

SpaMedica Ltd

SpaMedica Poole

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

Outstanding



Are services safe?

Good



Are services effective?

Outstanding



Are services caring?

Good



Are services responsive to people's needs?

Outstanding



Are services well-led?

Good



Summary of findings

Overall summary

We rated surgery 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 risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Patient outcomes were consistently significantly better than the England average. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available 7 days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, 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, used a holistic approach to treatment, 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. Staff 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.

However:

- Not all staff were aware of the Freedom to Speak Up Guardian.

Summary of findings

Our judgements about each of the main services

Service

Rating

Summary of each main service

Surgery

Outstanding



We have not previously rated this service. We rated it as outstanding. See the summary above for details.

Summary of findings

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Summary of this inspection

Background to SpaMedica Poole

SpaMedica Poole is a hospital operated by SpaMedica Ltd. The hospital offers cataract surgery and YAG laser capsulotomy for NHS funded patients (YAG laser is used to treat cloudiness after cataract surgery).

In the 12 months before our inspection, the service performed 3,225 cataract operations and 268 YAG Capsulotomies.

The hospital was based over 2 floors of a self-contained building. The ground floor was used for assessment, YAG laser capsulotomies, and administration. The theatre suite was located on the first floor. The service did not treat children.

The service was registered to provide the following regulated activities:

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

At the time of our inspection, the service did not have a registered manager. However, the hospital manager had been in post since April 2022 and was in the process of registering as the registered manager.

How we carried out this inspection

This is the first time we have inspected and rated this service. We inspected this service using our comprehensive inspection methodology. We carried out a short notice announced inspection on 8 November 2022 and carried out 1 interview with a member of staff over Microsoft Teams on 14 November 2022.

To get to the heart of the patients' experience we ask the same 5 questions of all services: are they safe, effective, caring, responsive to people's needs and well led.

The main service provided by this hospital was surgery.

The inspection team comprised of 1 inspector and a specialist advisor with expertise in eye surgery. The inspection team was supported by an offsite inspection manager. The inspection was overseen by Catherine Campbell, Head of Hospital Inspection.

During the inspection we visited all areas of the service. We spoke with 16 members of staff and 7 patients. We reviewed 5 patients' records. We also looked at a range of performance data and documents including policies, meeting minutes, audits, and action plans.

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>.

Summary of this inspection

Outstanding practice

We found the following outstanding practice:

- Results from the patient satisfaction survey were consistently positive, including the way staff treated people.
- The service consistently performed better than the national average for capsular rupture rate which is a known complication of cataract surgery.
- Referral to treatment times were much better than the England average.
- The service provided a 24-hour, 7 day on call service and managed post-operative complications in house whenever possible, rather than sending patients to an NHS provider.
- The service ran an accreditation scheme for local optometrists to give patients a wider choice of follow up locations.
- The hospital provided free transport for patients who met the criteria and made arrangements for taxis or public transport when this could not be used.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a provider **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The service should consider how it supports all staff to understand the role of, and access to, the Freedom to Speak Up Guardian.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	<div>☆</div> Outstanding	Good	<div>☆</div> Outstanding	Good	<div>☆</div> Outstanding
Overall	Good	<div>☆</div> Outstanding	Good	<div>☆</div> Outstanding	Good	<div>☆</div> Outstanding



Surgery

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

Are Surgery safe?

Good



This was the first inspection of this service. We rated safe as good.

Mandatory training

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

Staff received and mostly kept up-to-date with their mandatory training. Compliance with mandatory training was 76%, this included refresher training and training for new staff. We saw staff had been booked onto we were given evidence to show this training would take place in the coming weeks. The mandatory training was comprehensive and met the needs of patients and staff.

All staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. This training was an integral part of staff training and was delivered across multiple modules.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff told us they were given time to complete training modules.

Safeguarding

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

Nursing staff received training specific for their role on how to recognise and report abuse. Staff received both safeguarding adults and safeguarding children training level 2. The hospital's safeguarding lead received level 3 training and the corporate safeguarding lead was trained to level 4. We saw evidence that 100% of staff had received their safeguarding training.

