

SpaMedica Ltd

SpaMedica Doncaster

Inspection report

Block a, Loversall Court
Tickhill Road, Balby
Doncaster
DN4 8QG
Tel: 01618380870
www.spamedica.co.uk

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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

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Good 

Summary of findings

Overall summary

This was our first inspection of this service. We rated it as outstanding because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risk to patients, acted on them and kept good care records. They managed medicines well. The service managed incidents well and practiced shared learning.
- Staff provided very good care and treatment based on national guidance and evidence-based practice. Managers monitored the effectiveness of the service and recorded good outcomes for patients. Outcomes for patients were significantly better than expected when compared with other similar services nationally. Managers ensured staff were competent in their roles. Patients were given pain relief when required. Staff worked well together for the benefit of patients and supported them to make decisions about their care.
- Staff treated patients with compassion and kindness, truly respected their privacy and dignity which is embedded in everything that staff do, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families, and carers. People value their relationships with the staff team and feel that they often go 'the extra mile' for them when providing care and support. Staff created a welcoming and safe environment for their patients. Patients were overwhelmingly positive about how staff treated them.
- The service planned care in innovative ways to meet the needs of local people and improved patient outcomes by giving significant consideration to their individual needs. It was easy for people to give feedback. People could access the service when they needed it and waiting times were very short, with quick access to appointments and waiting times significantly less than national targets for referral to treatment times.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values and demonstrated this in their work. Staff felt respected, supported, and valued. They were focused on the needs of the patient receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and their local community to plan and manage services and all staff were committed to continual improvement.

We rated this service as outstanding overall. This was because we rated safe and well-led as good and effective, caring, and responsive as outstanding.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Outstanding	

Summary of findings

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Background to SpaMedica Doncaster

SpaMedica Doncaster is operated by SpaMedica Ltd. The hospital provides a range of ophthalmic services to adult NHS patients, including cataract surgery and Yttrium Aluminium Garnet (YAG) laser capsulotomy. YAG laser capsulotomy is a special laser treatment used to improve vision after cataract surgery. The service did not treat children. The service is registered to provide surgical procedures, treatment of disease, disorder and injury and diagnostic and screening procedures.

The main service provided by this hospital was surgery. Where our findings on surgery – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the surgery service.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 17 August 2023. The hospital was registered in July 2022 and had not been inspected before. There was a registered manager in post during the inspection.

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

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

During the inspection, the inspection team:

- spoke with 15 clinical, nursing and support staff, 2 managers and 2 members of the senior leadership team
- spoke to 9 patients
- followed the pathway of 3 patients in the surgical area
- reviewed 9 patient records
- reviewed 5 staff practicing privileges and director personnel files, including checking the service had completed fit and proper persons checks in line with the regulation.

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 participated in research opportunities and used the findings to innovate and pioneer their delivery of care to patients. Findings were shared locally, nationally, and internationally.
- The service actively monitored patient outcomes and consistently achieved positive clinical outcomes for patients which exceeded expectations.

Summary of this inspection









- The service consistently performed much better than the national average for capsular rupture rate (PCR) which is an operative complication.
- The service tailored support to patients when it was identified they may find it difficult to comply with post-operative treatment eye drops, using evidence-based practice to offer a one-off steroid injection.
- The service took a proactive approach to anticipating and managing the risk of endophthalmitis. Endophthalmitis is an infection of the tissues or fluids inside the eyeball, and it is an urgent medical emergency. The service used best practice guidance to introduce an emergency equipment box. The had a contract with an external microbiology laboratory to test and report on suspected endophthalmitis within 24 hours from receiving a request, including out of hours.
- The service provided a 24-hour, 7-day on call service and managed any post-operative complications in house, whenever possible, rather than sending patients to an NHS provider.
- The service created a working partnership with the local NHS trust and provided training opportunities for trainee ophthalmic surgeons.
- The service understood that continued development of staff skills was integral to maintaining a high-quality service. For example, they created opportunities such as clinical apprenticeship schemes.
- Staff used a targeted and proactive approach to health promotion within the service.
- Staff took a genuine interest in patient needs and provided useful information to promote a good quality of life. They viewed patient needs holistically.
- Staff made special efforts to care for patients and provide additional help and resources when patients were in need.
- The service had its own accreditation (a red, amber, green (RAG) rated system) for surgeons with practising privileges, to ensure patients received a positive experience.
- The service demonstrated strong organisational commitment towards ensuring equality and inclusion across the workforce.

Nearby SpaMedica services worked together to avoid cancellations and provided service to patients on their preferred day. This was supported and encouraged by SpaMedica Ltd.






Our findings

Overview of ratings

Our ratings for this location are:

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

Surgery

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

Is the service safe?

Good 

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's training matrix identified required training for each staff group. Compliance with mandatory training was 100% for all modules, against a target of 95%. Training was delivered through a combination of e-learning and face to face training. Staff were given protected time to complete their training during working hours.

The mandatory training was comprehensive and met the needs of patients and staff. Modules included, for example, moving and handling, fire safety and infection prevention and control (IPC).

Clinical staff also completed mandatory training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. Staff shared with us information about this training and how useful they had found it for their work. There were designated champions for dementia awareness, who received additional training for this role.

Managers monitored mandatory training and the online training record system alerted staff when they needed to update their training.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. All staff were trained to safeguarding level-2 for adults and children, with clinical staff trained to level-3. There were two named safeguarding leads for SpaMedica Ltd, trained to level-4 in safeguarding adults. Data showed that 100% of staff were up to date with safeguarding training.



Surgery

Staff knew how to make a safeguarding referral and who to inform if they had concerns. We saw the safeguarding referral flowchart displayed in staff and clinical areas. Staff we spoke with were able to identify the named safeguarding lead for SpaMedica Ltd. Staff we spoke with confirmed safeguarding procedures were followed and that they were comfortable to do so. All safeguarding referrals were reviewed by the registered manager and escalated to the safeguarding lead.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

The service had appointed two safeguarding leads within the organisation who were level-4 trained who staff could access for support and advice if required.

