

SpaMedica Ltd

# SpaMedica Epsom

## Inspection report

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

### Ratings

#### Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Overall summary

This was our first inspection of this service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to drink, and gave them advice on pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available five days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Clinical waste was not stored in a way that was secure.
- The service did not submit data to The Private Healthcare Information Network (PHIN).

# Summary of findings

## Our judgements about each of the main services

### Service

#### Surgery

### Rating

Good



### Summary of each main service

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

# Summary of findings

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# Summary of this inspection

## Background to SpaMedica Epsom

SpaMedica Epsom is operated by SpaMedica Ltd. The service opened in October 2021. The service is a private clinic and offers cataract surgery and yttrium aluminium garnet (YAG) laser capsulotomy services for NHS patients. YAG laser capsulotomy is a special laser treatment used to improve vision after cataract surgery. The service did not treat children.

The service was based on the first floor. The service has an operating theatre with patient admission, patient ward and patient discharge rooms. The service had several separate rooms used for diagnostic testing, assessment and treatment.

The service is registered to provide the following regulated activities:

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

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

- Ophthalmology consultants
- Optometrists
- Registered nurses
- Ophthalmic technicians
- Administration staff.

This is the first time we have inspected and rated this service. We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 21 March 2022. To get to the heart of the patients' experience we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs and well led. The main core service provided by this hospital was surgery.

## How we carried out this inspection

During the inspection, the inspection team:

- visited the service and looked at the environment
- spoke with the manager for the service
- spoke with eight members of staff including: southern hospital director for SpaMedica, the area manager of the south east for SpaMedica, the hospital manager, scrub nurse, healthcare technician, registered nurse, senior patient co-ordinator and patient co-ordinator.
- spoke with two patients who attended the hospital for cataract surgery
- reviewed five patient records
- observed two cataract surgeries
- looked at a range of policies, procedures and other documents relating to the running of the service.

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>.

# Summary of this inspection

## Outstanding practice

We found the following outstanding practice:

- The service understood how demanding treatment trips could be on patients and their relatives. The service provided a free taxi for patients over ten miles away from the service, to ease this burden.

## Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action the service **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

### **Action the service SHOULD take to improve:**

- The service should ensure that clinical waste is stored securely (Regulation 15).
- The service should consider submitting data to The Private Healthcare Information Network (PHIN).






# Our findings

## Overview of ratings

Our ratings for this location are:

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

# Surgery

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

## Are Surgery safe?

Good 

This was the first time we rated this service. We rated safe as good.

### Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The service had a learning and development policy, which outlined staff responsibilities. The service provided mandatory training in key skills for all staff. All staff were up-to-date with their mandatory training. Staff said they had protected time to complete mandatory training. Where their service used agency staff, the service ensured it received evidence of completion of mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. The service provided a mixture of online and classroom sessions for mandatory training. Staff received training aligned to the Core Skills Training Framework outlined by Skills for Health. Staff said mandatory training met the needs of their role.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. Staff completed dementia awareness, mental health, learning disabilities and autism training as part of their mandatory training. The service had a notice board in the patient waiting area to advertise that the service was working towards being dementia friendly. The service had a campaign to train staff to be dementia champions.

SpaMedica have developed mental health first aid training tools and are in the process of nominating mental health first aiders throughout the company.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers monitored mandatory training compliance. The online mandatory training system sent staff an email to alert them when mandatory training was due.

# Surgery

## **Safeguarding**

**Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training specific for their role on how to recognise and report abuse. All staff were up-to-date with safeguarding mandatory training. Staff had the appropriate level of safeguarding adults and safeguarding children training in line with intercollegiate guidance. The hospital manager was trained to level 3 safeguarding for adults and children.

Staff knew how to identify adults and children at risk of, or suffering, significant harm. The hospital had a safeguarding adults and safeguarding children policy. These outlined what staff should do when they had a safeguarding concern. Staff demonstrated a good understanding of safeguarding and their responsibilities around safeguarding.

Staff knew who to inform if they had concerns. Safeguarding information was displayed in clinical areas. Staff demonstrated a good understanding of who to escalate safeguarding concerns to. The service had a safeguarding lead and all staff we spoke to knew who this was.