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



Surgery

Staff knew how to identify adults and children at risk of, or suffering, significant harm and how to work with other agencies to protect them. In the 12 months before inspection, the service had not made any safeguarding referrals. However, we saw evidence that staff recorded their safeguarding concerns and that the hospital manager had oversight of these.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. All staff we spoke with knew who the safeguarding lead was.

Safety was promoted through recruitment procedures and employment checks. Staff had a Disclosure and Barring Service (DBS) check undertaken at the level appropriate to their role. DBS checks help employers make safer recruitment decisions and prevent unsuitable people working with vulnerable groups.

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 during their consultation, examination, 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 of the hospital were clean to a very high standard and had suitable furnishings which were clean and well maintained. The housekeeping team were on duty throughout the day and a cleaning team deep cleaned the hospital each evening.

Staff used records to identify how well the service prevented infections. Infection prevention and control (IPC) audits were conducted regularly. The last audit was performed in September 2022, the service scored 89%. The pass rate was 95%. An action plan was devised to bring the score up to 100% with immediate actions allocated to the hospital manager for completion. The action plan had been completed before our inspection.

Staff followed infection control principles including the use of personal protective equipment (PPE). We saw staff wash their hands regularly and wear correct PPE for the tasks being performed. We saw supplies of PPE items such as disposable aprons and gloves in dispensers on walls and we saw these items being used. Antimicrobial hand-rub dispensers were mounted on the walls at strategic points in each room as well as at the reception desk. Spill kits were available to enable staff to safely clean fluids from floors and work tops.

Staff cleaned equipment after patient contact and had a system to show when it was last cleaned. Wall mounted cleaning logs were present in all rooms. They were signed and dated, and we did not see any gaps in logs.

Staff worked effectively to prevent, identify and treat surgical site infections. From April 2021 to April 2022 (most up to date data provided), there were no incidences of endophthalmitis. Endophthalmitis is an inflammation of the internal eye tissues, most commonly caused by an infection, that is an ophthalmic emergency. The service had a problem with humidity during the summer of 2022. Humidity in theatre can increase infection risks. Some theatre lists were cancelled while dehumidifiers were installed. There was a plan to install more dehumidifiers to mitigate future risk of operations being cancelled.

The provider completed regular water testing for legionella and bacteriological infections and prioritised high-risk areas to have more regular checks. They had a system to notify relevant external agencies if required.



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.

Patients could reach call bells and staff responded quickly when called. Call bells were located in each patient booth, a seated area on the pre- and post-surgical ward.

Staff carried out daily safety checks of specialist equipment. A system of recording daily checks on a white board in the manager's office was being embedded to ensure checks were not overlooked.

The service had suitable facilities to meet the needs of patients' families. There was enough seating in waiting areas for a family member or carer to accompany patients to their appointments.

The service had enough suitable equipment to help them to safely care for patients. Electronic equipment that was more than 1 year old was portable appliance tested (PAT) and had a sticker with the date the next test was due. The contents of the resuscitation trolleys were in-date and the trolleys were visibly clean.

The YAG laser capsulotomy room had the correct safety and warning notices on the door for when the laser was in use. There was a regular maintenance programme for specialist equipment. An external contractor carried out equipment service and safety check. All the equipment checked had been serviced and safety checked within the required timeframe.

There was an uninterrupted power supply in case of a power failure for theatres and refrigerators.

Staff disposed of clinical waste safely. The domestic and clinical waste bins were clearly identified and emptied regularly.

The sharps bins were stored safely.

Hazardous cleaning products were stored in line with the Control of Substances Hazardous to Health (COSHH) Regulations 2002.

There was clear signage about what to do in the event of fire, fire extinguishers were available and maintained. Staff were required to complete fire training as part of statutory and mandatory training requirements, we saw 100% compliance for this training.

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.

Clinicians, staff and managers described how the service assessed clients, confirmed their suitability for surgery and selected suitable replacement lenses. We saw examples of completed risk assessments in the patient records we reviewed.

