

SpaMedica Ltd

SpaMedica Skelmersdale

Inspection report

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

Ratings

Overall rating for this location

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Good 

Summary of findings

Overall summary

We have not previously rated this location. We rated it as outstanding because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Outcomes for patients were consistently better than expected when compared with other similar services. Staff gave patients pain relief when they needed it. Managers monitored the effectiveness of the service and opportunities to participate in benchmarking were actively pursued. The service recognised the importance of continuing development of staff skill, competence and knowledge as integral to ensuring safe care. 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. Feedback from patients was continually positive.
- The service planned care to meet the needs of local people with innovative approaches to providing person-centred pathways. People's individual needs and preferences were central to the delivery of tailored services. The service 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.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Outstanding 	We have not previously rated this service. We rated it as outstanding. See the summary above for details.



Summary of findings

Contents

Summary of this inspection

Background to SpaMedica Skelmersdale

Page

5

Information about SpaMedica Skelmersdale

5

Our findings from this inspection

Overview of ratings

7

Our findings by main service

8

Summary of this inspection

Background to SpaMedica Skelmersdale

SpaMedica Skelmersdale is operated by SpaMedica Ltd and has been open since 2018. The hospital carries out day case cataract surgery, using local anaesthetic. It is commissioned to provide this for NHS patients. They also carry out yttrium aluminium garnet (YAG) laser treatments and acute macular degeneration (AMD) services, where there is a requirement for fixed treatment appointments. They have a small number of private patients.

The hospital is located in the centre of Skelmersdale in an office block with onsite parking.

SpaMedica Skelmersdale is registered to provide the following regulated activities:

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

The location has a registered manager who has been in post since April 2021.

The hospital does not treat anyone under 18 years old. They are registered to provide services to older people and younger adults.

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

There has been one never event in August 2020 and one serious injury in November 2021.

There have been no incidents of hospital acquired infections or surgical site infections in the last 12 months.

The main service provided by this hospital was surgery.

This location has not been previously inspected.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out this unannounced inspection on 22 February 2022.

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 provider understood and complied with the Mental Capacity Act 2005.

Summary of this inspection

During the inspection, we visited outpatient and surgical areas. We spoke with 14 staff including registered nurses, health care technicians, reception staff, medical staff, and senior managers. We spoke with 10 patients. During our inspection, we reviewed five sets of patient records that covered cataract surgery, age-related macular degeneration (AMD) and YAG laser. We reviewed three medicines administration charts.

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Outstanding practice







We found the following outstanding practice:

- The hospital consistently exceeded expectations and outcomes for patients against relevant national standards. They had a lower than average rate of posterior capsular rupture, which is an operative complication, following cataract surgery.
- The service provided a 24-hour, seven day on call service and managed any post-operative complication in house, whenever possible, rather than sending patients to an NHS provider.
- Patients stories were available as DVDs or on the website for patients to review prior to their procedure.
- Feedback from patients was continually positive about the way staff treat people. Patient reported outcome measures for patients recommending the hospital were 100%.
- Staff carried out a risk stratification assessment at pre- assessment clinic for cataract surgery and patients' post-operative medicine regime was then tailored accordingly. The stratification took account of a range of factors including ethnicity and social factors. The risk stratification had been designed and validated by the medical director following a clinical study.
- The hospital offered a one-off steroid injection rather than eye drops for patients who may struggle to use eye drops due to social factors such as homelessness or who posed a significant infection risk completing their own drops.
- The hospital supported relevant eyesight charities. They paid for membership to the Macular Society for patients with age-related macular degeneration. They invited charities into the hospital to give information, training, advice and support to patients.
- The hospital provided free transport for patients and paid for taxis or public transport when this could not be used.
- The hospital ran accreditation evenings for local opticians to enable them to support patients post-operatively in the community. They held information giving talks led by experts that were attended by patients, partners and professionals.






Our findings

Overview of ratings

Our ratings for this location are:

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

Surgery

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

Are Surgery safe?

Good 

We have not previously rated safe. We rated it as good.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. Staff were supported to complete their mandatory training by managers and a central training team. Compliance with mandatory training for all staff was 82%, against a target of 95 %. We were told this was lower as there were four new employees who had partially completed their mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training was a mix of online and face to face training. Managers told us they had been able to deliver face to face sessions such as basic life support in small groups through the COVID-19 pandemic. The company had a training matrix which identified the required training for each staff group.

All surgeons and nurses received intermediate life support training and healthcare technician’s basic life support training. Staff also completed level two paediatric and newborn life support training. The hospital held skills and drills training on mock cardiac arrests in December 2021 and January 2022.

Clinical staff completed training on recognising and responding to patients with dementia. Staff completed dementia friends training and there was information on dementia displayed on a large noticeboard.

