

SpaMedica Ltd

# SpaMedica Liverpool

## 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?	Outstanding 
Are services responsive to people's needs?	Outstanding 
Are services well-led?	Good 

# Summary of findings

## Overall summary

We have not rated this location before. 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 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 collected safety information and used it to improve the service.
- Staff provided very good care and treatment, which met standards which were significantly higher than national or comparative averages. Patients were provided with 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. Staff worked well together for the benefit of patients, supported them to make decisions about their care and provided them with good access to relevant information. Key services were available when patients needed them.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their surgery. A majority of patients felt their care was excellent. They provided emotional support to patients where appropriate.
- 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 on average waited 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 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.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Outstanding 	Please see the overall summary above.

# Summary of findings

## Contents

### Summary of this inspection

Background to SpaMedica Liverpool

Page

5

Information about SpaMedica Liverpool

5

---

### Our findings from this inspection

Overview of ratings

7

Our findings by main service

8

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# Summary of this inspection

## Background to SpaMedica Liverpool

SpaMedica Liverpool is operated by SpaMedica Ltd and has been open since 2020. The hospital carries out cataract surgery, using local anaesthetic and yttrium aluminium garnet (YAG) laser eye treatments for adult patients referred from the NHS.

The hospital is located close to the city centre, in a business park with car parking facilities. The service operates over on a ground floor of a larger building.

SpaMedica Liverpool is registered to provide the following regulated activities:

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

We have inspected SpaMedica Liverpool before, however at that time they were registered with us differently. The location has had a registered manager in post since 2020.

## How we carried out this inspection

We carried out this unannounced inspection on 15 November 2022 using our comprehensive inspection methodology.

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

Throughout the inspection, we took account of what people told us and how the organisation understood and complied with relevant legislation.

During the inspection, we spoke with staff including registered nurses, health care technicians and senior managers. We also spoke with patients using the service.

During our inspection, we reviewed patient records that covered cataract surgery and yttrium aluminium garnet (YAG) laser. We also reviewed medicines management.

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 hospital consistently achieved better clinical outcomes for patients compared to similar services.
- They had a lower than the national average rate of posterior capsular rupture, which is an operative complication, following cataract surgery.

# Summary of this inspection

- The service provided a 24-hour, seven day on call service and managed any post-operative complication in house, whenever possible, rather than sending patients to an NHS provider.
- The service had arranged an external contract with a microbiology laboratory to test and report on suspected endophthalmitis within 24 hrs from receiving a request including out of hours.
- The hospital had its own accreditation (a red, amber, green (RAG) rated system) for surgeons contracted to the services to ensure that patients received a positive experience.
- Patients' video stories were available to view on the website for patients to watch prior to their procedure providing reassurance and information.
- Feedback from patients was continually positive about the way staff treated people.
- Staff carried out a tailored risk assessment at pre-assessment clinic for cataract surgery so patients' post-operative medicine regime could be tailored accordingly. The assessment took account of a range of factors including ethnicity and social factors. The tailored risk assessment had been designed and validated by the medical director following a clinical study which was published in professional journals and being shared at international conferences.
- The service supported patients when it was identified they may find it difficult to comply with post-operative treatment eye drops and offered a one-off steroid injection.
- The service assisted patients with no means of transport to access treatment at the location by providing complimentary transportation options.
- Following research and trial, the organisation found steroid drops provided better post-operative results compared to the previously used antibiotic drops. The provider was short listed for an innovation award by Public Health England for reducing antibiotic resistance. The research has been published and shared internationally.
- SpaMedica had an ophthalmic 'dry lab' training facility to train surgeons using the same standard machines and consumables used in theatre but used synthetic model eyes. It was the only facility in the North West based and was based at one of their other hospital sites.

# Our findings

## Overview of ratings

Our ratings for this location are:

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



# Surgery

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

## Are Surgery safe?

Good



We have not inspected safe at this service before. We rated it as good.

### Mandatory training

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

Mandatory training was comprehensive and met the needs of patients and staff. There were 23 modules to complete. This meant that staff could have a good level of knowledge and information about the provider's processes, policies and procedures

Overall mandatory training figures for the core service was 94%. This demonstrated high levels of mandatory training compliance.

