre, everyone knew each other, and we observed friendly interactions between staff at the centre

Staff we met were all welcoming, friendly, and helpful.

Morale was good most of the staff had worked with the lead ophthalmic surgeon for many years.

Staff told us there was a strong culture of openness and transparency. Staff told us they felt able to raise concerns with the lead ophthalmic surgeon. Staff told us one of the best things about working at the centre was the team.

There was strong collaboration and support across all aspects of the service and there was a common focus on improving quality of care and people's experiences.

Governance

Staff were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. The service operated effective governance processes

The service had a management and governance committee, which was made up of three governance leads. The acting manager and lead ophthalmic surgeon had overarching governance responsibility. Clinical governance meetings were held monthly. We saw meeting minutes of the meetings which reviewed quality, safety and performance items including incidents, safeguarding, staff training, audits, complaints and patient satisfaction results to help drive improvement.

Medical Advisory Committee meetings were undertaken quarterly where the risk register and practising privileges were reviewed.

Three sub-committees; infection control, estates and technology and theatres fed into the medical advisory group which was chaired by the acting manager and lead ophthalmic surgeon. A head of clinical services report amalgamating information and data from all sub-committees was presented at the medical advisory

Surgery

group. The medical advisory group and governance meetings provided the formal organisational structure through which staff communicated. This committee's purpose was to act as a point of contact and information, ensure that policies and procedures support the delivery of safe and effective clinical care and support the development of the overall clinical strategy of the hospital.

Additional consultants who worked at the centre also attended medical advisory committee meetings and governance meetings to ensure the meetings were effective. However, these consultants did not undertake regulated activity at the centre.

We reviewed the operational service policy and found it did not reflect the current activity undertaken even though it was reviewed in June 2019. For example, it mentions undertaking general anaesthetics and inpatients.

The centre's statement of purpose did not fully reflect the current activity undertaken. The statement of purpose stated the service offered would be for the whole population however, the service does not treat patients under the age of 18 years old. We were told this was because when the service first registered with the CQC they thought they may treat patients under 18 years old.

Managing risks, issues and performance

The service had effective systems for identifying risks, planning to eliminate or reduce them. It used a systematic approach to continually improve the quality of the service.

Managers we spoke with at all levels understood the risks to the service and could describe action to reduce risks. For example, the service had a Legionella risk assessment undertaken by an external agency in October 2019 which identified areas which required action. The service had now implemented further routine monitoring in the form of a water checklist which checked things like water temperatures to monitor any future issues.

The service regularly reviewed risk registers and updated them with actions taken to reduce risks and any changes in risk ratings. The service held a risk register which was last reviewed in October 2019. The risk register had four open risks, all of which had actions to reduce the risk and time frames for the outstanding actions. All risks related to equipment and the premise. Only one risk was assessed as

high risk, and this was in relation to the risk of water contamination with Legionella. This remained on the risk register whilst new processes were embedded, and the last actions completed.

The service had an 'essential standards of quality and safety Panacea's policy and procedure manual' and this was under review at the time of our inspection. The manual contained policies and procedures in relation to the provision of information to patients and relatives, personalised care, treatment and support, safeguarding and safety, suitability of staffing, quality and management and suitability of management.

The centre had service level agreements with external companies which provided services. For example, sterilisation of instruments, laundry, cleaning, facilities and estates management. We reviewed two agreements which were in date and defined the type of service provided, required

performance level, monitoring process, steps how to report matters affecting performance and a review date of the agreement.

Managing information

The information systems were secure. Electronic databases were backed up by a local system and should this fail and an external electronic storage system. We saw staff followed information governance principals, such as locking their computer screens when they were away from their desks. The service was in the process of switching to electronic patient records.

As of 1 September 2016, every private healthcare facility was required to collect and submit data to The Private Healthcare Information Network for every patient episode of care treated at that facility. The information collected is intended to improve the availability of information to patients considering private healthcare service, making the information comparable with that which is already available for the NHS. Panacea medical centre collected and submitted data to The Private Healthcare Information Network.

Engagement

The service collected patient feedback via testimonials, patient complaints, patient thank you cards, patient

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satisfaction surveys and from staff talking with patients. Feedback was discussed at team meetings and processes changed based on feedback, we saw confirmation of this in meeting minutes.

We saw posters and leaflets with information for patients on how to leave feedback. In addition, the centre's website had testimonials and feedback from patients.

The centre had a website where information could be obtained about the treatments available for patients. It was very comprehensive and included information about fees for procedures. Fees for procedures were also displayed in the reception area.

Staff surveys were not conducted at the centre. As the team was small, we were told that staff would tell the lead ophthalmic surgeon any ideas for improvement.

Learning, continuous improvement and innovation

At the time of the inspection the service was in negotiation with another provider for a contract to provide services on behalf of local clinical commissioning groups.

Outstanding practice and areas for improvement

Outstanding practice

The clinic had been designed to allow it to be accessible everyone. There were wheelchairs, wheelchair accessible lifts and toilets.

The service undertook local and national audits and could demonstrate improvements in patients vision from these audits.

The service had a comprehensive governance and risk management structure which ensured the service had a transparent approach to the management of risk and the assurance of safety.

The patient group treated at the clinic was predominately older people,with age related eye conditions. Therefore,the service had developed and were using a dementia strategy which had three strategic aims.

Areas for improvement

Action the hospital SHOULD take to improve

The provider should ensure the recruitment process of staff is undertaken in line with their own policies.

The provider should ensure that resuscitation trolleys only contain equipment and medicines that staff are trained and qualified to use.

The provider should ensure their statement of purpose accurately reflects the current activity undertaken.