SpaMedica Ltd

SpaMedica Newark

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

We carried out an inspection of SpaMedica Newark using our comprehensive inspection methodology on 30 August and 13 September 2023. The service has not been previously inspected.

Our inspection was announced. We gave the provider short notice of the inspection date to ensure their availability on the day.

This is the first time we have rated the service. We rated it as good because:

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

- Staff provided care and treatment based on national guidance and evidence-based practice. Patients were offered pain relief when they needed it. Patients were able to access enough snacks and drinks. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and provided access to good information. Key services were available during opening times.

- Staff treated patients with compassion and kindness and respected their privacy and dignity. They took account of their individual needs and helped them understand their conditions. They provided emotional support to patients, families, and carers.

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

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care and were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	This service was rated as Good. See the overall summary above for details.

Summary of findings

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Summary of this inspection

Background to SpaMedica Newark

SpaMedica Newark is operated by SpaMedica Ltd and opened in August 2021.

The service offers cataract surgery and Yttrium-Aluminium-Garnet laser (YAG) capsulotomy services for adults over 18 and NHS patients. YAG capsulotomy is a special laser treatment used to improve vision after cataract surgery, AMD (treatment for age related macular degeneration) and minor eye surgery.

SpaMedica Newark has been regulated with the CQC since August 2021 and is registered to provide the following regulated activities:

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

The service provides assessment and treatment for NHS patients only. Referrals for treatment are mostly received from opticians and GPs. The service is delivered over 2 floors of a building in Newark. The pre-operative and post-operative assessment area is located on the first floor. The operating suites are located on the ground floor, with a spacious waiting area.

The staff team consists of:

- A hospital manager.
- Ophthalmology consultants.
- Optometrists.
- Registered nurses.
- Healthcare technicians.
- Administration staff.
- Patient coordinators.

SpaMedica Newark treated 4,845 patients from August 2022 to August 2023.

Summary of this inspection

How we carried out this inspection

We carried out an inspection of SpaMedica Newark using our comprehensive inspection methodology under our surgery core service framework. Our inspection was announced. We gave the provider short notice of the inspection date to ensure their availability on the day. We undertook a site visit on 30 August and 13 September 2023. The service has not been previously inspected.

During the inspection, we spoke to 14 members of staff, reviewed 17 sets of patient records, and spoke to 29 patients. We observed a patient in the post operative clinic and surgery as they underwent procedures.

The team that inspected the service comprised of a CQC lead inspector, an operations manager and 2 specialist advisors with expertise in ophthalmology. The inspection team was overseen by Charlotte Rudge, Interim Deputy Director of Operations.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Outstanding practice

We found the following outstanding practice:

- The service went the extra mile by providing transport for patients within a 10-mile radius of the service to attend their appointments. Staff provided support on arrival and patients were welcomed by a porter.

- There was a zero waste rule across the service which managers and staff were passionate about following to improve the environment.

Areas for improvement

There are no SHOULDS and MUSTS for this service found during and after inspection

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Is the service safe?

Good

This was the first time we inspected the service. We rated it as good.

Mandatory Training

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

Staff received and kept up to date with their mandatory training. The service provided substantive staff with mandatory training of which 100% of staff had completed. This exceeded the 95% compliance target set by the service. Staff told us they had been given time at work to complete mandatory training modules and any other training due.

Medical staff who worked in the service, completed mandatory training within their substantive NHS employer. During our inspection we saw evidence that all medical staff were up to date with their mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. The service aligned its training requirements to the skills for health core skills framework. The health core skills framework is a set of training and skills that healthcare organisations can use to ensure their training is of a high quality and covers the appropriate areas. Mandatory training included but was not limited to equality diversity and inclusion, data protection and security awareness, moving and handling, first aid, basic life support and health and safety at work.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism, and dementia. Training was completed as part of the mandatory training programme of which all staff had completed. Staff told us they found this very useful in helping them support patients during their treatment.

Managers monitored mandatory training using a training matrix and alerted staff when they needed to update their training. Managers reminded staff during team meetings and by an email.

Safeguarding

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

Good

Surgery

Staff received training specific for their role on how to recognise and report abuse. The service provided substantive staff with safeguarding adults and children level 2 training. This was in line with the intercollegiate guidance, Safeguarding Children and Young People: Roles and Competencies for health care staff intercollegiate document 2019 and Adult Safeguarding: Roles and Competencies for Health Care Staff 2018. At the time of our inspection 100% of staff had completed this training. Furthermore, the hospital manager had completed safeguarding adults and children level 3.

Medical staff received training specific for their role on how to recognise and report abuse through their substantive NHS employer. At the time of our inspection all medical staff had completed the appropriate level of safeguarding training.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Safeguarding policies and procedures were in place and accessible to staff. Staff were able to give examples of abuse and told us how they identified the signs. Staff we spoke to were aware of their roles and responsibilities in safeguarding and knew how to raise matters of concern appropriately. Furthermore, processes were in place to discuss safeguarding concerns during consultant led huddles.