Managers provided us with evidence that staff received training on recognising and responding to patients with a learning disability and autism, which was appropriate to their role. This is a mandatory requirement under government guidelines which came into force on 1 July 2022.

Managers monitored mandatory training and alerted staff when they needed to update their training. Training records were held centrally by the human resources department who notified the manager when training was due to be completed. Protected time was allocated to staff to achieve this.

### 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. Staff completed safeguarding training as part of their mandatory training. All staff undertook level one and two adult and children safeguarding training. Managers undertook level three.

The Director of Clinical Services was trained to level four and was the designated safeguarding lead. We saw information throughout the hospital informing staff how to raise a safeguarding concern.





# Surgery

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to identify adults at risk of, or suffering, significant harm.

We spoke with staff who told us about how they would make a safeguarding referral and who to inform if they had concerns.

The services compliance with safeguarding training was 93% for Level 2 adults and 92% for Level 2 childrens. The service did not however, treat any children.

## 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.**

We observed that all ward areas were clean and had suitable furnishings which were clean and well-maintained.

We observed staff cleaned equipment after patient contact and staff followed infection control principles including the use of personal protective equipment (PPE). We noted that hand sanitising gel was present in appropriate areas.

Staff worked effectively to prevent, identify and treat surgical site infections. We noted an Infection Prevention and Control (IPC) lead was in post. This meant that staff had a designated colleague to approach for any learning or practice issues. Side rooms were available for patients to promote infection control.

We reviewed the incident log for the service for the period of November 2021 to November 2022. During this period there was one readmission related to surgical site infections.

We reviewed information related to IPC audits for the previous 12 months and noted that this had a compliance level of 98%. This demonstrated a high level of compliance with infection control procedures.

## 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.**

We observed that patients could reach call bells and staff responded quickly when called. Call bells were located within the designated ward area, which alerted a call system which was located within the services main administrative office.

Staff carried out daily safety checks of specialist equipment. We reviewed information which evidenced that daily checks were undertaken. This ensured that all equipment worked safely and as it should. We observed that important clinical equipment such as oxygen and suction devices were appropriate and in date.

We noted that the designated resuscitation trolley was checked daily, contained appropriate equipment and had a seal in place. This ensured that staff had access to the right equipment, in the event of a significant patient emergency. The service had also introduced a 'resuscitation bag' which could be more easily transported to areas it may be needed, for example the car park.



# Surgery

The service had suitable facilities to meet the needs of patients' families. The service had a dedicated reception and discharge area, where families could spend time with patients prior to leaving the hospital. We noted that drinks machines were available for refreshments.

The service had enough suitable equipment to help them to safely care for patients. We reviewed the stock inventory of the service and noted that it contained all required and appropriate items. A dip sample of items and equipment noted that all, were within dates of use.

Staff disposed of clinical waste safely. Colour coded bins and bags were used for different types of waste and sharps bins were correctly labelled and used.

## 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**

The service did not follow a nationally recognised tool to identify deteriorating patients such as NEWS2 scoring (National Early Warning Score). This is a widely accepted national early warning indicator for detecting and tracking patient deterioration and can be a useful tool in pre-empting some medical emergencies.

The service had a rationale documented for this as it did not fit with the type of treatment undertaken for this type of service.

The service had a single escalation policy which was to call '999' and transfer the patient to an acute NHS hospital. An emergency grab box was available should a patient present with endophthalmitis and require urgent treatment, including if this was out of hours. The box was stocked and medicines were in date.

The manager of the service told us that staff completed personalised risk assessments for each patient on admission and reviewed this regularly, including after any incident. We were told that this was completed to ensure that patients had optimal treatment and ensured the best possible surgical outcomes.

All patients undergoing treatment had a preoperative clinical assessment including a medical questionnaire which asked if patients could lie down flat and keep still for up to 20 minutes which was required for the procedure. Where patients could not do this, they were referred to an acute NHS hospital for their surgery.

All patients underwent a range of eye tests and diagnostics were carried out by healthcare technicians. An optometrist risk assessment was completed with the patient that informed the personalised treatment plan. Surgery and treatment were carried out under non-invasive local anaesthetic. There was no use of general anaesthetics, within the hospital.

