

Spamedica Ltd

# Spamedica limited

## Inspection report

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### Overall summary

We carried out an announced comprehensive inspection at the above provider on 30 October 2018 to ask the service the following key questions; are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

We found that this service was providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

We found that this service was providing effective care in accordance with the relevant regulations.

##### **Are services caring?**

We found that this service was providing caring services in accordance with the relevant regulations.

##### **Are services responsive?**

We found that this service was providing responsive care in accordance with the relevant regulations.

##### **Are services well-led?**

We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

SpaMedica Sheffield opened in October 2017 and is an independent sector provider of ophthalmology services. The core service provided is cataract surgery which is offered to NHS patients. The service has rapidly expanded since its inception and during October 2018, 5,761 patients were seen. The provider is supported by Yorkshire 'buddy' sites at Wakefield and Bradford and the head office is in Bolton, Lancashire. SpaMedica are registered with the Care Quality Commission for the regulated activities of diagnostic and screening, surgical procedures, transport services, triage and medical advice provided remotely and the treatment of disease, disorder or injury.

Feedback obtained through comment cards completed and speaking with patients during the inspection was excellent. We received 9 comment cards and spoke to 6 patients.

#### **Our key findings were:**

- On the day of inspection we noted that there were two refrigerators on the premises and although these were being monitored each day, they were not being kept within the correct temperature range for the safe storage of patient medicines. We were not shown a

# Summary of findings

Standard Operating Procedure to ensure that the correct cold chain arrangements were being implemented. Since the inspection both of these issues have been addressed.

- There was a governance framework in place which supported strategic objectives.
- There was good local leadership and a cohesive clinical and administrative team who were well supported.

- Clinicians were committed to improving the outcomes of patients and delivering quality care.
- The organisation encouraged and acted on staff and patient feedback. Patient feedback was consistently positive about the staff and the service they received.
- There was a strong focus on continuous learning and improvement across all levels of the organisation.

# Spamedica limited

## Detailed findings

### Background to this inspection

SpaMedica Sheffield opened in October 2017 and is an independent sector provider of ophthalmology services. The core services include cataract surgery treatments and sight correction which are provided to both NHS and private patients. The service has rapidly expanded since its inception and during October 2018, 5,761 patients were seen. The provider is supported by Yorkshire 'buddy' sites at Wakefield, Bradford and Bolton. SpaMedica are registered with the Care Quality Commission for the regulated activities of diagnostic and screening, surgical procedures, transport services, triage and medical advice provided remotely and the treatment of disease, disorder or injury.

This announced comprehensive inspection took place on Tuesday 30 October 2018 by a lead inspector and a General Practitioner specialist advisor.

Information was gathered and reviewed before the inspection from stakeholders and pre-inspection returns. On the day of inspection we talked to people using the service, interviewed staff, used observation and review of documents.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

We found that safe services were provided in accordance with the relevant regulations.

### Safety systems and processes

- The provider had policies and systems in place to keep people safe and safeguarded from abuse.
- There was a range of health and safety related policies which were regularly reviewed. All policies were accessible to staff via the computer system and any changes were communicated to the team.
- There was a range of infection prevention and control (IPC) processes in place. These included an annual IPC audit. Where actions had been identified there was evidence to show they had been addressed. We saw that cleaning schedules were thorough and completed to a high standard.
- Some surgical equipment was single-use only however the Phacoemulsification machine hand pieces used in cataract surgery were re-used and the provider told us that they had appropriate sterilisation procedures in place.
- There were policies in place regarding safeguarding and information regarding referral to, or contact with, other appropriate agencies. All qualified staff at the appropriate level had been trained in safeguarding adults and could demonstrate they had a good understanding of adult and child safeguarding although children did not routinely access this service.
- Staff recruitment procedures were in place to ensure staff were suitable for their role. Appropriate recruitment checks had been undertaken, which included proof of qualifications and registration with the appropriate professional bodies. Disclosure and Barring Services (DBS) checks were also undertaken. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- Risk assessments had been carried out to identify any areas of risk to patients and there were appropriate control measures and quality assurances in place such as legionella testing.
- Arrangements were in place to deal with emergencies and incidents. All clinical staff had received annual basic life support training. There was emergency equipment, such as oxygen and a defibrillator, and medicines appropriate to the service, which were easily accessible to staff on the ward and clinical areas.
- There were enough staff to meet the demands of the service.
- Clinicians had the appropriate indemnity cover to carry out their role.
- Consultants working at the service were RAG rated internally (the RAG system is a project management method of rating for issues or status reports, based on red, amber and green colours used in a traffic light rating system) and where outliers were identified their performance was investigated by the Medical Director.