Managers monitored mandatory training and alerted staff when they needed to update their training. Training records were kept centrally by the human resources department. They sent an email alert to the hospital manager when staff were due to complete mandatory training and the hospital manager ensured staff then completed their training. Managers allocated time to staff to complete 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.



Surgery

Staff received training specific for their role on how to recognise and report abuse. The hospital manager was trained to level three in safeguarding adults and children and was on duty when the hospital was open. All other staff were trained to level two safeguarding adults and children. There was also a company safeguarding lead who was trained to level four. Staff completed safeguarding training as part of their mandatory training, compliance rates at the time of the inspection were 82%.

Staff we spoke with gave examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Mandatory training included modules on sex discrimination and workplace bullying.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff gave examples of potential safeguarding incidents they had been involved in and how they escalated these through the hospital manager.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. We saw posters throughout the hospital informing staff on how to raise safeguarding concerns. Safeguarding policies were available to all staff on a cloud-based service they could access from any computer.

The safeguarding policy was comprehensive and had been reviewed in January 2022. It included detail on types of abuse including modern slavery, domestic violence and stalking.

Cleanliness, infection control and hygiene

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

All areas of the hospital were visibly clean and clutter-free. They had suitable furnishings which were clean and well-maintained. Domestic staff followed daily, weekly and monthly cleaning checklists and all examples we reviewed were fully completed. Cleaning equipment was colour coded for use in different areas to prevent cross contamination.

The service performed well for cleanliness. The infection prevention and control and hand hygiene audits completed in December 2021 showed 100% compliance.

Staff undertook and recorded regular flushing of all water outlets.

Staff used records to identify how well the service prevented infections. Hospital managers used an online dashboard to monitor this, which gave data for the hospital as well as each surgeon.

Staff followed infection control principles including the use of personal protective equipment (PPE). The hospital had appropriate arrangements to screen patients for COVID-19. Staff called patients 48 hours before their appointment and asked screening questions and checked they had completed the required 10 days isolation prior to surgery. Porters asked screening questions and took temperatures as patients arrived and the screening questionnaire was signed and present in all records we reviewed.

The hospital had an infection prevention and control lead who staff could go to for advice and support.



Surgery

The hospital had alcohol hand gel available at all entrances and at regular intervals throughout the hospital. There were posters reminding staff and patients to wash their hands throughout the hospital. Staff washed their hands before and after providing care using the World Health Organisation five moments for hand hygiene. We observed staff followed 'bare below the elbows' guidance.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Reusable instruments used in theatre were taken by staff and flushed immediately after use and packaged securely. A specialist decontamination service collected these each day under a service level agreement.

During our observations in theatre we saw no cross contamination of clean and dirty equipment.

All PPE for theatre staff was in separate packages which were opened, and staff put on before each operation. We saw staff put on and take off PPE in line with good practice guidance and dispose of it safely.

Staff worked effectively to prevent, identify and treat surgical site infections. The hospital had no cases of surgical site infections between January and December 2021. Any infection would be investigated using the root cause analysis process and infection rates were monitored by the medical advisory committee.

Environment and equipment

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

Patients could reach call bells and staff responded quickly when called. Each bay within the ward area where patients were seated had a call bell and we saw the nurse accompanying the patient to the ward made sure they were aware of how to use this. The admissions nurse carried out regular comfort checks on patients waiting in the ward area prior to surgery.

The design of the environment followed national guidance. There was clear signage throughout the hospital asking staff and patients to observe two metre social distancing and all chairs were placed two metres apart. The hospital had repurposed a meeting room as an additional waiting room for pre-assessment clinic patients. This meant the waiting area allowed for social distancing and outpatients and patients attending for surgery, who had isolated, were separated.

There was appropriate ventilation in the operating theatre.

Substances classed as hazardous to health (COSHH) were stored in locked cupboards.

The provider employed their own maintenance staff and there was a regular programme of maintenance for all equipment. Specialist equipment was serviced, and safety checked by an external specialist provider. All equipment we checked has been serviced and had a portable appliance test.

Staff carried out daily safety checks of specialist equipment. We reviewed the trolley used to store equipment for yttrium aluminium garnet (YAG) laser treatment. All items were in date and weekly checklists fully completed. The service had a laser protection advisor and laser protection information file in the room used for YAG laser treatment.

We checked the resuscitation trolley. It was stored in line with Resuscitation Council (UK) guidelines with the drawers sealed with a tamper evident tag. All daily checks of equipment had been completed.



Surgery

The service had enough suitable equipment to help them to safely care for patients. Staff could access specialist bariatric equipment if needed, this would be ordered when identified as needed at the patient's pre-operative assessment. The service had wheelchairs available for use by patients with limited mobility.

Staff checked all equipment was in place for surgery and treatment that day at the morning safety huddle.

