

SpaMedica Ltd

SpaMedica Birmingham

Inspection report

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

Ratings

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

Summary of findings

Overall summary

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service-controlled 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 good care and treatment, gave patients enough to drink if necessary, 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 and supported them to make decisions about their care and had access to good information.
- 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, 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:

- Patients sometimes waited unattended for short period of time waiting to go into theatre, and those patients waiting to go into theatre were not always able to reach their call bells. We raised this with leaders following our inspection who told us there was usually a member of staff waiting with patients and would ensure staff always remain with patient's going forward. Senior teams also told us they were in the process of designing poster signs to show patients where the call bells were if they required assistance.

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating

Good



Summary of each main service

This is the first time we have rated this service. We rated it as good overall. We rated this service as good because it was safe, effective, caring, responsive and well led. Please refer to overall summary above.

Summary of findings

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Summary of this inspection

Background to SpaMedica Birmingham

Spa Medica Birmingham is operated by Spa Medica Limited. It is a medically led service to deliver eyecare services to adults in the community. The Spa Medica Birmingham surgical centre was purpose built and opened in June 2018. It is a private clinic in Birmingham and primarily serves NHS patients within Birmingham. The service operates six days per week, Monday to Saturday 8am to 6pm.

The clinic offers day case surgical services and outpatient appointments to NHS patients under local clinical commissioning group (CCG) contracts. All of their activity is carried out at the Birmingham centre.

The service is managed from a central referral and booking centre based in Bolton, directing patients through choice to various clinics in the UK. The surgical site is managed by a registered manager supported by an ophthalmic team which consists of:

- Ophthalmology Consultants
- Optometrists
- Registered Nurses
- Ophthalmic Technicians
- Administration Staff

Services provided at this location include:

- Outpatient appointments
- Cataract surgery
- YAG (laser procedure)
- Wet AMD (treatment for macular degeneration)
- Minor eye procedures

SpaMedica Birmingham treated 9,521 patients in the reporting period of November 2020 and October 2021.

The clinic has a registered manager in post and is registered to provide the following regulated activities:

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

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 9 November 2021.

To get to the heart of patients' experiences of care, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well led. The main core service provided was surgery.

Summary of this inspection

How we carried out this inspection

The team that inspected the service comprised of one CQC inspectors and one specialist advisor with expertise in ophthalmology. The inspection team was overseen by an inspection manager and head of hospital inspection. During the inspection, we visited all areas within the Spa Medica Birmingham surgical centre.

We spoke with nine members of staff including nurses, doctors, optical technicians, optometrists, operating department practitioners, administration staff and senior managers. We observed the environment and care provided to patients and spoke with five patients. We reviewed 11 patient records and 11 prescription charts.

We also looked at a range of performance data and documents including policies, meeting minutes, audits and action plans.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection.

This was the location's first inspection since registration with CQC 2018.

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:

- SpaMedica provided an out of hours service, if patient required urgent ophthalmology care, service had staff on standby to ensure patients were seen as soon as possible without needing to attend local NHS hospital accident and emergency department.
- Staff understood how demanding both emotionally and financially, treatment trips could be on patients and their relatives. The service provided a free taxi to ease this burden.
- Medical Director who, in-line with evidence based best practice, had implemented a new process for the use of intra-operative sub-tenon depot steroid injection in cataract surgery at SpaMedica. This negated the requirement for the district nurses to make visits to SpaMedica patients to give medication (in a limited number of patients).

Areas for improvement

Actions the service 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 ensure that patients waiting to go into theatre are not left unattended for long periods.
- The service should ensure all patients are able access the nursing call bells.

Our findings






Overview of ratings

Our ratings for this location are:

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

Good 

Surgery

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

Are Surgery safe?

Good 

We rated it as good because:

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The mandatory training programme was comprehensive and met the needs of patients and staff. Training was provided via e-learning and face-to-face sessions and was tailored to the skill requirement of staff and was dependent on their role. Topics included, but were not limited to, equality, diversity and human rights; infection prevention and control, basic life support.

