

SpaMedica Ltd

SpaMedica Kendal

Inspection report

Groundfloor, Juniper House
Murley Moss Business Park, Oxenholme Road
Kendal
LA9 7RL
Tel: 08085036566
www.spamedica.co.uk

Date of inspection visit: 17 April 2023
Date of publication: 16/08/2023

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?

Outstanding



Are services well-led?

Good



Summary of findings

Overall summary

We have not rated this location before. 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 provider controlled infection risk well. Staff managed medicines well. The provider managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment 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 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. Staff provided emotional support to patients, families and carers.
- The provider 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 to 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 and focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The provider engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Staff did not always keep accurate care records.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	

Summary of findings

Contents

Summary of this inspection

Background to SpaMedica Kendal	5
Information about SpaMedica Kendal	5

Our findings from this inspection

Overview of ratings	7
Our findings by main service	8

Summary of this inspection

Background to SpaMedica Kendal

SpaMedica Kendal is operated by SpaMedica Ltd and has been open since July 2021. 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 town centre, in a business park with car parking facilities.

SpaMedica Kendal is registered to provide the following regulated activities:

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

The registered manager has been in post since January 2022.

The location has not previously been inspected.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out this unannounced inspection on 17 April 2023.

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 the Mental Capacity Act 2005.

During the inspection, we visited outpatient and surgical areas. We spoke with 8 staff members including registered nurses, health care technicians, patient co-ordinators, and senior managers. We spoke with 7 patients.

During our inspection, we reviewed 10 sets of patient records that covered cataract surgery and YAG laser.

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:

Summary of this inspection

- The organisation provided a free transport service for patients who were travelling distances or unable to arrive by car.
- Patient stories could be viewed on the organisation's website along with a walk-through film of the service.
- 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.
- SpaMedica provided an out of hours service, if patient required urgent ophthalmology care, the provider had staff on standby to ensure patients were seen as soon as possible.

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a 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 provider should continue to maintain securely an accurate, complete and contemporaneous record in respect of each patient, including a record of the care and treatment provided to the patient and of decisions taken in relation to the care and treatment provided. Regulation 17(2)(c).






Our findings

Overview of ratings

Our ratings for this location are:

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

Surgery

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

Is the service 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.

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 which was dependent on their role.

As of March 2023, the overall mandatory training completion rate was 95.7%. SpaMedica target for completion was 95%. The hospital manager had a system in place to ensure staff stayed up to date.

Clinical staff completed a range of mandatory training which included fire safety, infection control, safeguarding, conflict resolution, moving and handling, equality and diversity. The provider also provided training on recognising and responding to patients with a learning disability and autism. 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.

Medical staff who worked under practicing privileges were overseen by the medical director who ensured they had received and kept up to date with relevant training. We saw evidence all medical staff were up to date with mandatory training.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. . All staff undertook level one and two adult and children safeguarding training. The hospital managers undertook level three. The clinical governance lead north was trained to level four and was the designated safeguarding lead. The service also had designated safeguarding champions.

Surgery

We saw information throughout the hospital informing staff how to raise a safeguarding concern. Safeguarding posters were displayed in every clinical room and referenced actions to take if staff had a safeguarding concern and included contact numbers for the relevant local authorities.

The safeguarding policy was a comprehensive group policy and was last reviewed in January 2022.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

All areas viewed throughout the hospital were visibly clean, clutter free and had suitable furnishings which were clean and well-maintained. Staff cleaned equipment such as wheelchairs after patient contact and labelled equipment to show when it was last cleaned. Cleaning schedules were displayed and completed to show daily cleaning occurred. An external company cleaned all areas daily. The provider also undertook internal audits to ensure high standards of cleanliness were maintained.

The provider followed national guidance for the decontamination of reusable medical equipment.

The service had an infection prevention and control lead.

The service conducted monthly internal audits for hand hygiene and infection prevention. The audits from December 2022 to March 2023 showed 94.3% compliance.

We observed theatre processes and noted theatre staff donned and doffed personal protective equipment following national guidance.

One incidence of endophthalmitis (an infection of the fluid in the eye) was reported in a 6-month period November 2022 to April 2023 and appropriate actions were taken to investigate it.

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

Patients could reach call bells when seated in the clinical waiting room pre-operatively. No call bells were heard during our inspection as staff frequently entered the room.