The safeguarding policy was comprehensive and reviewed in April 2023. It included information about types of abuse, including modern slavery, radicalisation, and domestic abuse.

Staff knew how to identify adults at risk of, or suffering, significant harm and worked with other agencies to protect them. The safeguarding process was displayed in all clinical areas throughout the service.

The hospital had a chaperoning policy which staff knew how to access. There were notices in patient areas advising patients that they were entitled to have a chaperone present for consultations, examinations, and surgery.

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 we visited throughout the hospital were visibly clean, clutter free and had suitable furnishings which were clean and well-maintained. Cleaning schedules were displayed and completed to show daily cleaning occurred. We observed domestic staff cleaned high touch surfaces such as doors.

The service performed well for cleanliness. For example, infection prevention and control audit data for the period August 2022 to July 2023, showed a consistently high compliance score of 99.5%.

Staff followed infection control principles including the use of personal protective equipment (PPE). Hand hygiene audits showed 97.3% compliance between August 2022 and July 2023.

All reusable equipment was decontaminated off site. There was a service level agreement in place with an accredited decontamination service.

Staff worked effectively to prevent, identify, and treat surgical site infections. The service monitored infections related to surgery. There had been no infections reported or recorded by the service since it opened in July 2022 up until our inspection in August 2023.

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.



Surgery

The design of the environment including theatres followed national guidance. The environment was spacious, airconditioned and room temperatures monitored daily.

Patients could reach call bells when seated in the preoperative waiting room. Staff frequently entered the room, including the porter, to engage with patients waiting and therefore we did not hear any call bells during the inspection.

Staff carried out daily safety checks of specialist equipment including the emergency trolley with logs signed and dated. The seal was broken weekly with a full check carried out. A grab bag was available with appropriate personal protective equipment should staff need to provide cardio-pulmonary resuscitation. Portable oxygen cylinders were full, and checks were recorded.

The service had enough suitable equipment, including theatre equipment and instruments, to help them to safely care for patients.

There was a regular maintenance programme in place for specialist equipment with servicing completed in line with manufacturer's guidelines.

We observed daily temperature checks in each clinical room which was logged on a chart and displayed on the wall. The humidity was checked in theatre daily and clear escalation plans were in place if humidity was greater than 74%. We could see from previous checks that it was maintained at below 74%.

Staff disposed of clinical waste safely. Waste management was handled appropriately with separate colour coded bins and separate waste streams for domestic and clinical waste. Sharps, such as needles, were disposed of correctly in line with national guidance.

Portable electrical appliances we looked at were tested within an appropriate timeframe and had a dated sticker.

The service adhered to local arrangements for control of substances hazardous to health (COSHH). Cleaning equipment was stored securely in locked cupboards and all areas required a pass card or keypad code to gain access.

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 completed risk assessments for each patient on admission and reviewed this regularly. Preassessment procedures included testing patients for a stable International Normalised Ratio (INR) in house. This test measures the time taken for blood to clot, check for bleeding conditions and check for blood clotting problems. Performing this test in house meant that patients did not need to go to an external clinic or require a district nurse to check their INR seven days prior to surgery as per the Royal College of Ophthalmologists (RCOP) standards. This reduced the burden on NHS providers to perform this test.

The service had a comprehensive pre-operative assessment clinic (PAC) inclusion and exclusion guidance document to support staff in their assessments. For example, patients who were unable to lie down flat for 15-20 minutes were not suitable for surgery at SpaMedica Doncaster. Patients who had had vascular surgery were required to wait three months before undergoing surgery to their eye. Routine diagnostic tests were completed during the pre-operative assessment process. If a patient was unsuitable for treatment at the service, the referral went onto the local Trust and information back to the referral source for the patient.



Surgery

Staff knew about and dealt with any specific risk issues. There were surgical debriefs on surgical days, Health Care Technicians (HCTs), nurses, discharge staff, theatre staff and administrative staff attended these meetings. Topics covered included, for example, high risk patients that may have diabetes or patients living with dementia.

All patient coordinators had non-clinical roles but had basic life support training and compliance was monitored by managers. Nursing staff had immediate life support training.

There was a resuscitation policy for responding and escalating patients presenting with a medical emergency. The service had a single escalation policy which was to call 999 and transfer the patient to an acute NHS hospital. The service did not provide general anaesthetics or have facilities for patients to stay overnight.

Patients underwent a range of eye tests and diagnostic tests were carried out by healthcare technicians. An optometrist completed risk assessments with patients, and these informed a personalised treatment plan. Surgery and treatment were carried out under non-invasive local anaesthetic.

The hospital followed an adapted World Health Organisation (WHO) five steps to safer surgery checklist, which we observed in use in theatre and in the completed records we reviewed. This checklist was used to ensure safety and reduce errors during surgery. The WHO checklist compliance was audited every 3 months, the last 3 audits showed above 95% compliance. If compliance rates fell below 95% audits were repeated the following month and recorded on the hospital's action planner. All items on the action planner were discussed at the monthly hospital meetings, morning huddles and theatre huddles to inform staff of any improvements that needed to be made to achieve compliance. The compliance rate between August 2022 and July 2023 was 97.3%.

The service displayed 'Sepsis Six' information; this is a set of six tasks for staff to consider when monitoring a deteriorating patient for signs of sepsis.

Staff shared key information to keep patients safe when handing over their care to others. Discharge letters were produced as the patients were discharged from care back to their referring community optometrist or GP as appropriate. After their procedure, patients were given detailed written instructions on aftercare and the time and date of their next appointment. Patients were given the service telephone number to ring in the event of any issues or to ask questions following discharge. This line was available and staffed 24 hours a day, over 7 days a week.