Processes were in place to protect patients undergoing consultations and procedures. For example, a chaperoning policy was in place which staff knew how to access. There were notices in waiting areas and patients were able to use a chaperone for consultations, examinations, and surgery.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. The staff we spoke with could give examples of equality and diversity and understood the needs of patients from different cultures. For example, 1 staff member informed us it was important to offer patients appointments around fasting months of Ramadan.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff were knowledgeable about local safeguarding procedures such as referring to the local authority if there was a concern about a patient's safety. We observed posters and flow charts displayed in work areas demonstrating how to raise a concern. Referral forms were easily accessible on computers.

The hospital manager was the designated safeguarding lead and trained to level 3 safeguarding adults and children. The manager was available to provide support and guidance.

Safety was consistently promoted in recruitment practice. The service had a recruitment policy and Disclosure and Barring Service (DBS) policy. During our inspection we reviewed 5 employee records and found all had undergone appropriate recruitment checks and DBS checks prior to starting their employment with the service. Processes were in place for managers to check for any changes throughout a staff members employment.

Cleanliness, infection control and hygiene

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

All areas were visibly clean and had suitable furnishings which were well-maintained and clutter free. We observed a housekeeper clean and use a sign to warn others they were cleaning. Staff completed a weekly cleanliness audit in theatres, pre-assessment and waiting areas to ensure expected standards were maintained. Audits demonstrated a high level of compliance against cleanliness standards and where there were any issues, there was a plan in place to improve.

Good

Surgery

We observed cleaning records were displayed in all areas and up to date. We spoke to the housekeeper who informed us cleaning was maintained through the day and during the evening to maintain infection prevention and control standards. The service used an external cleaning contract, the areas were monitored by the service staff.

The service generally performed well for cleanliness. Managers undertook infection control and hand hygiene audits every 3 months. Hand hygiene audits completed in May and August 2023 showed an average 96% compliance for infection control and 100% for infection control. All audits met the benchmark across the service. If the service did not meet the benchmark, a further monthly audit would be completed to assess improvement.

Staff used records to identify how well the service prevented infections. The service completed audits to maintain safety standards across the service to prevent infections. The service recorded risks of eye infection post treatment on the risk register, and this was overseen by the local site manager to manage and monitor with an infection control lead. The service was supported by a national infection control led to prevent and monitor infections.

Staff followed infection control principles including the use of personal protective equipment (PPE). All staff were bare below the elbow. The service displayed hand washing technique posters in clinical areas by all hand basins. We observed staff regularly washing their hands in line with best practice techniques. Furthermore, we observed staff throughout the inspection using hand sanitiser before and after patient contact.

Staff cleaned equipment after patient contact. They labelled equipment “I am clean” to show the date the equipment was last cleaned. For example, we observed a suction machine had a signed and dated label demonstrating it had been cleaned on the day of our inspection.

Reusable theatre equipment where required was decontaminated off site. There was a service level agreement in place with an accredited decontamination service. Clean and dirty equipment was managed well and there was no cross contamination of equipment.

Staff worked effectively to prevent, identify, and treat surgical site infections. Staff followed clear infection prevention policies to prevent and treat post-surgical infections. Staff routinely cleaned areas such as surfaces, wiped down sides in theatre following any patient care, treatment and surgery.

Environment and equipment

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

The service had suitable facilities to meet the needs of patients’ and their families which followed national guidance. The service was spacious and clutter free for patients. The service was purpose built and located across 2 floors. The service was spacious and clutter free for patients. Access to all clinical areas was restricted with keypad access. There was a lift to enable patients with mobility difficulties to access pre-operative assessment on the first floor. The theatres were located on the ground floor which meant it was easy for patients’ post-procedure to leave the building. We saw the service was suitable for patients with cognitive impairment; for example, using large signs. There was appropriate ventilation in the theatres.

Patients could reach call bells and staff responded quickly when called. Call bells were placed in theatre and recovery. We saw they were easily accessible to patients. Regular checks of patients waiting were undertaken by staff. They told us they provided extra supervision to patients requiring more support or with more complex needs.

Good

Surgery

Storage for control of substances hazardous to health (COSHH) and medicines were kept locked and were only accessed by authorised staff.

Fire extinguishers across all floors had been serviced and checked appropriately and were within date. We saw signs identifying fire exits throughout the service. The service carried out specific weekly audits to ensure all areas were clear and safe, in case of fire. This was routinely checked and monitored as part of the weekly walk around audit by staff.

Staff carried out daily safety checks of specialist equipment. For example, staff completed daily checks of the resuscitation trolleys on both floors. We reviewed the completed checks lists which confirmed all equipment was ready for use.

The service had enough suitable equipment to help them to safely care for patients.

Staff disposed of clinical waste safely. A service level agreement was in place with an external provider to collect and dispose of clinical waste. All clinical waste was managed safely and labelled, and the service had agreement contact, no waste was overfilled and labelled with a date correctly.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

Staff understood how to identify and quickly respond to any sudden deterioration in a patient's health. Escalation protocols were in place and accessible to guide staff in managing these situations. For example, there were protocols in place to support staff in dealing with anaphylaxis and cardiac arrest in an emergency. Staff were trained in basic life support, first aid and resuscitation, and overall compliance was 100% for July 2023. Prior to our inspection the service had not had any incidents of a patient deteriorating during treatment, the staff had an awareness of the Resuscitation Policy. We viewed compliance for all registered nursing staff, consultants and (operating department practitioners) ODPs held a certificate and were up to date with their training. Patients had risk assessments completed as part of the pre operative assessment and the service audited these 3 monthly.