The YAG laser capsulotomy is a special laser treatment used to improve vision after cataract surgery. The laser was housed in an appropriate laser safe room. There was a warning sign on the door stating 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.

Staff carried out daily safety checks of specialist equipment. An emergency equipment trolley was kept on-site and was checked daily, and logs signed and dated. A grab bag was available with appropriate personal protective equipment should staff need to provide pulmonary resuscitation. Portable oxygen cylinders were full and checks in date.

Surgery

The provider 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.

Service level agreements were in place with external contractors to check the environment and equipment, such as fire extinguisher servicing, fire system testing, gas safety, portable appliance testing (PAT), and speciality equipment. Portable appliances had in date stickers to indicate when they needed testing and were compliant. Data provided showed statutory, general and clinical compliance with servicing and testing.

Safety huddles included an equipment check for the number of surgeries taking place that day. The storeroom was small but well managed, with stock reordered every 2 weeks. All stock we reviewed were in date.

The service had suitable facilities to meet the needs of patients' and families. Waiting rooms were comfortable with adequate seating with reserved areas for wheelchair users.

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.

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.

The provider had a resuscitation policy responding and escalating patients presenting with a medical emergency such as cardiopulmonary resuscitation of adults. The provider had a single escalation policy which was to call 999 and transfer the patient to an acute NHS hospital. Staff undertook scenario training and could describe what they would do in an emergency.

The provider also had two boxes available for staff in the event of serious complications of surgery (Endophthalmitis and Raised Intraocular Pressures), they contained all the necessary clinical equipment to effectively respond to these complications. Both boxes were readily available, enabling quick response and treatment which is vital to support the best outcome for the patient.

The provider 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. Audits reviewed showed 97.7% in surgical safety for March 2023.

The provider had call bells in place in clinical areas, which were in reach for patients who needed medical attention.

Safety huddles were conducted each morning before clinical activity. Key information could be shared amongst the team which identified such as allergies or patients with additional needs. The hospital manager told us updates and shared learning were recorded on the daily huddle sheets. The provider held a staff safety debrief at the end of each day.

Surgery

Patients were provided with the service phone number to contact if they had any concerns or questions following discharge. SpaMedica provided an out of hours service and was available 24 hours a day seven days a week. If patients required urgent ophthalmology care, the provider 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 nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

The provider had a 21.1% turnover rate of staff over the past 12 months. The hospital manager told us this was partly due to internal staff progression within the SpaMedica organisation.

The provider was using 15% agency staff at the time of inspection. We saw evidence that recruitment level was monitored on a monthly basis. The hospital manager told us they were focused on the development and upskilling of staff to help with staff retention.

Managers calculated and reviewed in advance the number and grade of nurses and support staff required, this was determined based on the number of patients and the type of procedures. The hospital manager planned staffing levels appropriately. 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.

The provider had enough medical staff to keep patients safe. Surgeons worked for the service under practising privileges. The medical director was responsible for ensuring appropriate practising privileges were completed.

At the time of this inspection there was an optometrist vacancy but the provider used a locum who was established within the service.

Records

Staff kept detailed records of patients' care and treatment. Records were stored securely and available to all staff providing care, however they were not always accurate.

We reviewed ten patient records. Staff told us they could access records easily. Three of the ten records had inconsistencies when recording allergies, we noted some gaps where a patient had a known allergy. This concern was discussed with the management team. Leaders told us post inspection they had used this as a learning opportunity to remind staff on standards when recording accurate patient records, particularly in relation to allergies. The hospital manager discussed this with staff as part of a safety debrief and at team meetings. The manager conducted spot checks of patient files and assured us there were no other files of concern.

Surgery

The provider conducted internal documentation audits on a monthly basis, from December 2022 to March 2023 the average compliance was 93.6%.

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

Medicines

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

The provider 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. Posters on cupboards detailed the list of medicine contents. All medicines we checked were within their use by date.

Staff kept records of daily medicines fridge and medicine room temperatures. We saw these were within the recommended range.

Only designated staff had access to the locked medicine room and all stock including controlled drugs were logged, signed and dated when used. Controlled drugs were checked weekly, and the record log was fully completed.

External arrangements were in place to remove expired stock and destroyed unused controlled drugs if required. The provider had a medicines discharge policy that was up to date.