Staffing

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

The service had enough nursing and support staff to keep patients safe. The service manager planned staffing levels using a standard operating procedure for clinical safe staffing levels. We observed the service had enough staff to provide the right care and treatment on the day of inspection.

All ophthalmic surgeons worked for the service under practising privileges. The granting of practising privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital, clinic, practice, or community service. These were reviewed annually to ensure the appropriate practising privileges were completed and in place. The medical director supervised every surgeon at SpaMedica Doncaster and performed their appraisals.



Surgery

Optometrists were monitored by regional optometrists within SpaMedica Ltd. who also carried out their appraisals.

The service had a 13% turnover rate of staff between 1 August 2022 and 31 July 2023 and low levels of sickness absence at 2.27%.

Managers made sure all bank and agency staff had a full induction and understood the service.

Managers accurately calculated and reviewed the number of staff needed for each shift in accordance with national guidance. There was a standard staffing model which was regularly reviewed. The service held meetings to assess and plan staffing in line with activity. The registered manager reviewed clinics, planned, and adjusted the number of staff based on the number of clinics and the patients attending surgery appointments.

The registered manager could adjust staffing levels daily according to the needs of their patients. Managers liaised across the region to support and plan staffing. When possible, staff from other SpaMedica hospitals supported SpaMedica Doncaster if they had a staff shortage.

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 notes were comprehensive, and all staff could access them easily.

We reviewed 9 patient records. The patient records were both paper and electronic.

The service conducted clinical documentation audits monthly, between August 2022 to July 2023 the average compliance was 97.3%.

Paper records were stored securely in a locked cupboard and retained at the site for 3 months before being scanned onto an e-record system at the organisation's central office. E-records were password protected and staff secured screens when not in use.

Medicines

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

There was a medicines management policy that was in date and regularly reviewed.

Staff reviewed each patient's medicines and provided advice to patients and carers about their medicines. Patients were provided with a SpaMedica bag post-surgery which contained prescription eye drops, and information on how and when to take the drops. Only staff who had completed competencies in the management of medicines dispensed and administered medicines to patients.

Medicines were stored securely in all areas we visited. Staff kept daily records of medicines fridge and room temperatures.

Medicine storage areas were well organised and tidy. Posters on cupboards detailed the list of medicine contents. All medicines we checked were within their use by date.



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The service had an emergency endophthalmitis box in line with best practice.

External arrangements were in place to remove expired stock and destroy unused controlled drugs if required.

The service performed well consistently in its medicines management audits from August 2022 to July 2023, which showed the service was 100% compliant.

Staff checked patients had the correct medicines when they were treated and discharged. Post-operative patients were given verbal discharge advice, a booklet and a 24-hour contact number.

Incidents

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. This included reporting serious incidents, concerns and near misses. The service used an electronic reporting system which all staff had access to. Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Staff raised concerns and reported incidents and near misses in line with provider policy. The incident reporting policy gave staff guidance about reporting incidents and near misses. Staff we spoke with confirmed this and told us that they were encouraged to report incidents.

Incident data we reviewed for the 12 months prior to inspection showed there were 20 incidents reported in total of which 19 incidents were low or no harm.

The service had no never events.

Staff received feedback from investigation of incidents, both internal and external to the service. Learning from incidents across all sites was shared by a variety of means including safety briefings, emails, governance minutes, and team meetings. Where individual feedback was required, this was conducted in appraisals. There was also regular one to one meetings for staff where managers were able to discuss immediate feedback where required.

Managers shared learning with their staff about never events that happened elsewhere. Staff told us that shared learning was common practice at the service.

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.

Staff met to discuss the feedback and look at improvements to patient care.

Outstanding



Surgery

Is the service effective?

Outstanding



We rated it as outstanding.

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.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We requested 8 policies and saw they were all up to date including management of clinical risk policy, patient access policy, resuscitation of adults' policy, and infection prevention control policy.

Updates regarding evidence-based care and treatment were cascaded down from the clinical director of SpaMedica Ltd to the registered manager at SpaMedica Doncaster. This information was shared with staff through morning huddles and monthly team meetings.

Optometrists were monitored by regional optometrists within SpaMedica Ltd. An Optometrist gave us an example where the National Institute for Health and Care Excellence (NICE) guidelines had been updated for those patients and how this was then shared in the location. Staff also followed updates and guidance from the Royal College of Ophthalmologists standards.

The service participated in clinical audits to monitor staff compliance with policy and latest guidance. A corporate audit schedule was in place and directors sent registered managers a list of audits that were next due for completion. Audits included medicines management, consent, surgical safety, clinical documentation, and infection prevention control.

The service monitored results from clinical audits against performance of other SpaMedica hospitals. Benchmarking their results against other like- for-like hospitals meant that individual services could see where they were performing well and where there were areas for improvement.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice.

At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives, and carers. We observed this during our inspection on site.

Patients living with cancer were able to receive treatment at this service. However, patients with cancer of the eye requiring treatment were referred to their local NHS hospital.

Nutrition and hydration

Staff made sure patients had enough food and drink to meet their needs.

Staff made sure patients had enough to eat and drink including those with specialist nutritional requirements; for example, they provided complimentary gluten-free biscuits. Patients waiting to have surgery were able to eat before the procedure and were encouraged to do so, particularly if they were diabetic. Patients were encouraged to bring in their



Surgery

own food if they wanted. The registered manager told us about a rare delay that occurred in theatre a few weeks before our inspection visit, that had resulted in 4 patients waiting longer than usual. The manager had personally gone to a local supermarket to purchase a selection of sandwiches for those patients which was very gratefully received. On rare occasions like this when any delays occurred outside of the expected waiting time, the manager confirmed this would be offered to patients as usual practice.

Water coolers and facilities to make hot drinks were available within patient waiting areas.

We saw staff making drinks for patients and regularly checking that patients had enough to eat and drink. All drinks included hot beverages and biscuits were unlimited to patients and their relatives.