## **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.**

Ward areas were clean and had suitable furnishings which were clean and well-maintained. Clinical and waiting areas were visibly clean and clutter free. Furnishings were wipe clean and intact with no damage.

The service generally performed well for cleanliness. The service had an infection prevention and control policy. This outlined staff responsibilities for hand hygiene, safe handling of sharps and management of patients and staff with resistant organisms or blood borne viruses. The service completed infection prevention and control audits. The service scored 96% in the most recent audit.

Staff used records to identify how well the service prevented infections. The service monitored infections related to surgery. The service performed well and had low surgical site infections. The service had not had an incident of endophthalmitis since the service opened.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The service had a service level agreement with a cleaning company. Clinical staff were also responsible for ensuring clinical areas were clean. All cleaning records were complete and up-to-date.

All reusable equipment was decontaminated off site. There was a service level agreement with a decontamination service. The service had a standard operating procedure for decontamination of equipment. Clean and dirty equipment was managed well and there was no cross contamination of equipment.

Staff followed infection control principles including the use of personal protective equipment (PPE). All staff wore appropriate PPE for the care they were giving. Staff in theatres wore appropriate theatre clothing (scrubs) and designated theatre shoes were worn. This was in line with best practice. All clinical staff were bare below the elbows and cleaned hands between patient contact. The service completed hand hygiene audits. The service scored 100% in the most recent audit.

# Surgery

The service had a COVID-19 management policy. The service managed COVID-19 infection prevention and control measures well. All staff and patients wore fluid resistant disposable face masks the service encouraged social distancing.

Staff cleaned equipment after patient contact. We saw staff clean furniture and equipment after patient contact.

## Environment and equipment

**The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. However, clinical waste was not always managed well.**

Patients could reach call bells. The service had call bells for patients waiting in the patient ward prior to surgery. Patients could reach these call bells.

The design of the environment followed national guidance. The environment layout was in line with health building notes best practice guidance. For example, each clinical room had a hand basin sink with lever taps to enable effective hand hygiene and flooring was extended to the wall to ensure effective cleaning.

Where lasers were being used, the service had warning lights and signs. Access to this room was restricted to ensure patients could not accidentally enter. The laser protection advisor had completed a risk assessment for use of lasers. This included current controls to minimise the risk to patients and what further action was required to reduce the risk.

Staff carried out daily safety checks of specialist equipment. The service had appropriate resuscitation equipment for use in a patient emergency. Daily checks were completed, and tamper preventions seals were in place. The service completed regular safety checks of equipment such as glucometers.

The service had enough suitable equipment to help them to safely care for patients. The service had relevant optical assessment and diagnostic equipment for use at pre-assessment. The service had specialist theatre equipment for use during surgery. The service had been opened recently in October 2021 with brand-new equipment. Therefore, most equipment had not required servicing yet. The service used an external provider to maintain equipment. This provider had completed maintenance on the services machine used for cataract surgery. All portable electrical equipment had received safety testing.

All clinical staff had received training on use of equipment.

Staff did not always dispose of clinical waste safely. Waste was segregated with separate colour coded arrangements for general waste and clinical waste. However, the external clinical waste bin was not secure. In response to this finding the service informed us that they had discussed the issue with the member of staff from the external cleaning company. They had also arranged for the maintenance team to come and fix the door the day after the inspection.

Sharps, such as needles, were disposed of in line with national guidance. Controls were in place for substances hazardous to health (COSHH). Cleaning equipment was stored securely in locked cupboards.

The hospital manager received email communication about equipment safety alerts from individuals working at SpaMedica.

# Surgery

## 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.**

Staff completed risk assessments for each patient on admission or arrival. The service had a policy for care and management of patients and staff throughout the pre-assessment process. All patients attended a pre-assessment. At pre-assessment risk assessments were carried out for patients including falls, mobility, dementia and anxiety. Patients were also assessed to check that they could tolerate lying flat during the procedure. Staff recorded actions to help patients who were uncomfortable when lying flat. For example, pillows were available to be placed under patient's knees.