Staff followed national practice to check patients had the correct medicines when they were treated and discharged. Post operatively patients were given discharge advise, a booklet and a 24-hour contact number.

Data provided from the external pharmacy audit from July 2022 showed the provider was 82.4% compliant. The provider conducted monthly medicine management audits. From December 2022 to March 2023 the average compliance was 96.4%.

Post inspection the site provided us with evidence of the latest external pharmacy audit for June 2023 which demonstrated 90% compliance.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. 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's policy.

The service used an electronic reporting system which all staff had access to.

Surgery

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 when things went wrong.

The provider had no 'never events' at this location within the last 12 months.

Learning from incidents across all sites was shared in a variety of means including safety briefs, emails, governance and team meetings. Where individual feedback was required, this was conducted in appraisals.

Is the service effective?

Good 

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

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The provider followed the Royal College of Ophthalmologists standards.

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 provider 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.. We saw there was good compliance with completion of these audits.

SpaMedica had ophthalmic 'dry lab' training facilities. The labs were located at other service locations and were available for surgeons from across the organisation to access. The labs feature the same standard machines and consumables used in theatre and enabled surgeons to practice techniques on synthetic model eyes.

Nutrition and hydration

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

Staff gave patients appropriate food and drink to meet their needs. Patients did not spend a long time at the service and were not required to fast prior to treatment, they had access to hot and cold drinks as well as some snacks and biscuits.

Pain relief

The provider used systems and processes to safely prescribe, administer, record pain relief.

Staff monitor patients' pain both during and following their procedure. Staff told us they would normally offer relevant pain medication such as paracetamol when required. Staff gave patients advice on what over the counter pain relief medication could be taken after their procedure should they experience pain.

Surgery

Discharge records showed patients pain relief had been discussed. Preoperative pain relief to numb the eye to provide pain relief was provided. Patients were provided with a SpaMedica bag post-surgery which contained prescription eye drops, and information on how and when to take the drops.

Staff informed patients about the expected level of pain after discharge and to contact the hospital if the pain became severe. Patients also had access to a 24-hour contact number to discuss any concerns post discharge.

Patient outcomes

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

Managers used information from the audits to improve care and treatment. Improvement was checked and monitored. The provider completed a local audit programme.. The hospital manager told us if any audit showed less than 90% compliance then actions were developed, and a re-audit would be undertaken one month later to measure improvements.

The provider shared information from audits during their monthly team meetings. Staff were engaged in the audit process, and completed audits themselves.

The provider participated in relevant national clinical audits. SpaMedica Ltd participated in the National Ophthalmic Database Audit (NODA), which is run by the Royal College of Ophthalmologists and measures the outcomes of cataract surgery. SpaMedica Kendal had not yet received any outcome data.

Records supplied post-inspection by the provider showed SpaMedica Kendal had an average capsular rupture rate (PCR) rate of 1.07% for the past 12 months, which was better than the national average which was 1.1%.

The provider also benchmarked themselves with other SpaMedica locations in terms of performance and quality and safety, at the time of this inspection SpaMedica Kendal was ranked 16th out of 48 SpaMedica clinics, with an overall score of 92.8%.

Competent staff

The provider 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.

SpaMedica Ltd employed surgeons through practicing privileges which was supported by a policy and was managed corporately. Surgeons were trialled at the service on a reduced list to ensure competencies. Surgeons were rated using red, amber, and green (RAG) ratings across a range of outcomes for patients including professionalism, timeliness of appointments and patient experience which was overseen by the medical director.

New members of staff had appraisals at one month, three months, six months and 12 monthly intervals.

Surgery

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff had annual appraisal meetings and six-monthly 'check in meetings' with the manager when they could discuss training needs, performance and opportunities which were tailored to meet their needs. Staff were rewarded prizes and bonuses for meeting all their performance targets.

The provider encouraged staff to undertake additional training and promoted internal development, there were apprenticeship opportunities for staff. Staff were also given length of service rewards and incentives.

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.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Multi-disciplinary daily morning huddles were held, led by the hospital manager or in their absence the clinical lead on the day to plan and review the day's activities collectively. There was a theatre huddle at the start of each theatre list involving the entire team and a debrief at the end of the theatre list.

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

Staff shared information and worked effectively with the patient's GP and referring community optometrists to ensure continuity of care.