The hospital followed an adapted World Health Organisation (WHO) five steps to safer surgery checklist. The WHO Surgical Safety Checklist aims to decrease errors and adverse events and increase teamwork and communication in surgery.

However, we observed that verbal communication of the checklist to others, was not carried out by theatre staff and the whole theatre team were not involved in the 'Time Out' and 'Sign Out' stages. This meant that staff could be denied the opportunity to speak up about a missing item.



# Surgery

## 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 staff to keep patients safe. The manager could adjust staffing levels daily according to the needs of patients and the number of staff matched the planned numbers.

Staff told us shifts were always covered and staffing levels did feel safe. The service did use bank and agency staff to cover shifts where required. The manager told us staff could work across different hospital sites and during our inspection we observed an electronic system which allowed managers to have sight of available staff, within their locality.

The service used bank and agency staff who were familiar with the service and had the right skills and competencies. If staffing shortfalls could not be covered safely the list could be reduced, as a last resort.

The hospital manager told us that the service had a full staffing establishment. This was further evidenced by information we received following our inspection, which showed a full quota of staff and low levels of agency use for the previous 12 months.

## Medical staffing

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

The service had enough medical staff to keep patients safe. Surgeons and retinal consultants worked for the service under practising privileges. These were reviewed by the medical director to ensure the appropriate practising privileges were completed.

Practising privileges is a well-established process in independent healthcare where a medical practitioner is granted permission to work in an independent hospital or clinic.

## 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.**

We reviewed patient notes and noted that the service used a combination of paper and electronic records. We found them to be comprehensive and easily accessible to staff.

We reviewed five patient paper and corresponding e-records records which were completed fully with risk assessments, consent, allergies, dates and signatures. Paper records were stored securely in a locked cupboard. 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.**

Staff followed systems and processes to prescribe and administer medicines safely.



## Surgery

Staff completed medicines records accurately and kept them up-to-date. Staff were required to complete medicines management awareness training. We noted that when medicines were used this was correctly documented in the appropriate documentation which included how much medicine had been administered and any that had been discarded. This also followed guidelines and best practice.

Staff stored and managed all medicines and prescribing documents safely. All medicines were stored in rooms accessible only to staff. We observed that medicines were kept in a locked cabinet within a locked room. We noted that medicines were checked weekly by 2 members of staff and this was signed and dated. This followed guidelines and best practice.

Fridge temperatures were checked, recorded appropriately and attached to an electronic system that alerted staff if the temperature was out of range.

There was a service level agreement with a medicines organisation that was a pharmacy. Stock was monitored with a system to identify when stock was due to be passed its expiry date.

### 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. Staff told us that the service used an electronic incident report system and told us about the procedure of how to do this. Staff reported any incident to the hospital manager. Staff told us they completed this as soon as practical after the incident.

We noted that the service had no never events within the previous 12 months.

Staff understood the duty of candour. We spoke with staff who told us that they understood the duty of candour and were open, honest and apologised to patients where necessary. The staff felt this was at the heart of how the service acted.

Staff received feedback from investigation of incidents. We spoke with staff who told us about the daily safety huddles, which happened each morning. We were also told about the shared learning that is provided to staff. The hospital manager told us that a several newsletters are circulated electronically each week and this will include outcomes and learning from any incidents that happen across the organisation.

We reviewed the services incident log and noted that incidents were investigated and patients were involved in these investigations, where required. The incident log contained a description of the incident, and relevant actions taken. This demonstrated the service could be proactive in identifying issues and respond to any concerns identified.

### Are Surgery effective?



We have not inspected effective at this service before. We rated it as outstanding.



# Surgery

## 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 holistic care according to best practice and national guidance. We reviewed a sample of policies and guidelines and found that all were within their dates of review and complete.

Staff understood the rights of patients subject to the Mental Health Act and could identify patients who may have a mental health need. The service had clear exclusion criteria for any complex patients, who would be referred to the local NHS trust for surgery, if required.

At staff huddles, staff routinely referred to the psychological and emotional needs of patients. Patients' needs were assessed individually to ensure appropriate care and treatment was provided. Any amendments to the patient pathway were reviewed at board level, through clinical effectiveness and operational meetings.

When agreed, any changes were then piloted and evaluated before cascading via area and hospital managers and then, to all staff within relevant departments.