### Information to deliver safe care and treatment

- The information needed to plan and deliver care and treatment was available through the service's patient record system and provider intranet. This included information relating to initial health assessment, investigations and test results, advice and treatment plans for surgical interventions.
- The surgical procedures offered by SpaMedica included the preoperative, perioperative and postoperative care and follow up for these patients.

### Safe and appropriate use of medicines

- On the day of inspection we noted that medicines requiring refrigeration were not being stored within the correct temperature range because it was too high. There were two refrigerators on site and signed logs were kept which identified that these refrigerators were not safe for the storage of patient medicines. Since the inspection this issue has been addressed.
- Two of the Optometrists were Independent Prescribers and were able to give patients a prescription for medicines to take home. Prescription pads were securely stored. No controlled drugs were kept on the premises.

# Are services safe?

- We did not see a Standard Operating Procedure to ensure that the correct cold chain arrangements were being implemented for the medicines used for ophthalmic procedures. Since the inspection this issue has been addressed.

## Track record on safety

There was an effective system in place for reporting, recording and investigation of incidents.

- Staff told us they were actively encouraged to report and record issues.
- All incidents and complaints were recorded on a centralised system. These were reviewed and managed at a local level. In addition, they were overseen at an organisational level in conjunction with other SpaMedica sites to ensure that the provider had quality assurance oversight.
- Where any changes to practice were required these were logged and tracked on a quality improvement plan.
- There was a clear organisational process for the management of safety alerts. These were disseminated to the staff team where they were also reviewed and managed at a local and organisational level.

- There were arrangements in place to deal with foreseeable emergencies. These were in line with the main SpaMedica personal emergency evacuation plans. The staff said that they were aware of the emergency plans

## Lessons learned and improvements made

- The provider was aware of and complied with the requirements of the Duty of Candour.
- The provider encouraged a culture of openness and honesty. When there were unexpected incidents the service gave affected people reasonable support, truthful information and either a verbal or written apology as appropriate. All incidents and complaints were recorded so that lessons could be learned and services could improve across the SpaMedica organisation.
- Staff held monthly governance, multi-disciplinary and performance review meetings.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found that effective services were provided in accordance with the relevant regulations.

### Effective needs assessment, care and treatment

- Clinicians assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, such as National Institute for Health and Care Excellence (NICE).
- The service provided an initial appointment to each patient in order to offer and discuss a range of services to meet their needs. Most patients were seen and treated within six weeks.
- Recent medicines management audits had been carried out by an independent consultant to ensure optimal prescribing.
- A clinical effectiveness group was held every 2 months to develop and maintain quality.

### Monitoring care and treatment

- Decisions about care and treatment were made by the appropriate staff at the appropriate level. Patients were seen by specialist doctors who maintained their registration and were also employed in the NHS environment.
- The provider had systems and key performance indicators in place to monitor and assess the quality of the service, including the care and treatment provided to patients at SpaMedica.
- The quality of consultations with patients is monitored through a RAG rating analysis of all consultants, and where outliers are identified, the performance is investigated by the Associate Medical Director/CEO or the Specialist Doctor.
- Clinical staff participated in regular audits and quality improvement activity. We reviewed a number of audits carried out during 2017 relating to medicines management and patient reported outcomes post surgery. We saw that outcomes were discussed with the wider clinical team and across the organisation.
- Benchmarking data is used to monitor trends against previous months within SpaMedica, and against other providers, NHS and private.

### Effective staffing

There were systems in place to support effective staffing.