All patients had a pre-operative clinical assessment including a medical questionnaire and a check they could lie flat and keep still for 10 minutes, which was an essential requirement for cataract surgery. Patients underwent a range of eye tests carried out by healthcare technicians. An optometrist risk assessment was completed with the patient as part of their treatment plan. Surgery and treatment were carried out under non-invasive local anaesthetic (eye drops).



Surgery

The service ensured compliance with an adapted 'five steps to safer surgery', World Health Organization (WHO) surgical checklist. We observed theatre staff completing the checklist along with other pre- and post-surgery patient safety checks. The audit of surgical safety showed 98.7% compliance at the last audit in July 2022 and 100% compliance in the 3 audits prior to that.

At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. We saw staff discussed the holistic needs of their patients ahead of treatment and planned care accordingly. A daily meeting, called a huddle, took place where any specific patient risks and plans to mitigate these risks were communicated with the whole team. We saw the huddle included a wide range of staff from the multi-disciplinary team. The safety of patients was the focus of all members of staff and there was a collaborative approach in making plans for keeping patients safe.

Staff had access to emergency boxes, such as an endophthalmitis box and a raised intra-ocular pressure box that contained all equipment, medicines and information required to deal with these complications.

A system of latex free only gloves in theatre had been introduced to reduce the potential of a reaction to latex for patients.

Staff knew who to call and what to do if there was a medical emergency. They would use the alarm to call the team trained to treat patients in cardiac arrest and telephone external emergency services. The service had not had to respond to a medical emergency in the 12 months before our inspection.

If staff were concerned about a patient's mental health, they made a referral to their GP.

Some patients were temporarily unsuitable for treatment because they were waiting for other, more urgent, surgery. Nurses liaised with these patients, their GPs, and their local hospital trusts to monitor patients' readiness for cataract surgery.

Staff shared key information to keep patients safe when handing over their care to others. We saw discharge letters to patient's GPs clearly outlined treatment given or reasons that patients were not suitable for treatment. Community optometrists participating in post-operative follow up were provided with discharge treatment details.

The service operated a 24-hour hotline for patients following discharge. Patients were advised to ring the hotline if they required advice or support.

Nurse 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, agency and locum staff a full induction.

The service had enough nursing and support staff to keep patients safe.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with the number of patients scheduled for treatment.

The service had low vacancy rates. There was 1 staff vacancy, 5 members of staff had been recruited in the last 6 months.



Surgery

Managers limited their use of agency staff and requested staff familiar with the service. All agency staff had a full induction and understood the service.

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 medical staff to keep patients safe. 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 or clinic, in independent private practice, or within the provision of community services. Practising privileges were overseen by the corporate medical director. However, the registered manager had access to view practising privileges.

Managers could access locums when they needed medical staff to facilitate additional theatre lists to reduce waiting times for patients. Locums had a full induction to the service before they started work.

The service always had a consultant on call during evenings and weekends.

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. Records were kept using a combination of paper and electronic notes. Documentation audits were undertaken regularly. In the 4 months before our inspection, compliance was between 90.8% (August) and 93.5% (June). This was because the names of surgeons were sometimes illegible and biometry stickers were not always signed by locum optometrists. Systems had been introduced to increase compliance with the records audit.

Records were stored securely in locked cabinets in a locked room. Computers used for patient notes were password protected.

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. Temperatures were recorded to ensure medicines were stored within the required temperature range. Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were stored securely. A system was in place so only registered nurses could access these drugs.

Staff provided advice to patients and carers about their medicines. Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Patients were provided with a discharge bag following their 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. We saw staff give verbal advice and instruction to patients post-operatively before providing written information. To minimise delays for patients requiring medicines to take home, pre-packs of frequently used medicines were available.



Surgery

We saw post-operative eye drops were prescribed in accordance with the patient risk factors. This meant patients that were low risk of post-operative eye inflammation had a shorter course of post-operative eye medicine.

Topical antibiotics were not used routinely to reduce antibiotic resistance. This practice was based on research that supports the elimination of antibiotics drops after cataract surgery.

Emergency medicines were available and were stored securely, sealed and checked regularly.

The medicines audits from September 2022 showed 100% compliance with the prescribing and storage of medicines and 98.1% compliance with dispensing medicines.

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. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. They raised concerns and reported incidents and near misses in line with provider policy.