Staff disposed of clinical waste safely. Sharps bins were stored correctly, with partial closure mechanisms and not over filled.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

The hospital policy on cardiopulmonary resuscitation of adults told staff what to do in case of a patient deteriorating. The hospital had a single escalation policy which was to call 999 and transfer the patient to an acute NHS hospital. Staff explained they would call an ambulance for any patient that was deteriorating, they gave an example of calling an ambulance for a patient who had an allergic reaction.

Staff completed risk assessments for each patient on admission, and reviewed these regularly, including after any incident. All risk assessments were fully completed in every patient record we looked at. This included a clinical assessment and medical questionnaire. Staff assessed patients to check that they were able to lie flat during the procedure.

All patients undergoing cataract surgery and yttrium aluminium garnet (YAG) laser treatment attended a pre-operative assessment clinic where a range of eye tests and diagnostics were carried out by healthcare technicians and an optometrist risk assessment completed with the patient. Staff carried out a range of assessments for patients attending for ongoing treatment for age-related macular degeneration (AMD), which then informed the personalised treatment plan. Surgery and treatment was carried out under local anaesthetic.

Staff knew about and dealt with any specific risk issues. For example, a COVID-19 risk assessment and screening declaration was in every patient's record.

The hospital used adapted versions of the World Health Organisation (WHO) five steps to safer surgery checklists, dependent on the type of procedure the patient was having. These were fully completed in the patient records we reviewed and during our observations of cataract surgery. Managers audited compliance with WHO checklist completion and in the audit completed in December 2021 compliance was 100%.

The hospital had an endophthalmitis box on site in case of an emergency. Endophthalmitis is an infection of the tissues or fluids inside the eyeball caused by infection. It is an urgent medical emergency and immediate treatment is vital.

Staff shared key information to keep patients safe when handing over their care to others. Staff sent discharge letters to the patients' GPs and referring community optometrist.

Shift changes and handovers included all necessary key information to keep patients safe. We observed the morning safety huddle and saw all appropriate staff attended and relevant information was shared.



Surgery

The service had clear inclusion and exclusion criteria, which were reviewed regularly. Representatives from the provider worked with opticians and GPs to ensure they were aware of the criteria before referring a patient.

Staffing

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

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

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift. This was clearly displayed in the manager's office for all clinics planned over the coming week.

The hospital manager could adjust staffing levels daily according to the needs of patients. The hospital had paired with another SpaMedica location nearby as a 'sister site'. This meant they could share and adjust staffing across the two locations according to patient need or any unexpected staff absences.

The number of actual nursing and support staff matched the planned numbers. Staff we spoke with confirmed there were enough staff on each shift.

The service had one nurse vacancy which was an additional role and one healthcare technician vacancy.

From February 2021 to February 2022 the turnover rate was 14%. However, this equated to four staff one of which was one of only two surgeons.

The service had low sickness rates. From February 2021 to February 2022 the sickness absence rate was 1.8%.

The service had low bank and agency staff use. Managers limited their use of bank and agency staff and requested staff familiar with the service. Managers told us they only used agency for second scrub in theatre and block booked this to ensure they got staff familiar with the hospital and role. They made sure agency staff had a full induction and understood the service.

Medical staffing

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

The service had enough medical staff to keep patients safe. Surgeons were employed by the provider and retinal consultants worked for the service under practising privileges. These were reviewed by the medical director to ensure the appropriate practising privileges were completed. Practising privileges is a well-established process in independent healthcare where a medical practitioner is granted permission to work in an independent hospital or clinic.

The hospital followed the provider policy for the granting of practising privileges. We reviewed this and saw it was comprehensive and covered all relevant checks required for granting and maintaining practising privileges.



Surgery

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive and all staff could access them easily. The hospital used a mix of paper and electronic patient notes.

We reviewed five sets of patient records covering cataract, laser and age-related macular degeneration treatments and found they were all fully completed, legible and dated.

Records were stored securely and access to electronic records was password protected.

Managers conducted regular audits of patient records and clinical documentation. The most recent audit in January 2022 showed 97.9% compliance. Managers had identified the reasons for non-compliance and taken action to address these.

Medicines

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

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

Staff administered topical and local anaesthesia to the eye only using drops.

Staff prescribed drops using patient specific directions (PSD). These were administered by health care technicians who recorded on the paper PSD.

The service also had patient group directions (PGDs) in place. PGDs provide a legal framework which allows some registered health professionals to supply and/or administer specified medicines, such as numbing drops, to a predefined group of patients without them having to see a doctor.

The prescribing of diazepam was included on the prescription chart with other medicines given following PSD. Diazepam was the only controlled drug stored in the hospital. It was stored securely and checked weekly and the controlled drugs record book was fully completed.

Staff stored and managed medicines and prescribing documents safely. We checked a sample of medicines in the medicines room and all were in date and stored appropriately. Staff checked stock monthly and medicines were delivered weekly by an external pharmacy through a service level agreement.