Staff knew about and dealt with any specific risk issues. A medical history was taken at pre-assessment including medical conditions and details of allergies.

The service used an adapted "five steps to safer surgery" World Health Organisation surgical safety checklist. We saw that the checklist was completed. Theatre staff completed safety checks before, during and after surgery. The service completed a surgical safety audit. The results of this audit were 95% compliance in December 2021, this meant it was repeated in January 2022 and the service had an improvement to 98% compliance.

Staff shared key information to keep patients safe when handing over their care to others. Patient information was recorded on the electronic patient record. The service produced discharge letters which were sent to their referring community optometrist or GP as appropriate.

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

Staff responded promptly to any sudden deterioration in a patient's health. The service had a cardiopulmonary resuscitation of adults policy and the service completed safety drills in the event of a patient becoming unwell. If a patient required an emergency transfer, this would be via a 999-emergency paramedic call and transfer. The service ensured there was a member of registered staff with resuscitation intermediate life support (ILS) training on site. The service had necessary resuscitation equipment.

## Nurse staffing

### **The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.**

The service had enough nursing and support staff to keep patients safe. The service had six registered nurses and four healthcare technicians. Staffing levels were discussed during the morning safety huddle. The service could use staff from other SpaMedica locations if they were short of staff.

Managers accurately calculated and reviewed the number of registered nurses, healthcare technicians needed for each shift in accordance with national guidance. The ward manager could adjust staffing levels daily according to the needs of patients. The manager reviewed the clinics planned and adjusted the number of staff based on the number of clinics and the demand from theatre. Job roles for each day were allocated based on individual staff's competencies. This service considered the risk to patients and adjusted staffing levels accordingly. For example, for a theatre list with more than sixteen patients in one day the service allocated two scrub nurses.

# Surgery

The number of staff matched the planned numbers. Staffing rotas matched the planned numbers. For example, on the day of inspection the theatre had one scrub nurse, one nurse to manage admissions, one nurse in discharge, one healthcare technician as a runner and one as an escort.

The service had low vacancy rates. The service had two registered nursing positions vacant currently. One of which was to cover future parental leave.

The service had low turnover rates. Since the service opened in October 2021, the service had no staff leave the service.

The service had low sickness rates. The service monitored staff sickness and reported this as “Lost Time Rate”. The service had a low lost time rate.

The service had low rates of agency nurses. Managers limited their agency staff and requested staff familiar with the service. The service used one agency scrub nurse. This individual worked at the service regularly and was therefore familiar with the way it was run.

## 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. The medical staff matched the planned number and staff worked across surgery on a rota basis. Most medical staff worked for the service on a regular basis.

Surgeons worked under practising privileges. The granting of practising privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or clinic. The service medical advisory committee had primary oversight of the clinicians practicing privileges.

## 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 service used a mixture of electronic and paper patient records such as, consent forms which patients had to sign. We reviewed five sets of patient records. These were comprehensive, up-to-date and clear.

The service participated in an audit of patient records. The services had 95% compliance in December 2021. SpaMedica had an audit process whereby if the service had 95% or less the audit was repeated the following month. The service had audit results for January 2022, with compliance at 93% and February 2022 with compliance at 94%.

When patients transferred to a new team, there were no delays in staff accessing their records. Staff recorded patient notes on electronic systems and paper notes which were filed at the service. This meant that when patients transferred between the service, there were no delays in staff accessing their records as all staff could view the records on the system and in patient record files.

Records were stored securely. Patient records were stored and accessed on electronic systems. Records were stored securely as the electronic systems were protected with individual passwords. Paper patient record files were stored securely in a locked room, which only the patient co-ordinators and the hospital manager had access to.

# Surgery

## 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. The service obtained information on patient allergies. These were recorded on patient records and staff confirmed allergies with patients prior to surgery. The service completed an audit on medicines management for the patient. The service had audit results for December 2021, with compliance at 93%. This was repeated in January 2022 with compliance at 100%.

The service used topical and local anaesthesia to the eye only. Drops were prescribed using patient specific directions (PSD). The service had a standard operating procedure for the use of PSDs. PSDs were completed and signed by a prescriber. Healthcare technicians administered PSD medicines. Medicines were recorded on the patient record.