As of November 2021, the overall mandatory training completion rate was 85%. SpaMedica target for completion was 90%. This overall percentage included five new employees who had recently commenced but not completed the course; and three employees were about to start the course.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Safeguarding

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

There were clear systems, processes and practices to safeguard patients from avoidable harm, abuse and neglect that reflected legislation and local requirements. Safeguarding adults and children policies were in-date and accessible to all staff. Safeguarding information was displayed in all clinical areas.

Surgery

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff we spoke with demonstrated a good understanding of their responsibilities in relation to safeguarding adults in vulnerable circumstances. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. The director of clinical services was the designated lead for safeguarding adults and children. They had completed safeguarding adults and children training up to level four.

Staff received training specific for their role on how to recognise and report abuse. All staff were required to complete safeguarding adults and children training at level two, and managers were also required to complete safeguarding adults training at level three. Safeguarding training was provided via face-to-face and e-learning courses. Training covered all aspects of safeguarding adults and children, including professional responsibilities, the Mental Capacity Act, categories of abuse and safeguarding processes.

Safeguarding compliance training was included within SpaMedica statutory mandatory training. All staff were trained to Level 2; Managers were trained to Level 3; The director of clinical services was trained to Level 4 who was also the safeguarding lead across the company. The clinical governance lead role was also trained to level 4 to ensure there was always a minimum of two senior clinical staff available 24 hours a day seven days a week for advice and support.

There had been no safeguarding concerns reported to the CQC in the reporting period, from November 2020 to November 2021.

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.

The service-controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. Staff followed infection control principles, including the use of personal protective equipment (PPE). We saw the correct use of PPE, such as disposable gloves and aprons. PPE was available in all clinical areas. Staff in theatres wore appropriate theatre clothing (scrubs) and designated theatre shoes were worn. This was in line with best practice.

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Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. All areas were visibly clean and had suitable furnishings which were clean and well-maintained. Cleaning schedule records were up-to-date and demonstrated that all areas were cleaned regularly. An external company daily cleaned all areas.

Surgery

Staff cleaned equipment after each patient contact. Theatre staff cleaned between each case. The theatre had laminar air flow ventilation systems. This was compliant with national recommendations. All reusable equipment was decontaminated off site. There was a service level agreement in place with an accredited decontamination unit. Clean and dirty equipment was managed well within the theatre and there were systems to avoid cross contamination of equipment.

Patients were screened for COVID-19 at point of booking an appointment, and again 24 hours before attendance. On arrival all patients were required to change their face mask, temperature checked and completed a COVID -19 questionnaire.

Environment and equipment

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

The design of the environment followed national guidance. The service had suitable facilities to meet the needs of patients. The clinic was purpose built to deliver surgical and outpatient eyecare services.

Access to the clinic was by an intercom buzzer system to gain entry. The outpatient department and theatre were visibly clean, spacious, and patient centred. SpaMedica Birmingham was a ground floor facility which included one theatre, consultation rooms, diagnostic rooms and a laser room which had correct signage. The waiting area was pleasant with comfortable seating, TV and cold-water stations.

Laser was housed in an appropriate laser safe room. There was a warning sign on the door stating that the room was a laser-controlled area and not to enter when in use. Local rules were displayed in the room. A laser safety policy was also in place which staff could access easily.

The service had enough suitable equipment to help them to safely care for patients. The theatre had the appropriate equipment and theatre instruments to provide safe care and treatment. There was appropriate resuscitation equipment available in the case of an emergency. There was one resuscitation trolley situated outside the theatre and one resuscitation trolley in the clinic area. The trolley was checked regularly, all equipment was in date, well organised, and had tamper evident seals in place.

All rooms were spacious, and doorways were wide. Staff in pre-operative assessment clinics assessed patient's weight and calculated their body mass index (BMI) if required to ensure equipment used were suitable.

There was a regular planned maintenance and equipment replacement programme. An external maintenance provider carried out annual safety test for all the electrical equipment, or when needed. All equipment had been serviced and safety tested within the date indicated.

