Probus Surgical Centre

Quality Report

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

Ratings

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

Summary of findings

Letter from the Chief Inspector of Hospitals

- The inspection was an announced comprehensive inspection for Probus Surgery Limited at the centre in Probus. We visited the Probus Surgical Centre on 13 and 14 September 2016. We did not carry out an unannounced inspection. We did not visit any of the satellite locations as there was no surgery taking place at this time.
- We spoke with patients who used the service, nursing and medical staff, including the general practitioners, executive and non-executive managers and visiting consultants, administrative staff, the deputy surgical manager and practice manager. We observed clinical procedures and spoke with patients before and after these. We requested written feedback from people who had used the service.
- We reviewed information provided by Probus Surgery Limited, prior to, during and following the inspection. We also requested information from stakeholders, including the clinical commissioning group. We reviewed information we hold on our electronic systems
- We visited the operating theatres, pre and post-operative rooms and other clinical and administrative rooms at the Probus Surgery.

Our key findings were as follows:

Overall we rated Probus Surgical Centre surgery services as good because:

- Staff were aware of their responsibilities to report incidents and there was a good incident reporting culture amongst staff.
- Equipment was maintained and serviced regularly and staff took prompt action if a piece of equipment became unserviceable.
- There were systems in place to ensure patient safety for example the World Health Organisation (WHO) surgical safety checklist was used.
- Staffing levels and skill mix were planned, reviewed and consistently met so that people received safe care and treatment.
- There were systems in place to give patients information about what to do if they felt unwell or had questions about their care and treatment.
- There was an effective system for gaining patients consent prior to their procedure.
- We saw staff being kind and caring to patients. They had time to spend with them to explain any procedures and allay anxieties they have had.
- Patients told us they were treated with dignity and respect and their confidentiality was upheld. There was a comprehensive chaperone policy in place.
- Patients were involved when arranging appointments that suited their needs and circumstances. The service gave patient's detailed information about the procedure they were to have and invited questions so that they could make an informed choice about their treatment.
- There was access to interpretation and translation services for patients whose first language was not English. Any leaflets or patient information could be offered in alternative formats such as large print.
- Referral to treatment time was better than the targets and meant the centre saw and treated 100% of patients within 18 weeks of referral.
- The centre had a complaint policy and handled complaints in a timely manner according to their policy. There was evidence the service made changes because of lessons learnt from complaints.
- The service had a vision and strategy that staff knew about and felt included in.
- There was a clinical governance plan and evidence of shared learning from incidents. There was a risk register and evidence of actions to mitigate risks.
- The service collected patient outcome data to evaluate the effectiveness of care and treatment delivered.

However:

Summary of findings

- When we reviewed consultants' practising privileges records the required evidence was not easily accessible or identifiable. The filing system needed to be reviewed to provide assurance to the clinical director and others, that those who carried out consultation and surgical procedures were fit to do so. We raised the concerns and the provider immediately put in place an action plan and a timetable to review all records.
- Not all surgical and nursing staff were up-to-date with their annual performance appraisals, and mandatory training.
- Actions identified to mitigate some of the risks on the risk register did not have specific dates identified for review or completion.
- There was no hand wash basin in the recovery lounge area which meant staff had to leave the room regularly to wash their hands.

We saw several areas of outstanding practice including:

- The centre was linked with the Peninsular Medical School in Truro and had provided one three week supervised elective placement from 15 November 2015 that covered all of the procedures at the centre.
- The cataract service was delivered by a team of three specialist ophthalmologists. The Centre ran a one-stop clinic, whereby patients were treated on the same day if deemed suitable for surgery. This had proved to be popular as patients did not usually wish to travel long distances unnecessarily, given the rurality of Cornwall.

However, there were also areas of where the provider needs to make improvements.

Importantly, the provider must:

- Ensure all practising privileges records required by the provider for surgeons carrying out procedures are available, up-to-date and recorded.
- Ensure mandatory training for surgical staff meets the hospital's target for compliance at all times.
- Ensure Disclosure and Barring Service checks for medical staff are carried out as required and available for review.

In addition the provider should:

- Consider improving the availability of all paper and electronic records for theatre procedures.
- Update the risk register to include potential risks, mitigating factors and deadlines.
- Review the adult and children's safeguarding policy to reflect current guidance on reference to female genital mutilation.
- Introduce an effective audit programme that addresses the quality of patient records in both paper and electronic form.
- Consider conducting a risk assessment with regard to the need for a sink in recovery lounge to support infection prevention control.
- consider how to respect privacy and dignity in areas where a number of patients are receiving care at the same time

Professor Sir Mike Richards

Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	**Good**	Overall we rated Probus Surgery Limited surgery services as good because: We rated safe for surgery services as good because: • Lessons were learned and improvements were made when things went wrong. Staff understood their responsibilities to raise concerns, safety incidents and near misses, and to report them. • Patients' immediate individual care records were written and managed in a way that kept people safe. • There were systems to prevent and protect people from a healthcare-associated infection. • There were arrangements for managing medicines which kept people safe. • We saw that there were systems and processes in place to safeguard people from abuse. Staff understood their responsibilities to report concerns about, or suspicions of, abuse. • The organisation followed best practice by use of the NHS Five Steps to Safer Surgery, and the World Health Organisation surgery checklists in all operating procedures. • Staff obtained patients' informed consent, in accordance with legislation and good practice. • Staffing levels and skill mix were planned, reviewed and consistently met so that people received safe care and treatment. • There was a comprehensive policy supporting business continuity. including instructions on what staff should do in the event of emergency events, including adverse weather. However: • Not all surgical and nursing staff were up-to-date with their annual performance appraisals, and mandatory training. • There were no curtains for privacy between patients in pre and post operative areas • Neither the adult nor the children's safeguarding policy made reference to female genital mutilation

Summary of findings

- There was no hand wash basin in the lounge area which meant staff had to leave the room regularly to wash their hands.

We rated effective for surgery as requires improvement because:

- When we reviewed consultants' practising privileges records the required evidence was not easily accessible or identifiable. We raised concerns about this and the provider immediately put in place an action plan and a timetable to review all records.
- Patient's pain was monitored but patients' pain was not consistently recorded.

However,

- Short and medium term treatment outcomes were audited and showed that procedures were effective. Patients were satisfied with outcomes.
- The provider undertook clinical audits on a regular basis which examined clinical outcomes.
- All surgical procedures were carried out using a local anaesthetic. Patient's pain was well managed.
- The provider monitored performance and quality and reported findings to the local clinical commissioning group (CCG) each month in an overall activity report.
- The provider ensured that relevant information regarding patients' care and treatment was shared with GPs in order to ensure appropriate after care where necessary.
- Staff had access in a timely way to patient information, including risk assessments, care plans, case notes and test results.
- Medical staff obtained patients' consent to care and treatment in line with legislation and guidance.

We rated caring for surgery as good because:

- Patients, and those who accompanied them were treated with kindness, dignity, respect and compassion while they received care and treatment.
- Staff ensured patients' privacy and dignity were respected, including during procedures that required physical or intimate contact.
- Patients told us and we saw that confidentiality was maintained.

Summary of findings

- Patient survey results recorded in July 2016 described patient experiences as overwhelmingly positive.
- NHS Friends and Family Test results were consistently positive. Most NHS patients who attended the centre October 2015 and March 2016, said they would recommend the service.
- Staff at the centre worked with patients, and those close to them, as partners in their care. When a history or information was being sought patients and those close to them had their opinions and concerns taken into consideration.
- Staff recognised when patients and those close to them needed additional support to help them understand and be involved in their care and treatment, and enabled them to access it.
- Patients were offered a chaperone. There was information displayed in the waiting room and in consultation and treatment rooms about the chaperone service..
- The provider aimed to be flexible to arrange appropriate days for patients who lived alone and needed support or required personal care after the operation. The service gave patients extensive information about their care and treatment so patients could make an informed decision about their care.

We rated responsive for surgery as good because:

- The provider worked with commissioners and the local NHS acute trust to plan services.
- Information about the needs of the local population was used to inform how services were planned and delivered.
- Patients could access care and treatment in a timely way.
- Reasonable adjustments had been made so that patients with a disability could access and use services on an equal basis with others.
- There were arrangements for people who needed translation services.
- The hospital had a complaint policy and handled complaints in a timely manner. There was evidence the service made changes because of lessons learnt from complaints.

Summary of findings

- Referral to treatment time exceeded targets and meant that patients were seen within 18 weeks from referral.
- Learning took place and changes were made in response to feedback.

We rated well led for surgery as good because:

- The provider had a clear vision and a credible strategy.
- The provider used patient feedback to ensure continuous learning and improvement.
- Staff were able to articulate the vision and values of Probus Surgery Limited.
- The governance framework ensured that responsibilities were clear and that quality, performance and most risks were monitored, understood and managed. There were systems for identifying, recording, managing and mitigating risks.
- The leadership and culture reflected the vision and values of Probus Surgery Limited. Leaders encouraged openness and transparency.
- The culture was centred on the needs and experience of patients and encouraged candour, openness and honesty.
- Staff we spoke with felt respected and valued.
- Staff felt actively engaged so that their views were reflected in the planning and delivery of services and in shaping the culture.
- Services were improved and sustained a number of ways. The centre had received high levels of customer satisfaction from patients and their families. The provider felt that this was because the centre provided a “personal and friendly approach” to all of its patients.

However:

- Actions identified to mitigate some of the risks on the risk register did not have specific dates identified for review or completion. The issues we identified in relation to the administration of practising privileges and low compliance with mandatory training had not been included on the

Summary of findings

risk register. The provider acknowledged there were some issues with the administration of practising privileges which they would immediately address during and after the inspection.

Summary of findings

Contents

Good

Probus Surgical Centre

Services we looked at
Surgery

Summary of this inspection

Background to Probus Surgical Centre

- Probus Surgery Limited is an independent health care provider who provide planned surgical procedures under local anaesthetic to NHS patients in Cornwall. Patients were seen for pre assessment at Probus Surgical Centre. The procedures are undertaken in the Probus Surgical Centre attached to the GP surgery. This arrangement has been in place since 1995. Probus Surgery is located in the village of Probus, approximately six miles east of Truro, Cornwall.
- A new building was established in 2008, consisting of two theatres, a nursing station, a clean area, two pre and post-operative rooms and a discharge lounge. The centre was registered with the CQC in 2011.
- The aim of the centre is to provide care in a primary care setting where patients can be treated closer to their home.
- The Centre has a number of satellite clinics throughout the county, where occasional surgical lists are provided, aiming to deliver care as close to patients homes as possible, Probus Surgery Limited had a contract with the local clinical commissioning group to provide these services at the following:

- Meneage Surgery, Helston.