Medicine fridge temperatures were clearly displayed on an external digital thermometer. This was linked to a system which automatically alerted the hospital manager and facilities team when a fridge fell outside the expected temperature range.

Staff reviewed each patient's medicines and provided advice to patients and carers about their medicines. We saw during the discharge consultation patients were given clear verbal and written instructions on the administration of their post-operative eye drops. This included a chart they could use to record each time they self-administered their eye drops.

Staff completed medicines records accurately. We reviewed three medicines administration records and saw they were fully completed, signed and dated.



Surgery

The hospital had a system to ensure any Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts were shared with staff.

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 reported incidents on an online incident reporting system.

Staff raised concerns and reported incidents and near misses in line with provider policy. The hospital manager reviewed all incident reports.

The service had one never event in August 2020. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event. All relevant staff had participated actively in the investigation and contributed to actions to address lessons learnt.

Managers shared learning about never events with their staff and across the other hospitals. All staff we spoke with were aware of the never event and changes to practice that followed as a result.

Staff reported incidents clearly and in line with policy. Staff we spoke with told us they were encouraged to report incidents and could describe what type of incidents they would report.

The hospital had one serious incident in November 2021. This was reported to relevant external bodies such as CQC and clinical commissioning groups.

There was evidence that changes had been made as a result of learning from the serious incident. For example, a healthcare technician had made a suggestion that resulted in a change to the surgical safety checklist which was adopted across the whole provider.

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. We saw examples of how duty of candour had been applied in an incident we reviewed.

Staff received feedback from investigation of incidents, both internal and external to the service. A 'sharing learnings' newsletter was circulated to all staff each month. This detailed incidents across the provider, including in other locations, the root cause of the incident and learning for staff to implement.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. We saw evidence of ongoing welfare checks with a patient following a serious incident.

Are Surgery effective?



Surgery



We have not previously rated effective. We rated it as outstanding.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The hospital followed Royal College of Ophthalmologists standards. The hospital had a range of policies and standard operating procedures in place to support practitioners.

Staff were actively involved in developing new practice which contributed to the development of national standards: for example, through clinical research into risk stratification pre-operatively to identify people at increased risk of complications.

Compliance with policies and guidelines was monitored through quarterly clinical audits. Audits showed good compliance with guidelines, for example the laser safety audit in January 2022 showed 100% compliance.

Nutrition and hydration

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

Due to the nature of the service provided, patients attended as day case or outpatients therefore, did not need food or drink.

However, the hospital provided free hot drinks and biscuits to patients. We saw staff regularly asking patients if they were comfortable and offering to get drinks and snacks. There were water dispensers that patients could use throughout the hospital.

Pain relief

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

Staff assessed patients' pain during and after surgery and gave pain relief when required. We saw staff completing discharge consultations asked patients if they had any pain and gave advice on managing any pain that might occur once they had left the hospital. Advice on pain relief was included in the discharge booklet given to all patients.

Staff prescribed and administered pain relief accurately under patient group directives (PGDs), when needed.

During our inspection, all patients we spoke to or observed did not experience any pain or require pain relief. The patient satisfaction scores for January 2021 to February 2022 showed 96.3% of patients did not experience pain.



Surgery

Patient outcomes

Staff were actively engaged in activities to monitor and improve the effectiveness of care and treatment. They used the findings to make improvements and achieved consistently good outcomes for patients. Opportunities to participate in national benchmarking were proactively pursued. The service had been accredited under relevant accreditation schemes.

The hospital proactively pursued opportunities to participate in relevant national clinical audits. The hospital submitted data to the National Ophthalmology Database Audit (NOD) run by the Royal College of Ophthalmologists. NOD measures the outcomes of cataract surgery. They had also agreed to submit data to the new NOD Age-related Macular Degeneration (AMD) audit which was set up in 2021.

Outcomes for patients were consistently positive and regularly exceeded expectations, such as national standards. Between January and December 2021, the rate of posterior capsular rupture (PCR) following cataract surgery was 0.42%. This was against a performance of 0.5% for the provider nationally and a national average of 1.10% across all cataract surgery. PCR is the most common potentially sight-threatening intraoperative complication during cataract surgery.

In March 2021, NOD reported 99.5% of patients across all SpaMedica hospitals had no complications during or following cataract surgery.

Between January and December 2021, the rate of occurrence of post-operative uveitis was 2.4%. Uveitis is inflammation of the middle layer of the eye which can cause eye pain and changes to vision.

The service had a low expected risk of readmission, with no patients returning to treatment between January and December 2021.

Managers and staff used the results to improve patients' outcomes. Managers benchmarked outcomes against other hospitals within the SpaMedica group and with NHS providers. Clinical outcomes were discussed at the clinical governance meeting, attended by all area managers. They shared this information with staff.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time.