Staff managed clinical waste well. Staff disposed clinical waste safely. Waste management was handled appropriately with separate colour coded arrangements for general waste and clinical waste. Sharps, such as needles, were disposed of correctly in line with national guidance. Arrangements for control of substances hazardous to health (COSHH) were adhered to. Cleaning equipment was stored securely in locked cupboards. Access to all areas required a pass card or keypad code.

Surgery

Staff carried out daily safety checks of specialist equipment. There were processes in place to ensure equipment was checked daily. Staff carried out daily safety checks of specialist equipment. We reviewed daily checklists for the emergency equipment from April to November 2021 which were all completed.

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.

All patients were referred by their GP or optometrist and attended a pre-operative assessment prior to surgery. Nursing staff completed risk assessments for each patient on referral and arrival to the service and reviewed this regularly. Our observations and review of patient records showed that a full medical history was taken, and comprehensive assessment notes were made by staff, including details of allergies prior to surgery.

The service had a medical emergencies and resuscitation policy should a patient deteriorate and require emergency medical attention. Staff we spoke with described the process of calling 999 if a patient was to deteriorate.

The service also had a red endophthalmitis box on site in the event of a serious recognised complication of surgery. This box contained all the necessary clinical equipment to effectively respond to this complication, this box was placed in one area which enables the team to respond quickly which is vital to support the best outcome for the patient.

The service used an adapted 'five steps to safer surgery', World Health Organisation (WHO) surgical safety checklist to ensure patients were treated in a safe manner and to reduce the rate of serious complications. We saw evidence the WHO safety checklist was adequately completed. Theatre staff completed safety checks before, during and after surgery.

The service audited WHO checklist compliance, these demonstrated satisfactory levels of compliance; Between September 2021 and November 2021, data showed a compliance of around 98%.

Patients sometimes waited unattended for short period of time waiting to go into theatre, and those patients waiting to go into theatre were not always able to reach their call bells. We raised this with leaders following our inspection who told us there was usually a member of staff waiting with patients and would ensure staff always remain with patient's going forward. Senior teams also told us they were in the process of designing poster signs to show patients where the call bells were if they required assistance.

Patients were given the service telephone number to ring in the event of any issues or to ask questions following discharge. SpaMedica provided out of hours service and it was available 24 hours a day seven days a week, if patient required urgent ophthalmology care service had staff on standby to ensure patients were seen as soon as possible without needing to attend local NHS hospital accident and emergency departments.

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.

Surgery

The service had enough nursing and support staff to keep patients safe. The service had low sickness rates, as of November 2021 Birmingham site was at 1.6% lower than provider target of 3%, and no vacancies. If SpaMedica Birmingham was ever short due to sickness, arrangements were put in place for staff from other SpaMedica locations to support.

Managers accurately calculated and reviewed the number and grade of nurses and support staff depending on the number of patients and the type of procedures this was arranged in advanced. The service manager planned staffing levels. Data we reviewed, and observations made during our inspection confirmed there were enough staff to provide the right care and treatment.

Managers made sure all bank and agency staff had a full induction and understood the service. Bank staff completed mandatory training and received an induction before they commenced duties.

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. The service used the Royal College of Ophthalmologists staffing tool to establish medical staffing levels. The medical staff matched the planned number and staff worked across surgery and outpatients on a rota basis. Most medical staff worked for the service on a regular basis.

The surgeons worked under practising privileges which is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in a private hospital or clinic. The service medical advisory committee (MAC) had primary oversight of the clinicians practicing privileges (PPs). The medical director chair of the medical advisory committee (MAC) was responsible for the granting of PPs. There was a robust checking system in place prior to employment to ensure consultants met the required standard such as revalidation checks.

The service had a suitable skill mix of medical staff on each shift and reviewed this regularly. 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.

The service used paper and electronic-based patient records. Some paper records, such as patient pathways, were also in use and scanned onto the electronic record at the end of the treatment. Managers told us all records would be electronic within in the next 12 months. We reviewed 11 patient records and found they were clear, up-to-date and comprehensive and staff could access them easily.

Electronic records were stored securely when not in use. Electronic records were stored using passwords and access only given to authorised members of staff.

Clear pathway documents were used throughout the patient pathway. Risk assessments were completed from the start of the patient's pathway in pre-operative assessment through to surgery and post-operative care.