-The Morrab Surgery, Penzance.

-Stratton Surgery, Stratton, near Bude.

-Stratton Community Hospital

-Liskeard Community Hospital, Liskeard.

-The Rame Practice, Torpoint.

- We did not inspect these satellite surgeries as part of this inspection.
- The most common surgical procedures undertaken between April 2015 and March 2016 were:
- Cataract extractions and Intra Ocular Lens eye implants (953)
- Hernia Repairs (374)
- Vasectomy (339)
- Carpal Tunnel Decompressions (314)
- At the time of our inspection the centre employed 14 doctors under practising privileges (including two GPs at Probus Surgery), one theatre sister, five registered nurses, and three health care assistants. There was an administration and booking team managed by the deputy surgical manager.
- The centre was open Monday to Friday from 8 am until 6 pm.
- Out of hours contact details were in the information leaflets and letter given to the patient when discharged.
- Dr Gaetan Lin Sin Cho is the nominated individual for Probus Surgery Limited centre and a registered manager for Probus General Practice. Registered in 29 June 2011, he had been in post five years, three months. The previous registered manager had been absent and following appropriate notification to Care Quality Commission, Dr Simon Purchas became the new registered manager.

The centre (including its satellite surgeries) did not treat any patients under the age of 18 years.

Our inspection team

Our inspection team was led by:

Inspection Lead: Gary Latham inspector, Care Quality Commission.

The team included two CQC inspectors, an ophthalmic specialist nurse and a consultant surgeon.

Summary of this inspection

How we carried out this inspection

- The inspection was an announced comprehensive inspection of surgery and pre assessment at the centre in Probus. We visited the Probus Surgical Centre on 13 and 14 September 2016. We did not carry out an unannounced visit during this inspection.
- We spoke with patients who used the service, nursing and medical staff, including general practitioners, executive and non-executive managers, visiting consultants, administrative staff, the deputy surgical manager and practice manager. We observed clinical procedures and spoke with patients before and after these. We reviewed written feedback from people who had used the service.
- We reviewed information provided by Probus Surgery Limited, prior to, during and following the inspection. We also requested information from stakeholders, including the clinical commissioning group. We reviewed information we hold on our electronic systems
- We visited the operating theatres, pre and post-operative rooms and other clinical and administrative rooms at the Probus Surgery.
- We spoke with 11 patients, some before and after surgery, and followed patients on their journey from arrival at the centre to discharge. We observed seven surgical procedures, including eye surgery and hernia surgery. We received written feedback from nine patients who had used the service. We also reviewed six patients' records.

Information about Probus Surgical Centre

- The centre provides planned surgical procedures to patients in Cornwall for the NHS and a small number of patients whose treatments are self-funded. Patients are seen at the centre for pre-assessment for surgery but not for diagnosis. The procedures are delivered at the Probus GP Surgery and satellite locations. They had done so since 1995. Probus Surgery is located in the village of Probus, approximately six miles east of Truro, Cornwall.
- The aim of the centre is to provide care in a primary care setting where patients can be treated closer to their homes.
- The centre provided a limited range of procedures under local anaesthetic. The treatments provided were: cataract extractions and implantation of intra ocular lenses, hernia repairs, vasectomies and hand surgery (carpal tunnel and ulnar nerve decompressions, trigger finger releases, excisions of ganglions and Dupuytrens contracture releases). Dupuytrens contracture releases had recently discontinued. This decision had been taken during the week prior to our inspection.
- Probus Surgical Centre does not have any diagnostic imaging facilities. If a radiological investigation is required such as X-ray or ultrasound, those are requested through normal procedures from the nearest NHS hospital. The results are sent to Probus Surgical Centre in paper form or they can be accessed on line through an electronic system.
- The centre also provides a small number of maxillo-facial and ocular-plastics minor procedures under a separate sub-contract with the Royal Cornwall Hospital. Probus Surgery Limited also runs a small number of satellite clinics in other areas of Cornwall, aiming to deliver care as close to patients home as possible.
- The pre assessment service assessed patients prior to their surgery, which they have the same day as their consultant appointment in some cases, and manages the recovery period prior to patients going home. The centre provides day case facilities only.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Summary of findings

Overall we rated Probus Surgery Limited services as good because: We found that

- Staff were aware of their responsibilities to report incidents and there was a good incident reporting culture amongst staff.
- Equipment was maintained and serviced regularly and staff took prompt action if a piece of equipment became unserviceable.
- There were systems in place to give patients information about what to do if they felt unwell or had questions about their care and treatment.
- There was an effective system for gaining patients consent prior to their procedure.
- We saw staff being kind and caring to patients. They had time to spend with them to explain any procedures and allay anxieties they have had.
- Patients told us they were treated with dignity and respect and their confidentiality was upheld. There was a comprehensive chaperone policy in place.
- Patients were involved when arranging appointments that suited their needs and circumstances. The service gave patient's detailed information about the procedure they were to have and invited questions so that they could make an informed choice about their treatment.
- There was access to interpretation and translation services for patients whose first language was not English. Any leaflets or patient information could be offered in alternative formats such as large print.
- Referral to treatment time was better than the targets and meant the centre saw and treated 100% of patients within 18 weeks of referral.
- The centre had a complaint policy and handled complaints in a timely manner according to their policy. There was evidence the service made changes because of lessons learnt from complaints.
- The service had a vision and strategy that staff knew about and felt included in.
- There was a clinical governance plan and evidence of shared learning from incidents. There was a risk register and evidence of actions to mitigate risks.
- The service collected patient outcome data to evaluate the effectiveness of care and treatment delivered.

However:

- When we reviewed consultants' practising privileges records the required evidence was not easily accessible or identifiable. The filing system needed to be reviewed to provide assurance to the clinical director and others, that those who carried out consultation and surgical procedures were fit to do so. We raised the concerns and the provider immediately put in place an action plan and a timetable to review all records.
- Not all surgical and nursing staff were up-to-date with their annual performance appraisals, and mandatory training.
- Actions identified to mitigate some of the risks on the risk register did not have specific dates identified for review or completion.
- There was no hand wash basin in the lounge area which meant staff had to leave the room regularly to wash their hands.

Good

Surgery

Are surgery services safe?

Good

We rated safe for surgery services as good because:

- Lessons were learned and improvements were made when things went wrong. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally.
- Patients' immediate individual care records were written and managed in a way that kept people safe. We reviewed patient electronic and paper records of procedures we had observed and found that they were accurate, legible, up-to-date, and stored securely.
- There were systems to prevent and protect people from a healthcare-associated infection. Probus Surgery Limited had a strategy for continuous improvement in infection prevention and control.
- The centre was accessible. The building was laid out on one level so all areas were easily reached.
- There were arrangements for managing medicines which kept people safe. This included prescribing and recording, handling, safe administration and disposal of medicines.
- We saw that there were systems and processes in place to safeguard people from abuse and they were communicated to staff. Staff understood their responsibilities to report concerns about, or suspicions of, abuse.
- There were safe systems in place to ensure patient safety for example the World Health Organisation (WHO) surgical safety checklist.
- Patients were carefully selected to ensure that they met eligibility criteria so they were not exposed to unnecessary risk.
- Nursing and healthcare assistant staffing levels were safe with no agency use and no vacancies.
- Patients were provided with comprehensive information both prior to and after surgery. Staff obtained patients' informed consent, in accordance with legislation and good practice.
- Staffing levels and skill mix were planned, reviewed and consistently met so that people received safe care and treatment.
- There was a comprehensive policy supporting business continuity, including instructions on how to update the website to keep patients updated, standby phone numbers, what staff should do in the event of a range of unplanned or emergency events, including adverse weather.

However:

- Not all surgical and nursing staff were up-to-date with their annual performance appraisals, and mandatory training.
- There were no curtains for privacy between patients. Staff said if they needed to talk to patients in private or a patient requested it a private room was always made available. However some patients may not have been confident to ask.
- Neither the adult nor the children's safeguarding policy made reference to female genital mutilation
- There was no hand wash basin in the lounge area which meant staff had to leave the room regularly to wash their hands.

Incidents

- Staff understood their responsibility to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally.
- Lessons were learned and improvements were made when things went wrong. This was evident for example, following a never event which occurred in February 2016. The patient had consented to undergo a repair of a left side hernia. A never event occurred when the surgeon operated on the right side instead. A never event is a serious incident, which is wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should be implemented by all health care providers.
- The incident had been investigated and findings shared with the clinical commissioning group. One outcome of the investigation was that surgeons were instructed to mark the site of the incision, not just the side of the body. We observed this occurring however the provider had not audited compliance with this requirement.
- During the inspection we spoke with staff involved in the never event and it was clear that they had gained significant learning and that this had been shared with other staff. We were told of three other incidents during

theatre checks which had led to changes in practice to improve theatre safety. We also saw that surgeons had stopped using certain implants following unsatisfactory performance during their insertion.
- Learning from incidents was discussed at board meetings and daily staff briefings.
- Despite the never event, the track record on safety was good. There were no serious incidents reported between April 2015 and March 2016.

Duty of Candour

- Staff demonstrated awareness of Duty of Candour, they understood the principles of openness and were aware of when to apply Duty of Candour and what this involved. Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was introduced in November 2014. This regulation requires the provider to notify the relevant person that an incident has occurred, provide reasonable support to the relevant person in relation to the incident and offer an apology. This regulation requires staff to be open, transparent and candid with patients and relatives when things go wrong. All staff we spoke with demonstrated an awareness of duty of candour. They understood the principles of openness and were aware of when to apply duty of candour and what this involved. We saw evidence that Duty of Candour had been applied in investigations of incidents.