Pain relief

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

Patients undergoing ophthalmic surgery were given topical local anaesthesia (LA) via eye drops to stop the nerves in the eye sending pain signals to the brain during the operation and reduce discomfort. This meant patients were fully conscious and responsive before, during and after the procedure. This allowed patients and staff the ability to communicate with each other about pain at all points of the procedure.

Patients who were particularly nervous about treatment were offered an alternative anaesthesia to freeze the eye temporarily.

Patients received additional LA soon after requesting it. Staff informed patients how to use hand gestures to make the surgeon aware if they were experiencing any discomfort, during their procedure.

Patients were asked about their experience of pain post-surgery and staff used pain scoring tool to assess pain. If the patient scored between 2-4 the reasons for pain were explored and actions taken to reduce the patient's pain during surgery and post-operatively.

Patients were provided with a leaflet which gave advice on expected symptoms post-surgery and how to treat any pain they might have.

Management of pain was monitored by the service through a patient satisfaction survey. From 1 August 2022 to 1 August 2023, 98.37% of 2,397 patients reported they were satisfied with how their pain was managed.

Patients were encouraged to call the contact centre if they were experiencing pain post-surgery. The contact centre created a ticket for each call and sent it on to the appropriate service. This would then be picked up by the reception desk who would then forward this onto a nurse. The patient would then be called back or invited into the clinic to be reviewed. Patients were also encouraged to call the contact centre outside of operational hours if they were experiencing pain. Patients would be put through to an on-call optometrist or nurse.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved significantly better outcomes for patients. The service had been accredited under relevant clinical accreditation schemes. Outcomes for people who use services were positive, consistent, and regularly exceed expectations.



Surgery

The service participated in relevant national clinical audits for ophthalmology.

Clinical outcomes were published nationally via the Royal College of Ophthalmologist National Ophthalmic Database (NODA) audit and showed that the provider, compared very well to comparative services, in consideration of the number of procedures carried out.

There was participation in relevant local and national clinical audits and other monitoring activities such as reviews of services, benchmarking, and peer reviews. Optometrists we spoke to confirmed that their work had been peer reviewed.

Outcomes for patients were positive, consistent, and met expectations, such as national standards. 100% of SpaMedica Doncaster patients achieved visual acuity of 6/12 or better in June 2023. 6/12 is the minimum vision standard required for driving a car in the UK.

The service had a lower-than-expected risk of complications for elective care than the England average. A key indicator of quality in cataract surgery is the Posterior Capsular Rupture (PCR) rate. This is a complication that may occur during surgery when the capsular bag that holds the lens breaks. SpaMedica Doncaster had an average PCR rate of 0.46% compared to the national average of 1.1%. This meant that SpaMedica patients were more than two times less likely to experience a PCR complication during cataract surgery.

The location was benchmarked internally against other locations for the organisation and externally with other NHS organisations providing cataract care and performed well.

There were over 4000 community optometrists registered on the SpaMedica Accredited Partner Programme. There were regular Accreditation Scheme sessions at each service.

The service collated and reviewed comparative complications and infection rates for individual surgeons and had a process to address any performance concerns.

Managers shared and made sure staff understood information from the audits. Information provided for the service showed they had performed consistently well over a 12-month period.

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 significant support and development.

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

Managers gave all new staff a full induction tailored to their role before they started work. All new staff completed a corporate and local induction. Staff did not practice in any role until assessed as competent. New staff were on probation for six months and were reviewed at 1 month, 3 and 6 months.

Managers supported staff to develop through yearly, constructive appraisals of their work. Appraisals were comprehensive, structured, and informed by behaviour mapping expected of each role to support staff in their performance and development. Data showed that all staff had received appraisals at the scheduled time.

The clinical educators supported the learning and development needs of staff.



Surgery

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. All staff were given the opportunity to work across different specialities in the service such as pre-assessment or surgical and could undertake additional training to support their role and individual development. Staff were able to complete their training in protected time.

The service was introducing clinical apprenticeships that staff could apply for to upskill in areas such as being able to scrub and medications administration.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers maintained a skills matrix that indicated staff who had been trained and deemed competent for certain roles and responsibilities. The aim was to have staff trained so they could work across the service in different roles to allow for flexibility across the workforce and better meet the needs of the service. Staff gave examples of additional areas they had opportunity to upskill in and described how they could work at their own pace.

Managers supported medical staff to develop through regular, constructive clinical supervision of their work. Surgeons were rated red, amber, and green across a range of outcomes for patients including timeliness of appointments and patient experience which was overseen by the medical director. Individual consultants' outcomes and performance was reviewed at medical advisory committee meetings.

Managers made sure staff received any specialist training for their role.

Managers identified poor staff performance promptly and supported staff to improve.

All information boards in patient areas were presented and well put together by the patient co-ordinator. Updates were undertaken regularly to keep the information valid and up to date.

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Multi-disciplinary daily morning huddles were held to plan and review the day's activities collectively. 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. We saw staff working together in multidisciplinary teams to deliver effective care and treatment.

All SpaMedica Ltd hospitals worked closely together to maximise efficiency and reduce waiting times to benefit patients. Staff were shared across different hospitals working where they were needed the most.

The service worked well with external stakeholders including commissioners, local NHS trust with whom they held a contract to provide services and GPs as well as private optometry services. Managers met with the local NHS trust and ICB with whom they provided services for, to plan services.



Surgery

The service was working in partnership with the local NHS trust, and with agreement from the General Medical Council (GMC) to provide development opportunities for ophthalmic surgeons in training.

Seven-day services

Key services were available seven days a week to support timely patient care.

The service was open Monday to Friday routinely from 8am to 6pm and additional Saturdays. This could be increased dependant on patient demand. If the service ran late a patient coordinator, HCT staff, nurse staff and the registered manger stayed until the last patient left the building.

The service only undertook elective surgery; all operations were planned.