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

The hospital manager told us that, following research by the organisation's medical director, an injection during surgery, could be given as an alternative to administering eye drops on discharge. This was introduced to improve the patient pathway and experience for cohorts of patients who may not be able to tolerate the eye drops regime with ease.

This location had access to another site within the organisation which included a 'dry lab'. This was an ophthalmic training facility for junior doctors and used the same standard machines and consumables that were used in theatre, but with synthetic model eyes.

The organisations website offered this training to doctors across the UK and credited the facility with SpaMedica consultants attaining an average posterior capsule rupture rate (PCR) of 0.42%, compared to a profession average rate of 1.1%.

Ophthalmic surgery simulation is available for ophthalmology trainees within some NHS trusts, however this can be limited to trainees from within a particular locality. This meant that SpaMedica could assist with training junior doctors from more areas, which could mean better surgical outcomes for patients.

## Nutrition and hydration

**Staff gave patients enough food and drink to meet their needs.**

Self-service drinks and snack were available to patients and their accompanying companion or relative during their treatment day visit. Patients were not required to be nil by mouth for these procedures.



# Surgery

## Pain relief

**Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.**

Staff assessed patients' pain, following the surgery, and gave pain relief in line with individual needs and best practice. We observed patients being told that they would not experience pain during the treatment but may experience some pressure. Pain relieving drops were given routinely, to all patients, during the treatment.

Patients were asked about pain following their surgery and this was recorded. This was then shared and benchmarked with other Spa Medica locations.

## Patient outcomes

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

The service participated in relevant national clinical audits for ophthalmology.

Outcomes for patients were positive, consistent and met expectations, such as national standards. There were no incidences, in the six months prior to inspection where patients had needed to return to theatre.

Managers shared and made sure staff understood information from the audits.

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

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

We received further data which showed, at a local level, the service consistently had a significantly lower operative complication rate (posterior capsule rupture rate) of 0.28%, compared to the organisational target of 0.5% and European Registry of Quality Outcomes for Cataract and Refractive surgery (the EUREQUO) average of 0.59%.

PCR is the most common potentially sight-threatening intraoperative complication during cataract surgery.

The organisation was also a member of the General Optical Council with qualified optometrists employed.

It had been accredited and awarded gold by Investors in People that was due to expire in 2024. This is a service that provides advice and support in workplace culture and practices.

## 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.



## Surgery

All new staff were given a full induction tailored to their role before they started work. The induction included all staff, spending time in a hospital in order to gain an understanding of the patient experience and journey through the hospital.

The manager told us that all bank or agency staff also undertook an induction which was highly similar, to that of full time staff.

Managers supported staff to develop through yearly, constructive appraisals of their work.

A dedicated training team supported and monitored the learning and development needs of staff. All training and competencies were standardised across the organisation. The service monitored the competencies achieved with a requirement to re assess every three years.

Managers made sure staff had access to full notes of meetings, 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. During our inspection, staff told us they had time set aside to visit another SpaMedica site and complete training.

The manager told us that the medical director oversaw training and supervision for the medical staff. The organisation assessed clinical performance as well as bedside manner. Each surgeon was given a rag rating (red, amber or green) which was reviewed through governance processes with actions taken to address any shortcomings.

### 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 daily meetings to discuss patients and improve their care.

The hospital manager told us how the service worked with other agencies, such as community optometrists, district nurses and local clinical commissioning groups (CCG), to help inform them about the work that SpaMedica does. This took the form of 'open days' and gave external stakeholders the opportunity to understand the SpaMedica patient pathway and model better.

Patients were followed up either in the hospital or by a community optometrist four weeks following surgery where the outcome of the surgery was discussed with the patient.

Copies of the discharge letter were sent to the patient's GP and community optometrist as well as a copy offered to the patient.

The organisation included a facilities team who supported with any maintenance concerns.

There were drivers who transported patients in organisation minibuses to attend for appointments and surgery as needed.

There were service level agreements for certain services including medicines, microbiology and decontamination.



# Surgery

## Seven-day services

**Key services were available when needed to support timely patient care.**

The location was open Monday to Saturday between 8am and 6pm.

Outside of normal working hours, there was an out of hours on call service. 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.