Surgery

Medicines

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

The service used systems and processes to safely prescribe, administer, record and store medicines. Medicines were stored securely in all clinical areas we visited.

Medicine storage areas were well organised and tidy, with effective processes in place to ensure stock was regularly rotated. All medicines we checked were within their use by date.

Staff kept records of daily medicines fridge temperatures and room temperature of their medicine room. We reviewed the medicine records for 11 patients and found prescriptions were legible, named, dated, time given, allergies and weight were clearly documented, and administration and route of administration were also clearly recorded.

There were no controlled drugs held at the clinic. The service held an external contract with a pharmaceutical company to support with medicine governance arrangements. An annual audit was undertaken to ensure compliance with the relevant standards.

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 raised concerns and reported incidents and near misses in line with the service policy.

The service used an electronic reporting system which all grades of staff had access to. Staff we spoke with knew what incidents to report and how to report them. Staff told us they were encouraged to report incidents and felt confident to do so.

Staff received feedback from investigation of incidents, both internal and external to the service.

From January 2021 to November 2021, there were 156 of no harm or low harm incidents reported and two serious incidents. The two serious incidents reported were not related to treatment, both incidents related to two patients falling outside in the car park before having treatment. Following the second incident a risk assessment was carried out and no risks were identified therefore no action were taken by the service. Each incident had been reported and investigated in accordance with the providers policy for incident management. The quality team monitored incidents daily and carried out an initial review of the incident and categorised according to risk level.

Learning from incidents across all sites was shared in a variety of means including; safety briefs, emails, governance and team meetings. Managers ensured that actions from patient safety alerts were implemented and monitored. These were monitored through the clinical effectiveness group meeting which was held on a bi-monthly basis.

The provider had a duty of candour policy which staff could access through the services' intranet. Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of

Surgery

health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person, under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A notifiable safety incident includes any incident that could result in, or appears to have resulted in, the death of the person using the service or severe, moderate or prolonged psychological harm.

Safety thermometer

The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

While the service did not submit safety information to the NHS Safety Thermometer, staff did collect, monitor and report performance data such as infection, prevention and control, referral to treatment times, patient outcomes, incidents and patient satisfaction. We saw this information displayed publicly in the waiting area.

Are Surgery effective?

Good 

We rated it as good because:

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. All policies seen were up-to-date and contained current national guidelines and relevant evidence. Policies were equality impact assessed to ensure guidance did not discriminate against those with protected characteristics as set out in the Equality Act 2010.

Policies were stored on an online system which all staff had access to. There was a system in place to ensure policies, standard operating procedures and clinical pathways were up-to-date and reflected national guidance. The service used an electronic system which alerted staff when a policy was due for review.

There was a regular audit programme for all departments across the service. This included, but was not limited to, audit of health records, patient pathways, WHO checklist, hand hygiene, medicines management, clinical waste, cleaning schedules, and laser safety. We saw that there was good compliance with completion of these audits and that there were action plans in place to address areas of poor compliance.

Nutrition and hydration

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

Water dispensers were available in waiting areas for patients to use.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain.

Surgery

Staff assessed patient's pain; All routine procedures or treatments were carried out under either local or topical anaesthetic. Staff told us if patient's experienced pain after their procedure or treatment, they would normally prescribe relevant pain medication such as paracetamol.

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 including the National Ophthalmology Database Audit (NODA) to monitor patient outcomes. The first set of data had been submitted ever since April 2019, the next outcome report was due in September 2021 and managers used the results to improve services further. The service achieved consistently good clinical outcomes, that were continuously monitored, with patient's reporting a positive experience. This was evidenced in the NODA.

The service had an effective system to regularly assess and monitor the quality of its services to ensure patient outcomes were monitored and measured. Clinical audits and risk assessments were carried out to facilitate this. The service monitored patient outcomes including, complication and infection rates from cataract surgery; We saw the providers recent posterior capsular rupture outcome following a cataract operation which was at 0.5% below England average. Posterior Capsular Rupture (PCR) is the most common potentially sight-threatening intraoperative complication during cataract surgery. PCR may call for additional surgical procedures, increased postoperative follow-up visits, and a higher incidence of postoperative complications which may impair final visual outcome.