The service provided an out of hours service and it was available 24 hours a day seven days a week for patients if they had any concerns. In an emergency, and if appropriate, patients were seen and treated at one of the designated hospitals in the group, which relieved pressure on local NHS providers. There were teams of staff allocated on a rota system in case of an ophthalmic emergency. There was also a senior manager on call rota to support hospital staff. There was optometrist cover 7 days a week within the out of hours cover.

Patients were given the service telephone number to ring in the event of any issues or to ask questions following discharge. This was within the aftercare information booklet and staff showed patients this number during the discharge process.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in the waiting areas. Patient information and leaflets were displayed in large notice boards throughout the service and were relevant to the holistic needs of the service users.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle.

Staff actively contributed to health promotion within the service. We saw health promotion boards giving patients information on relevant health information. Staff discussed topics that were important to themselves but significant to the patient population also at monthly team meetings and created informative boards and fundraisers for the topic. We saw examples of team meetings where relevant health topics had been in focus for learning and were delivered by a team member, for example, the August team meeting focus was around diabetes.

The service had considered the demographics of their service users and provided information that was best suited to their needs.

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 were experiencing mental ill health.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.



Surgery

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff followed a two-stage consent process pre-operatively and on the day of surgery. Staff made sure and we observed patients consented to treatment based on all the information available and clearly recorded consent in the patients' records and the discussions had taken place.

Patients who could not consent fully and comply with treatment were reviewed against the services exclusion criteria, triaged, and referred to an appropriate NHS provider if required.

Staff understood the relevant consent and decision-making requirements of legislation and guidance. They followed the groups consent policy to obtain consent.

Staff made sure patients consented to treatment based on all the information available.

Staff clearly recorded consent in the patients' records. Patients were given a cooling off period following consultation, prior to surgery.

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

Is the service caring?



We rated it as outstanding.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that is kind and promotes people's dignity.

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.

Feedback from people who used the service and those close to them was continually positive about the way staff treated them. Patients said staff treated them well and with kindness. Patients and staff gave us examples of going the extra mile to provide care and support. For example, staff provided patients with blankets in waiting areas, the ward and in theatre when requested and these blankets were given to the patient to take home afterwards. The service changed the room the patient was being seen in to suit the needs of the patient. Events were celebrated at the hospital for patients such as at Christmas time and Diwali with decorations put up in the service. Special occasions such as the Kings Coronation and Pride were also celebrated in the service and staff told us about these celebrations during our inspection. The service recently celebrated the 1000th patient, with decorations, cakes, and chocolates to give to all patients as well as cupcakes and pizza for the staff team. The 1000th patient was then presented with a certificate and given a box of chocolates. Photos of such events were shared with SpaMedica nationally through the marketing team and appeared in the weekly company newsletter 'Feel Good Friday'. 100% of patients reported that their surgeon had a good bedside manner, was courteous and was friendly.



Surgery

Staff followed policy to keep patient care and treatment confidential.

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. The registered nurse (RN) took the time to knit worry worms and octopuses for patients living with dementia. They also brought in stress balls and worry beads to help patients through their eye care journey which patients could then take home with them.

Staff understood and respected the personal, cultural, social, and religious needs of patients and how they may relate to care needs.

Staff respected patients and their emotional and social needs were seen as being just as important as their physical clinical needs.

Emotional support

Staff provided strong 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. 100% of patients reported feeling reassured during their treatment at the service.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. For example, an escort for a patient changed into scrubs to go into theatre to hold the patient's hand to provide comfort during their surgery. We saw signs on the patient board notifying patients that this was a service that was offered to them to help them through their surgery, which was called a hand-holding service. Patients were told at pre-assessment that they could have a hand-holder, and this was usually offered by the escort before going through to theatre. If a patient declines but then appears anxious in theatre, then this would be gently offered again to the patient.

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. Staff told us that they encouraged patients to talk with each other to build connections and relieve nerves. Patients emotional and social needs were seen as being as important as their physical needs.

Understanding and involvement of patients and those close to them

Staff were fully committed to supporting patients, families and carers to understand their condition and empower decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment. Staff supported patients to make informed decisions about their care and ensured they are active partners in their care. After the first assessment, a treatment recommendation was made, and staff gave patients relevant information to take home and read. This information included potential complications and expected outcomes. Patients were able to acknowledge this information and were given the time to formulate any questions they may have had at future appointments.

Staff talked with patients, families, and carers in a way they could understand, using communication aids where necessary.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Feedback slips were given to patients when they left the hospital and patients were also sign posted to SpaMedica website to provide feedback.



Surgery

Staff supported patients to make advanced decisions about their care.

Patients gave positive feedback about the service. The service called patients post procedure to check if they were happy with the service. The patients were also asked prior to being discharged if they were happy with the treatment they received. Patient coordinators encouraged patients to complete a patient satisfaction survey and share their thoughts of the service with them.

100% of patients using the service would recommend the service. Positive feedback was displayed on the NHS choices website for the service and a feedback box was available for patient comments in the reception area. Patient comments included 'The service I received from SpaMedica was fantastic, the staff couldn't do enough for you, from my first assessment to my operation a week later. All the staff was very friendly and professional' and 'The efficiency and cleanliness of the place are impressive. Doctors, nurses, and ancillary staff are courteous, caring, and radiate competence'. The service had a 5-star rating with 124 reviews all rating it as 5 stars with a wide range of extensive positive comments covering all aspects of patient care.

Is the service responsive?

Outstanding



We rated it as outstanding.

Service delivery to meet the needs of local people.

The service was tailored to plan and provide 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. The service was delivered in a way to ensure flexibility, informed choice, and ensure continuity of care.

The service relieved pressure on local NHS departments by creating additional NHS capacity. The service had an NHS contract with the local Clinical Commissioning Group to provide ophthalmology services. The service offered surgical eye services to NHS patients. Patients were often referred by their GP or optometrist. The service treated adult patients only, over the age of 18 years.