The hospital was accredited by the General Optical Council as a provider of the continuing education and training programme. It was also had gold award level Investors in People (IIP) accreditation. IIP helps organisations to improve performance and realise objectives through the management and development of their people and gold is the highest level of award.

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. The service recognised the importance of continuing development of staff skill, competence and knowledge as integral to ensuring safe care.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers and staff were supported by a central education team who monitored compliance with training and provided face to face and competency-based training to staff.



Surgery

Managers gave all new staff a full induction tailored to their role before they started work. There was a robust process for the granting of practising privileges, which included trial periods with surgery conducted under supervision.

Managers supported staff to develop through yearly, constructive appraisals of their work, with an interim six-monthly review. Managers provided a grade for staff performance which was linked to the company bonus scheme. There was 100% of staff who had received an annual appraisal and all had been graded as achieving good or above levels of performance.

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

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers actively encouraged staff to deliver peer training. For example, a healthcare technician had been supported to develop a training pack on age-related macular degeneration (AMD) for new nurses and healthcare technicians.

Managers made sure staff received any specialist training for their role. For example, optometrists provided specialist training to healthcare technicians. The hospital brought in external agencies such as the Macular Society to deliver awareness raising sessions for staff.

The hospital participated in SpaMedica's continuous professional development (CPD) programme. SpaMedica was an accredited provider for the General Optical Council continuing education and training programme and held regular CPD webinars.

Managers identified poor staff performance promptly and supported staff to improve. The medical director oversaw training and supervision for medical staff including surgeons. They used a comprehensive checklist to observe surgeons' practise and grade their performance as needs improvement, competent or excelling. Each surgeon was given a rating which was reviewed through the governance structure and appropriate action taken to address any shortcomings.

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. We observed a safety huddle and saw all members of the multidisciplinary team attended. These took place daily before the start of any treatment lists. Managers audited the effectiveness of the daily safety huddle and compliance at the time of our inspection was 100%.

Staff worked across health care disciplines and with other agencies when required to care for patients. The hospital worked with other hospitals in the SpaMedica group to provide care to patients, especially its 'sister' site at Preston. Staff worked effectively with partners and referring practitioners such as GPs and community optician services.

The hospital ran regular accreditation sessions for community opticians so they could register as a community partner and learn how to support patients following their operations.

Seven-day services

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



Surgery

The hospital was open Monday to Saturday from 8am to 6pm.

There was a national contact telephone line. Patients were informed of this on all discharge and information leaflets given and on the website. This was answered by staff during office hours and an automated service out of hours. Patients were provided with a 24 hours a day, seven days a week contact number for any urgent concerns or queries. Staff triaged these calls and transferred to an emergency on call optometrist if appropriate.

Health promotion

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

The hospital had relevant information promoting healthy lifestyles and support. The hospital had a dementia notice board which included information on how to access support groups.

Patient information booklets included information about how healthy lifestyle changes could help protect against the further development of conditions such as age-related macular degeneration. Information on how nutrition can support good eye health was on noticeboards in the hospital.

The hospital engaged with patients and charities to share stories and promote healthy ways of living with eye conditions.

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 gained consent from patients for their care and treatment in line with legislation and guidance. The hospital had a two-stage consent process with consent taken at pre-operative assessment clinic and again on day of surgery. We observed staff at admission consultation, immediately prior to surgery and in theatre checking patients' written consent appropriately and confirming verbal consent.

When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. The patient information booklets clearly outlined the need for consent and asked patients to highlight when support for consent was needed if they had a lasting power of attorney in place.

Staff made sure patients consented to treatment based on all the information available. They gave patients clear, jargon free information regarding all aspects of their care and treatment and what to expect in order for patients to give informed consent.

Staff clearly recorded consent in the patients' records we reviewed. Managers audited documentation and gaining of consent as part of the monthly audits and current compliance was 97.9%.

Staff understood the relevant consent and decision-making requirements of legislation and guidance. They followed the groups consent policy to obtain consent. Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act.



Surgery

Are Surgery caring?

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. Throughout our inspection, we saw staff acting with kindness and compassion when talking to and caring for patients. For example, we saw staff holding a nervous patient's hand to reassure them as they went into theatre or when accompanying a patient with limited mobility to the toilet.

Patient reported outcome measures (PROMS) for January to December 2021 showed 100% of patients said all staff including surgeons fully introduced themselves.

Patients said staff treated them well and with kindness. Patient feedback was continually positive. Patient feedback displayed on boards in the hospital included 'from start to finish you are the kindest, most efficient and dedicated people anyone could wish to meet' and staff were 'all extremely helpful, friendly and efficient'. All patients we spoke with told us they had received excellent care.

We saw examples of patients leaving thank you cards and gifts following treatment for being 'looked after so well'.

Staff followed policy to keep patient care and treatment confidential. All discussions with patients took place in clinic or consulting rooms to ensure privacy.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Staff had access to information on dealing with patients with dementia and had completed dementia friends training.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff told us patients could be offered a double appointment slot if they needed additional support to understand and undergo treatment.