There was a local audit programme for the service. The programme ensured different aspects of care and treatment within the service were checked during each audit. Results from audits were discussed at governance meetings, where all leads were present. They then shared this information with their teams. Managers used information from audits to improve care and treatment.

The service maintained a key performance indicator (KPI) dashboard. The dashboard tracked monthly performance against locally agreed thresholds. A traffic light system using red, amber, and green (RAG) ratings were used to flag most of the performance against agreed thresholds. The dashboard parameters were presented in a format to enable it to be used to challenge and drive forward changes to practice.

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. Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work. Dependent on their role, some new staff worked initially in a supernumerary capacity. This allowed them to understand their new environment before having full responsibility for their role.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers made sure staff received any specialist training for their role. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Surgery

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

Multidisciplinary working

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

We observed effective multidisciplinary working, and communication between staff in theatres and outpatient areas. All staff told us they had good working relationships with their colleagues. We saw effective interactions between all members of the team. Patient records we reviewed confirmed there was routine input from nursing and medical staff and support staff such as optical technicians.

There was a strong multi-disciplinary team (MDT) approach across all the areas we visited. Staff of all disciplines, clinical and non-clinical, worked alongside each other throughout the service. We observed good collaborative working and communication amongst all members of the MDT. Staff reported that they worked well as a team.

Managers and senior staff held regular staff meetings. All members of the multidisciplinary team attended, and staff reported that they were a good method to communicate important information to the team.

Information about the treatment a patient had received during their appointment was communicated to the referring GP by letter, once the patient had been discharged.

Seven-day services

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

The clinic only undertook elective surgery, and operations were planned in advance. Theatre sessions were held five to six times a week between 8.30am and 5.30pm, Monday to Friday. Surgery could also be scheduled on Saturdays if necessary, to reduce waiting times. We saw effective theatre list scheduling.

Pre-operative assessments and outpatient clinic appointments were offered Monday to Friday between 8.30am and 5.30pm.

Patients could call for support following surgery 24 hours a day, seven days a week.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in all areas within the waiting areas. We noted there were various information leaflets available to patients in the main waiting area. This included, but was not limited to, cataract surgery and age-related macular degeneration (AMD).

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 the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005 and knew who to contact for advice.

Surgery

There was an effective up-to-date consent policy for staff to follow. Patient records we reviewed showed consent was obtained in accordance with the service policy. We observed consent being obtained from three patients prior to their surgical procedure. Those patients whose first language wasn't English had an interpreter present to ensure patient understood the procedure and after care. Patients were given information about their proposed treatment both verbally and written, to enable them to make an informed decision about their procedure. Patients said doctors and nurses fully explained their treatment and additional information could be provided if required.

The risks and benefits were explained in a clear and concise manner and the patient was given the opportunity to ask questions. Staff made sure patients consented to treatment based on all the information available.

Managers monitored consent processes. Consent audits were part of the service's audit programme. We reviewed 11 sets of records and consent was completed fully in all of them.

Are Surgery caring?

Good 

We rated it as good because:

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.

Patients said staff treated them well and with kindness. A recent patient survey from May 2021, showed 99.8% of patients were happy with the care they had received.

Staff followed policy to keep patient care and treatment confidential.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude. We observed caring and positive interactions with patients during their consultations. Discussions and examinations took place in the consultation rooms and theatre to ensure privacy. We saw staff talking with patients, explaining what was happening and what actions were being taken or planned. Staff were friendly and helpful and responded sympathetically to queries in a timely and appropriate way. 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 understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. We spoke with patients and relatives who all felt that their emotional wellbeing was cared for.

Surgery

Patients we spoke with said that they had received good emotional support and felt that they been given ample time in which to ask questions. Patients were given contact details and encouraged to contact them if they had questions following their surgery.

Patients confirmed they were given written information leaflets, which helped explain their condition and treatment plan. Staff we spoke with understood patients' personal, cultural and religious needs.