The service operated Monday to Friday and ran a Saturday clinic regularly when required to meet the needs of the local population. Managers we spoke with were keen to reduce referral to treatment time waiting lists.

The service had a handheld finger prick 'international normalised ratio' (INR) blood testing device; this was for patients who are on blood thinners such as warfarin to ensure they did not need to visit an NHS clinic to have their INR checked 7 days prior to surgery. This reduced the NHS local pressure for this to be carried out, as well as ensuring reduced cancellations on the day of surgery if patients had not had this tested. Nurses at the services completed a competency for this before carrying it out on patients.

Facilities and premises were appropriate for the services being delivered. The service was located on both ground floor for theatre and first floor for pre-assessment appointments. The facilities and the premises were appropriate for the services being delivered and had disabled access to all areas. The environment was appropriate, and person centred. It was clearly signposted and easy to find. There was ample free car parking immediately outside of the building. There was plenty of seating in the waiting areas and the toilet facilities were clean and accessible to all.



Surgery

Staff could access emergency mental health support 24 hours a day 7 days a week for patients with mental health problems, learning disabilities and dementia.

The service had systems in place to provide patients with additional support if they required it. Patients with specific needs such as learning disabilities, mental capacity or physical disabilities were identified at the preassessment stage.

Managers monitored and took action to minimise missed appointments. Following confirmation of their appointment, patients were sent out written details of their appointment and an information pack about what to expect from the service. The service also provided a 48-hour reminder call and text message service to patients prior to the appointment.

Managers ensured that patients who did not attend appointments were contacted.

The service provided a complimentary transport service to those who were unable to get transport to the hospital. We saw this being well used by patients during the inspection and patients told us this was 'a helpful and vital service provided to ensure they safely were able to attend their appointments without any worries'. This service is available for free to all patients who live between 10-30 miles away from the hospital.

Meeting people's individual needs

The service was proactive and inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers. This included patients with protected characteristics under the Equality Act, and patients who may be approaching the end of their life.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff we spoke with supported patients living with dementia, sensory impairment, and learning disabilities.

Staff supported patients living with dementia and learning disabilities by using 'This is me' documents and patient passports. We saw a dementia folder detailing information for staff as a reference as well as various links to local support to offer patients and their families. The service provided help sheets to patients that they could take away with them and a checklist from the 'Alzheimer's Society' for their personal use as a way of guidance and where to seek help and advice.

Staff made adjustments for patients with individual needs. Staff gave examples for patients with neck pain, staff had assessed this and found that using a pillow under them avoided discomfort.

The service had information leaflets available in languages spoken by the patients and local community.

The service was adapted for people with dementia with signage and coloured handrails and toilet facilities.

Staff wore yellow name badges as they were easiest for people who are visually impaired to see.

There was a hearing loop available for patients living with a hearing impairment.



Surgery

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. There were information boards with interpreter contact information for a large selection of languages. Patients could have information translated for them during their pre-assessment and during after care. During the patient's surgery the service would invite a translator into theatre to translate for patients during their surgery.

Every patient was seen at the service if they required treatment within the criteria of the service. Two senior staff had completed their mental health first-aid courses, and 1 healthcare technician was in the process of completing mental health first-aid training. We observed posters displayed around the hospital with a barcode staff could scan. This gave staff contact details for all the current mental health first aid trained staff in SpaMedica Ltd. We also saw a wellbeing hub on the intranet for staff to be able to access, including on their phones.

We saw additional information in the patient areas informing patients that they could have stress balls, bubble fidget sensory toys, octopuses or worry worms to help them during their surgery. These were readily available and well used in the service. The worry worms were made by a RN staff member at the Doncaster service and were provided free of charge for all patients. Senior managerial staff told us that this had a positive impact on patients and as a result SpaMedica Ltd were looking into adopting these across additional SpaMedica sites in the country. Research evidence has shown that their colours and textures provide comfort in an unfamiliar environment and were designed to be held and twiddled to help having a calming effect and provide a welcome distraction. They were machine washable, and patients are welcome to keep them.

The service had also implemented activity packs for the ward area following patient feedback. They included crosswords, sudoku and word searches for patients waiting to go through to theatre in the ward area. The puzzles were all available in large print and were for all abilities. The service shared this was to encourage patients to interact with each other more as a good topic for discussion, they were also a great way to help with anxiety and were ideal for passing the time waiting in the ward area prior to surgery. The feedback received about these packs was very positive.

Patients were offered an appointment within a couple of weeks from the date of their optical assessment. The service was able to offer appointment dates and times to suit the needs of the patient. Some patients opted to fit in their appointments around personal and work commitments which was readily accommodated.

The service offered free patient transport within a 10–30-mile radius of the service. Patients were taken to and from their appointments.

One patient we spoke with was there with their carer who used the free patient transport service. They provided positive feedback of their experience both with the patient transport service and with the service overall.

Staff told us that they noted that there was a high risk of slips, trips and falls due to the treatment being carried out. Patients were always escorted by the porter after having eye drops in to help with this, and we watched patients being escorted by staff to the waiting area to reduce this risk.

The service was easily accessible for individuals with limited mobility. The service also had their own wheelchairs at reception for patients to use if required.

Within the service, the 2 toilet facilities were accessible to all with a red emergency pull cord which patients could easily reach.

The service offered unlimited free tea, coffee and biscuits to patients, family members and carers.



Surgery

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 significantly better than national standards.

Patients were referred to SpaMedica Doncaster by their opticians or by their GP.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. Patients were treated within an average of 5 weeks, which surpassed the expected 18-week referral to treatment time.

Managers and staff worked to make sure patients did not stay longer than they needed to. There were processes in place to ensure that patients were seen in a timely manner. The service opened regularly on a Saturday when needed to ensure patients were not waiting too long for treatment appointments. When we spoke to patients in the preoperative lounge, they were impressed by how short their waiting times had been.

Staff supported patients when they were referred or transferred between services. If patients were referred to other clinics, then staff would assist with this process.