- Both clinical and administrative staff were involved in the treatment and care of patients.
- Clinical staff working for SpaMedica were appropriately qualified and registered with a professional body.
- SpaMedica offered staff induction training, which consisted of topics such as basic life support, fire safety, IPC, safeguarding, health and safety, whistleblowing, information governance, equality and diversity and mental capacity.
- Staff were required to ensure their training was updated as necessary. We saw staff records to evidence that all staff were up to date.
- The learning needs of staff were identified through one to one support and appraisals.
- The provider supported the wellbeing of staff and staff told us that they enjoyed working at SpaMedica Sheffield.
- Dashboards are used to analyse waiting time data and through these the provider is able to add or decrease clinics days rather than have half utilised theatre days

### Coordinating patient care and information sharing

- Patients were referred to the service by their NHS GP or Optometrist. We discussed the various consents which were sought from the patients such as consent to obtain information from the GP, getting agreement for treatment and sharing information with other professionals in the best interest of the patient to ensure they received appropriate diagnosis and treatment.
- Before patients received any care or treatment they were asked for their consent and the doctors acted in accordance with their wishes. Patients said they were informed of the treatments and associated risks and they were given time to consider these.

### Supporting patients to live healthier lives

- The aims and objectives of the service were to provide patients with ophthalmic services through a process of initial assessment and then surgery. A range of patient information and treatment booklets were supplied.
- Although most treatments were carried out at SpaMedica Sheffield, a number of 'buddy' sites were available across West Yorkshire.

### Consent to care and treatment

# Are services effective?

(for example, treatment is effective)

- Patients received consultation and treatment options at the clinic. Once the decision for treatment was made the care was taken over by the clinical staff which included doctors, nurses and optometrists.
- The optometrist saw patients at pre-assessment appointments and reviewed their biometry and made the decision to treat the patient and obtain consent.

Surgeons reviewed the patient and their notes immediately before surgery and, if required, for post-operative appointments (complex patients) or (rarely) for follow-up procedures.

- Staff understood and sought patients' consent to care and treatment in line with legislation and guidance.

All staff had received training on the Mental Capacity Act 2005. The process for seeking consent was monitored through audits of patient records.

# Are services caring?

## Our findings

We found that caring services were provided in accordance with the relevant regulations.

### **Kindness, respect and compassion**

- We observed that members of staff were courteous and treated people with dignity and respect. All the staff we spoke with demonstrated a patient centred and caring approach to their work.
- Comments we received from patients, via CQC comment cards, were positive, citing staff as being polite and professional. They also said they received an excellent and professional service.
- Patients views of the service were obtained through questionnaires and surveys. Patient satisfaction about staff and the service they received was very positive.
- Each SpaMedica site has safeguarding lead and dementia champions.
- A transport service was offered to patients living between 10-30 miles from the premises and all drivers were trained in first aid.
- All patients were able to use free vending machines to obtain hot drinks and the service provided water and biscuits for waiting patients and carers.

### **Involvement in decisions about care and treatment**

- Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients can access and understand the information they are given).
- Referral to the service was made in consultation between the patient and their NHS GP or Optometrist. At the initial consultation at SpaMedica, patients told us that they were encouraged to be involved in decisions about their care and treatment.

### **Privacy and Dignity**

The service respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Consultation room doors in clinical areas and outpatients were closed to avoid conversations with patients being overheard.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examination, investigation or treatment.
- Chaperones, Interpreters and Translators and hearing loops were provided to assist patients during their consultation.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We found that caring services were provided in accordance with the relevant regulations.

### Kindness, respect and compassion

- We observed that members of staff were courteous and treated people with dignity and respect. All the staff we spoke with demonstrated a patient centred and caring approach to their work.
- Comments we received from patients, via CQC comment cards, were positive, citing staff as being polite and professional. They also said they received an excellent and professional service.
- Patients views of the service were obtained through questionnaires and surveys. Patient satisfaction about staff and the service they received was very positive.
- Each SpaMedica site has safeguarding lead and dementia champions.
- A transport service was offered to patients living between 10-30 miles from the premises and all drivers were trained in first aid.
- All patients were able to use free vending machines to obtain hot drinks. The service also provided water and biscuits (including gluten free snacks) to waiting patients and carers.