Cleanliness, infection control and hygiene

- There were systems to prevent and protect people from a healthcare-associated infection. The provider had a strategy for continuous improvement in infection prevention and control and we saw evidence of accountable leadership, multi-agency working and the use of surveillance systems to support infection prevention and control.
- During the inspection visit we saw the centre was visibly clean and tidy. There was a cleaning schedule in place for all areas including consulting rooms and the lounge. There were policies in place for management of spills on carpeted areas.
- We saw staff complied with the requirement to be bare below the elbow, carry out hand washing and cleaning procedures before, during and after surgery. We saw personal protective equipment (disposable gloves and aprons) was available for staff at all times and we saw it being used appropriately.
- The theatre manager said they had links with infection control staff from the local acute trust and community trust in order to stay up to date with current best practice. An infection control audit of the centre had been carried out by an external provider in June 2016. The report made some recommendations about storage to avoid dust and some daily cleaning improvements to avoid dust settling. Cleaning of theatres was highlighted as requiring improvement. All staff were reminded at their morning briefing to be more vigilant when wiping down theatres during the morning preparation and the cleaning checklist had been improved with actions from the infection control inspection. The senior theatre nurse monitored cleaning standards. We noted all areas to be visibly clean and dust free.
- There were no incidents of methicillin resistantStaphylococcus Aureus(MRSA), methicillin sensitive Staphylococcus Aureus (MSSA), Clostridium difficile (C Diff) or Escherichia coli (E Coli) reported in the period April 2015 to March 2016.
- Patients who were at high risk of carrying MRSA, for example front line health care workers, were screened routinely prior to surgery. In consultation with the commissioner's infection control team, the policy on MRSA screening was adapted to suit the needs of the provider's patients, to avoid unnecessary screening of all patients. Those who did test positive had eradication treatment and were operated last on the operating list. If patients required antibiotics, the prescriber adhered to the local antibiotic formulary to minimize chances of antibiotic resistance and any risks of Clostridium Difficile infections. Quarterly audits on post-operative complications and infections were carried out which demonstrated a low rate of infection. There were four infections in total in the reporting period April 2015 to March 2016, all of which occurred in orthopaedic and trauma (hand surgery).
- Used surgical operating equipment was collected from Probus Surgical Centre and transported securely to the sterile services department at the local NHS trust. There was a service-level agreement to process and sterilise reusable surgical instruments and return them for re-use. Instruments were cleaned, certified sterile, and couriered back to the sterile stores within the Probus surgical centre. Usually equipment was returned within 48 hours, however, the provider held adequate stock levels of equipment to accommodate any short delays that might occur in the cleaning process.

- Although there were clinical hand wash basins in the consulting rooms there was not one in the lounge. Staff used alcohol gel to cleanse their hands between patients and after staff had used gel so many times they had to wash their hands in a hand wash basin in another room. This meant staff had to leave the lounge where they may be patients waiting preoperatively and recovering post operatively. This meant they were sometimes left unsupervised, alone for short periods of time
- There were pedal bins, liquid soap and paper hand towels available at each clinical hand wash basin.
- Patients rated cleanliness and infection control, across the service, as 100% in the patient survey results from 1 January to 31 March 2016.

Environment and equipment

- Premises and equipment were designed and maintained to keep people safe. Premises consisted of two purpose-built operating theatres, a linked sluice, two pre and post-operative rooms, sterile stores, theatre, nurse reception and waiting area and three consulting rooms.
- The centre was purpose built and was part of the Probus GP surgery building. The building was on one level meaning patients with mobility issues could access the centre.
- The patient walked from the preoperative area to the operating theatre after final preparations were made.
- Appropriate resuscitation equipment was available and there were records to show that it was checked regularly.
- The arrangements for managing waste and clinical specimens kept people safe. Bins had appropriate coloured bags containing the correct waste, and equipment, such as sharps bins, were labelled and assembled correctly.
- Equipment was checked regularly and records were kept. For example, we saw electrical and other theatre equipment maintenance logs. Equipment was checked with appropriate frequency. For example, machines to measure eyes were checked daily. The portable electrical appliances were checked yearly as required.
- The centre provided consulting rooms where patients had pre assessment including pre-operative tests for example biometry (measuring of the eye). There was a lounge, with washable reclining chairs, where patients waited for their consultations and surgery and also recovered from their procedures. The room was bright and spacious. There were no curtains for privacy between patients. Staff said if they needed to talk to patients in private or a patient requested it a private room was always made available.
- Equipment was serviced and calibrated by relevant contractors as required. We saw stickers on equipment that confirmed this and records were held to confirm ongoing maintenance.
- The centre had arrangements for managing waste to keep people safe. There were clinical waste bins and domestic waste bins in all rooms and staff segregated waste appropriately.

Medicines

- The arrangements for managing medicines kept people safe. Patients' allergies to medicines were clearly documented in records. We observed the safe handling and administration of medication such as local anaesthetics. Medicines containers were disposed of safely.
- Medicines used for local anaesthetics, eye drops and some pain killers were used. They were ordered from a local pharmacy. There were no pharmacy facilities on site. No controlled drugs were used or kept on premises.
- The medicines were stored in locked cupboards of refrigerators. The refrigerators had their temperatures measured and recorded daily. The temperatures had been within the expected ranges.
- Medicines that were taken to off-site clinics were checked out by staff and stored in a locked box during transport and whilst at the clinic site.
- We saw consultants had written up the medicines, including eye drops that they wanted the nurses to give to patients both pre and post operatively.
- We saw staff giving patients information about how to do their eye drops, following cataract surgery, this included information about good hand hygiene and the frequency of the drops.
- Emergency medicines were available on the emergency trolley. These were checked daily to ensure they had not been tampered with and renewed when they became out of date.
- There was a medication audit in March 2016 which identified that medication guidelines were followed, all records were kept securely and scanned onto patients' records using staff members' log on details. All

medicines had been correctly recorded. Recommendations following the audit included printing the surgeon's name next to their signature for easier reference which we saw in practice, and to introduce six-monthly cleaning checks of medicines fridges which had been implemented.

Records

- Patients paper individual care records were written and managed in a way that kept people safe. We reviewed electronic records and found that there were some omissions in recording where surgeons had entered 'no description given' in the record. We were told this was due to some surgeons not completing all fields on electronic patient records at patient review. Incomplete electronic records at review or staff using different coding in the fields of the patient electronic record could lead to incorrect information being used for patient audits. We were told not all surgeons liked to use the electronic system and surgical complications could not be sub-divided into specific infection episodes. Over 50% of the records we reviewed with the senior theatre nurse were identified as 'no description given' which could lead to inaccurate data being used and any audit being misleading.
- There were recording systems that allowed details of implants and equipment to be provided to health care products regulators in the event of products failing. For example, intra ocular lenses used in eye surgery had stickers that were placed in patients' notes. All implants, equipment and dressings were recorded on the patient care plan. This was also recorded on operation records in each theatre.
- However there was no central easily accessible log of all procedures or implants to allow patient tracking.
- Records provided evidence that appropriate pre-operative assessments had been carried out prior to surgery. Risk assessments were carried out and recorded. Referrals included the patient's past medical history, medications and allergies. Paper records we saw had allergies recorded in red in a prominent position. The pre assessment of patient's included past medical history and current medications to help staff and patients discuss any risks they may pose to the patient. The centre also sent out health questionnaires prior to patients' appointments. They allowed the clinician to double check a patient's history, drugs prescribed and allergies.
- Records included a World Health Organisation (WHO) surgery safety checklist used in theatre in order to minimize or avoid chances of errors occurring. We saw these being completed to a good standard.
- All of the provider's referrals were sent through the NHS booking system, this was the start of the patient record. The referral and attachments were scanned onto the patient records system. The administration team prepared the clinic sheets with each appointment time, patient identifiable information and a patient folder if applicable. Every paper record was scanned onto the patient record. At the main location, the team used the patient notes screen to record notes for example consultation notes prior to surgery. Paper notes for example operation records and the World Health Organisation (WHO) surgical safety checklist were scanned onto the patient record following the procedure. If for any reason paperwork was unavailable for example scan results, the provider could access the hospital clinical imaging system to obtain a copy or contact the GP for a copy via a safe haven system to ensure confidentiality.
- Staff told us that no patients were seen without their medical records present. Records were scanned into the electronic system and, in the event of a patient attending the centre unannounced, records could be seen on the system or requested to be sent by fax from surgeons or GPs.
- Following surgery, a letter summarising treatment was sent to the patient's GP and the patient within 48 hours.
- The provider had been self-assessed, using the Department of Health's information governance toolkit and achieved level 2 compliance, demonstrating they practised good information governance and looking after patient confidential information.
- The centre used the NHS Courier service, which provided internal postal and delivery services and helped to maintain confidentiality.

Safeguarding

- The centre had systems and processes in place to safeguard adults and visiting children. There were no safeguarding concerns reported to the CQC in the period from April 2015 to March 2016. The centre had a safeguarding adult's policy which included reference to deprivation of liberty safeguards and mental capacity.
- There was evidence of safeguarding discussions in meetings. Staff were trained to recognise signs of abuse

and how to report any concerns and understood their responsibilities to report concerns about actual or suspected abuse. All safeguarding policies and procedures were available to all staff and clinicians and were updated regularly. However neither the adult or the children's safeguarding policy made reference to female genital mutilation (FGM).

- There was a named safeguarding lead who had undertaken safeguarding training to level 3 for adults and children and attended refresher training every three years. All other Probus staff were required to be level 1 (L1) trained in safeguarding for children and adults except managers and leads who would be trained to level 2 (L2). For example the clinical director, theatre manager and assistant to Surgical Manager.
- We were assured that most Probus staff had the correct level of safeguarding training. Nurse and healthcare assistant compliance with safeguarding training for children was 100% and for adults was 99% in October 2016 above 80% target.
- Clinical staff compliance with safeguarding training for children and adults L1 was 78% in October 2016 below 80% target.
- All initial queries or issues surrounding safeguarding were reported to or discussed with the lead by all staff. In their absence, queries were directed to the clinical director, senior nurse or the deputy surgical manager, who was the administrative lead. Further advice, could be gained from a referral to the MARU (Multi agency referral unit) for safeguarding in Cornwall. There had been no referrals to the MARU August 2015 September 2016 leading to our inspection.
- It was the responsibility of the clinical and administration lead to ensure that all staff and clinicians were updated on a three yearly basis for adult and child safeguarding.
- There was a safeguarding children and young adults policy because it was possible that adult patients may be accompanied by young adults or children. By raising child protection awareness within the centre, all staff would be informed on how they may access advice, understand their role in protection, and understand the importance of effective Inter-agency communication.
- Staff were required to provide information to commissioners to demonstrate compliance with the NHS England strategy to identify and reduce people at risk of terrorism through the Prevent and the Prevent guidance toolkit. This included a comprehensive policy complying with the principles contained within Prevent and the Prevent Guidance toolkit and regular updates. The workshop to raise awareness of prevent training for identified staff and volunteers was delivered by accredited trainers within Probus Surgical Centre. There was a plan in place to ensure all staff completed Prevent mandatory training each year.