Staff would work with the patients' GPs for referral information, if there were any safeguarding issues this would be escalated to local authority teams and if patients required community support this was raised, and information shared where required.

The service had a 24/7 contact centre. Patients could access emergency support by calling the contact centre. If required, the service would open out of hours and on the weekends. When the service opened for emergency treatment, a surgeon, registered nurse and HCT would be on site. Details of any emergency treatment would be noted on the patient record and an incident form was completed if required.

Staff worked to a standard operating procedure to keep the number of cancelled appointments and operations to a minimum and made sure they were rearranged as soon as possible and within national targets and guidance. Staff contacted patients who had failed to attend to re-book or refer back to the NHS hospital.

The transport service supported patients to arrive in a timely manner for their appointments avoiding cancellations and delays in clinics and surgery.

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, investigated them comprehensively and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Patients, relatives, and carers knew how to complain or raise concerns. Patients we spoke with knew how to raise a complaint if they wished and felt comfortable in doing so. Staff handed out feedback cards that could be completed anonymously by the patients. Patients could also leave feedback on the SpaMedica website. We saw that this was simple and easy to access for service users.

The service clearly displayed information about how to raise a concern in patient areas. Patients were able to provide feedback through a patient survey and NHS choices.



Surgery

Staff understood the policy on complaints and knew how to handle them. We looked at the service's complaints policy which was renewed in April 2023. All complaints were taken seriously, followed process and were responded to within 20 days of receiving the complaint. Staff demonstrated understanding of the complaints policy and processes.

Managers investigated complaints and identified themes. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. There were 3 complaints received by SpaMedica Doncaster in the last 12 months. There were no themes identified and all complaints were closed. Each complaint followed the processes set out in the complaints policy.

Staff could give examples of how they used patient feedback to improve daily practice. We saw examples of this on site during our inspection that improved the patient journey and experience from feedback given to the service.

Is the service well-led?

Good



We rated it as good.

Leadership

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.

There was a clear management structure with defined lines of responsibilities and accountability. Leaders had the skills, knowledge, experience to run the service. There was a national organisational structure with a chief executive, chief operating officer, medical director, and head of clinical services. The hospital manager was well supported by regional and national managers and received training appropriate to their role. Staff told us leaders were visible and approachable.

Staff we spoke with spoke highly of the service managers. Staff we spoke with had worked with the medical director and commented that the chief operating officer did site visits. Staff commented that interactions with local managers were "fantastic" and that they felt supported by the registered manager. Staff we spoke with commented that regional managers were easy to talk to and that they were not afraid to speak up or pick up the phone to them. Leaders were passionate about the service, knowledgeable and worked well with staff to deliver best possible outcomes for their patients.

Leaders held regular staff meetings where staff told us that they could voice their views and were listened to and valued.

Senior managers attended regional and national meetings with the senior leadership team where they received updates, discussed governance, performance, and shared learning.



Surgery

Staff were offered opportunities to develop their role within the service and were supported to take on more senior roles. There was a variety of different opportunities available for staff to develop new skills and undertake courses. Staff spoke to us about these opportunities during our inspection and felt fully supported and valued with so many development opportunities available to them. The registered manager was also supported to develop their skills and take on more senior roles at the service and had worked their way up from a scrub registered nurse (RN) at a different SpaMedica site.

The organisation had a centralised human resources team who monitored compliance with the fit and proper person requirement (FPPR) of the Health and Social Care Act. This regulation ensures leaders have the essential skills and competencies to manage an organisation, we checked the service was compliant with this regulation.

Staff files had all appropriate documentation to ensure the employment of fit and proper persons, including disclosure and barring services, were checked, and recorded.

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.

SpaMedica Ltd had an overarching mission statement which was “Every patient, every time: no exceptions, no excuses”, which staff were aware of. We observed that the vision was at the heart of patients care and staff went above and beyond to fulfil the provider’s vision.

There was a clear vision and a set of values including quality and sustainability. There was a realistic strategy for achieving the priorities and delivering good quality sustainable care.

The strategy was aligned to local plans in the wider health and social care economy, and services had been planned to meet the needs of the relevant population.

The SpaMedica Ltd values were “safety”, “integrity”, “kindness” and “transparency”. The values were included on the SpaMedica Ltd website and all literature and posters throughout the service for patients to see.

The organisations values were included in the induction for all staff and available on the organisation’s website.

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 and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

The service offered a range of wellbeing services to staff, including an employee assistance programme. Staff told us that staff members readily helped each other. Staff focused attention on the needs and experiences of people who use the service.

Staff were welcoming and friendly. Staff we spoke with were proud to work for this service and emphasised how good the service was and that it was run well. Candour, openness, honesty, transparency, and challenges to poor practice were embedded as normal practice in the service. If something went wrong people who used the service received a sincere and timely apology.



Surgery

The service promoted equality and diversity both in its daily delivery but also of its staff members. We saw several examples where the service had considered the individual needs of its staff and catered for this. For example, Ramadan information and free sanitary products in the female changing areas.

The service had an engagement calendar of events they were hosting to emphasise the importance of people's sexuality, culture, religion, and mental health such as pride and black history month.

The service had a whistleblowing policy, and all staff knew about the freedom to speak up guardian. A freedom to speak up guardian provides a safe space for staff to speak up so potential harm is prevented.

There were mechanisms for providing all staff at every level with the development they needed, including high-quality appraisal and career development conversations. The organisation supported staff to progress within the organisation and increase their competencies and staff confirmed this.

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.

The organisation had a clear governance structure that identified areas of responsibility. There was a commitment to ensuring relevant information discussed at board level was disseminated through to local hospitals. This occurred via area managers who had weekly meetings with the senior team.

We looked at the minutes from the daily briefing meetings attended by all staff. The meeting allowed sharing of essential safety, performance, and activity information.

There was a medical advisory committee (MAC) that had quarterly meetings and reported to the board. Surgeon outcomes and practicing privileges were reviewed and discussed regularly at MAC and as required if a specific concern was raised.