The service utilised a patient group direction (PGD). A PGD is a written instruction that includes the administration of medicines to groups of patients who may not be individually identified before presentation for treatment. The service had a PGD for treatment of post-operative corneal oedema (swelling of cornea).

Staff stored and managed all medicines safely. Medicines were stored in either locked cupboards or fridges. Fridge temperatures were checked, with no alerts that the fridge temperature was outside of the normal range. Medicines were stored securely and were all in date. The service completed an audit on medicines management by the department. The service had audit results for December 2021, with compliance at 95%. This was repeated in January 2022 with compliance at 98%.

The service had a service level agreement with a service for provision of medicines. Staff checked medicines stock when an order came in. This was to review stock levels and to ensure medicines were in date.

The service kept controlled drugs. These were stored in a separate locked cupboard with a separate key. The controlled drugs logbook aligned with the stock the service currently held.

Staff completed medicines records accurately and kept them up-to-date. Medicines used during surgery were recorded in patient records.

Staff reviewed each patient's medicines and provided advice to patients and carers about their medicines. Following surgery, staff provided patients with information and advice around eye drops. This included how frequently to take them and how long to wait between each different eye drop. Patients went home with their medicines, a chart to record when they administered eye drops and an information booklet with advice and support telephone numbers if they had questions following surgery.

Staff learned from safety alerts and incidents to improve practice. The area manager for the south participated in the medicines management committee which was held quarterly. The last three meeting minutes were comprehensive and clear. During this meeting safety alerts were discussed however; none were currently applicable to the service. Medicines incidents were discussed during this meeting. This meant learning from other SpaMedica sites was shared to improve practice.

# Surgery

## 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. Managers ensured that actions from patient safety alerts were implemented and monitored.**

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with provider policy. The service had a policy for management and reporting of clinical risks, incidents and near misses. This outlined staff responsibilities around incidents and how to report them. Staff understood how to report incidents and had a good reporting culture. Staff felt able to raise incidents and concerns.

The service had fourteen incidents in the last year, all of which were assigned as no harm or low harm. Nine of these incidents were open and under investigation. The service has zero serious incidents since opening in October 2021. The service had no themes or trends in incidents reported.

The service had no never events. The service reported no never events in the last year. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at national level, and should have been implemented by all healthcare providers. They have the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.

Staff understood the duty of candour. They were open and transparent and would give patients and families a full explanation if and when things went wrong. Staff understood the duty of candour and what it meant in their role. The service had not had to use duty of candour since they opened in October 2021.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care. Incidents were discussed during daily morning safety huddles. This included learning from incidents at the service and incidents that occurred at other SpaMedica sites. During this discussion staff discussed how they could use the learning from incidents to improve patient care.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. The hospital manager investigated incidents with support from the area manager for the south east. Themes and trends were reviewed with any learning shared through clinical governance meeting and medical advisory committee. Patients and families were involved in the investigation and the service held discussions with them.

Managers ensured that actions from patient safety alerts were implemented. Patient safety alerts were emailed to the hospital manager to action in the service.

## Are Surgery effective?

This was the first time we rated this service. We rated effective as good.

# Surgery

## Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice.**

**Managers checked to make sure staff followed guidance.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service monitored the latest guidance to ensure policies and procedures were up-to-date, updates were discussed during team meetings. The service followed the Royal College of Ophthalmologists standards. All policies seen were up-to-date and contained current national guidelines and relevant evidence. Policies were stored on an online system which all staff had access to. Staff had to electronically sign when they had read a policy.

The service completed clinical audits to monitor staff compliance with the latest guidance. These included: medicines management, consent, surgical safety and clinical documentation. Any audits that were less than 95% compliant had actions identified and the audit was repeated one month later. The service demonstrated compliance based on its audit results completed in the last year.

The service monitored results from clinical audits against performance of other hospitals in SpaMedica. Benchmarking their results against other hospitals meant the service could see where they were performing well and where there were areas for improvement.