Patients were made aware, on discharge of the 24 hour helpline. If a call was received, these were passed to the on call team to determine the urgency.

If a patient required the out of hours on call services, they were signposted to the most appropriate site within the provider, which may have been different to where the surgery had been carried out. Patients were provided with transport at no cost to them, to access the location of the out of hours facility, if this was required.

## Health promotion

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

Following inspection, we were provided with information which evidenced that healthier lifestyle literature, was available for patients to browse.

## 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.**

We noted that staff gained consent from patients for their care and treatment in line with legislation and guidance at a pre-assessment clinic. We reviewed an overview of consent audits undertaken over the previous 12 months and noted a compliance of 99.9%. This demonstrated a high level of compliance to legal consent requirements.

Staff made sure patients consented to treatment based on all the information available. Interpreters or signers could be booked for consent purposes if needed. We observed that staff had access to a list of telephone interpreters, should they need such, within clinic rooms.

We observed that that prior to the surgery going ahead, consent was confirmed with the patient and within their records.

Staff understood the relevant consent and decision-making requirements of legislation and guidance including the Mental Capacity Act 2005.

We reviewed the services consent policy noting that it was clear, detailed and included all relevant references to legislation and guidance. This meant that staff had access to a resource that would provide them with relevant guidance about the applicable law and the services procedures.

The service advised however, that where a patient who may have additional needs and fall within the scope of the Mental Capacity Act 2005, this may be identified at pre-assessment and signposted or referred on under the services exclusion criteria.





# Surgery

The service did not provide any surgical procedures for anyone under the age of 18, therefore issues relating to child consent were not applicable.

## Are Surgery caring?

Outstanding



We have not inspected caring at this service before. 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.**

Staff were discreet and responsive when caring for patients.

We observed that staff took time to interact with patients and those close to them in a respectful and considerate way. All of our observations noted staff were exceptionally kind and caring.

We spoke to five patients and all patients reported that staff treated them with kindness and respect. Of the five patients we spoke to, three of these rated their care as outstanding.

Staff demonstrated they understood and respected the individual needs of each patient. Staff showed an understanding and a non-judgemental attitude when caring for or discussing patients with mental health needs and patients living with dementia.

We observed that staff were careful and considerate to protect patient's confidentiality when speaking with them or other members of staff.

### Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff understood the emotional needs of the patients and supported them accordingly.

Following our inspection, we were provided with an example of this. A patient attended the hospital following surgery four days prior at a neighbouring SpaMedica site. During this he was left temporarily without a lens in the treated eye, meaning that he could not see.

The patient told staff that he had been struggling over the previous four days, as he lived in a remote village in Wales and did not have any food because he could not drive, due to his temporary lack of sight. Hospital staff purchased provisions for the patient so that he was able to have essentials over the following days until he had recovered from the follow up treatment and could visit the supermarket, himself.



## Surgery

Staff were able to articulate how they would support patients who became distressed in an open environment and helped them maintain their privacy and dignity. We observed staff taking the time to speak with patients who appeared to be distressed and offered reassurance.

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.

### 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. Staff respected patient choices and delivered their care with an individualised person-centred approach. An example of this was that the service, had developed a standard operating procedure for how patients with a complex cataract surgery need, would be listed.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Patients told us they received information in a manner that they understood before and after the procedure. Following inspection, we were provided with evidence of Spa information booklets in different languages and that the service could provide a private room for prayer on request, for patients.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The service had information available on how to give feedback on their care. We observed that a feedback box was prominent and available in the waiting and reception area of the service area. We also noted that feedback cards were available in both small and larger print for increased inclusion and completion.

Staff supported patients to make informed decisions about their care. Patients were provided with leaflets containing information about the surgery and after care. The patients we spoke to said they had been supported to make informed decisions about their care. Patients told us they were well informed and they had been given good advice following the procedure.

### Are Surgery responsive?



We have not inspected responsive at this service before. 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 was commissioned by the NHS to provide cataract surgery for the local adult population on a day case basis. There were no private patients seen at this location.



# Surgery

The organisation's centralised bookings teams managed the patient referrals on an electronic patient administration system.

Between November 2021 and October 2022, the service carried out 10,978 operations.

Patients chose to attend the service, including which location was preferable. Transport was provided if there was no location near to their home address.