The clinical governance meetings were held quarterly and discussed items such as incidents, complaints, IPC and safeguarding. We reviewed governance report meetings and noted these were comprehensive and reflected what managers had told us.

The organisation had service level agreements (SLA) with third party organisations. For example, medicines provision and waste management.

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. Monthly staff meetings were held and communicated to the area manager meetings. Staff had access to minutes of meetings when they were unable to attend. We looked at the minutes of the last 3 monthly staff meetings. Items discussed included but were not limited to organisational updates, clinical governance, audits, infection control and complaints.

Health and safety committees, clinical governance, clinical effectiveness, and MAC meetings were recorded and reviewed performance of the service and the organisation.



Surgery

The service had access to shared learning from the provider which was disseminated through a shared learning newsletter. This newsletter contained details of any incidents that may have happened at other SpaMedica hospitals. The manager had access to all incidents that had occurred across the provider.

The human resources team of SpaMedica Ltd monitored individual medical staff personnel files. They checked registration with the General Medical Council, professional indemnity insurance, appraisals, and membership with the Association of Optometrists.

Audit schedules were set out by SpaMedica Ltd on a quarterly basis. However, where an audit returned a result of less than 95% areas of improvement were captured on the hospital's action plan. The audit was then repeated the following month to allow time for actions to be completed. Quarterly based audits included and were not limited to, clinical documentation, consent, hand hygiene and surgical safety.

There was an SLA with the laser protection advisor. Local rules were in place that all who operated the YAG laser were required to read and sign.

Management of risk, issues and performance

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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

There was a clear and effective process for identifying, recording, and managing risk. We reviewed the local risk register which showed it was reviewed and updated by the hospital and area managers. All risks had control measures in place to help reduce any risk and review dates.

The service had plans to cope with unexpected events such as an IT failure or staff shortage. The service had a business continuity plan. This detailed the actions staff needed to take in the event of unexpected events to ensure patient safety was not affected.

The service had comprehensive assurance systems to monitor safety through regular audits and acted when compliance was below the benchmark. Most audits were undertaken on a 3-monthly basis, however, if compliance fell below the agreed target, then monitoring increased to monthly until improvements were seen.

Leaders and teams used systems to manage performance effectively. Performance and outcomes were monitored quarterly using a dashboard. The hospital manager and regional manager received a daily report on utilisation to monitor service efficiency.

Surgeons were interviewed and worked under practising privileges. The medical director monitored their performance using a red, amber, green, (RAG) rate system. Staff and patients provided feedback which contributed to the RAG rating and was reviewed at board level.

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. Data or notifications were consistently submitted to external organisations as required.



Surgery

The organisation had a 'live dashboard' of performance across locations. Senior managers analysed the data in the dashboard to benchmark across other locations.

Patient records were a combination of paper and a centralised electronic patient record system.

Systems were integrated and secure. Staff described information technology systems as fit for purpose.

The service had robust arrangements to ensure confidentiality of identifiable data, records, and data management systems, in line with the data security standards of General Data Protection Regulation (GDPR). Authorised staff had access to electronic patient records which was restricted to individuals by their own login and passwords. Following discharge, paper records were scanned onto the electronic system. All staff completed and were up to date with their general data protection regulation mandatory training.

Organisational policies and guidelines were stored electronically so staff could easily access them with personalised log in details to maintain confidentiality and security.

The service submitted statutory notifications to the CQC appropriately.

The organisation submitted data to National Ophthalmology Database Audit (NODA) and was benchmarked nationally.

SpaMedica Ltd had a comprehensive website, which provided patients with information about different procedures and patient stories this enabled patients to be more familiar with the procedures and what to expect when they attended hospital. SpaMedica Doncaster had a walk-through video of the site on their page, so patients could familiarise themselves with the layout of the building before attending.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The service actively promoted equality and diversity across its workforce and reflected this in the delivery of services and in shaping of its culture.

The service engaged with several local charities and support groups to design the service to meet the needs of the local community. We saw evidence of staff selecting charities from within the local area to arrange fundraising activities for them, including foodbank collections, walking challenges, bake sales and raffle activities. We saw one walking challenge activity from staff that had raised over £5000 for their cause in May 2023.

The service gathered people's view and experiences through patient informal discussions, compliments, patient surveys, and complaints.

The service had regular opportunities to meet with staff and engage with them. Staff commented that managers were supportive of personal situations. Staff we spoke with were supported with flexible working hours, when required.

The service had a formal team meeting every month. Their purpose was to update staff on operations and share learning.



Surgery

There were positive and collaborative relationships with external partners to build an understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs. An example of this included the proposed launch of a service offering hydroxychloroquine clinic, after linking in with the local Integrated Care Board (ICB) to support local NHS Hospital activity with back logs in this service. This clinic will be launched to support for 2 years initially on site.

Patient engagement evening sessions will be launched on site by the registered manager in the immediate future. This is specifically to link in with the local community and looking at what can be done further to support patients and meet their needs.

The website had a section specifically for health professional referrals and information.

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.

Staff were committed to learning and improving. Staff spoke about how managers supported them to attend courses that supported their development and contributed to improving services. For example, staff members were supported in improving their qualifications.

Staff spoke about how the manager was open to suggestions for improvement and facilitated improvements suggested by staff.

The organisation was committed to continually learning and improving services to benefit patients not only at local services but in the field of ophthalmology. The senior leadership team and staff shared a wide range of innovation and research within the organisation that were improving outcomes for the organisation and patients.

The service regularly participated in research projects and shared the findings of these in recognised publications and shared both nationally and internationally at Refractive Surgeons Conference and European Society of Cataract.

Staff were encouraged to report all incidents via the electronic reporting system to identify potential themes or issues to improve processes.

The service had formed effective relationships with the local NHS trust to provide ophthalmology doctors in training with learning opportunities.