Mandatory training

- Some staff received mandatory training in safety systems and processes however not all clinical and nursing staff could demonstrate they were up-to-date with their and mandatory training. There was substantial variation in individual achievement.
- The target for mandatory training was 80% of staff trained in the subject area.
- From information collated October 2016 of the 14 clinical staff:
  - Five had achieved 100%
  - Six staff were between 81% and 94%
  - Three staff attained 19%, 44% and 45%.
- However attainment in key areas by clinical staff group was more consistent while still below target in most areas for example:
  - Infection prevention and control 78% (below target)
  - Mental Capacity Act 2005 78% (below target)
  - Safeguarding adults level one 86%
  - Safeguarding adults level two 78% (below target)
  - Safeguarding children level one 78% (below target)
  - Safeguarding children level two 78% (below target)
- Four staff of the 13 nursing and healthcare assistants were either new starters or long term absent so were not included in the following mandatory training attainment figures.
- The records for nine of the 13 nursing and healthcare assistants staff showed similar variation to the clinical staff for individual attainment but lower attainment overall.
- From information collated October 2016 of the nine nursing and healthcare assistants staff;
  - One had achieved 97%
  - One had achieved 89%
  - Six had achieved between 42% and 58%
  - One had achieved 25%
- However attainment in key areas by nursing and healthcare assistants was above target in most areas for example:
  - Infection prevention and control 88%

- Mental Capacity Act 2005 100%
- Safeguarding adults level one 100%
- Safeguarding children level one 100%

- All registered staff were trained to respond to medical emergencies. Registered nurses had immediate life support training and healthcare assistants had basic life support training.
- The clinical director had already begun the process of review of roles and responsibilities to ensure they were effectively carried out by staff in the long term. Further plans to improve training attainment were in place for when the new surgical manager started in November 2016
- Probus Surgical Centre had quarterly meetings with the local clinical commissioning group and provided reports of activity and performance. The information included the percentage of mandatory training completed

Assessing and responding to patient risk

- Risks to people who used services were assessed, and patients' safety was monitored and maintained. Patients were carefully selected to ensure their suitability for surgery. Referrals were assessed to ensure the conditions requiring treatment could be safely performed under local anaesthetic. For example, a patient who was referred for cataract extraction but was found to have a risk of complications. As a result they were referred to the local NHS hospital.
- Risk assessments were carried out for people who attended the centre or off site clinics. Staff did not screen patients for venous thromboembolism (VTE) prior to admission as they were not required. Patient's only had local anaesthetic and were not on a theatre table or immobile for long periods of time.
- We saw staff checking patient identity and confirming what procedure they were expecting to have. During the cataract 'one stop shop' clinic we saw that the consultant marked the side of the eye to be operated on with a black arrow. Staff told us and showed us that a patient label was also placed onto the patient's chest the same side as the procedure was to take place as an extra check prior to surgery.
- All referrals were assessed by the clinical director to ensure that the patients' condition could be treated safely under local anaesthetic in a community based Centre. There were strict criteria about which surgical procedures could safely be carried out at the centre due to limited opening hours and no inpatient beds. Patients selected to have their consultations and procedures at off site clinics had to pass strict risk assessments to ensure it was safe for them to attend. For example, large incisional hernias were not operated on as they were not suitable for a local anaesthetic repair.
- Referring and consulting practitioners were aware of the referral criteria for patients being recommended to Probus Surgery Centre. The referral management centre used was an additional check for suitability. When patients arrived at the centre and satellite locations they were checked again. Entries were made in paper records and they were scanned and entered on to the electronic record.
- The service ensured compliance with the NHS Five steps to safer surgery, which included the World Health Organisation (WHO) surgical checklist, which included the requirement to mark the surgical site. We saw the checklist being completed and it was part of audit.
- There was access to a resuscitation trolley for patients attending for their pre assessment appointments or 'one stop shop' eye clinic appointment. Staff we spoke with described what to do if a patient became unwell and described the procedure for summoning emergency help. They knew where their nearest resuscitation equipment was.
- There was equipment set aside for emergencies arising during an operation, such as hernia emergency instruments and wound packs.
- The use of an Early Warning Score System was not deemed necessary for the services provided by Probus Surgery Limited. This was because the risk of a patient becoming unwell was low. Staff identified and responded appropriately to risks by monitoring patient's pulse and oxygen levels. Alternatively, if the patient reported to the nurse they were feeling unwell during the post-operative period, the surgeon would be called for advice and guidance.
- There was a protocol for the transfer of patients undergoing surgical procedures to an NHS hospital in the event of complication from surgery or other need, for example, an allergic reaction.
- Patients' medication history was checked before surgery. For example, patients on warfarin were advised to have their anticoagulant levels checked so that blood

was not too thin and there was no foreseeable risk of excessive bleeding. Patients brought letters about medication for staff to confirm results of tests again on day of surgery.

- Staff told us about daily staff briefings where staff discussed the work booked that day and any potential areas of concern such as patients with similar names.
- Patients were given information about who to contact if they had any concerns or queries. Staff called patients at home post operatively to check how they were feeling and if they had any problems. The patient could be asked to come back to the centre if they had symptoms of a wound infection for example or asked to visit their GP surgery if that was more convenient. The centre liked to see patients themselves so that staff could detail any complications which helped the centre with their own data recording to detail patient outcomes. There were processes in place to ensure staff recorded the follow up telephone calls in patient's notes.
- The service ensured that patients could contact a named suitably-qualified person if they experienced complications outside of normal working hours but they were also advised to contact local out of hours or urgent and emergency care if they needed to.

Nursing staffing

- The centre had systems in place that ensured all areas were staffed adequately to provide safe care and treatment of patients. For example, seasonal fluctuations in availability of staff during holiday periods affected staffing but were planned for.
- There were effective pre-employment checks undertaken before staff began employment. The centre had a service level agreement with a local trust. When a new member of staff joined the surgical centre, a local trust recruitment team ensured all pre-employment checks were completed and evidence was provided to the centre for their personnel files. These included checks to ensure that nurses had maintained their registration with their professional body and checks by the Disclosure and Barring Service.
- There were 5.5 full time equivalent (FTE) registered nurses and 4 FTE health care assistants employed to work in across the centre. In the period from April 2015 to March 2016, there was a trained nurse turnover of 17%; this is higher when compared to other independent acute hospital we hold this type of data for. The rate for healthcare assistants in the same reporting period was 50% which is above average when compared to other independent acute hospital we hold this type of data for. The centre said that because of the small number of staff employed when one person left it led to high percentage turnover rates.
- There was a low usage of bank staff and no usage of agency staff in the centre during the period from April 2015 to March 2016. Bank nurses used were from an established pool of nurses who received equal training and appraisals as permanent staff.
- Sickness rates for trained nurses, between April 2015 and March 2016 was similar to average for independent providers we hold this data for. Sickness rates for healthcare assistants was below average for independent providers we hold this data for.
- Staff rotas were planned in advance and a number of staff rotated between working in theatres and looking after patients pre and post operatively in the lounge. However, we saw on one occasion, that a patient who wanted reassurance during a procedure did not receive appropriate support. There was only one staff member assisting the scrub nurse, who was assisting the surgeon. We told the senior theatre nurse and they shared this with the registered manager. They said they would consider planning theatre lists differently in future so that patients always had someone available to provide reassurance.
- Staffing levels and clinics running were displayed at the main nurse's station. Staff data was sent monthly to the local commissioning group and discussed with the service on a regular basis to determine if staffing levels ever had a negative impact on patients.
- Staff we spoke with enjoyed the variety.

Surgical staffing

- Surgical procedures were undertaken by general practitioners (GPs) and consultants employed in local NHS trusts and working at the Probus Surgical Centre under practising privileges. As surgery was carried out under local anaesthetic, and the centre was not open at night, there was no requirement for the operating surgeon to be contactable 24 hrs a day or within 30 minutes travel of the centre if required to attend. In the event of a complication the centre relied on the local out of hours arrangements at weekends and at night, for example, the primary care out of hours system, the urgent care centre or emergency department.

Good

Surgery

- There were 14 visiting consultants and associate specialists who were granted practising privileges at Probus Surgical Centre and satellite locations. The conditions referred to as practising privileges were a discretionary personal licence granted by the provider. The privileges enabled surgeons to undertake consultations, diagnosis, treatment and surgery in accordance with relevant legislation, regulation at the provider's sites. Surgeons had to give undertakings and provide evidence of adherence to the General Medical Council's Good Medical Practice and Probus Surgery Limited's policies and procedures, as well as having medical indemnity insurance.
- Not all practising privileges records were up to date however during our inspection we saw good and safe practice and competent interventions carried out by two surgeons while observing theatre practice. This included pre-operative and post-operative checks and safe practice during theatre procedures.
- When a new member of staff joined the surgical centre, a local NHS trust recruitment team, working under a service-level agreement for Probus, ensured all pre-employment checks were completed. Evidence was provided to the centre for their personnel files. Probus Surgical Centre operated the same human resources and recruitment processes as the NHS to ensure that sufficient appropriately qualified and registered staff, with the necessary experience to support safe and effective care were employed in all departments.
- The deputy surgical manager provided additional administrative support with other Probus Surgical Centre staff while the senior surgical manager had been absent. The duties of the surgical manager were shared between members of the provider to ensure cover in the short term. A new appointment to the role of surgical manager had been made and they were due to start 1 November 2016.