Staff received feedback from investigation of incidents. Managers shared learning with their staff about serious incidents that happened elsewhere. This learning was shared in team meetings and was available in staff communication folders in rest rooms as well as being emailed to each member of the team.

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. Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. The manager had training in investigating incidents. The service had 1 serious incident in the last 18 months which was later downgraded to a near miss. The incident had been investigated by the hospital manager and corporate managers. The patient had been offered an explanation and apology.

Information from patient safety alerts were disseminated to staff verbally and by email as soon as they were received.

Are Surgery effective?



This was the first inspection of this service. We rated effective 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 followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service followed the Royal College of Ophthalmologists standards. There were policies and standard operating procedures to support practice on the organisation's intranet and was accessible to all staff.



Surgery

The service's cataract surgery checklist was adapted from the World Health Organization's (WHO) surgical safety checklist. This checklist was first published in 2008 to increase the safety of patients undergoing surgery. We observed theatre staff using the checklist during surgery.

Compliance with relevant guidelines was monitored through governance processes. The service had systems to ensure policies, standard operating procedures and clinical pathways were up to date and reflected national guidance.

The organisation was committed to a holistic view for the care for patients and recognised the impact of surgery on patients' daily living activities.

Following research conducted by the organisation's medical director, an injection during surgery could be given as an alternative to discharge eye drops for some patients.

The service undertook regular audits to measure the outcomes of surgery and used benchmarking data to compare practice.

Staff told us they could easily access policies and other guidance through the service intranet.

Nutrition and hydration

Staff gave patients enough food and drink while they were waiting for treatment.

Staff made sure patients had enough to eat and drink. Water coolers and facilities to make hot drinks were available in 2 of the 3 patient waiting areas. This was because the drinks machines in the main reception area were temporarily out of order. Biscuits were available for patients to help themselves. We saw staff making drinks for patients and regularly checking that patients had enough to eat and drink.

Pain relief

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

Patients undergoing ophthalmic surgery were given a local anaesthesia 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 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 January 2022 to 1 November 2022, 97.65% of 1,817 patients reported their pain was well managed.

Patient outcomes

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

SpaMedica Ltd submitted data to the Royal College of Ophthalmologists National Ophthalmology database audit. Data received showed the service had a post-operative complication rate (posterior capsule rupture rate) of 0.44% compared to a national average of 1.1%. This was better than the organisational target of 0.5%.



Surgery

Outcomes for patients were positive, consistent and met expectations, such as national standards. The service had no re-admission within 28 days following surgery or unplanned returns to theatre in the 12 months prior to inspection. Data showed the service had no cases of endophthalmitis from April 2021 to April 2022 (most up to date data provided).

The service monitored other outcomes such as visual acuity against the agreed driving standard (greater than 6/12). The service had consistently achieved a target of over 95% of patients meeting this standard post-surgery from April 2021 to April 2022.

The service collated and reviewed comparative complications and infection rates for individual surgeons. Any issues were addressed immediately.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. The hospital carried out audits in line with the organisation's audit schedule. We saw there was a clear escalation process for when audit results did not meet the expected target, and associated action plans to improve things when this did occur. Managers shared and made sure staff understood information from the audits. The outcomes of audits and their corresponding action plans were shared with staff at team meetings.

The service offered a SpaMedica Accredited partner programme to their local community optometrists.

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. Staff were given the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff had access to training that was additional to mandatory training. The take up of additional training was high at 89% of additional training having been completed.

To improve the skill mix of staff, nurses could choose to be trained in the health care technicians' role in order to cover staff absence and or to gain a better understanding of the patient pathway.

Managers gave all new staff a full induction tailored to their role before they started work. Managers recognised people learn differently so the induction phase was not time constrained but depended on staff feeling confident in their new role.

Managers supported staff to develop through yearly, constructive appraisals of their work. Annual appraisals were linked to a bonus scheme for staff. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. All staff who had worked for the service for 12 months or longer had received an appraisal.

Nursing staff did not receive formal clinical supervision. However, they met regularly to discuss their work and had access to clinical support through a corporate system which they said worked well.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Staff received email copies of minutes and copies of the most recent meeting notes were available in staff break rooms.