The service had a recusation policy in place and which included emergency protocols to keep patients safe in event of a emergency. The service would ring 999 in an event of life-threatening emergency.

Staff completed detail assessments including risk assessments for each patient on admission or arrival, using a recognised tool, and reviewed this regularly, including after any incident. A comprehensive pre-operative assessment process was used for all patients. This included ensuring they met the inclusion criteria for surgery and to allow any key risks, that may lead to complications during the anaesthetic, surgery, or post-operative period, to be identified. During our inspection we reviewed 10 patient records and found these were completed in full. Risk assessments were carried out for patients during the pre-operative assessment which included health conditions, medicines, and any associated risks to surgery. We saw risks were revisited before surgery took place on the day.

The service followed an adapted World Health Organisation (WHO) Surgical Safety checklist, which we saw in use in theatre. The WHO checklist is a simple tool designed to improve communication and teamwork by bringing together the

surgeons, and nurses involved in care to confirm that critical safety measures are performed. Theatre staff completed safety checks before, during and after surgery. During our inspection we reviewed 10 patient records and saw these were fully completed. WHO checklists compliance was audited which showed an average 97% compliance in the 12 months prior to our inspection.

Staff knew about and dealt with any specific risk issues. Staff were able to give examples of specific risks where patients required more care. For example, if the patient was diabetic or on blood thinning medication. The service understood and monitored risks, such as endophthalmitis, this is an infection of the tissues or fluids inside the eyeball caused by infection.

The service discharged patients with leaflets following surgery with a contact telephone number to call if they had any concerns. The service operated a on call so staff were able to contact a consultant or optometrist if required.

Staff completed, or arranged, psychosocial assessments and risk assessments for patients during a pre-screening appointment. The service had mental health support; the staff supported patients with a mental health need and had awareness of how to support patients.

Staff shared key information to keep patients safe when handing over their care to others. We saw areas were detailed and discussed with optometrist during pre-assessments and patient had an opportunity to ask questions. Patients informed us nurses went through the procedure with them and assured them. A daily multi-disciplinary huddle was held each morning to plan and review the day's activities for post operative patients and theatre. These reviews discussed patient flow, risks, medication, allergies, and any changes of patients attending the service before care and treatment took place. We observed the lead consultant led the team during the multi-disciplinary meeting going through risks and the care pathway of patients for cataract surgery. The staff had a clear awareness if a patient required more support from detailed patient notes; for example, if a patient lived with dementia, had a learning disability or underlining health conditions.

Staff sent discharge letters to the patients' GPs and referring optometrist. Safety huddles were undertaken daily where key information was shared with staff about a patient booked in for surgery that day.

Nurse staffing

The service had enough nursing and support staff with the right qualifications, skills, training, and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix according to patient lists for all clinics.

The service had enough nursing and support staff to keep patients safe. The provider of the service set agreed minimum staffing levels for the service and surgery. The theatre team who were involved with surgery lists included a surgeon, 2 Registered Nurses (RN) and 3 healthcare technicians. There was also a RN overseeing patients being discharged. Post operative clinics were led by an optometrist and supported by nurses and health care technicians applying eye drops to taking an image of their eyes. Patients reported the service had enough staff and the waiting times from arriving at the clinic were very short.

The service had a high turnover rate. However, processes were in place to quickly recruit. Data indicated the turnover was 19%. At the time of our inspection, there were 2 vacancies. The service had low sickness rates overall in June to July 2023, with average of 2%.

Good

Surgery

Managers accurately calculated and reviewed the number and grade of nurses, nursing as healthcare technicians needed for each shift in accordance with national guidance. All clinics and surgeries reflected the required staff numbers and appointments were booked in across all areas. For example, post operative appointments and patients booked in for cataract surgery were pre planned.

The hospital manager could adjust staffing levels daily according to the needs of patients. Staffing rotas were prepared in advance to make sure theatre lists were fully staffed. Where the hospital manager was absent, staff were able to adjust staffing levels to meet the needs of the service.

The number of nurses and healthcare technicians matched the planned numbers during inspection and the patients and staff reported satisfactory staffing to meet needs.

Medical staffing

The service had enough medical staff with the right qualifications, skills, training, and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.

The service had enough consultants and optometrists to keep patients safe.

The medical staff matched the planned number. There were 3 consultants working under practising privileges. Practising privileges is a process within independent healthcare and consultants can work in an independent or private hospital.

Assessments of applications for practising privileges, from doctors and allied health professionals, were carried out by an experienced medical director to ensure the appropriate practising privileges were completed. We reviewed staff records which demonstrated appropriate checks had been undertaken, such as insolvency checks, enhanced Disclosure and Barring Service checks, references, clinical appraisals, and professional registration checks.