Major incident awareness and training

- Risks to the service had been assessed, were anticipated and planned for in advance where possible. There was a comprehensive policy supporting business continuity, including instructions on how to update the centre's website to keep patients informed, standby phone numbers, what staff should do in the event of a range of unplanned or emergency events, including adverse weather.
- In the event of a power cut, there were procedures and instructions to relocate, including the transfer of any temperature-sensitive products and computer systems which had short term battery supplies.
- A generator was available on call if there were power supply issues. We were told it would be available in approximately two hours. If necessary staff knew to follow the Transfer of patient Policy in the event of not being able to complete surgery. This event had not occurred in the life of the organisation, however, a practice of this event had not been undertaken.
- There was a fire risk assessment and building evacuation plan in place, this covered Probus Surgical Centre and the attached GP practice.
- Staff gave examples of when a major piece of equipment had broken down and the steps taken to have it back in service as soon as possible. In these circumstances clinics had been cancelled with an apology and reason for cancellation given to the patient.

Are surgery services effective?

Requires improvement

We rated effective for surgery as requires improvement because:

- When we reviewed consultants' practising privileges records the required evidence was not easily accessible or identifiable. The filing system needed to be reviewed to provide assurance to the clinical director and others, that those who carried out consultation and surgical procedures were fit to do so. We raised the concerns and the provider immediately put in place an action plan and a timetable to review all records.
- We were not able to verify the current competency of all surgical staff as the practising privileges records were not easily accessible. Evidence was available of competency on appointment but not ongoing. It was not clear when appraisals had been completed.
- Patient's pain was monitored but patients' pain was not consistently recorded. We reviewed six patients' records for hand surgery and there were no pain scores recorded.

However,

- Short and medium term treatment outcomes were audited and showed that procedures were effective. Patients were satisfied with outcomes.
- The provider undertook clinical audits on a regular basis which examined clinical outcomes. This prompted regular review and reflection on personal practice. The centre sent questionnaires to all patients several months after their procedures requesting feedback about outcomes of their surgery.
- All surgical procedures were carried out using a local anaesthetic. Patient's pain was well managed. We observed hernia and eye surgery where patients were pain free during and following operation.
- The provider monitored performance and quality and reported findings to the local clinical commissioning group (CCG) each month in an overall activity report. We saw evidence of submissions to the CCG, who requested monthly, quarterly, six monthly, and annual evidence submissions in a quality schedule.
- The organisation followed best practice by use of the NHS Five Steps to Safer Surgery, and the World Health Organisation surgery checklists in all operating procedures.
- Nursing staff, including operating department assistants (when employed) and health care assistants, had access to one-to-one meetings, performance appraisals, coaching and mentoring, clinical supervision and revalidation.
- The provider ensured that relevant information regarding patients' care and treatment was shared with GPs in order to ensure appropriate after care where necessary.
- Staff had access in a timely way to patient information, including risk assessments, care plans, case notes and test results, which they needed to deliver effective care and treatment to patients.
- Medical staff obtained patients' consent to care and treatment in line with legislation and guidance.

Evidence-based care and treatment

- Patients' needs were assessed and care and treatment was delivered in line with legislation and best practice for example MRSA screening using the Department of Health protocol and local formulary guidelines for antibiotic use.
- Outcomes from surgical treatment were audited and showed that patients were satisfied with outcomes. Vasectomy results were compared with other professional associations yearly through clinical audits and showed a high success rate and low complication rate.
- The service participated in national audits for example hernia outcomes.
- Quarterly audits on complications and infections were carried out to ensure outcomes were monitored. This prompted regular review and reflection on personal practice.
- Audits on post-operative complications were performed every three months to support the management of a low complication and infection rate (under 1%).
- We saw discharge summary audits with recommendations to remind staff of certain steps in the process.
- Patients were generally reviewed after their operation by the same surgeon. An exception to this was the review after a second eye cataract operation, which was able to be undertaken by an approved optometrist.
- Care and treatment was in line with legislation, standards and evidence-based guidance
- During patient pre assessment staff used evidence-based guidance for assessing risk to patients such as pressure ulcers and risk of falling before patients were admitted to hospital for surgical procedures. If staff found patients were at increased risk they highlighted this with the consultant who would make a decision if they were suitable for surgery at the centre.
- The surgeons from Probus Surgery who worked at the provider were members of the Association of Surgeons in Primary care (ASPC), an organisation founded to allow similarly minded professionals to support each other, share ideas and have a common forum for discussion. There were annual meetings to share best practice and compare audit results.

Pain relief

- All procedures were carried out using a local anaesthetic. We saw staff, during the pre-operative phase of the cataract 'one stop shop' clinic, administering pain relieving eye drops and observed hernia and eye surgery where patients were pain free.
- The pain of individual patients we observed surgery for was assessed and managed but not always recorded.

- Nursing staff told us they rarely needed to administer pain relief to patients after the operation. They gave them advice on which over the counter pain killers to take if they needed pain relief after leaving the surgery.
- Patients' feedback on pain relief was gathered through audits. Audit outcomes on pain relief for surgical procedures were undertaken. The latest audit in July 2016 found that 95% of patients felt pain was managed well during and after operations.
- However, we reviewed six patients' records for hand surgery and there were no pain scores recorded. This meant we could not be assured that all pain assessed was recorded.

Nutrition and hydration

- Due to the nature of procedures undertaken and the short length of time that patients were in the centre's care, assessment of nutritional and hydration needs was not necessary. Patients undergoing procedures under local anaesthetic were not required to fast prior to the surgery.
- There were no meals served at the centre as it was purely a day case facility with no catering facilities.
- Patient's hydration needs were met in the pre and post-operative phase of the process. There was free access to hot and cold drinks pre and post procedure. They were provided by the nurse assigned to the lounge area. Biscuits were also offered to patients before they were discharged.

Patient outcomes

- The provider monitored patients' care and treatment outcomes. Performance and quality were monitored and reported to the local clinical commissioning group (CCG) each month in an overall activity report. We saw evidence of submissions to the CCG who requested monthly, quarterly, six monthly and annual evidence submissions in a quality schedule.
- The provider, through its surgical administration team, conducted quarterly patient evaluation audits which were led by the clinical director. The audits were based upon the surgical specialty areas that the patient received treatment in. They contained measures of the quality and effectiveness of the care and treatment provided. The results enabled changes to be made to improve the patient experience. The provider had changed some practice in response to their audits. For example, following audit of complications and infections of hernia repair, surgeons requested post-operative calls at seven to ten days post operatively to review the patient. Also a change was made to pain management in vasectomy procedures, following patient feedback from a patient questionnaire. As a result, a finer needle was used to administer local anaesthetic.
- Overall, intended outcomes for patients were being achieved with discharge within 30 minutes of the procedure being completed, a low return rate, and a high satisfaction rate.
- The service sent questionnaires to patients several months after their procedure to ask how the service treated them but also about how they were feeling after their procedure, any long term effects and if they were happy with the outcome of their procedure.
- The service received lots of positive comments from patients following their procedures and used this as a guide as to how well the service was performing.

Competent staff

Surgical staff including GPs

- Not all practising privileges records required by the provider for surgeons carrying out procedures were available, up-to-date and recorded. The system for reviewing and updating medical staff information did not provide assurance that those who carried out consultation and procedures were fit to do so. Practising privileges enable the registered manager and others in the team to assess whether staff were keeping up to date with their skills. In order to be granted practising privileges, surgeons were required to provide evidence that they acted in accordance with the terms and conditions of the provider. For example they should provide evidence to prove their clinical competency relating to patients, patients notes and the provider policies and procedures.
- When we identified this an executive director and the deputy surgical manager immediately initiated an action plan to ensure practising privileges were available and in date. In follow up telephone calls we made they had set a deadline of 30 November 2016 for this to be put into place. However the deadline was not met due to delay in recruitment of surgical manager.

The action plan was reviewed and a new date had been set for 31 January 2017. This issue had not been identified as a risk and as such was not on the risk register.

- We saw records that, all doctors were working in the hospital had registration with a professional body. However the records for, indemnity insurance and disclosure and barring service checks were incomplete.
- Each visiting consultant usually had a review with the clinical director for the centre. This was planned to be carried out by the new surgical manager once they were in post. At this review the consultant's records would be checked, by administrative staff, to ensure they had received an appraisal and revalidation was up to date, usually via the hospital where they held their substantive post.

Nursing staff, including operating department assistants and health care assistants.

- Nursing staff, including operating department assistants (when employed) and health care assistants had access to one-to-one meetings, performance appraisals, coaching and mentoring, clinical supervision and revalidation. Revalidation is the process where registered nurses and midwives are required to demonstrate to the Nursing and Midwifery Council (NMC) they remain fit to practice. We saw evidence of the revalidation programme for full time and bank staff.
- Staff appraisal rates for the current year (April 2016 to March 2017) were 75% and those not completed were booked later in the year. In the previous reporting year 100% of staff had received their appraisals.
- When a new member of staff joined the centre, they were taken through a staff induction programme and then worked through all required mandatory training. The member of staff was then entered onto the training matrix and their core training monitored. Health care assistants also completed the National Mandatory Care Certificate while all nurses maintained their professional development portfolios and worked towards their Nursing and Midwifery Council revalidation.
- The senior theatre nurse worked with other theatre staff directly involved in the performance of invasive procedures to create Local Safety Standards for Invasive Procedures that were deliverable and practicable, and supported safe patient care. They made time available for team training in the delivery of safe care. In line with National Safety Standards for Invasive Procedures September 2015
- All nursing staff underwent checks by the Disclosure and Barring Service and references were requested at or after successful interviews. The provider was able to access online training via the local NHS trust for all staff. Additional or specialised training was provided by external training companies and the NHS.
- Staff had an annual appraisal and these were documented in individual training folders. Staff were encouraged and offered opportunities to develop and this support extended to all staff.
- All registered staff were trained to respond to medical emergencies. Registered nurses had intermediate life support training and healthcare assistants had basic life support training.

Seven-day services

- The centre was open Monday to Friday from 8 am until 6 pm.
- Out of hours contact details were in the information leaflets and a letter given to the patient with contact details when they were discharged.