Understanding and involvement of patients and those close to them **Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.**

Staff made sure patients and those close to them understood their care and treatment. Patients told us nurses and technicians explained what they were doing and asked for permission before they did anything. Patients said medical staff explained plans for their treatment and provided opportunities to for them and/or their family members to ask questions when needed.

Staff supported patients to make informed decisions about their care. Patients told us staff clearly explained the risks and benefits of treatment to them before surgery. Prior to surgery all patients were required to undertake a 'fit for surgery' checklist clinic appointment to ensure patients understood the plan for surgery; if patients' were able to mobilise on to the surgical trolley without assistance and if they required post-operative care at home.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this.

The service ensured all patients were contacted 24 hours after their treatment for feedback on the care received. Patients were able to share their stories with other patients which was available as DVD's or on the website, this was then offered to other patients to help minimise anxiety and answer any queries.

Patients gave positive feedback about the service. All patients were complimentary about the way staff had treated them. We observed staff introduce themselves to patients and explain to them and their relatives, care and treatment options.

Staff recognised when patients needed additional support to help them understand and ask relevant questions about their care and treatment.

Are Surgery responsive?

We rated it as good because:

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.**

There were photo boards of staff in each department. This meant patients and visitors could easily identify staff and their roles within each area.

Surgery

Managers planned and organised services, so they met the needs of the local population. The service worked collaboratively with the local clinical commissioning group (CCG) and planned and developed services to meet the needs of the local population.

The service offered surgical eye services and outpatient appointments to NHS patients under local CCG contracts. Patients were referred by their GPs or optometrist. The clinic was open six days a week from 8.30am until 5.30pm. This offered choice and flexibility to patients. Surgery was carried out as day cases three days a week.

Staff understood how demanding both emotionally and financially, treatment trips could be on patients and their relatives. SpaMedica offered patients the opportunity of free SpaMedica private transport which is managed and operated by trained SpaMedica drivers and employees. When a patient does not opt for this option, but may then require transport after their treatment or appointment then a free taxi service is provided.

Facilities and premises were appropriate for the services being delivered. There were appropriate facilities to meet the needs of patients seen for both outpatient consultations and surgery. This included comfortable seating, access to bathrooms, and water dispensers.

Managers ensured that patients who did not attend appointments were contacted. If they were not able to contact patient directly, they would inform the referrer.

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.

Patients with mobility difficulties could access the service easily as the main service was located on the ground floor. Corridors and doors were wide, which meant wheelchair users could get through easily. There was limited bariatric equipment available on site. However, all rooms were spacious, and doorways were wide.

The service had systems to help care for patients in need of additional support or specialist intervention. The service only received planned cases. Patients' with specific needs such as learning disabilities, other disabilities or mental capacity concerns were identified at pre-assessment and flagged on the electronic patient record system. This meant appropriate arrangements could be made to meet individual needs prior to their visit.

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 a patient required assistance with translation. This was available either face to face or on the telephone, if an interpreter was required this was flagged during the referral process.

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

Staff had access to British Sign Language (BSL) and language interpreters if they were required, and interpreters could attend appointments when booked in advance.

Access and flow

People could access the service when they needed it. Waiting times from referral to treatment exceeded national standards.

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Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed time frames. Surgery was offered on an elective basis.

Monthly activity reports were submitted to the local CCG. The service kept detailed information of all patients and their waiting times. At the time of our inspection, the average wait for a patient requiring surgery was 10 days, this allowed patients to self-isolate as per COVID-19 guidelines.

The average wait time for an outpatient appointment was three days. Local targets had been set for patients to be seen and treated within two weeks of referral.

Managers and staff worked to make sure patients did not stay longer than they needed to. We observed good processes in place to ensure patients were seen and treated within a timely manner.

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

Patients were given a choice of dates for their planned surgery and outpatient appointments. Patients we spoke with confirmed they were given a choice of appointment times and could schedule appointments at a time and location convenient to them.

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.

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. Feedback concerns and complaints could be made in a variety of ways including in person, by telephone, letter, email, patient survey and social media.

SpaMedica Birmingham received two complaints in the reporting period of April 2021 to October 2021 and 4,123 compliments in last 12 months.