The service always had an optometrist, on call over 7 days. We saw the on call list displayed and accessible for staff to call an optometrist or a senior leader if staff required advice.

Records

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

Patient records were comprehensive, and all staff could access them easily. Patient records were both electronic, and paper based. Completed paper records were scanned electronically as routine as part of the business continuity plan. We looked at 17 patient records and found all notes were detailed, comprehensive, completed in full and signed and dated by the clinician. Managers undertook documentation audits every 3 months. Audits we reviewed from June to August 2023 showed average 96% compliance against a 95% target.

Records were stored securely and locked away accessible to patients. We saw records were kept in in a lockable filing cabinet. Record storage areas were key locked and only accessible to staff. Electronic records were password protected and staff understood the importance of General Data Protection Regulation. We observed staff locked computer screens when they moved away from their desk.

Good

Surgery

Staff kept records up to date following surgery and discharge of patients. Staff provided an information booklet with a contact number for patients to use in case of an emergency. If an audit scored lower than 95% compliance an action plan would be developed to ensure improvement was made.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes to prescribe and administer medicines safely. A medicines management policy was in place and up to date and in line with national guidance. All trained staff had completed medicines management competencies. During our inspection we checked 7 medicine records and found records were completed accurately. The service administered medicines during and after procedures. We observed patient allergies were checked during a pre-screen appointment before surgery.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. We saw a discharge nurse explain to patients what medicines to take and the recovery pathway to patients.

Staff completed medicines records accurately and kept them up to date. Staff recorded the administered medicines as prescribed. If a medicine was not given the reason for non-administration, this was recorded. Controlled drugs were checked daily to ensure they were appropriately accounted for. We saw no gaps identified in the month of August 2023 and this was consistently maintained and checked daily by 2 registered nurses. A medicines management committee was in place. The committee had oversight of medicines management processes, audits, incidents and learning to ensure staff were following correct procedures.

Staff stored and managed all medicines and prescribing documents safely. We saw all medicines were locked and stored safely and areas were clean. We were informed if discrepancies were found during audits, actions were taken to further minimise any reoccurrence. We checked control drugs during inspection and the staff completed the register with 2 signatures and understood safe handling of control drugs.

The service kept diazepam which could be given to patients to help them relax throughout their procedure. We saw this was administrated to patients twice in the month of August 2023 and authorised by a consultant. This was stored in a separate locked cupboard with a separate key. The control drugs book had signatures throughout and with no gaps and was signed off by 2 trained staff.

Staff followed national practice to check patients had the correct medicines when they were admitted and discharged. All patients discharged were given verbal instructions on how to administer their eye drops. They were also provided with information of an emergency contact number. The discharge nurse supported patients to help them follow the correct post-operative care.

Staff learned from safety alerts and incidents to improve practice. Information and was shared with the local team during meetings and daily huddles of any improvements and learning. Any themes and improvements were reviewed with any learning shared through clinical governance, medical advisory committee and health and safety committees.

The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Medicines were prescribed by the consultant in discussion with the patient.

Incidents

Good

Surgery

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. The incident reporting policy gave staff guidance about reporting incidents and near misses. Staff we spoke with confirmed this and told us they were encouraged to report incidents. Incidents were recorded and investigated using an electronic system.

Staff raised concerns and reported incidents and near misses in line with provider policy. All grades of staff were aware of their accountability of reporting incidents such as falls and near misses. The service reported 11 incidents in the 12 months prior to our inspection. The service had reported no never events or serious incidents.

Managers shared learning about following incidents with their staff. Staff received feedback from investigation of incidents, both internal and external to the service. Staff informed us learning was shared during team meetings and daily huddles. There was evidence that changes had been made because of feedback. For example, the manager informed us they learned from a fall and removed a slip mat recently because it posed a risk. The learning was shared with staff during meetings to further prevent falls caused by the hazard of these mats. We reviewed medical advisory committee meeting minutes for March and June 2023. We saw learning following an incident of a lense implant. This was shared amongst staff locally to improve.

Managers shared learning with their staff about never events that happened elsewhere. Managers shared performance of other services within the organisation and compared areas, such as quality and training.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. The service had a duty of candour policy in place. Managers and staff understood duty of candour and accountability when things went wrong. Staff demonstrated how they had learned from incidents and apologised when thing went wrong.

Staff met to discuss the feedback and look at improvements to patient care. Patient feedback was shared with staff at local meetings and on individual basis. We saw staff encourage patients to provide feedback during the inspection.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Incidents were investigated and any learning shared to prevent any further occurrences.

Is the service effective?

Good

This was the first time we inspected the service. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Good

Surgery

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. All policies and procedures in place were developed in line with national guidance, standards, and legislation. Staff monitored and recorded patients care during a post operative appointment following cataract surgery. The service undertook regular audits to monitor outcomes of cataract surgery.

Staff applied antibiotics in the eye during cataract removal procedures to prevent endophthalmitis This is an infection of the eye with fluid. This was in line with professional standards and guidance from the Royal College of Ophthalmology. Patients were given leaflets, advice, and emergency contact number by staff before leaving the service.