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. During our inspection we saw a patient who was extremely anxious offered support and reassurance from admission consultation through to discharge. The patient told us they 'didn't know why they got so worried' and the whole experience was 'amazing'. We saw the patient was given the option of someone holding their hand during the procedure.

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. Patient reported outcome measures (PROMS) for January to December 2021 showed 100% of patients stated staff provided good levels of reassurance throughout their treatment.



Surgery

Staff at pre-operative assessment clinic showed patients around the hospital, showing them where the theatre was and what the bed looked like. They talked patients through each step of the journey, and we saw this was repeated again at admission.

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. Patient reported outcome measures (PROMS) for January to December 2021 showed 99% of patients said they were encouraged to ask questions by their surgeon.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. The hospital provided 'patient story' DVDs to patients to help them understand their treatment and relieve anxiety. These were also available on the website.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. There were postcards throughout the hospital for patients to leave feedback and all patient information booklets gave details of how to leave feedback.

Managers monitored the feedback given by patients. Patients were asked by nurses post-operatively about aspects of their experience including pain management, if staff introduced themselves, if they had opportunities to ask questions, if waiting times were acceptable, standard of facilities, outcomes of treatment and how safe and secure they felt. The overall patient satisfaction score for January to December 2021 was 99.3%. Patient satisfaction scores were broken down by treatment type so outcomes and satisfaction could be monitored in each area.

Staff supported patients to make informed decisions about their care. Patient booklets contained clear, jargon free information on treatment, risks and what to expect.

Patients gave positive feedback about the hospital. Patient reported outcome measures (PROMS) for January to December 2021 showed 100% of patients responding would recommend the hospital and surgeon. 100% of patients responding said they felt safe and secure attending the hospital during the COVID-19 pandemic and 100% said they were happy with the outcome of their treatment.

Are Surgery responsive?

Outstanding



We have not previously rated responsive. We rated it as outstanding.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of individuals, local people and the communities served and to ensure flexibility choice and continuity of care. It took innovative approaches to providing person-centred pathways and working with others in the wider system and local organisations to plan care.



Surgery

Managers planned and organised services so they met the needs of the local population. People's individual needs and preferences were central to the delivery of tailored services. Staff carried out a risk stratification assessment at pre-assessment clinic for cataract surgery. The patients' post-operative medicine regime was then tailored according to their needs and risk stratification. The stratification took account of a range of factors including ethnicity and social factors.

The hospital had a network of accredited community optometrists that provided post-operative care in the patient's own locality.

The hospital had systems to help care for patients in need of additional support or specialist intervention. The hospital offered a one-off steroid injection rather than eye drops for patients who may struggle to use eye drops due to factors such as homelessness, dementia or lack of social care support. This was supported by a standard operating procedure to identify patients suitable for this care. This improved patient outcomes as it prevented potential infections and eased pressure on other NHS services such as district nursing.

The hospital had a specialist team for patients with age-related macular degeneration (AMD). They employed a specialist consultant who had trained the optometrists and nurses. This ensured patients received consistent care and treatment from a specialist team who they got to know well.

Managers described how they had designed services to meet the needs of the local population considering factors such as areas of deprivation and ethnicity. They had worked with commissioners to design an age-related macular degeneration service for the local area and provided feedback to the clinical commissioning group on their patient profile. They provided free transport for patients or paid for taxis or public transport where their transport service could not be used.

Facilities and premises were appropriate for the services being delivered. The hospital was on one level and accessible by lifts. There were sufficient clinic and consulting rooms and a large well-equipped operating theatre.

One of the staff was a keen artist and had produced special artwork to brighten up the corridors in the hospital and give the patients something extra special to look at whilst waiting.

Managers monitored and took action to minimise missed appointments. Reception staff contacted all patients 48 hours prior to appointments and if they did not get an answer sent a letter.

Meeting people's individual needs

The service was inclusive and there was a proactive approach to take 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. All staff completed dementia friends training and at monthly meetings staff discussed patients who had been identified as having dementia and any additional support they may need. The hospital had a dementia lead who staff could ask for advice or to see a patient. There was a dementia folder which was a support pack to help staff support patients with dementia including hints and tips.

There was a flag on patient notes so staff could identify patients with dementia and adjustments were made to the visiting policy to allow them to be accompanied by a carer.



Surgery

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. There was a hearing loop throughout the hospital for hearing impaired patients. Staff in reception told us they could use visors to enable patients who used lip reading to communicate.

All signs and patient information booklets were in large print. The hospital used black print on yellow background for signs and posters throughout the hospital and on staff name badges as this improved contrast sensitivity for patients with low vision and made print easier to read.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The hospital used interpretation services and also could access translation on a mobile computer tablet. Staff told us they could also access British Sign Language interpreters, if needed.