Staff we spoke with were aware of the complaints procedure and informed us that they tried to resolve any patient concerns immediately to prevent the concerns escalating to a complaint. Staff understood the principles of duty of candour and could describe them.

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

Are Surgery well-led?

We rated it as good because:

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Leadership

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

There was a clear management structure with defined lines of responsibility and accountability.

Staff told us there was good leadership within the service and the organisation and leaders were well respected, very visible, approachable and supportive. Managers with a clinical background often worked clinically as part of their revalidation process and provided cover for sickness and absence if required.

Managers were passionate about the service they led and worked well with the team of staff in their department.

Senior managers attended a bi-monthly meeting with the senior leadership team. They received an update on site specific data, audits, complaints and all gave an update on their areas.

The chief operating officer and director of clinical services attended regular meetings with site managers and the Community Health and Eyecare executive team. They told us there was effective working relationships across sites and corporate support was readily available.

Staff told us they held regular monthly staff meetings and that they felt that their views were heard and valued.

All staff we spoke with were motivated and positive about their work.

Vision and Strategy

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

The service had a clear vision and set of priorities, which were focused on safety, integrity, kindness and transparency.

The vision had been developed with involvement from staff and linked to delivering the service's values. We saw the vision and values was publicly displayed throughout the service. Staff we spoke with were committed to providing safe care and improving patient experience.

The service worked collaboratively with the local CCG and the vision and strategy were aligned to local plans within the wider health economy, aimed to reduce pressure on the local NHS hospitals and reduce waiting times.

Staff we spoke with knew and understood the vision, values and objectives for their service, and their role in achieving them.

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.

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Staff we met with, were welcoming, friendly and passionate. It was evident that staff cared about the services they provided and told us they were proud to work at the SpaMedica. Staff were committed to providing the best possible care to their patients.

The service had a caring culture. Staff told us they enjoyed working in the department and felt supported by their managers. Senior leaders told us they had an open-door policy and they were proud of their staff.

The culture encouraged openness and honesty at all levels. Staff, patients and families were encouraged to provide feedback and raise concerns. Processes and procedures were in place to meet the duty of candour. Staff confirmed there was a culture of openness and honesty and they felt they could raise concerns without fear of blame. All staff said they felt that the senior leadership team and their managers were very approachable and felt they could raise any concerns.

Equality and diversity were promoted. Policies were assessed to ensure guidance and standard operating procedures did not discriminate because of race, ethnic origin, nationality, gender, culture, religion or belief, sexual orientation or age.

Staff worked collaboratively, shared responsibility and resolved conflict quickly and constructively. The director of clinical services held regular meetings with clinic managers. They felt this kept them well informed. They discussed the risk register, staffing levels and any feedback from audits and meetings. The managers in turn held meetings with their staff groups. Staff felt they were kept up-to-date and were made aware of changes needed within the service. We observed positive and supportive relationships between the leaders, consultants and staff at all levels.

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.

Staff at all levels were clear about their roles and understood what they were accountable for and to whom. There were effective governance structures, processes and systems of accountability to support the delivery of ophthalmology services and safeguard high standards of care.

Meetings were structured and showed discussions around improving the service delivered. Clinical effectiveness group meetings were held bi-monthly.

We reviewed three months' worth of meeting minutes and saw they were well attended by the senior management team, hospital site managers, clinical leads and members from the quality, risk and compliance team. Standard agenda items for discussion included safety notices and alerts, COVID-19, key performance indicators, medicines, incidents, safeguarding, complaints, audits and risks.

The committee structure was used to monitor performance and provide assurance of safe practice. There were a range of systems and processes of accountability which supported the delivery of safe and high-quality services, including regular visits by the director of clinical services and chief operating officer, regular governance and team meetings.

There was a systematic programme of internal audit used to monitor compliance with policies such as hand hygiene, consent, and health records. Audits were completed monthly, quarterly or annually by each site depending on the audit schedule. Results were shared at relevant meetings, such as governance and team meetings. The service participated in national audits including the National Ophthalmology Database.