## Nutrition and hydration

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

Staff made sure patients had enough to eat and drink. The service had water dispensers and a hot drinks machine available for patients and their relatives to use. The service had biscuits for patients and their relatives. Staff offered patients a drink whilst they were waiting for their appointment. Patients were in the service for a brief period, this met their needs.

## Pain relief

**Staff assessed and monitored patients regularly to see if they were in pain and offered advice on pain relief.**

Staff assessed patients' pain. Staff assessed patients' pain throughout their surgery, however pain relief was not routinely administered within the service.

Staff prescribed, administered and recorded pain relief accurately. Surgery were carried out under either local or topical anaesthetic. This was recorded in the patient record accurately.

Pain relief was managed by the patient post-surgery. Staff gave patients pain relief advice during discharge process. Patients were advised to take over the counter pain relief medication such as paracetamol if required.

## Patient outcomes

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

The service participated in relevant national clinical audits. SpaMedica participated in the National Ophthalmology Database Audit (NODA) against Royal College of Ophthalmologists standards, the service itself had not yet submitted data as part of this audit yet as it was last collected up until March 2021. The service was not open until October 2021. The most recent data for the whole of SpaMedica indicated that they have a lower post-operative complication rate and a lower loss of vision post cataract surgery than the national average.

# Surgery

Outcomes for patients were positive, consistent and met expectations, such as national standards. The service monitored patient outcomes including, complication and infection rates from cataract surgery. The service achieved consistently good clinical outcomes, that were continuously monitored, with patient's reporting a positive experience. The service consistently reported patient outcome data which on average 99% of patients would recommend the service for treatment.

Outcomes were reviewed at the clinical governance meeting and the medical advisory committee.

Managers and staff used the results to improve patients' outcomes. The service benchmarked their patient outcomes against other hospitals in SpaMedica and externally using the NODA. The service used benchmarking to identify good practice and areas of improvement to improve patient outcomes.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Managers used information from the audits to improve care and treatment. Improvement is checked and monitored. The service completed a local audit program such as medicines management, infection prevention and consent. The service had good results from its audits completed in the last year. If the audit identified improvements, actions were identified, and improvement was monitored.

Managers shared and made sure staff understood information from the audits. The service shared information from audits during their monthly team meetings. Staff were actively engaged in the audit process, staff completed audits themselves. The service said this was to ensure they understood the importance of audit. Information was discussed to ensure staff understood information from the audits.

## Competent staff

### **The service made sure staff were competent for their roles. Managers reviewed staff's work performance and provided support and development.**

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff received regular mandatory and additional training to ensure they had the right skills and knowledge to keep patients safe.

The clinical educators supported the learning and development needs of staff. Managers made sure staff received any specialist training for their role. Staff completed competency checks and specialist training during induction supported by clinical educators at SpaMedica. Staff had to be signed off as competent by clinical educators before they could perform in a role alone.

Managers gave all new staff a full induction tailored to their role before they started work. All new staff completed a corporate and local induction. The corporate induction was on online meeting which outlined SpaMedica values and ways of working. The local induction focused on applying these ways of working in the hospital itself. For example, reviewing relevant local policies and procedures around fire safety information.

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff were new to the service and had not been with the service for a year. Therefore, they had not received an appraisal yet. All staff had received a one month, three month and six month review with the hospital manager. Managers identified training and development opportunities and discussed these during reviews.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff said they were given protected time to complete training. Staff development was encouraged. For example, the service was supporting a nurse to train as a scrub nurse within SpaMedica.

# Surgery

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Staff were given protected time to attend the monthly team meeting. If staff could not attend, they had access to the formal meeting minutes.

The service had a practicing privilege policy, this outlined the specific scope of practice for surgeons working at SpaMedica. The policy outlined the governance arrangements to ensure surgeons were competent for their role. This included: mandatory training, evidence of General Medical Council registration and current license to practice. SpaMedica rated surgeons based on their outcome data and concerns raised by staff. The ratings of surgeons were reviewed at board meetings, clinical governance meeting and the medical advisory committee.

## Multidisciplinary working

**All staff and 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. The service held multi-disciplinary safety huddles each morning. The service held additional theatre safety huddles when there were surgeries planned that day. This was a multidisciplinary approach and discussed patients on the list for the day, including risks or concerns.