Free transport was offered within a 10-mile range of the hospital and for patients who travelled further staff gave examples of paying for taxis. Drivers collected patients directly from their home.

Following cataract surgery, all patients were given complimentary eye drops to use if their eyes became dry.

SpaMedica's website contained a patient journey map for each type of condition and treatment which gave clear information on what to expect at each stage of treatment.

The hospital had a chaperone policy which staff knew how to access. We saw notices throughout the hospital telling patients that they were entitled to have a chaperone present for consultations, examinations and surgery.

The hospital paid for membership to the Macular Society for all patients with age-related macular degeneration (AMD). The Macular Society is a charity which supports people with macular disease. The membership gave patients access to magazines and newsletters, an annual conference and support and information.

Staff gave examples of adjusting care and treatment to take into account individual needs. For example, increasing the frequency of post-operative appointments for a patient who was at higher risk due to their ethnicity.

The hospital offered patients who could not take time off work to isolate for 10 days free COVID-19 polymerase chain reaction (PCR) tests, the results of which got sent directly to the hospital. During the COVID-19 pandemic the hospital had displayed information on boards for patients about agencies to contact if they experienced loneliness or isolation.

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. From April 2020 to March 2021 the hospital achieved the operational standard of 92% of patients waiting no more than 18 weeks from referral date to the date they had surgery.

Managers told us the referral to treatment time had increased as they had taken patients who were on existing NHS waiting lists for surgery and time on those lists was counted. Though it had increased, the longest waiting time for referral to treatment at the hospital was 11 weeks in January 2021 and average referral to treatment time in 2021 was 7.5 weeks.



Surgery

The hospital had a low rejection rate, only 8% of patients did not meet the criteria for services due to more complex needs.

The hospital saw 100% of age-related macular degeneration (AMD) patients within 48 hours of referral.

Managers worked to keep the number of cancelled appointments to a minimum. The hospital had a failsafe system for ensuring contact was maintained with patients undergoing treatment for AMD. There was a dedicated AMD team and two coordinators nationally who tracked and followed up any missed appointments.

Staff planned patients' discharge carefully, particularly for those with complex mental health and social care needs. All patients had a discharge consultation with a registered nurse after their procedure. We observed a discharge consultation and saw patients were given appropriate guidance and information both verbally and in writing. Staff made sure patients were safe to leave and had a way to get home.

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. Patients we spoke with confirmed they had been given information on how to raise concerns and this was also given in all the patient information booklets and discharge information.

The service clearly displayed information about how to raise a concern in patient areas and gave patients a complaints leaflet which clearly outlined the process and what to expect at each stage.

Staff understood the policy on complaints and knew how to handle them.

Staff knew how to acknowledge complaints. The hospital policy told staff that all complaints must be acknowledged within three working days and fully investigated within 20 working days.

There had been no complaints made in the last 12 months. As most patients were NHS funded, the hospital provided information on how to contact the Parliamentary and Health Service Ombudsman (PHSO), if they were not happy with the outcome of a complaint. This was available on the website and in all patient information leaflets.

Staff could give examples of how they used patient feedback to improve daily practice. The hospital used bright orange tape around sinks, hand gel dispensers and call bell buttons. This followed feedback from a patient who said they could not see sinks in the bathroom well due to the white-on-white contrast. Staff contacted the Macular Society and were advised to use bright tape as it clearly distinguished between colours for patients.

Are Surgery well-led?

Good



We have not previously rated well-led. We rated it as good.



Surgery

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.

The hospital was led by a hospital manager who was well supported by senior leaders and area managers. There was a clear management and leadership structure with defined lines of reporting and accountability.

Staff we spoke with told us all managers and leaders, including those with national roles were visible, approachable and supportive. Senior leaders attended the hospital frequently and attended hospital team meetings. Contact numbers for all the senior management team were displayed in the staff room.

We saw examples of staff being supported to develop their skills, for example by undergoing additional training to take on lead roles in dementia and infection prevention and control or being supported to develop training materials for peers.

A central human resources team monitored the hospital's compliance with the Fit and Proper Person Requirement (FPPR) of the Health and Social Care Act. This regulation ensures that staff are fit and proper to carry out their roles

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 hospital followed the SpaMedica vision of 'every patient, every time: no exception, no excuses'. This meant that everything staff did was guided by the values of safety, integrity, kindness and transparency and patients were put at the centre of delivery of care and treatment.

The strategy for SpaMedica covered five main areas which were growth, quality, leadership, governance and infrastructure.

Staff we spoke with were aware of the provider's vision and values and expressed these as everyone being responsible for caring safely for patients at all stages of their patient journey. The SpaMedica vision and values were communicated to staff through team and governance meetings.

Culture

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

All staff we spoke with were positive about the culture and proud to work at the hospital. They described a culture of strong teamwork and caring for each other and gave examples of staff going above and beyond to support each other.