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Managers maintained a dashboard which reported on activities of the service which included workforce, compliance including safety and quality indicators covering incidents, audit outcomes, infection prevention and control, patient experience and medicines management.

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.

There were clear and effective processes for identifying, recording and managing risks. Each site had a local risk register, alongside a corporate risk register. We found each risk was adequately described, with mitigating actions and controls in place. An assessment of the likelihood of the risk materialising, its possible impact and the lead person responsible for review and monitoring was also detailed. Risks were reviewed regularly through monthly risk group meetings. Top three risks highlighted was COVID 19, fridge temperatures and security alarm.

The dashboard tracked monthly performance against locally agreed thresholds and national targets, where available. A traffic light system was used to flag performance against agreed thresholds. A 'red flag' indicated areas that required action to ensure safety and quality was maintained. Exceptions (red flags) were reviewed at governance meetings and actions were taken to address performance issues when indicated.

The service planned for emergencies and staff understood their role if one should occur. Policies, such as business continuity, fire safety and transfer to a higher level of care, were accessible and detailed what action staff should take in the event of a major incident.

There were clear processes to manage performance effectively. An annual audit programme was in place to monitor performance across different sites. Outcomes of audits were used to benchmark performance against the other clinic sites.

Staff told us they received feedback on risk, incidents, performance and complaints in a variety of ways, such as regular team meetings, noticeboards and social media platforms.

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.

The service submitted data to external bodies as required, such as the National Ophthalmology Database. This enabled the service to benchmark performance against other providers and national outcomes.

The service had a robust website, which assisted patients and visitors to familiarise themselves with the services offered at SpaMedica Birmingham and what to expect during their appointment or procedure.

Information technology systems were used to monitor and improve patient care. A wide range of information was available to enable managers to assess and understand performance in relation to quality, safety, patient experience, human resources, operational performance and finances.

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The service had a business continuity plan which provided guidance on maintaining services and dealing with business interruptions which might disable services or require special arrangements to be put in place to allow them to continue, for example a cyber-attack.

Engagement

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

The chief executive engaged with staff via regular newsletter or weekly update. Staff told us they received regular updates from executive team, and they spoke positively about these updates.

Staff told us managers at all levels were approachable and they felt comfortable to raise any concerns with them.

Patients and their families were given the opportunity to be involved in the planning, development, delivery and monitoring of the services provided. This included opportunities to; share patient stories and join with patient supporting groups.

The service held monthly meetings with the local CCG to help manage and improve services for patients. In collaboration with the CCG, the service had its own engagement team which provided; engagement and educational events for optometrists, improved pathways and local clinical knowledge, communication networks, and support with queries, issues and guidance. The engagement team also engaged with the local community on a regular basis.

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.

Systems were in place to ensure the quality of care was continually assessed and monitored so improvements could be made. One example given was that one of the staff members at Birmingham asked during a recent staff forum if it would be possible to implement an AMD (Age-related macular degeneration) board for visual attraction during the patient journey. This was implemented and completed with black text on yellow background as this has proven to be beneficial to patients with AMD.

There was a focus on continuous improvement and quality. Leaders were responsive to any concerns raised and performance issues and sought to learn from them and improve services.

Local engagement teams continuously sought feedback from patients to improve services.

Leaders told us they were proud to be able to continue treating patients through the COVID-19 pandemic. Their approach had been business as usual with additional COVID-19 safety measures and used advice from the Royal College of Ophthalmologist's.

In the staff forum nurses had raised questions around the use of district nurses having to administer post-operative medication to SpaMedica patients and the additional pressures this had on the district nursing teams in the area. This was escalated to the Medical Director who, in-line with evidence based best practice, carried out research into social deprivation and the impact it has on cataracts which has influenced the service provision and capacity to support these

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areas. Also, implemented a new process for the use of intra-operative sub-tenon depot steroid injection in cataract surgery at SpaMedica. This negated the requirement for the district nurses to make visits to SpaMedica patients to give medication (in a limited number of patients). This process was discussed and ratified at SpaMedica clinical effectiveness group who agreed, a service operating procedure was devised, consultation and ratification process occurred at the SpaMedica policy committee and this process was now in place.