At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives, and carers. The service discussed areas where patients required more support during a safety huddle before any surgical procedure. Staff had awareness of patients living with a mental health condition.

Nutrition and hydration

Staff offered patients enough snacks and drink to meet their needs and improve their health.

Drinks and biscuits were available to patients and their families. A hot drinks machine and a water machine was available in all waiting areas. We saw posters displayed in all waiting areas encouraging patients to help themselves to refreshments.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. The service had access to pain relief if it was required. We observed staff asked patients following cataract surgery whether they were in pain and provided advice about how to manage this at home. All patients received an information booklet following their discharge.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.

The service participated in relevant national clinical audits and the service benchmarked against other services within the organisation. The service performance was 95 % across quality and safety measures.

Outcomes for patients were positive, consistent, and met expectations, such as national standards. Processes were in place to follow up patients' post-surgery determine the success of the procedure and monitor for any concerns. The service performed well in across all outcome's measures. For example, the service performed below the national average in the rate of posterior capture rupture (a tear at the back of the capsule of the lens) following cataract surgery. Furthermore, the service was below the national average for the number of post-surgical endophthalmitis infections.

The service measured the outcomes of operations and benchmarked them to all of the provider's other services nationally. The percentages of patients whose vision was 6/12 or better after their operation were:

- those without any previous eye problems was 94.34% (better than the provider's national average of 93.64%).
- those with previous eye problems was 98.15% (better than the provider's national average of 97.48%).

The service used the NHS Outcomes Framework, Royal College of Ophthalmology and NHS getting it right first time (GIRFT) standards to measure clinical outcomes.

Managers and staff used the results to improve patients' outcomes. Managers' and staff carried out a comprehensive programme of repeated audits to check improvement over time. The service reviewed its performance and compliance with policies and procedures through a series of audits including age-related macular degeneration, hand hygiene, infection prevention and World Health Organisation (WHO) checklists. The results showed a high level of compliance against recorded measures consistently above 95%.

We viewed an annual diagnostic quality checklist on the 7 August 2023. Areas monitored included if patients were seen in timely manner, quality and additional scanning, diagnostic machine in correct positions, sharp bins and personal protected equipment available.

Managers used information from the audits to improve care and treatment. Staff implemented an action plan when an audit identified compliance of less than 95%. Mangers shared audits with teams and areas of improvement were a shared goal with staff team. Managers shared and made sure staff understood information from the audits.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients. The staff were trained, and competencies were monitored. Specific training was provided to staff. For example, training in Age-related Macular Degeneration (AMD) injections.

Managers gave all new staff a full induction tailored to their role before they started work. All staff had undergone induction and mandatory training. Staff were supported through staff supervisions and were encouraged to develop into other senior roles.

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff informed us they met annually for an appraisal and 3 monthly supervisions.

Managers supported consultants to develop through regular, constructive clinical supervision. The lead surgeon oversaw the supervision of consultants. This included observing between 1 and 3 sessions depending on the level of experience of the surgeon. The medical director was responsible for ensuring revalidation of surgeons was completed and they undertook yearly appraisals. We looked at the revalidation, all were up to date and documented the next due review date.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff informed us managers encouraged them to develop skills for example a staff member informed us they were encouraged to complete competencies to care for patients with AMD.

Good

Surgery

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. All staff had an opportunity to discuss development through a 1 to 1 meetings, annual appraisal and team meetings.

Managers identified poor staff performance promptly and supported staff to improve. Managers monitored performance during induction and 1 to 1's. Areas of learning and training were discussed with individuals to ensure high standard of care to patients using the service.

Multidisciplinary working

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

Staff held regular and effective multidisciplinary team (MDT) meetings to discuss patients and improve their care. The staff held daily MDT meetings to discuss patients before any elective surgery or post operative appointments. We observed an MDT meeting which included discussion about patient risks and follow up after cataract surgery. MDT daily morning huddles were held led by the hospital manager to review the day's activities, patients risks and medical conditions.

There was a theatre huddle at the start of each theatre list involving the entire team and a debrief at the end of the theatre list.

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff liaised with services across other sites if support was required.

Seven-day services

Key services were available six days a week to support timely patient care. Patients were provided with an out of hours number following their discharge.

The service opened from 8am to 5pm Monday to Saturday. Patients were informed of this on discharge and within information leaflets and out of hours contact number if there were concerns following surgery eg on Sunday . Information was available in the service and its website for patients to refer to. Patients were given a contact telephone number if the patient had any concerns following their cataract surgery or any concerns with their care and treatment.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support in waiting areas. We saw boards displayed which promoted good care following post operative appointments. Patient information and leaflets were displayed on large notice boards throughout the service.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. Area of specific concerns or requiring more support were identified during the huddle meeting.