### Involvement in decisions about care and treatment

- Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients can access and understand the information they are given).
- Referral to the service was made in consultation between the patient and their NHS GP or Optometrist. At the initial consultation at SpaMedica, patients told us that they were encouraged to be involved in decisions about their care and treatment.
- Outpatient clinics were held at times suitable for patients in order to allow equitable access for example some weekend daytime clinics and surgical lists.

### Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Consultation room doors in clinical areas and outpatients were closed to avoid conversations with patients being overheard.
- Window blinds were provided in consulting rooms to maintain patients' privacy and dignity during examination, investigation or treatment.
- Chaperones, Interpreters and Translators and hearing loops were provided to assist patients during their consultation.

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

## Our findings

We found that well-led services were provided in accordance with the relevant regulations.

### Leadership capacity and capability

- On the day of inspection the staff that we spoke to at SpaMedica demonstrated they had the experience, capacity and capability to run the service.
- The links between the directors and the clinical teams across SpaMedica Sheffield was evident and effective. We were informed that staff were supported by both organisational leaders and managers.
- Staff were aware of their roles and responsibilities. SpaMedica Sheffield is a small team although we saw that they were supportive of one another and there was a cohesive approach.

### Vision and strategy

- The provider had a clear vision to provide a high quality service. All staff shared this view and spoke enthusiastically about the work they undertook to achieve the vision.

### Culture

- The provider was aware of, and had systems in place, to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- There was an open and transparent culture and this was apparent when speaking with staff. They told us they felt confident and supported to report any concerns or incidents
- There was a whistleblowing policy in place and staff had received training relevant to this. (A whistleblower is someone who can raise concerns about the service or staff within the organisation.)
- Staff told us that their views were regularly sought and were collated and analysed to action improvements. Regular multi-disciplinary team, administrative staff and governance meetings were held where staff could suggest improvements to service delivery.

### Governance arrangements

- SpeMedia Sheffield, as the provider, had an overarching governance framework which supported strategic objectives, performance management and the delivery of quality care.
- There was a clear organisational structure and staff were aware of their roles and responsibilities. There was a range of policies and procedures which were developed and reviewed at organisational level. These were cascaded and implemented at a local level. Staff had access to these and used them to support service delivery.
- Systems were in place for monitoring the quality of the service and making improvements.

### Managing risks, issues and performance

- We saw there were effective arrangements in place for identifying, recording and managing risks; which included risk assessment and incident reporting. Risk assessments we reviewed were comprehensive. There were a number of daily, weekly, monthly, quarterly and annual checks in place to monitor the performance and safety of the service.
- On the day of inspection we noted that there were two refrigerators on the premises and although these were being monitored each day, they were not being kept within the correct temperature range for the safe storage of patient medicines. We were not shown a Standard Operating Procedure to ensure that the correct cold chain arrangements were being implemented. Since the inspection, we have seen evidence that the provider has addressed both of these issues. A Standard Operating Procedure is now in place and a significant event analysis has been carried out.

### Appropriate and accurate information

The provider acted on appropriate and accurate information.

- Quality and operational information was used to monitor and improve service performance.
- Information technology systems were used to protect the storage and use of all patient information.
- All staff had signed confidentiality agreements as part of their contractual arrangements.

### Engagement with patients, the public, staff and external partners

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

- Patients were actively encouraged to provide feedback on the service they received. This was constantly monitored and action was taken if feedback indicated that the quality of the service could be improved.
- The provider's system of analysing feedback could provide a breakdown of patient experiences.
- There was a focus on continuous learning and improvement. Staff were encouraged to identify opportunities to improve service delivery. There was a range of staff and governance meetings where they were able to provide feedback or suggestions.
- We saw evidence of innovative practice across the organisation. For example, a member of clinical staff was taking part in a research study relating to a North of England Deprivation Study of cataract presentation and outcomes.

## **Continuous improvement and innovation**