Seven-day services

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

The provider worked flexibility depending on demand and capacity. Theatre sessions were not fixed and were flexed to meet the needs of patients and were held Monday to Saturday.

Patients could call an emergency helpline for support, this was available 24 hours a day, seven days a week.

Health promotion

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

The provider had relevant information promoting healthy lifestyles and support in patient areas, we saw evidence of 'getting active' posters in patient areas. The provider also promoted mental health support, signposting local charities and different support centres in the region.

The provider had display boards in patient areas promoting wellness and information about dementia and safeguarding signposting information for patients or relatives to seek support.

Surgery

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. They used agreed personalised measures that limit patients' liberty.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff we spoke with were able to demonstrate the understanding and requirements relating to the Mental Capacity Act 2005.

Staff gained consent from patients for their care and treatment in line with legislation and guidance.

There was an effective up-to-date consent policy for staff to follow. Staff we spoke with could describe and knew how to access the policy. Patient records we reviewed showed consent was obtained in accordance with the service policy. Patients were given information about their proposed treatment both verbally and written, to enable them to make an informed decision about their procedure.

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.

The provider conducted internal audits into consent. The provider's consent audits had fallen below their 90% target. As a result, an ongoing action plan was in place and managers were undertaking consent spot checks.

The mental capacity and deprivation of liberty training had been completed by 86.96% of staff. This provider monitored mandatory training levels as part of their monthly audits.

Is the service caring?

Good 

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

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

The 7 patients we spoke with said staff treated them well and with kindness.

Staff followed policy to keep patient care and treatment confidential and no records were left unattended. Patients were seen in consulting rooms to maintain privacy and confidentiality. Patients we spoke with felt they had been supported throughout and one patient told us how staff reassured them when they were feeling anxious.

Surgery

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

One of the patients we spoke with remarked on how caring the staff were and said they had recommended the service to others.

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 supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Patients we spoke with felt staff were reassuring, approachable and empathetic. One patient told us staff were good at explaining what the procedure involved and felt they could ask any questions during their consultations. Another patient told us how apprehensive they felt at their first appointment and staff really put her at ease.

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 talked with patients, families and carers in a way they could understand, using communication aids where necessary. The provider had a hearing loop available, and access to translation services.

Patients received written information leaflets, which helped explain their condition and treatment plan. The patient leaflets were informative, and the provider even provided patients with a 'patient picture journey' so they could visualise what was involved. This information was available on the SpaMedica Ltd website, which provided videos to assist patients to understand what to expect during their appointment or procedure.

Staff we spoke with understood patients' personal, cultural and religious needs.

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

Patients gave positive feedback about the service.

Is the service responsive?



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

Surgery

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 changing needs of the local and wider population. The service was commissioned by the NHS and worked with the local integrated care boards (ICB) to provide cataract surgery to the local adult population. The clinic was open six days a week, offering patients choice and flexibility for appointments.

The provider covered a large geographic area and understood how demanding treatment visits could be for relatives and patients, so offered patients a free private transport service. The transport service was operated by SpaMedica, and drivers had specific training to accommodate patient needs.

Facilities and premises were appropriate for the services being delivered. The provider had access to free car parking facilities, the provider used cones to reserve spaces for patients with a disability. The hospital was situated on the ground floor and accessible to wheelchair users. The hospital design was mirrored across all SpaMedica sites to minimise the need for orientation when patients and staff visited the other sites where required.

The waiting rooms had comfortable seating and had designated areas for wheelchair users. Patients waiting had access to toilet facilities, self-service snacks and refreshments.

The provider monitored and took action to minimise missed appointments. Staff contacted patients at set intervals before their surgery appointment.

Managers ensured that patients who did not attend appointments were contacted. Patients who did not attend their appointment were contacted and another appointment was booked if needed. 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. They coordinated care with other services and providers.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs.

The corridors and doors were wide enough for wheelchair access.

Managers made sure staff, patients, loved ones and carers could get help from interpreters or hearing loop service when required.

The provider had information leaflets available in languages spoken by the patients of the local community and in larger print upon request.

The provider displayed chaperone posters throughout patient areas and the service had a chaperone policy.