Surgery

Managers identified poor staff performance promptly and supported staff to improve. Staff with protected characteristics were given additional support and managers worked collaboratively with them to identify systems that could improve their ability to carry out their role.

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. A daily meeting, called a huddle, took place where any specific patient risks and plans to mitigate these risks were communicated with the whole team. We saw the huddle included a wide range of staff from the multi-disciplinary team. The safety of patients was the focus of all members of staff and there was a collaborative approach in deciding plans for keeping patients safe. The huddles also reviewed the holistic needs of each patient and we saw communication of each role and responsibilities for each patient's care. Staff met at the end of each day for a debrief to look at what went well and what could have been done differently.

Staff worked across health care disciplines and with other agencies when required to care for patients. The service networked with other provider sites regionally.

Patients could be seen across other SpaMedica sites if this was their preference as they had a central recording system. The service shared information with the patient's GP and referring optometrist to ensure continuity of care. For example, a designated nurse and senior administrator worked together to coordinate patients' readiness for treatment with patients, their GPs, local NHS trusts, and community optometrists.

Seven-day services

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

The hospital was open Monday – Saturday from 8.00 am to 6.00 pm. Patients had access to a helpline that was open 24 hours a day, 7 days a week. This included access to staff to deal with an ophthalmic emergency requiring a return to theatre. There was also a senior manager on call to support hospital staff.

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. Staff did not assume patients lacked capacity to make decisions based on a particular medical condition or disability. They worked with relatives and carers to make best interest decisions and get joint consent for patients who lacked capacity to make decisions about their health care on their own.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to treatment based on all the information available. We saw consent forms that contained information about the pros and cons of having cataract surgery. Staff clearly recorded consent in the patients' records. There was a compliance rate of 97.1% for collecting consent information. We were told illegibility of some surgeons and locum surgeons handwriting had contributed to this outcome. Systems had been introduced to increase compliance with the records audit. For example, name stamps had been implemented.



Surgery

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). This training was delivered as part of the safeguarding adults training modules. Staff had access to relevant policies on their computer system.

Are Surgery caring?

Good



This was the first inspection of this 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. All staff introduced themselves to patients and gave information about their role in their treatment.

Patients said staff treated them well and with kindness. One patient said “lovely people and lovely surgeon, very helpful. I was well looked after. Can't ask for a better place. Thank you”, another said “I felt calm and relaxed during my visit and everyone was very kind and helpful”.

Staff followed policy to keep patient care and treatment confidential. Discussions with patients took place in consulting rooms to ensure privacy and confidentiality.

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. As part of the daily huddle, we saw the lead clinician discuss with the team each patient's needs. Time was taken to understand what individual preparation was required. For example, patients with anxiety were highlighted so staff could offer them extra reassurance.

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

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. To reduce anxiety, they offered patients the opportunity to have a pre-treatment visit to view the hospital and meet the staff. Patients could have their relative or carer or hospital chaperone stay with them throughout their treatment. Nurses held the hands of nervous patients and or gave them a bracelet designed to reduce anxiety.

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 understood their patient population well and worked to create a friendly environment where patients felt comfortable to talk with those around them.



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. Information booklets and videos were given to patients so they could make informed decisions about their treatment.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Pictorial books had been ordered to support patients with communication difficulties.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Feedback cards were available in reception and waiting areas for patients, their relatives and carers. Every patient was given a feedback card at the end of their treatment pathway asking them to rate their satisfaction with the service, their treatment, the staff and with the level of pre-operative information they were given about cataract surgery.

Patients gave positive feedback about the service. The results of the latest patient survey (from 1 January 2022 to 1 November 2022) was completed by 160 people and showed 100% of patients were happy with the service they received and felt the team provided a good service. Most patients (99.38%) said the surgeon was very friendly and 100% of patients said they were given enough information to understand what would happen during their surgery.

Are Surgery responsive?



This was the first inspection of this service. We rated it as outstanding.