Good

Surgery

We saw a notice board on the first floor was called 'mind, body and soul'. Information here included but was not limited to; diabetes awareness, getting active, walking for health, eating plans, wheelchair exercises, living well in later life, knowledge on eating more fruit and mental fitness.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or who were experiencing mental ill health.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff worked in line with the provider's consent policy. Staff used consent forms and records showed signed consent forms were documented in the patient's records. We reviewed 10 records and found evidence patient written consent had been obtained. Staff made sure patients consented to treatment based on all the information available. They provided information on the potential risks, intended benefits and alternative options before each treatment. The service had a 2-stage consent process by obtaining written consent at pre-assessment which was re-confirmed on the day of the procedure. Staff audited this process which demonstrated above the 95% audit target.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Managers told us most patients who attended the clinic did have capacity. However, staff were aware how to assess a patient's capacity at the point of assessment and pre-procedure. Staff asked for further information if it was required before an appointment. For example, a lasting power of attorney was obtained.

The service had an up-to-date Mental Capacity Act policy that had been recently reviewed and included guidance for staff to follow. The policy included guidance for patients assessed as lacking capacity to consent such as involvement of an independent mental capacity advisor. Staff received and kept up to date with training in the Mental Capacity Act (MCA)and Deprivation of Liberty Safeguards . All staff had completed this training at the time of our inspection.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act 1983, Mental Capacity Act 2005 and a supporting protocol was accessible in all clinical areas.

Managers monitored the use of Deprivation of Liberty Safeguards and made sure staff knew how to complete them. The service had process of auditing consents in place to monitor.

Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards. The staff informed us all polices were accessible on desktop computer.

Managers monitored how well the service followed the Mental Capacity Act and made changes to practice when necessary.

Staff implemented Deprivation of Liberty Safeguards in line with approved documentation. The staff identified needs during a pre-screen assessment.

Is the service caring?

Good

Surgery

Good

This was the first time we inspected the service. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed staff consistently interacted with patients' kindly during post operative appointments and during surgery. Patients revisited the service for post operative appointments, so staff got to know the patients on an individual basis. Patients told us they were looked after, and the staff were caring and provided reassurance when patients were nervous when waiting for surgery.

We observed staff demonstrate a caring and attentive attitude. For example, staff made effort to ensure those with additional needs were provided with assistance and support when required. Patients told us staff always treated them well and with kindness.

Staff followed policy to keep patient care and treatment confidential. Staff made effort to ensure all conversations, assessments and procedures were undertaken discreetly with doors closed to maintain privacy.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.

Staff understood and respected the personal, cultural, social, and religious needs of patients and how they may relate to care needs. Staff made effort to understand the individual needs and preferences of patients at pre-assessment to ensure their treatment was as comfortable as possible. Staff were able contact interpretation and translation services if required.

Emotional support

Staff provided emotional support to patients, families, and carers to minimise their distress. They understood patients' personal, cultural, and religious needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff took time to interact with patients, Staff explained the care pathway to them and provided an opportunity to ask questions. All patients we spoke to told us staff were 'brilliant' and 'kind'. We observed staff to be caring and kind when interacting with patients.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Staff informed us they would always interact positively when patients were worried about their treatment, providing reassurance. Staff told us they wanted patients to be happy and cared for before they leave.

Staff understood the emotional and social impact that a person's care, treatment, or condition had on their wellbeing and on those close to them.

Good

Surgery

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Patients had an opportunity to ask questions before their cataract surgery took place. We observed consultants and nurses briefed patients beforehand. We saw patients were able to ask questions with the optometrist during follow up post operative appointments.

Staff talked with patients, families, and carers in a way they could understand, using communication aids where necessary. The staff explained to patients the care pathway and provided information if this was required.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff handed out patient feedback cards following post operative appointment's and there were posters displayed encouraging patients to provide feedback.

Staff supported patients to make informed decisions about their care. Staff supported patients' decisions and explained the procedure before their surgery.

Patients gave positive feedback about the service. Patient satisfaction feedback from January to August 2023 showed out of 2,437 patients, 99% were happy with the care they received.

Is the service responsive?

Good

This was the first time we inspected the service. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services, so they met the needs of the local population. The service worked closely local opticians and GPs to plan services to meet the needs of the local population. The service offered surgical eye services to NHS patients working within the Integrated Care Board) contracts. Patients were referred by their local GP or optometrist. This meant patients could access this treatment close to home and at a convenient time. The service provided an alternative to an NHS hospital meant they could choose where they received treatment between a hospital and SpaMedica Ltd.

The service relieved pressure on other departments when they could treat patients in a day. The service supported the NHS and waiting times for patients requiring cataract surgery.

Facilities and premises were appropriate for the services being delivered. The hospital was open Monday to Friday between 8am and 5pm and on Saturdays if required. Managers were keen not to keep patients waiting for appointments and patients reported they were seen within 2 weeks from pre assessment to surgery.

Good

Surgery

Managers ensured that patients who did not attend appointments were contacted. Patients were followed up by the service as required. Where possible staff rebooked patients for cancelled surgeries this was within 1 week.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Staff were able to give examples of patients who would need closer monitoring and reassurance during an appointment. For example, patients living with a mental health condition. Staff had completed additional training to support them in meeting the needs of patients living with a learning disability and autism.