There was a site-based dementia champion and this is applicable for every SpaMedica Hospital Site. The provider had dementia friendly clocks, a dementia board displaying pictures of staff in patient areas, the service manager told us the

Surgery

board would be updated each morning displaying the relevant staff working that day. The boards also signposted the Alzheimer's society. The provider had a dementia box, which contained fidget cubes, a blanket and other items to assist patients living with dementia. The provider had safeguarding and dementia champions who would support the staff caring for those with additional needs. Mental health first aiders were also available.

Yellow and black signage was used throughout the service to support those affected by macular degeneration.

Safety huddles were used to highlight those requiring additional needs, such as those with anxiety or requiring a chaperone.

Access and flow

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

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

Patients 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 convenient to them.

Managers worked to keep the number of cancelled appointments to a minimum. Reception staff contacted patients who had failed to attend to re-book. If a patient failed to attend on 3 occasions, the referrer would be notified.

When patients had their appointments or procedure cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance.

The provider had an average referral to treatment time of 9 weeks, the national standard was 18 weeks. The service manager told us they were conducting additional theatre lists on a Sunday to try and improve their referral to treatment times.

We observed effective processes in place to ensure patients were seen and treated within a timely manner.

Staff planned patients' discharge individually, taking into account those with additional needs. All patients had a discharge consultation with a registered nurse after their procedure. On discharge patients were provided with written and verbal guidance and information. Staff made sure patients were safe to leave and travel home.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The provider treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The provider included patients in the investigation of their complaint.

The provider encouraged patients to provide feedback. We were provided information post inspection from 1 April 2022 to 1 April 2023 that showed the overall patient satisfaction was 98.8%.

Surgery

Patients we spoke with knew how to raise concerns if needed. The service displayed information about how to raise a concern in patient areas. Feedback could be made in a variety of ways including in person, by telephone, letter, email, patient survey and social media. The provider had a patient survey box clearly signposted at the reception desk. Managers shared feedback from complaints with staff and learning was used to improve the service.

Staff we spoke with understood duty of candour and knew how to access the provider's complaint policy.

Managers shared feedback from complaints with staff through monthly team meetings, emails and safety huddles and learning was used to improve the service such as ensuring out of hours clinicians contact details are updated.

Is the service 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.

Leaders had the skills and abilities to run the service. The provider had a chief executive, chief operating officer, medical director and head of clinical services, who were supported by other senior managers that included infection, prevention and control leads and regional directors. These staff supported area managers and location hospital managers.

The hospital manager was the registered manager, who had been in post since January 2022. The hospital manager worked for SpaMedica for several years before being promoted. The hospital manager felt supported by senior leaders, particularly by the area manager and the hospital director for the north, who in turn were supported by a board of governors.

The area manager spoke with us and told us they were relatively new to their role. Both the hospital manager and area manager felt they had good support from the hospital director. The provider had a clear management structure in place with defined lines of responsibility and accountability.

Staff said managers and leaders were visible and approachable.

The last staff survey showed 83.33% of staff agreed that managers at SpaMedica Kendal demonstrated strong leadership skills.

Vision and Strategy

The provider 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.

Surgery

SpaMedica Ltd had a clear vision and priorities, which were focused on safety, integrity, kindness and transparency. These vision statements were displayed throughout the service at Kendal and could be found on the providers website. Staff we spoke with knew and understood the company values and their role in achieving them.

SpaMedica Ltd had a broad strategy focused on growth, quality, leadership, governance and infrastructure. One of their main priorities was the continued expansion of the SpaMedica hospital network. Service managers told us they were opening another site in the region, providing a wider choice and accessibility for patients.

The hospital manager and area manager told me one of their main priorities was to try and expand the premises at Kendal to allow for more storage and vitreo-retinal surgery.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Opportunities were provided for career development. The provider had an open culture where patients, their families and staff could raise concerns without fear.

Staff said they felt supported, respected and valued. Staff consistently told us they were proud to work for the service and enjoyed their work.

The provider recognised staff achievements every week with 'Feel good Friday mentions', this was something across the organisation where staff and managers could celebrate good practice.

There was an emphasis on the safety and well-being of staff. The provider had a number of resources and policies focused on staff well-being, such as a menopause policy, well-being and mental health resources, a well-being hub, a mindfulness area and free sanitary products for staff.

The hospital manager told us they had an open-door policy. Staff we spoke with felt leaders were approachable.

The provider had a freedom to speak up policy in place.

The provider encouraged staff in their career development. There were several different courses and qualifications that staff could access internally.