The services' website had instructions about how to find the hospital whether arriving by car or public transport. It was located on an urban business park with free parking for a period of time. Patients were required to press a buzzer to gain access. They were greeted by the porter who completed COVID-19 checks with the patient and directed them to the reception area.

Facilities and premises were appropriate for the services being delivered. The interior had been designed in line with other locations for the organisation to deliver this service. There were waiting areas for pre-assessment clinic checks and a second waiting area for patients attending for surgery.

Patients were required to attend for a pre-assessment clinic to ensure they were suitable for surgery. A date for surgery was given to the patient prior to leaving.

Managers monitored levels of patients who did not attend. We reviewed the patient pathway document for this, which was clear and informative.

## 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.**

We noted that each patient was individually assessed at the pre assessment clinic. Any patient identified with reduced mobility or communication concerns had their needs assessed, recorded on the electronic patient record and a plan made to address any issues identified as necessary.

There was an equality policy that included the management of patients with a disability. This included an individualised risk assessment approach to assess and plan care in the best interests of the patient.

There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that meets these needs, which was accessible and promoted equality. This included people with protected characteristics under the Equality Act, and people who were in vulnerable circumstances or who had complex needs.

For example, the service had identified the cultural background of a patient cohort in the Liverpool area. Specifically, it has been recognised that a significant number of patients have the same or similar names. To mitigate the risk of patient record mix-ups, following feedback, the systems team created a daily report which highlights any patients on the clinical list who have the same or similar name. This meant that the clinical team would have knowledge and demonstrate extra vigilance.



# Surgery

Toilets were accessible for patients with mobility needs and hearing loops were available at reception for patients with a hearing impairment.

## 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, as agreed with their commissioners. Between November 2021 and October 2022, patients waited an average of 9.6 weeks to be seen by the service against an NHS target of 18 weeks.

The service monitored patients who failed to attend. These were contacted to check welfare and re-book if the patients chose this. If unable to contact, the GP and referrer were informed for follow-up. Over the previous 12 months to inspection, this was an average of 3.7% of all patients. This system in place meant that staff could contact patients who had failed to attend to re-book or refer back to the NHS hospital.

## 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 raise a concern, such as in the reception area.

Staff understood the policy on complaints and knew how to handle them. All complaints were investigated in line with the company complaints policy and discussed within hospital and department team meetings. The clinical governance committee was responsible for reviewing themes and trends from any complaints.

Between November 2021 and November 2022, the service had received three complaints. We reviewed the services complaints register which gave; an overview of the complaint, the stage it was at, if it had been upheld, any lessons learned and associated actions. This meant that staff would be able to have easy access to a clear oversight and, be up to date on any complaints, over any specified time period.

## Are Surgery well-led?

Good



We have not inspected well-led at this service before. 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.**



# Surgery

There was an organisational structure with a chief executive, chief operating officer, medical director and head of clinical services. These were supported by other senior managers that included infection, prevention and control leads, regional directors and an advanced nurse practitioner. These supported area managers and location hospital managers.

The hospital manager was the CQC registered manager. Senior staff were recruited with the required skills to undertake and manage their service. Staff told us that hospital leadership was visible and approachable. Staff also told us that they had a trust and confidence in the hospital manager's leadership.

The organisation had a centralised human resources team that monitored compliance with the Fit and Proper Person Requirement (FPPR) of the Health and Social Care Act. This regulation ensures that leaders have the essential skills and competencies to manage an organisation.

## Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services.**

The hospital followed the SpaMedica vision of 'every patient, every time: no exception, no excuses'. Hospital management and staff members were able to tell us about the vision and what it meant to them. This meant that the vision and ethos of the organisation was understood by all levels of staff

The services website had a clear vision and values section. This described the three objectives that the organisation wished to achieve; patient safety, excellent care and patient satisfaction. The values that were designed to facilitate this were described as; safety, integrity, kindness and transparency. This meant that staff and patients had a clear, public and visible reference point, to access the vision and values of the service.

## 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.**

All staff we spoke with, demonstrated a passion for their work and spoke highly of the openness of the hospital management. Staff members told us that they felt they had a lot of support within their role from line managers.

The hospital manager told us that senior leaders listened to concerns at a local level and could raise to board level, where appropriate.