Staff worked across health care disciplines and with other agencies when required to care for patients. We observed effective multidisciplinary working, and communication between staff in theatres. All staff told us they had good working relationships with their colleagues. We saw effective interactions between all members of the team. The service worked well with external stakeholders including commissioners, GP's and private community optometry services.

## Seven-day services

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

The service undertook elective surgery and operations planned. Theatre sessions were held once a week on a Monday between 8:15am and 4pm.

Pre-operative assessments and post-operative appointments were offered Monday to Friday.

The service was planning to expand and offer appointments on a Saturday, to reduce waiting times.

There was an emergency helpline available 24 hours a day, seven days a week. Patients were informed verbally about the helpline and in writing in their discharge information. An on-call team were available to provide advice for patients when required.

## Health promotion

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

The service had relevant information promoting healthy lifestyles and support in waiting areas. The service had information leaflets available to patients in waiting areas, this included cataract surgery.

# Surgery

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.**

Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards. The service had a Mental Capacity Act policy. This policy outlined responsibilities of staff and what to do when they had concerns about a patient's capacity. The service had not made any applications to deprive a person of their liberty.

Clinical staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff received Mental Capacity Act and Deprivation of Liberty Safeguards training. All staff were up-to-date with this training.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff demonstrated a good understanding of capacity and described what the process was if they felt a patient lacked capacity. They stated they would discuss their concerns with the optometrist and the hospital manager. The patient record contained information about the patient and their ability to consent if concerns had been identified prior to them coming to the service.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to treatment based on all the information available. The service had a consent policy. Staff received mandatory training on consent though their safeguarding training and mental capacity training. All staff were up-to-date with this training. Staff made sure patients had all information available before a scan both verbally and in writing to ensure they consented to surgery based on all information available.

Staff clearly recorded consent in the patients' records. Staff gained consent as part of the pre-assessment process. Consent was confirmed again with the patient on the day of surgery and they were asked if they would like to proceed with surgery. We saw consent recorded in all records. The service completed a consent audit. The latest audit demonstrated compliance.

## Are Surgery caring?

This was the first time we rated this service. We rated caring as good.

## Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We saw staff treat patients in a responsive way and they were kind, compassionate and respectful.

Patients said staff treated them well and with kindness. Patients were overwhelmingly positive about the service and staff. One patient said that staff were kind, caring and patient with her. The service collected feedback online through NHS choices, one patient wrote "I received excellent, prompt and efficient service from SpaMedica in Epsom. The staff were all very skilled, kind and professional. I am looking forward to going back to have my second eye done there."

# Surgery

Staff followed policy to keep patient care and treatment confidential. Staff maintained patient confidentiality. Staff closed consulting room doors during patient care to protect the privacy and dignity of patients. Staff knocked and asked permission before entering a room. Patients were able to speak to receptionists without being overheard.

The service had a chaperone process and policy. The service displayed posters throughout the department to advertise patients right to a chaperone. Staff did not have formal chaperone training, but managers made sure staff acting as chaperones had the relevant skills in chaperone practice.

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 and patients living with dementia. The service had dementia champions. Staff demonstrated an understanding and non-judgmental attitude when discussing the care and treatment of patients with additional needs such as mental health and dementia.

## **Emotional support**

### **Staff provided emotional support to patients, families and carers to minimise their distress.**

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff gave emotional support whilst caring for patients. The service provided advice and gave patients information leaflets about their surgery. This gave patients support and information about care before, during and after their surgery. This included emergency numbers to call if they had a concern. Patients we spoke with said that they had received good emotional support and felt that they been given enough time to ask questions.

SpaMedica had videos of patient stories on their website to support and reassure patients who were considering surgery.

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. Staff were friendly and helpful and responded sympathetically to queries in a timely and appropriate way. Staff understood the emotional and social impact a person's care had on their wellbeing and had systems to support patients.

## **Understanding and involvement of patients and those close to them**

### **Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.**

Staff made sure patients and those close to them understood their care and treatment. Patients described knowing who they would contact following surgery if they had concerns. Patients described knowing when their next appointment would be and how they would receive information regarding it.