Governance

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

Leaders operated effective governance processes that evidenced the quality of care. There was a clear organisational structure for governance across all leadership levels throughout the service.

There were a variety of team meetings held at all leadership levels such as clinical governance, information governance, clinical effectiveness and medical advisory committee meetings. All meetings were recorded, actions were assigned to individual staff and teams. Staff were clear about their roles and accountabilities.

Surgery

There were monthly team meetings held for all staff at SpaMedica Kendal. We reviewed minutes from March 2022 to March 2023, the meetings followed a standard agenda discussing topics such as audits, complaints, infection control and recruitment. Meeting minutes were recorded, and staff had access to them if they were unable to attend.

The hospital manager followed a structured internal audit schedule. Audits were used to monitor performance and compliance. Audits included areas such as consent, laser safety, infection prevention and clinical documentation. Audits were completed monthly, quarterly, or annually depending on the audit schedule and results. The hospital manager told us any audit that scored under 90% would be audited again the following month and resulted in an action plan for that area, we saw some evidence of this methodology provided as part of the post inspection evidence. Results were shared at relevant meetings, such as clinical governance, safety huddles and hospital team meetings.

The provider had service level agreements in place with third party organisations. These agreements included clinical waste management, medicines, and decontamination of surgical instruments.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The provider had systems and process in place to monitor and manage risk. The provider maintained a risk register. All risks were scored and had plans to mitigate their impact with evidence of reviews and review dates. Senior leadership team had oversight of both local and combined risk registers.

The provider had a group business continuity plan that had been updated in April 2023. The plan was site specific but did name another service location for continuity of services in the event of a serious incident.

Surgeon's performances were monitored by the medical director using a red, amber, green, rating system. Staff and patients provided feedback which contributed to individual ratings.

There were clear processes to manage performance effectively. Systematic audit programmes were in place to monitor performance across different sites. Outcomes of audits were used to benchmark performance against the other clinic sites. Audit results were fed into hospital team meetings and into the senior leadership meetings.

The provider had a peer review programme which included hospital managers reviewing another location. We saw evidence of a peer review that had been completed in June 2022. The reviews were aligned to Care Quality Commission key lines of enquiry.

Information Management

The provider collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Staff had access to the company intranet. The intranet contained information relating to policies, procedures, professional guidance and training. Staff were informed of any changes to policies and processes by email or at team meetings.

Surgery

All the policies we reviewed during the inspection were up to date and version controlled. Service policies contained a cover page which detailed any amendments made with the relevant date, this made it easier for staff to see what had specifically changed when policies were updated or amended.

The provider submitted data to external bodies such as the National Ophthalmology Database Audit (NODA) and could be benchmarked nationally.

The provider had a dashboard of performance across the different locations. Senior managers analysed the data in the dashboard to benchmark across other locations. The service received monthly performance dashboard updates detailing where they sat within the organisation.

The provider had a comprehensive website, which allowed patients to familiarise themselves with the service and what to expect during their appointments.

Engagement

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

The hospital manager and staff engaged with local charities and raised money for them. The staff had just undertaken a charity walk event to raise money for mental health charities in response to a patient the team had cared for. The hospital manager told us many of their patients live alone and in secluded areas, so the service was heavily involved with charities that assist with loneliness and mental health. The provider had links to the Alzheimer's Society charities and the Lake District Search and Mountain Rescue Association.

The provider gathered patient's feedback and experiences through compliments, patient surveys and complaints.

There was a weekly bulletin so staff could share news and achievements across the organisation. The provider also held staff engagement events such as 'SpaMedica Snacks' where food was bought for staff.

The provider regularly engaged with staff, such as monthly hospital meetings, staff surveys, and appraisals. The hospital manager told us they had an open-door policy for staff.

Staff we spoke with felt supported and listened to by the management team.

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.

Staff we spoke with felt supported by managers and were aware SpaMedica had a number of courses and internal development opportunities.

The staff survey results from January 2022 suggested 83.33% of staff felt SpaMedica invested in their training and development.

The provider had dry labs enabling Ophthalmology trainees to learn and practice cataract surgery. The dry labs were also used by surgeons to perfect techniques and practice using the provider's standard instruments.

Surgery

Senior leaders and staff shared a wide range of innovation and research within the organisation that were improving outcomes for the organisation and patients.