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 with the NHS commissioning board and planned and developed services to meet the needs of the local population. The service offered surgical eye services to NHS patients to take the pressure off NHS hospitals. Patients were referred by their GP or optometrist. Training was provided for community optometrists so patients could be seen by them for post-surgery follow up care rather than having to travel back to the hospital.

Facilities and premises were appropriate for the services being delivered. There was a large car park with disabled parking located close to the hospital entrance. Some patients with no means of transport could be collected from home by minibus and transported to and from the hospital at no cost. A taxi could be provided free of charge for people who were not eligible for the minibus service. The service had disabled toilets on both floors.

The service had systems to help care for patients in need of additional support or specialist intervention. All staff received training in providing support to people with dementia and there was a dementia lead. A member of the public with macular degeneration was invited to the hospital to give their feedback on how the service could be improved. As a result, signs for the reception and toilets were updated and a request had been made to the head office to enlarge the fonts in some literature and to introduce electronic patient information.



Surgery

The service asked patients for their feedback to help make improvements to the service. We saw evidence of changes being made as a result of feedback. For example, a patient said there needed to be entertainment, other than background music, to alleviate boredom between when patients were given eye drops to dilate their pupils and when they were seen by the optometrist for assessment of their eye health (30minutes or more). As a result of this feedback large televisions were installed in all three waiting areas and films and television shows were shown with subtitles.

Managers monitored and took action to minimise missed appointments. If clinics were cancelled patients were contacted and rebooked for new appointments as soon as possible.

Managers ensured that patients who did not attend appointments were contacted by the reception team and offered further appointments.

Meeting people's individual needs

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

Staff made sure patients living with mental health problems, physical disabilities, learning disabilities and dementia, received the necessary care to meet all their needs. For example, patient areas had been adapted to meet the needs of patients living with dementia. Fluorescent tape was used to highlight doors and signage for toilets contained pictorial information. Patients with dementia were given free fiddle kits to help provide distraction and reduce anxiety while waiting for appointments (fiddle kits are small pieces of fabric or knitted squares with sewn on buttons and other items that can be fiddled with). Books with pictorial images had been ordered to help patients with communication difficulties become partners in their care

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. There was a hearing loop in reception. Written information was available in large print and patients could be given a magnifying glass when the print was still too small.

The service had information leaflets available in languages spoken by the patients and local community. Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service had access to an interpretation service. If the need for an interpreter was highlighted prior to appointments staff arranged for a face to face interpreter. If people's interpretation needs were not known prior to attending staff could access interpreters over the phone. As well as spoken interpretation, the service had access to Makaton and British sign language interpreters.

The service offered free comfort bracelets to patients with anxiety as well as the opportunity to have a look at theatres and meet staff ahead of their surgery. Staff were available to hold the hands of anxious patients.

Patients who lived alone and had difficulty putting eye drops in were given free aids that enabled them to put the drops in more easily.

There was a quiet room on each floor that could be used for patients who did not want to sit in the main waiting areas.



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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. Patients waited on average 9.5 weeks before they could be seen for assessment. They waited an average of another 3 weeks for cataract surgery. This is better than the NHS standard of 18 weeks. However, the service had some patients who had been waiting much longer than this. These were patients who were temporarily unfit for surgery. For example, they were patients who were waiting for urgent surgery that needed to be prioritised over cataract surgery. A nurse made regular contact with these patients, their GPs and NHS hospitals to monitor when they would be ready for surgery.

Managers worked to keep the number of cancelled appointments/treatments/operations to a minimum. When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets.

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 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. The service clearly displayed information about how to give feedback in patient areas. The corporate website contained information about how to make a complaint, and requested people ring the national call centre in the first instance. Information about taking a complaint to the Parliamentary and Health Service Ombudsman for patients receiving NHS care was also available on the website.

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. The manager had received training in investigating complaints. In the 12 months before our inspection the service had performed 3225 cataract operations and 268 YAG Capsulotomies and received 3 complaints in this timeframe. We saw the manager had investigated complaints and offered patients an explanation and apology.

Are Surgery well-led?

Good



This was the first inspection of this service. 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.

Leaders had the skills, knowledge, experience to run the service. Leaders understood the challenges to quality and sustainability and could identify the actions needed to address them. Staff told us leaders were visible and approachable.