Management told us about 'Feelgood Friday' which is a weekly newsletter sent to staff and a chance to share themes or instances for example innovative practice.

We were told about 'pizza/donut day' which took place every quarter. Management felt this was a chance to thank staff for their hard work and promote employee morale.

We reviewed the organisations equality policy. It provided clear processes, information and staff responsibilities. The organisation also had a freedom to speak up policy in place. This provided information to employees about the importance of raising concerns and being able to do so in an open way.



# Surgery

## Governance

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

Leaders described to us the governance structures of the hospital. The structures were clear and relevant to operations, providing a direct link between the hospital to corporate board level.

We reviewed the governance structure of organisation, which was provided to us following our inspection. This was in line with what management had told us.

Clinical governance meetings and clinical effectiveness meetings were held bi-monthly. There was a medical advisory committee that had quarterly meetings and reported to the board. Several meetings or groups fed into incident reporting and from this identified trends or themes and entries to the risk register.

There were daily hospital 'safety huddles', which were used as a forum to disseminate operational updates. A monthly hospital meeting was a more formal forum, for hospital managers to communicate operational matters to the workforce.

The organisation had a policy in place for practicing privileges. Practicing privileges are granted to doctors who treat patients on behalf of an organisation, without being directly employed by that organisation. All surgeons providing care under the hospitals NHS contracts are covered by the relevant NHS medical indemnifiers.

## 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.**

Management told us that there was a risk register in place, to appropriately manage organisational risk. We reviewed the organisations risk register and noted that for each risk there was a description, the likelihood of the risk occurring, the controls in place and who was responsible for the risk. This meant that the hospital had a clear and structured overview of any risks and controls in place to mitigate such.

Staff told us that any risks or incidents were escalated to management and recorded within an electronic management system. The electronic system used was nationally recognised.

Risks or incidents which occurred within a speciality, for example clinical, were reviewed within the relevant committee or group and action was taken appropriately. This included being reported to the electronic system or added to the risk register.

The organisation had a policy in place to ensure incident management, business continuity and recovery and resumption of service.

## 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

Managers were able to use an online system to produce a 'live' dashboard to monitor performance and review performance against other SpaMedica locations.

The service used a mix of paper based and electronic patient records, both of which were kept secure.

Hospital policies and guidelines were available for all staff to read on an online policy library. Staff were required to sign and date when they had reviewed policies.

There were systems in place to ensure data and statutory notifications were submitted to external bodies. The registered manager, who was the hospital manager, was responsible for submitting notifications to the Care Quality Commission.

The National Ophthalmology Database Audit recorded full submission of data for the hospital, at a local level.

There were three modules of mandatory training that related to the security and management of data, which all had high levels of compliance.

## Engagement

**The service actively and openly engaged with patients, staff, equality groups and stakeholders to plan and manage services. They collaborated with partner organisations to help improve services for patients.**

Management told us that they engaged with external stakeholders, such as community optometrists to give a better understanding of the SpaMedica process and service. This was done by way of engagement days or sessions.

The organisation's website had specific sections for patients, optometrists and healthcare professionals. The 'optometrist' and 'healthcare professional' area of the website included a further news and events section.

The website and location encouraged patient feedback. This could be completed on paper or electronically. We saw evidence of positive patient feedback being sent via email to hospital staff, to involve them in celebrating this.

Staff morale was promoted with the 'Feel Good Friday' email, which celebrates good news every Friday such as positive patient stories and good news being shared. Staff also benefitted from a pizza or donut day, once per quarter, as a thank you for their work.

## Learning, continuous improvement and innovation

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

The organisation participated in research work, under the guidance of the medical director. This included for example, risk stratifying patients at pre-assessment for uveitis risk and tailoring their post operation drop regime and also, social deprivation and impact on cataract surgery outcomes.

The organisation also offered cataract surgery training for doctors at another location which included a digital dry lab. This was equipped with technology for simulated surgery. The simulated training used model eyes that replicated the feel, texture and characteristics of a human eye with cataracts.



## Surgery

The organisation had developed an alternative to the administering of eye drops, on discharge. They could administer an injection, during the surgery, instead. This meant that patients who may not tolerate eye drops, would have no greater detriment of recovery.