The service was designed to meet the needs of patients with mobility issues, learning disability or dementia. Areas were accessible for patients with a disability. All staff were provided with dementia training which equipped them to provide individualised care to patients.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Information was assessable for patients in simple form and pictorial communication aids were accessible.

The service had information leaflets available in languages spoken by the patients and local community. The service was able to translate information by using a "big word. "The service were able to access a website to do this.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. In all patient areas the service displayed the process with contact numbers for staff to follow if there was need for translation services.

Staff had access to communication aids to help patients become partners in their care and treatment. The service was able to access hearing loops for patients with impaired hearing. Support for patients with communication in various languages through translation services. All areas had protocols displayed so staff could access this easily.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets.

Systems were in place to monitor patient progress at key points in the surgical pathway. This was reported on monthly, so managers had oversight of the service waiting times and performance indicators set. For example, from August 2022 to March 2023, patients waiting reduced to 3 weeks from pre-assessment to a surgical procedure. The service exceeded in performance against national standards and overall waiting times. This was monitored by managers.

Patients had their appointments within 3 weeks from pre-assessment to surgery. All cancelled appointments were rearranged as soon as possible and within national targets.

Good

Surgery

Managers monitored patient referrals from GPs and local opticians.

Managers and staff worked to make sure patients did not stay longer than they needed to.

We observed an effective process in place to manage flow within the service and see patients in timely manner. This was overseen by a managers and patient coordinators who ensured when the patient arrived, they were no delay and patients were seen with quickly. Staff worked well with the theatre team to get a patient ready for surgery and to meet their needs after surgery.

Staff supported patients when they were referred or transferred between services. For example, there were effective system in place to screen new patients to ensure they were suitable for the service. Staff supported the patient to ensure they were provided an alternative pathway-based on their needs.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously. Processes were in place to investigate and share lessons learnt following complaints.

Patients, relatives, and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. Information leaflets were available in all waiting areas. The leaflets provided for patients with detail about how to provide feedback or make a complaint. This information was also accessible on the service website. We observed staff encouraged feedback from patients and families following their appointments.

Staff understood the policy on complaints and knew how to handle them. A complaints policy was in place which was accessible to staff. Staff knew how to acknowledge complaints. Managers and staff were aware how to respond to complaints and concerns within the timescales outlined in the service policy.

Processes were in place for managers to investigate complaints and identify areas for learning and improvement. The service had not received any complaints in the 12 months prior to our inspection. However, managers were able to describe how they identified and implemented any learning. Processes were in place to share learning and to monitor its effectiveness.

Managers shared feedback from complaints with staff and learning was used to improve the service. We saw an example duty of candour response letter to apologise July 2023 when things went wrong. The manager shared learning to improve quality of care with the local team.

Staff could give examples of how they used patient feedback to improve daily practice. Staff recognised the importance of feedback. Managers shared positive feedback with the local staff team from patients during meetings.

Is the service well-led?

Good

This was the first time we inspected the service. We rated it as good.

Leadership

Good

Surgery

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Leaders had the skills and abilities to run the service. The service had recently appointed a new hospital manager who previously worked at another site and developed into management role. The manager was supported by an area manager and the compliance director. The organisation supported staff to develop at all levels.

Managers were visible and approachable. We saw the manager was visible across the service supporting staff and patients. Managers undertook daily walk arounds of the service. The lead surgeon was also well known and visible within the service to staff. Staff told us managers were approachable and they were able to raise concerns and ideas.

The manager understood the challenges to quality and sustainability. Daily walkarounds enabled managers to have good oversight of quality and safety issues. Managers had a checklist to ensure key areas of quality and safety met expected standards. Where there were areas not meeting standards, action plans to improve were implemented.

Managers and staff took accountability and responsibility for patients who were cared for at the service. They strived to do better and to improve the care provided. The service had changes in managers since it opened but the staff reported they were supported, and the management had positively listened to their concerns.

The service prioritised sustainable, inclusive and effective leadership. For example, managers demonstrated good teamwork and compassion for their staff by helping them in their role when required.

Managers supported staff to develop. For example, we saw additional training and support for age-related macular degeneration supported the service.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The organisation had a clear vision for what it wanted to achieve. The vision was to 'put our patients at the heart of everything we do to ensure every patient has the best possible experience of our service'. The vision was under-pinned by 4 main values including safety, integrity, kindness, and transparency. Throughout our inspection we saw evidence the service implemented this vision and set of values. For example, we saw the service set itself very high audit outcome standards which were consistently achieved. We saw there were processes in place for learning from mistakes which demonstrated a positive safety culture and integrity. The organisations' values were included in the induction and staff knew what they were. During the inspection we observed staff and patient interactions, without exception, demonstrated the service values and thrived to improve.

SpaMedica had a strategy for achieving their priorities and delivering good quality sustainable care as an organisation. The vision and values of the service were aligned to local plans in the wider health and social care economy. Services had been planned to meet the needs of their population. For example, the service was community based and easily accessible. They enabled the local community to access NHS care quicker and close to home. Furthermore, managers told us budgets were managed, however patient care would never be compromised.