Access to information

- Staff had access in a timely way to information, including risk assessments, care plans, case notes and test results, that they needed to deliver effective care and treatment to patients.
- There were arrangements to protect patient confidentiality which included the information governance toolkit, policies and procedures and guidance for staff to follow. There was an appointed Caldicott Guardian. All GP practices should have a Caldicott guardian and information governance lead that are responsible for implementation of information governance in the practice. For example, making sure there is an information governance policy with procedures for staff to follow and ensuring training is made available to staff.
- Staff were required to undertake information governance training and were required to transfer patient identifiable information in and out via a secure electronic system.
- All referrals were sent electronically, which was the start of the patient record. The referral and attachments were

scanned onto the patient records' system and the administration team prepared the clinic sheets required before the day of surgery. The information included appointment time, patient identifiable information including name, date of birth, NHS number and local identification number. We saw that paper records were scanned onto electronic patient record on the surgery system.

- At the Probus Surgical Centre, the main location, the team used their patient notes' screen to record notes, such as consultation notes, and the paper notes, such as operation records. World Health Organisation surgical safety checklists were scanned onto the patient record following the procedure. At other satellite locations, the administration team prepared a copy of the patient paperwork from their patient notes, with paperwork for the surgeon and nursing team to use on the day. This was then returned to the administration team and was scanned onto their electronic patient record.
- All medical records stayed on-site to ensure access and availability for all relevant staff.
- If patients attended without prior warning or agreed appointment, the team could access their patient record on the electronic systems.
- The provider shared information with patients' GPs in order to ensure appropriate aftercare or follow up. Details of the surgery were sent as an electronic discharge summary to the GP within 48 hours of the patient leaving the recovery lounge. The patient left with a paper record of the discharge summary and a copy of the discharge summary was retained in the patient's electronic record.
- There was a daily safety brief for all staff at 8 a.m where operational issues would be discussed such as number of patients expected during the day, availability of equipment and any new risks or safety issues.
- The patient records system could only be accessed at the main location (Probus Surgical Centre). When clinics were running off site the administration team prepared a copy of the patient paperwork from their patient notes along with paperwork for the surgeon and nursing team to use on the day at the additional location. The records were returned to the administration team (usually on the same day) and they were scanned onto the patient record system. The patient records were transported in a lockable sealed bag by one of the nursing team Staff said the paperwork at additional locations was never left unattended.
- Pathology services were provided through a service level agreement with a local NHS hospital. The results could then be viewed securely through the NHS electronic system.
- The provider had a continuity plan if there was a power failure. If for any reason paperwork was unavailable, such as scan results, they could access the local NHS trust system to obtain a copy or contact the patient's GP for a copy to be sent by fax.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- We observed that patients' consent to care and treatment was obtained in line with legislation and guidance when we observed practice.
- All staff we spoke with understood the relevant consent and decision making requirements of Mental Capacity Act 2005.
- The service encouraged and supported patients to make decisions about their care and treatment. Staff involved patients in decisions and obtained verbal consent prior to care or treatment interventions. For surgical procedures, staff obtained informed consent in writing. The service sent consent forms out to patients prior to their appointments so they could read and digest the forms and either call the service with any questions or ask them on the day of their appointment. Patients we spoke with said they were happy with the form and understood it.
- The service had a consent to examination and treatment policy which had a brief description of the term consent and detailed how, by whom consent and for what should be sought.

Are surgery services caring?

Good

We rated caring for surgery as good because:

- Patients, and those who accompanied them were treated with kindness, dignity, respect and compassion while they received care and treatment.
- Staff ensured patients' privacy and dignity were respected, including during procedures that required physical or intimate contact. Patients told us they were always treated with dignity and respect.

- Patients told us and we saw that confidentiality was maintained.
- Patient survey results recorded in July 2016 described patient experiences as overwhelmingly positive.
- NHS Friends and Family Test results were consistently positive. Most NHS patients who attended the centre October 2015 and March 2016, said they would recommend the service.
- Staff at the centre worked with patients, and those close to them, as partners in their care. When a history or information was being sought patients and those close to them had their opinions and concerns taken into consideration.
- Staff recognised when patients and those close to them needed additional support to help them understand and be involved in their care and treatment, and enabled them to access it.
- Patients were offered a chaperone. There was information displayed in the waiting room and in consultation and treatment rooms about the chaperone service..
- The provider aimed to be flexible to arrange appropriate days for patients who lived alone and needed support or required personal care after the operation. Staff told us that family members and carers were always welcome to accompany patients who requested their presence.
- The service gave patients extensive information about their care and treatment so patients could make an informed decision about their care.

Compassionate care

- Patients and those who accompanied them were treated with kindness, dignity, respect and compassion while they received care and treatment. We observed interactions between patients and staff in the lounge (where patients waited pre-operatively and recovered post-operatively). Staff were kind, informative, supportive and reassuring to all patients.
- Staff took the time to interact with patients and others, they were encouraging, sensitive and supportive and were respectful and considerate in their manner. We observed reception staff, nurses, healthcare assistants and doctors greeting patients politely and introducing themselves to the patients.
- We saw staff taking steps to protect patients' privacy and dignity, including during procedures that required physical or intimate contact. Patient consultations took place in individual consultation rooms to maintain privacy for patients. There were signs on doors to indicate consultation and treatment rooms were in use and we observed staff knock and await answer before entering rooms.
- Patient survey results recorded in July 2016 described patient experiences as overwhelmingly positive.
- NHS Friends and Family Test results were consistently positive. Most NHS patients who attended the centre October 2015 and March 2016, said they would recommend the service.
- Prior to our inspection we asked the service distribute CQC comment cards to patients. There were nine returned. Comments included: "staff very friendly", "very professional", "treatment and staff exceptional" and "excellent treatment rooms". There were no negative comments.
- Patients were offered a chaperone. There was information displayed in the waiting room and in consultation and treatment rooms about the chaperone service. Staff had access to the Dignity in care and Chaperoning Policy (2015) if they had any queries re chaperoning issues.
- Staff took care to communicate with patients in a polite manner but also used appropriate humour to create a relaxed atmosphere.
- Patients told us staff were efficient, polite and very helpful. Some patients we spoke to had attended Probus Surgical centre in the past and said the care and support had been the same during that visit, which is why they had chosen to come back again.

Understanding and involvement of patients and those close to them

- Staff worked with patients and those close to them when a history or information was being sought and their opinions and concerns were taken into consideration. Staff told us that family members and carers were always welcome to accompany patients who requested their presence.
- The centre had two separate single rooms if patients wanted privacy. Staff used curtains to protect patients' privacy. We saw notices displayed, which advised patients that they could request a chaperone if they wished.
- We saw staff communicating with patients so that they understood their care, treatment and condition.

Good

Surgery

- Staff recognised when patients, and those close to them, needed additional support to help them understand and be involved in their care and treatment. Staff understood and respected people's personal, cultural, social and religious needs, and took them into account, for example when they used translations services
- The provider aimed to be flexible to arrange appropriate days for patients who were elderly, lived alone and needed support or required personal care after the operation. Staff told us that family members and carers were always welcome to accompany patients who requested their presence.
- Staff prompted patients to ask questions about their care and treatment in post-operative debriefing afterwards. They spoke about pain management, dressing changes and what to do if anything unexpected happened.
- We observed patients arriving, into the lounge, for a 'one stop shop' cataract clinic. The patient's information had already been assessed by the clinical director to ensure they were suitable for potential treatment. We saw the consultant and trained nurses treated patients with dignity and respect. Relatives were able to stay with patients who were nervous or needed support. There was opportunity for patients to ask questions and they were answered fully. If patients wanted to be seen or ask questions away from other patients a single room could always be accessed. Patients and staff we spoke with said patients benefitted from mixing with other patient's pre and post procedure as it showed it was nothing to worry about and was straightforward and quick.
- Feedback we received and patients we spoke with confirmed that they were informed about their treatment and care and how to contact the centre if they had concerns. Extensive information was given to patients prior to their admission to ensure they were able to make an informed choice about their procedure. Staff said the information invited patient's to ring the centre if they had any questions or to make a note of questions they wanted to ask on the day of their assessment appointment.

Emotional support

- Staff understood the impact a person's care, treatment or condition could have on their wellbeing and on those close to them. Staff told us they could facilitate an appointment if a patient rang the department with concerns following their discharge. Staff worked together to arrange for the patient to come in the same day, if possible, to see their consultant.
- Patients and those close to them received the support they needed to cope emotionally with their care, treatment or condition.
- Staff communicated with patients in a relaxed and reassuring manner and sometimes used appropriate humour to help alleviate patients' anxiety.

Are surgery services responsive?

Good

We rated responsive for surgery as good because:

- The provider worked with commissioners and the local NHS acute trust to plan services.
- Information about the needs of the local population was used to inform how services were planned and delivered.
- Patients could access care and treatment in a timely way.
- Reasonable adjustments had been made so that patients with a disability could access and use services on an equal basis with others.
- There were appropriate arrangements to support the individual needs of patients who had complex health and social care needs.
- There were arrangements for people who needed translation services.
- The hospital had a complaint policy and handled complaints in a timely manner. There was evidence the service made changes because of lessons learnt from complaints.
- Patients had a choice of appointments to suit their needs.
- Patients did not wait long on the day of their appointment.
- Referral to treatment time exceeded targets and meant that patients were seen within 18 weeks from referral.
- There was a process include patient feedback in team meetings in order that learning took place and changes were made in response to feedback.

Service planning and delivery to meet the needs of local people

Good

Surgery

- Services were planned and delivered to meet the needs of local people, with satellite centres enabling patients to access treatment close to their home. Probus Surgical Centre was adjacent to the Probus GP surgery and had some shared facilities such as the car park and reception and waiting area. In the waiting room information about where to sit and procedures provided was clearly displayed. Staff collected patients from the waiting room and took them to either the lounge (if they were to have their procedure the same day), pre assessment consultation rooms or straight into a consulting room. There was secure access into Probus Surgical Centre and patients were not left to find their way around the centre on their own as they were always accompanied by a staff member.
- The facilities and premises were appropriate for the services that were planned and delivered. The centre was accessible and all on one level so all areas were easily reached. Single sex toilets were available along with disabled access.
- The provider worked with commissioners and the local NHS acute trust to plan services. Information about the needs of the local population was used to inform how services were planned and delivered. Probus had quarterly meetings with the local clinical commissioning group and provided reports of activity and performance. The information included referral to treatment times known as RTTs, any breaches of waiting, number of patients treated, any complaints received, any significant events that occurred, and Patient Reported Outcome Measures otherwise known as PROMS.
- The cataract service started in August 2012. It was delivered by a team of three specialist ophthalmologists. The centre ran a one-stop clinic, whereby patients were treated on the same day if deemed suitable for surgery. This had proved to be popular as patients did not usually wish to travel long distances unnecessarily, given the rurality of Cornwall. All referrals came from GPs, after patients had consulted their optometrist.
- Staff told us they could have letters, consent forms, leaflets and information printed in different languages or formats to suit patient's needs. We saw examples of where this had been done and sent to patients prior to their pre assessment appointment.
- Patients were screened through a referral management centre and only patients who could mobilise independently or with minimal assistance, received surgical treatment at the centre.