Surgery

The hospital manager was well supported by regional and national managers and received training appropriate to their role.

Staff were offered opportunities to develop their role within the service and were supported to take on more senior roles. Two of the managers in the hospital had begun working for the service in less senior positions. Other staff told us how their roles had been developed. For example, one member of the front of house team had taken on additional responsibilities, and a nurse had developed specialist skills to enable them to work as a scrub nurse.

Leaders held regular staff meetings and staff told us they felt their views were heard and valued. Staff told us they enjoyed working at the service and we saw a supportive and collaborative team dynamic.

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.

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. Staff knew and understood what the vision, values and strategy were, and their role in achieving them.

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 service was funded by the NHS and the work it carried out took pressure off local NHS hospitals.

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.

Staff felt supported, respected, valued and were positive and proud to work in the organisation. The culture was centred on the needs and experience of people who used services. Actions taken to address behaviour and performance was consistent with the vision and values, regardless of seniority.

Leaders and staff understood the importance of staff being able to raise concerns without fear of retribution. Learning was identified and actions taken when concerns were raised. The culture encouraged openness and honesty at all levels within the organisation, including people who used services, in response to incidents. The service had a whistleblowing policy but not 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. Staff told us how the service enabled them to progress in their careers through training opportunities.

There was a strong emphasis on the safety and well-being of staff. There were two staff rooms as well as a quiet room where staff could go if they needed to decompress. The service offered a range of wellbeing services to staff, including an employee assistance programme. Equality and diversity were promoted within and beyond the organisation.



Surgery

There were cooperative, supportive and appreciative relationships among staff. Teams and staff worked collaboratively, shared responsibility and resolved conflicts quickly and constructively.

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.

There were effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services. These were regularly reviewed and improved. All levels of governance and management functioned effectively and interacted with each other.

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. We reviewed meeting minutes and saw these meetings had a clear structure. Staff had access to minutes of meetings when they were unable to attend. Across the various meetings, a broad range of governance and operational matters were covered.

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.

The organisation had assurance systems and performance issues were escalated through clear structures and processes. There were processes to manage current and future performance which were reviewed and improved through a programme of clinical and internal audit. Leaders monitored quality, operational and financial processes and had systems to identify where action should be taken. Reports demonstrated action was taken when required and improvements monitored.

There were arrangements for identifying, recording and managing risks, issues and mitigating actions. There was alignment between recorded risks and what staff said was 'on their worry list'. Potential risks were considered when planning services, for example, disruption to staffing from COVID-19. There were no examples of where financial pressures had compromised care.

Risks across the organisation were discussed quarterly as part of the integrated quality and performance report. Data was displayed in a format that aligned with the Care Quality Commission's key lines of enquiry. The data was up to date and displayed trends over time.

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.

Staff had sufficient access to information and challenged it when necessary. There were clear service performance measures, which were reported and monitored with effective arrangements to ensure that the information used to monitor, manage and report on quality and performance was accurate. When issues were identified, information technology systems were used effectively to monitor and improve the quality of care.



Surgery

We saw a 'live dashboard' of performance which was accessible to senior managers. Key performance indicators were displayed for review and managers could see other locations for internal benchmarking and comparison.

There were arrangements to ensure data or notifications were submitted to external bodies as required. There were also arrangements to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards.

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.

People's views and experiences were gathered and acted on to shape and improve the services and culture. This included people in a range of equality groups, people who used services, and those close to them. Staff were also actively engaged, including those with a protected characteristic, so their views were reflected in the planning and delivery of services and in shaping the culture.

There were positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.

Leaders and staff aspired to continuous learning, improvement and innovation.

Staff regularly took time out to work together to resolve problems and to review individual and team objectives, which lead to improvements and innovation. Staff were working towards running an Age-related Macular Degeneration (a condition that affects the middle part of your vision) service at the hospital.

The hospital had a digital dry lab equipped with world-class technology, to provide simulated cataract training for junior NHS doctors. This was to support them to develop their surgical skills at their own pace to become more productive and safer during cataract surgery. They did not have to work for SpaMedica to take advantage of this training lab.