Good

Surgery

Culture

Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff felt respected, supported, and valued. Staff informed us they were supported by managers within the service and the wider organisation. Improvements were made to support the service and staff. Staff enjoyed their roles and working for the service. We saw wellness communications boards displayed to promote understanding of keeping well physically, spiritually, and emotionally with information to join local groups, exercises, and support groups. We observed staff worked well together to ensure the patient received a positive experience. They supported each other.

There was a positive and open culture which was underpinned by the organisation's values. Staff were able to raise concerns without hesitation or worry. The management operated an open-door policy for staff and encouraged them to express their views. Staff told us they could have open and honest conversations with colleagues. Furthermore, we observed staff having transparent and honest conversations with patients. This demonstrated an open culture within the service to keep patients safe.

The service promoted equality and diversity in daily work. The service promoted diversity and celebrated all cultural festivals. For example, they celebrated Diwali, Eid al-Adha, Hanukkah, Yom Kippur, as well as Easter and Christmas. Staff had a good awareness of culture and that of the local population it served. The service promoted disability champions across services and were trained as a dementia champion.

We saw a board displayed in waiting that encouraged patients and visitors with zero waste, the staff talked about this and informed to support the environment was important extremely important.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Leaders operated effective governance processes, throughout the service and with partner organisations. The service implemented a clear governance structure which was aligned to the wider SpaMedica provider governance structure. There were effective processes in place to support upward and downward reporting from frontline staff to senior leaders.

The service had a clear governance process to continually improve the quality of service provided. This included a programme of safety and quality audits which were reported on to determine overall performance and to drive quality improvements.

Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. Meetings were held in line with the governance structured which included regular governance, clinical and team meetings. All staff were aware of their roles and responsibilities.

Management of risk, issues, and performance

Good

Surgery

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

Leaders and teams used systems to manage performance effectively. The service had a programme of audits which fed into a monthly performance dashboard. It also included service activity data, such as compliance with waiting time and time to treatment standards. This was reviewed monthly by managers and benchmarked across other locations. It provided an effective overview of safety and quality performance. The service performance in July 2023 was 93% overall.

Furthermore, a peer review for the service was undertaken in August 2023 which showed 98% compliance against set measures. This enabled managers to have an objective view of quality and performance and fed into the service dashboard.

Managers identified and escalated relevant risks and issues and identified actions to reduce their impact. A risk register was in place which detail local risks. It included a various of risks, such as slips, trips and falls, equipment failure and medicine errors. The risk register had clear actions to be taken to mitigate risks. The risks were reviewed by managers monthly and new risks added where required.

A business continuity plan was in place to support managers and staff in dealing with unexpected events.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

Staff were able access data of how they were doing across the organisations. For example, the service shared the number of incidents and near misses with the team. Managers and staff had knowledge of submitting CQC notifications and safeguarding concerns.

Patient details were maintained using both paper and electronic systems with appropriate systems for data management and audits. For example, all discharge and paper records were scanned onto the electronic system for safety and paper records were locked with access to only designated staff. This was part of business continuity plan for service and safety of patient records.

All areas of performance of the service and day-to-day running was monitored by managers. Staff were aware of the service data and performance and how they benchmarked against others in the organisation.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services.

Managers and staff encouraged openly with patients and understood the value of engagement in supporting patients safely. Staff and managers encouraged patients to complete feedback cards. A patient informed us: “I have completed 2 as I have visited twice now and both times the care has been second to none and you can’t fault them.” We reviewed several positive compliment letters from patients and families, all patients reported great care and service they had received visiting the service.

Good

Surgery

The service completed a patient's satisfaction survey to receive feedback from patients of the care and service provided. The feedback was overwhelmingly positive. A surgery completed from August 2022 to August 2023 showed 99% of patients who completed it had a positive outcome and experience. Managers and staff responded to results to further improve with ongoing discussion in meetings and huddles.

The staff had a good awareness with meeting need of patients from a diverse background and had systems in place, such as translation materials so patients could understand the care they were receiving. This included patients with cognitive impairment and different cultural beliefs and backgrounds.

The service engaged with other services and learned from areas such as patient experience to improve and or imbed. Local teams collaborated well with other site managers and learned from each other such as organisational learning from incidents.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

The service was shortlisted for a Public Health England Antibiotic Guardian award following the service stopping the use of topical antibiotics after routine cataract surgery, this was shared across all sites. The inappropriate use of topical antibiotics can lead to antibiotic resistance. This was presented at the European Society of Ophthalmology and American Academy of Ophthalmology.

During our inspection we observed the service implemented provider wide initiatives to support deaf people. The organisation developed Deaf Awareness training module for the eye learn training system. This had been co-produced with experts by experience from patient and staff groups across the organisation to improve care. Staff promoted specialist hearing aid equipment to ensure inclusion was the norm on day-to-day basis.

The services promoted disability champions across services and were trained as a dementia champion. All staff completed a dementia champion training.

We saw wellness communications boards displayed to promoted understanding of keeping well physically, spiritually, and emotionally with information to join local groups, exercises, and support groups.

We saw a board displayed in waiting that encouraged patients and visitors with zero waste, the staff talked about this and informed to support the environment was important extremely important.