Access and flow

- Patients could access care and treatment in a timely way. Systems were in place to manage flow through the centre. Admission times varied so that patients did not all arrive at the centre at the same time. Patients we spoke to said they had only had to wait a few minutes in the waiting room before being collected by a member of staff.
- Approximately 92% of the centres patients were NHS patients and were referred to the centre via the 'choose and book' facility, once referred by their GP. The hospital had a target of 90% for seeing new patients within 18 weeks from referral to treatment (RTT). The centre's RTT waiting times were between 97-99% for the period from April 2015 to March 2016, which is well above NHS England target of 92%.
- In the period June 2015 to March 2016 more than 95% of patients began treatment within the 18 week referral framework which was better than the national average, with the exception of the month of January 2016. However the service had an informal target and aimed to provide treatment in less than 13 weeks from a GP referral. The average wait for treatment was six weeks.
- The service monitored patients who did not attend for their appointment and offered them one further appointment. If they did not attend the second appointment the service would write to the patient's GP to inform them. In May 2016 out of 194 referrals there were six patients who did not attend for their appointment. Five of those were supposed to be attending Probus Surgical Centre and one was to attend an offsite clinic. Five of the six appointments were for vasectomy consultations.
- The provider reported they had cancelled 149 procedures due to not enough staffing (which a recruitment drive had resolved) during the period November 2015 to June 2016. Of these, 97% (145 patients) were offered another appointment within 28 days of the cancelled appointment.
- Waiting times were audited regularly throughout the month for example weekly via booking capacity sent each week to the management team and the local commissioning group. There was an average of a six

week wait for treatment. Waiting times were also discussed at weekly administrative team meetings. The lead theatre nurse who booked clinics regularly met with the administrative team to assess booking capacity.

Meeting people's individual needs

- The provider had made reasonable adjustments so that patients with a disability could access and use services on an equal basis with others. The physical environment was suitable for patients with restricted mobility, including wheelchairs. There were disabled parking spaces near to the main entrance.
- An independent disability and discrimination act inspector had assessed premises to ensure that all of the facilities were suitable for disabled users. The inspection had recommended some minor alterations, which the provider had added to the estates development plan.
- The provider planned, delivered and coordinated services to take account of people with complex needs, for example those living with dementia or those with a learning disability. For example, staff told us that they might schedule appointments at the end of a clinic to allow additional time to get to the centre, and because there may not be so many people in the lounge area. Relatives or carers would be permitted to accompany patients to their consultation, and as far as the operating theatre, to provide support and reassurance.
- Patients who wanted their relatives to stay with them whilst waiting for their consultation and/or procedure or wait for them whilst they had their procedure were welcome to stay. Staff offered and were seen to ring relatives/friends to inform them they could collect their relative/friend.
- There had been an unannounced visit by the local commissioning group's Dignity and Care team on 27 June 2016. Probus Surgical Centre had received very positive comments with a comment that there were no concerns from his visit' from the team
- The provider took account of individual needs of patients who required support on discharge due to their complex health and social care needs. Consultants saw their patients prior to surgery to discuss the procedure and expected outcomes. Advice leaflets were given to patients detailing for example how to manage eye drops, information about not bending and when the patient would be able to drive post cataract surgery. Staff considered what care package patients had in place at pre assessment to ensure that there was enough support for the patient at home. The centre sent information about patient's procedures to their GP. Staff said on rare occasions when patients may need more care and support following discharge, they would discuss this with a community or practice nurse to ensure they were aware of the expected date of discharge and what further support the patient may need.
- The centre had policies that covered confidentiality, equality, dignity & privacy, informed consent, safeguarding of adults and children, information governance and patient record keeping. We were told that the centre was also in the process of conducting equality impact assessments on all of their policies to ensure that they accommodated all needs.
- Patients could access a range of support organisations, such as the Independent Complaints Advocacy Service, translation services by telephone and in person, the Patient Advice and Liaison Service at the local NHS trust if they required additional support in accessing information.
- Leaflets and procedures had been adapted on a number of occasions based on feedback from patients during audits. Following patient feedback from a patient satisfaction questionnaire about cataract surgery clinic appointment times had been changed to prevent patients arriving too early for their operation.
- Translation services were available if required and would be arranged to be available on the day of consultation and the day of the procedure being carried out. The service provided letters, consent forms and advice leaflets in alternative language and formats as required. We saw evidence that translators had been used.
- The provider had received high levels of customer satisfaction from patients and their families. Probus Surgery Limited felt that this was because the centre provided a "personal and friendly approach" to all of its patients.

Learning from complaints and concerns

- The provider listened to and responded to patients' concerns and used lessons learned to improve the quality of care.
- Patients and their relatives/friends were encouraged to raise concerns as they arose so they could be dealt with

immediately. Staff were supported to manage complaints at the point of care and resolve them if possible. If the issue could not be resolved, a senior member of staff was always on hand to advise and see the patient if required. If this did not resolve the problem the patient could make a formal complaint via the Probus Surgery Limited website, Probus Surgical centre or one of the satellite locations or NHS complaints procedure. Patients who could use the internet could make a complaint or raise a concern easily and the information included steps on how the provider could try to resolve the issue immediately. There was also information about the Parliamentary Health Service Ombudsman. Patients could raise concerns in a number of ways, both informally and formally. They could provide feedback via the provider's website, via satisfaction surveys, face to face, by telephone or in writing.

- The provider had effective complaint handling arrangements. The centre received six complaints in the period April 2015 to March 2016. They were investigated and resolved satisfactorily with no referrals to the parliamentary and health service ombudsman or Independent Healthcare Sector Complaints Adjudication Service.
- Lessons were learned and shared at team meetings from concerns and complaints, and action was taken as a result to improve the quality of care. We saw in the Probus Surgery Limited Executive Meeting minutes from June 2016 that complaints were discussed in detail and any learning from them was shared amongst the relevant staff group. We saw from team meeting minutes that complaints and their outcomes were discussed and any learning shared across the teams.
- For example we saw minutes of team meetings explaining the need to change communication within practice and with patients after a clinic had been cancelled and a patient had not known. Other examples included change to theatre practice where information needed writing on information boards and the commencement of a safety briefing at 8 a.m. every day.
- CQC had not received any complaints about the centre between April 2015 and March 2016.
- Documentation we saw showed the complaints had all been managed using the providers complaints process (Complaints Policy and Procedure: February 2015) which followed the NHS complaints procedure. Patients were made aware of their right to refer their complaint to the Parliamentary and Health Service Ombudsman if they remained dissatisfied. Outcomes from the investigation of complaints were explained appropriately to patients and the provider was open and transparent in the way they responded to complaints.
- The clinical director was the complaints lead for the service in the absence of a senior surgical manager (due to start in November 2016).

Are surgery services well-led?

Good

We rated well led for surgery as good because:

- The provider had a clear vision and a credible strategy. Quality and safety were stated as priorities.
- The provider used patient feedback to ensure continuous learning and improvement.
- Staff were able to articulate the vision and values of Probus Surgery Limited.
- The governance framework ensured that responsibilities were clear and that quality, performance and most risks were monitored, understood and managed. There were systems for identifying, recording, managing and mitigating risks. A risk register recorded some risks and this was linked to the incident reporting system. Risks were regularly discussed and mitigating actions reviewed.
- The leadership and culture reflected the vision and values of Probus Surgery Limited. Leaders encouraged openness and transparency and focus and drive to deliver on good quality care. The culture was centred on the needs and experience of patients and encouraged candour, openness and honesty.
- Staff we spoke with felt respected and valued. We saw evidence that processes were in place and actions taken to address behaviour and performance that was inconsistent with the vision and values, regardless of seniority.
- Staff felt actively engaged so that their views were reflected in the planning and delivery of services and in shaping the culture.
- The provider had been recognized by the Department of Health as an early implementer of the "care closer to home" model.

- Services were improved and sustained a number of ways. The centre had received high levels of customer satisfaction from patients and their families. The provider felt that this was because the centre provided a "personal and friendly approach" to all of its patients.

However:

- Actions identified to mitigate some of the risks on the risk register did not have specific dates identified for review or completion. The issues we identified in relation to the administration of practising privileges and low compliance with mandatory training had not been included on the risk register. The provider acknowledged there were some issues with the administration of practising privileges which they would immediately address during and after the inspection.

Leadership / culture of service related to this core service

- The leadership and culture at the provider reflected the vision and values. Leaders encouraged openness, transparency and focus and drive to deliver good quality care. The culture was centred on the needs and experience of patients and encouraged candour, openness and honesty.
- Leaders were very visible, supportive, and accessible and had the skills, knowledge and experience to manage.
- Leaders ensured that employees who were involved in the performance of invasive procedures were given adequate time and support to be educated in good safety practice, to train together as teams and to understand the human factors that underpinned the delivery of safe patient care.
- Staff meetings occurred on a monthly basis, where items were discussed with the whole team. It was clear from minutes and speaking with staff that the meetings were open, support was available and any lessons learned and any improvement needed was implemented. In addition, there was a nursing team brief every morning led by the nurse in charge. This meeting had been instigated as part of learning from a 'never event'.
- Senior staff described being proud of the team they were working with. They said the team were committed to high standards of care and that the team was proud of the feedback they received from their patients.
- All staff spoke highly of each other and the efforts they had made as a team to ensure the centre continued to run effectively and efficiently.
- Staff we spoke with said they felt respected and valued.
- We spoke with the theatre manager who said they were proud of the team they were working with. They said the team were committed to high standards of care and that the team was proud of the feedback they received from their patients.
- We spoke with the clinical director who told us during the time they had not had a senior surgical manager in place the responsibilities had been shared amongst the GPs from the adjoining GP surgery who also worked in Probus Surgical Centre and the deputy practice manager of the GP surgery to support the administrative lead in Probus Surgical Centre. All staff spoke highly of each other and the efforts they had made as a team to ensure the centre continued to run effectively and efficiently.