Staff received expressions of thanks from managers and the provider. Managers sent a 'Feel Good Friday' email to all staff each Friday which provided examples of positive teamwork, feedback from patients or gifts from patients.



Surgery

There were posters around the hospital reminding staff and patients they could nominate staff to be a patient or office 'hero'. This recognised staff who had gone above and beyond their role and winners received an award and prize from SpaMedica.

Staff told us there was an open culture where they felt able to raise any issues or concerns.

The hospital had provided opportunities for staff career progression. For example, they piloted assistant practitioner training for healthcare practitioners, and this widened their role so they could undertake the duties of scrub practitioner. We were given examples of staff who had been promoted from within the hospital to take on greater responsibility. SpaMedica offered an apprenticeship scheme in healthcare and administration.

Governance

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

The hospital had a clear governance structure that outlined key lines of accountability and responsibility from hospital level through to national provider level. The meeting and committee structure ensured information flowed from hospital level through to board and back down to the hospital.

The area managers met weekly following the weekly board meeting which ensured any information from board was passed down to hospital level in a timely manner.

The medical advisory committee met quarterly and reported to the medical advisory board as well as the board of directors.

Clinical governance meetings took place every two months and the clinical effectiveness group met every two months. Managers gave examples of how learning from serious events was discussed at the clinical effectiveness group and changes made and cascaded across all hospitals. We reviewed minutes of clinical governance meeting and clinical effectiveness group and saw they shared information on key risks, performance and learning and identified key actions.

The hospital had a service level agreement with a laser protection advisor (LPA). Local rules were in place that all staff who operated the yttrium aluminium garnet (YAG) laser were required to read and sign.

Management of risk, issues and performance

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

The hospital had a risk register linked to the online incident reporting system. All risks had a score, review date, controls and risk owner assigned. Risks aligned with what staff and managers told us was on their worry list.

The hospital had a business continuity plan and systems to manage unexpected events. This clearly outlined actions to take in case of an emergency, key contacts and lines of responsibility.



Surgery

Managers carried out monthly audits against Care Quality Commission key lines of enquiry. Staff were encouraged to submit evidence to support this. For example, there was a caring file and anything the staff did which they believed was above and beyond they put evidence in the file. The hospital manager submitted the audit tool to the provider monthly with an action plan for any issues identified.

The hospital participated in the peer review process. Each quarter a hospital manager from another site attended to review performance and compliance. A peer review report with outcomes and any learning was received and these were reviewed at group wide meetings each quarter.

Staff were committed to providing quality care to patients. Each surgeon's performance was monitored by the medical director using a dashboard and rated red, amber or green. The surgeon working at the hospital was rated green.

Data provided by the hospital showed they were exceeding performance targets when benchmarked against other hospitals or providers.

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.

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

Patient records were a mix of paper based and electronic records. Information technology systems were integrated and secure.

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

There were systems in place to ensure data and statutory notifications were submitted to external bodies. The registered manager, who was the hospital manager, was responsible for submitting notifications to the Care Quality Commission and had done so in the case of a serious incident.

The hospital had 100% data completeness in its submission to the National Ophthalmology Database Audit through electronic patient records.

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 hospital worked with local eyesight charities to engage with patients and local people experiencing sight loss. For example, they invited the Macular Society into the hospital to talk with patients. The Macular Society brought with them an array of visual aids for patients to trial and test. They gave patients advice on them on help available outside of the hospital setting to support their visual needs.



Surgery

Staff encouraged patients to share their stories with other patients and staff to help them plan services and to relieve patients' anxiety. For example, one patient presented their patient journey to staff, local charities and patients at an event held at the hospital.

The hospital held regular staff forums for staff to put forward their views and contribute to reviewing and planning services. Staff told us they felt listened to through the forum.

The hospital worked with local partners and providers to hold events aimed at raising awareness of eyesight issues such as age-related macular degeneration in the local community and amongst health professionals.

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.

Managers told us that staff contribution to innovation and research was welcomed and the provider supported staff to take forward ideas for new way of working quickly. They gave an example of introducing study trials following patients returning to clinic complaining of inflammation due to antibiotics used in surgery and quickly changing this and monitoring improved outcomes.

The medical director had conducted a number of research projects which they presented nationally and internationally and in journals such as The Lancet. These had a direct impact on improving services for patients by, for example, identifying the need to take into account the ethnicity of a patient to gain an accurate risk profile or consideration of post-operative prophylaxis for patients over the age of 60 with diabetes.

SpaMedica offered cataract surgery training for doctors in regional training suites which included a digital dry lab equipped with technology for simulated surgery. The simulated training used model eyes that replicated the feel, texture and characteristics of a human eye with cataracts, along with surgical microscopes, all the instruments used in surgery and phacoemulsification machines.