Vision and strategy for this this core service

- The provider had a clear vision and a strategy. Quality and safety were stated priorities. The provider's aims were to deliver a range of high quality, patient-centred, community-based services. The provider stated the strength of the service was care delivered in a safe, community-based setting, close to patients' homes. This had led to the development of several satellite sites around the county, providing care closer to patients' homes across a wide area.
- The provider aimed to deliver treatment in less than 13 weeks from a GP referral. They had achieved an average wait time of six weeks.
- The provider aimed to continually learn from patient feedback. They encouraged their staff to be approachable and able to help all patients, taking into account individual needs, and to promote equality and diversity.
- Staff were able to articulate the vision and values of the service. The centre had a clear vision and strategy that was to 'maintain a high quality, patient centred approach care with a personal touch'. They said their values were focussed on ensuring patients received the best treatment and care possible. They stated that the patient was at the very centre of their care ethos.
- Staff understanding of their role in achieving strategic aims was evident in team meetings. The service planed to expand the specialities they treated and provide

them in more satellite centres in partnership with local providers and communities. The progress against delivering the strategy was monitored and reviewed in regular meetings.
- Staff told us they felt engaged and able to influence and improve practices and procedures.
- All the staff we spoke were clear about their role and contribution to the service.

Governance, risk management and quality measurement for this core service

- There were systems for identifying, recording, managing and mitigating risks. The governance framework ensured that responsibilities were clear and that quality, performance and most risks were monitored, understood and managed. However, the action deadlines on the risk register were not completed for five of the nine risks. The four that were recorded with deadlines did not have months only years. Incomplete practising privileges records and low attainment for mandatory training was not included on the risk register at the time of our inspection.
- There were clear lines of responsibilities within the centre and quality, performance and risks were understood and managed accordingly. There were standardised team meeting agendas to ensure consistency and that important areas affecting performance and quality were discussed regularly. Meetings were attended by directors, managers, nurse, assistants and administrative staff. Organisational learning was shared with staff via these meetings and through emails.
- Senior staff discussed incidents, risks and complaints at board meetings and senior staff meetings. Information was then shared with the team. Opportunities for feedback from the team were given and we saw minutes where staff feedback had been recorded.
- There was a nominated individual for Probus Surgery Limited centre and a registered manager. There had been a period when the previous registered manager had been absent for longer than 28 days. CQC had been notified appropriately and the centre had applied for another GP to become the registered manager. Dr Simon Purchas was the registered manager. Since the appointment of a new surgical manager a further application had been made so that the centre could share registered manager responsibilities and manage any long term absence better in the future.
- Probus Surgery Limited had a board that consisted of three directors who were employed as GPs in the attached GP surgery, two of whom provided surgical services in the centre. Three non-executive directors who were GPs employed by the attached GP surgery did not provide any services at Probus Surgical Centre. Responsibility for clinical governance was located with the executive directors and within the wider Probus Surgery Limited board. We saw evidence of this where a decision had been taken to cease the provision of hand surgery due to the lack of appropriate available therapy and the potential complications from that which were not acceptable to the provider.
- .Day-to-day operational decisions were taken by the executive directors as required, and more strategic decisions taken at the provider board meeting on a monthly basis. The senior surgical manager was directly responsible to the executive directors and when the manager was absent there was a deputy surgical manager.
- The roles and responsibilities of a medical advisory committee which would usually be responsible for managing practising privileges were taken by the board executive directors with tasks allocated to individual GPs. The issues we identified such as practising privileges and mandatory training records not being up to date were known about by staff. . The administration of practising privileges was not on the risk register nor was mandatory training. Both practising privilege and the need to complete mandatory training had been discussed in team and executive meetings.
- The appointment of the new senior surgical manager had been identified as key to ensuring practising privileges and mandatory training records were up to date. The provider had instigated an action plan during the inspection to ensure practising privileges were up to date.
- The senior theatre nurse, arranged duty rota and holidays and performed audit on complications, concerns and significant events noted by them and raised by their team. They were reported to the clinical director and were recorded in board meeting minutes.
- The provider had quarterly meetings with the local clinical commissioning group and provided monthly reports of activity and performance.
- The centre had processes in place to manage and monitor service level agreements with third parties.

- The provider audited waiting times regularly throughout the month. This enabled the provider to see how appointments were being managed. They discussed waiting times at the administration team weekly meetings and the lead theatre nurse, who booked clinics, met with the administration team to understand booking capacity.

Public engagement

- Patient satisfaction questionnaires had been revised and the provider continued to seek ways to obtain patient feedback via the website and a planned patient participation group.
- The provider obtained patient feedback on staff competency using the NHS survey (Friends and Family Test) and a general feedback questionnaire sent to all patients after their operations.
- Results of the 'NHS Friends and Family test' across the service were above the national average scores and represented a response rate of 77 – 100%.
- Trends from the services own patient survey, between January and March 2106 were between 98 and 100% positive. This included questions on maintenance of dignity, information and involvement and competent and courteous staff.
- The planned patient participation group, known as the Independent Quality Assurance Group had been cancelled due to the absence of the surgical manager. The most recent meeting had been due to take place in January 2016. Meetings were planned to restart after the appointment of the new surgical manager in November 2016 although no date had been set.
- Prior to the inspection we asked the service to leave out CQC comment cards that could be completed and 'posted' in boxes supplied by us. There were nine returned. Comments included staff very friendly, very professional, treatment and staff exceptional and excellent treatment rooms. There were no negative comments.
- Appointments were booked through a Referral Management System where patients were given the choice of provider and the service provided. Probus Surgical Centre offered a one stop cataract, vasectomy, see and treat clinics and this along with other providers and their services were discussed with the patient and the patient made a choice. All patients were asked to complete a friends and family questionnaire and patients were sent a patient satisfaction questionnaire up to two months following their procedure.

Staff engagement

- Staff felt actively engaged so that their views were reflected in the planning and delivery of services and in shaping the culture. Staff were encouraged and were confident to speak up.
- The centre held regular meetings for staff and there were efficient systems in place to update staff that could not attend a meeting. There were noticeboards in non-clinical spaces, such as the staff room, with information for staff to read.
- Staff were enabled to make changes at their own level, following feedback from patients, their relatives and colleagues. Staff were encouraged to participate in team meetings and encouraged to bring any issues that affected the centre. There was a 'suggestion box' for staff to use if they wanted to provide feedback in an anonymous way. We saw evidence of change which had been initiated by staff, such as the introduction of telephone follow ups and improved theatre safety checks.
- Leaders and staff understood the value of staff raising concerns. We saw action taken as a result of concerns raised. One action was a team safety briefing occurred every day at 8 am.
- The provider conducted annual staff satisfaction surveys. The outcome of the March 2016 survey was overwhelmingly positive.

Innovation, improvement and sustainability

- Probus Surgical Centre had provided surgical services for over 20 years throughout Cornwall and had been recognised by the Department of Health as an early implementer of the 'care closer to home' model.
- The provider had developed collaborative work with the local NHS trust which helped to reduce waiting lists. The provider had plans to expand the model of care to include other specialities and to spread to more satellite centres in partnership with other providers and local communities.
- The centre was linked with the Peninsula Medical School in Truro and had provided a three week supervised elective placement that covered all of the procedures at the centre.

Good

Surgery

- The cataract service started in August 2012. It was delivered by a team of three specialist ophthalmologists. The centre ran a one-stop clinic, whereby patients were treated on the same day if deemed suitable for surgery. This had proved to be popular as patients did not usually wish to travel long distances unnecessarily, given the rurality of Cornwall. All referrals came from GPs, after patients had consulted their optometrist.
- The centre had received high levels of customer satisfaction from patients and their families. The provider felt that this was because the centre provided a personal and friendly approach to all of its patients. The service had plans to increase the procedures they offered to patients and increase the amount of off- site clinics they offered to help support patients having their treatments closer to home.

Outstanding practice and areas for improvement

Outstanding practice

- The centre was linked with the Peninsular Medical School in Truro and had provided one three week supervised elective placement from 15 November 2015 that covered all of the procedures at the centre.
- The cataract service was delivered by a team of three specialist ophthalmologists. The Centre ran a one-stop clinic, whereby patients were treated on the same day if deemed suitable for surgery. This had proved to be popular as patients did not usually wish to travel long distances unnecessarily, given the rurality of Cornwall.

Areas for improvement

Action the provider MUST take to improve

- Ensure all practising privileges records required by the provider for surgeons carrying out procedures are available, up-to-date and recorded.
- Ensure mandatory training for surgical staff meets the hospital's target for compliance at all times.
- Ensure Disclosure and Barring Service checks for medical staff are carried out as required and available for review.

Action the provider SHOULD take to improve

- Consider improving the availability of all paper and electronic records for theatre procedures.
- Update the risk register to include potential risks, mitigating factors and deadlines.
- Review the adult and children's safeguarding policy to reflect current guidance on reference to female genital mutilation.
- Introduce an effective audit programme that addresses the quality of patient records in both paper and electronic form.
- Consider conducting a risk assessment with regard to the need for a sink in recovery lounge to support infection prevention control.
- Consider how to respect privacy and dignity in areas where a number of patients are receiving care at the same time.

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
Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing 18 (1) (2) Persons employed by the service provider in the provision of a regulated activity must (a) receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out their duties they are employed to perform Mandatory training levels were not being met for the medical and nursing staff. (c) where such persons are health care professionals, social workers or other professionals registered with a health care or social care regulator, be enabled to provide evidence to the regulator in question demonstrating, where it is possible to do so, that they continue to meet the professional standards which are a condition of their ability to practise or a requirement of their role. Not all practising privileges records required by the provider for surgeons carrying out procedures were available, up-to-date and recorded. Not all Disclosure and Barring Service checks for surgical staff were carried out as required and available for review.