Staff supported patients to make informed decisions about their care. Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Staff clearly explained the risks and benefits of treatment to them before surgery to ensure patients make informed decisions about their care. Patients we spoke with told us they understood their care and treatment and staff spoke with them in a way they could understand. The service identified patients who required additional communication support. The service organised support such as interpreters to ensure patients could understand.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients gave positive feedback about the service. Patients could feedback to the service in a number of ways for example, they completed paper-based surveys. These were readily available and accessible to all patients as they were in the waiting area. The service received feedback via NHS Choices. 100% of patients who gave feedback via NHS choices gave a five-star review.

# Surgery

## Are Surgery responsive?

Good 

This was the first time we rated this service. We rated responsive as good.

### **Service delivery to meet the needs of local people**

**The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.**

Managers planned and organised services, so they met the needs of the local population. The service worked collaboratively with local clinical commissioning groups (CCG) and planned and developed services to meet the needs of the local population. The service offered surgical eye services and appointments to NHS patients under local CCG contracts. Patients were referred by their GP or optometrist. The clinic was open five days a week, this offered choice and flexibility to patients. Surgery was carried out as day cases one day a week.

Facilities and premises were appropriate for the services being delivered. The environment was appropriate, and patient centred. It was clearly signposted and easy to find. It had a car park, plenty of seating in the waiting area and drinks machines for patient and relative use. Toilet facilities were clean and accessible for all. The service was on the first floor and was accessible by lift.

The service understood how demanding treatment trips could be on patients and their relatives. The service provided a free taxi for patients over ten miles away from the service, to ease this burden. This service is managed and operated by trained SpaMedica drivers and employees.

Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted. The service monitored did not attend rates, these were low for the service. Patients who did not attend their appointment were contacted and another appointment was booked if needed.

### **Meeting people's individual needs**

**The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.**

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Staff identified if a patient required additional support to meet their needs. Staff recorded this on the service's patient management system. This meant all staff were aware of any additional needs to support their patients. For example, if the patient needed a longer appointment to meet their needs this would be arranged.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff understood how to apply and meet information standards to support patients care and treatment. The service had access to information in large print, easy read and braille format. The service had a hearing loop in reception to support patients who are deaf or hard of hearing.

The service had information leaflets available in languages spoken by the patients and local community. On request the service offered patient information leaflets which were translated to the patient's first language.

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Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff had access to communication aids to help patients become partners in their care and treatment. The service had access to interpretation and translation services through the services contract with a global interpreter and translation service. Each room had information about how to access these services.

The service was easily accessible for individuals with limited mobility, for example; there was ramp to the main entrance of the building and a lift to the service. Within the service, there was an accessible disabled toilet with a red emergency pull cord which patients could easily reach. The service had wheelchairs for patients to use if required.

## 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. Surgery was offered on an elective basis. Patients were given a choice of appointment times and could schedule appointments at a time and location within SpaMedica convenient to them. Staff monitored waiting times. For example, 94% of patients referred to the service were seen within the 18 week referral to treatment time with the average wait being five and a half weeks.

For those patients with underlying health conditions who require treatment prior to eye surgery, they are kept on a waiting list which was monitored by the service.

Managers and staff worked to make sure patients did not stay longer than they needed to. Staff planned patients' discharge carefully. The service monitored the average time a patient was in the service for an appointment. This was to ensure patients did not stay longer than they needed to. During discharge a registered nurse provided the patient with discharge information and guidance both verbally and in writing. We observed good processes in place to ensure patients were seen and treated within a timely manner to ensure they did not stay longer than they needed to.

Managers worked to keep the number of cancelled appointments and operations to a minimum. The service aimed to keep the number of cancelled appointments low. However, if a patient had their appointment or operation cancelled last minute managers made sure they were rearranged as soon as possible and within national targets and guidance.

## 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 and would investigate them.**

The service clearly displayed information about how to raise a concern in patient areas. The service displayed information on how to raise a concern in patient areas. The service also had ways for patients to complain on their website for patients to access.

Staff understood the policy on complaints and knew how to handle them. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The service had zero complaints since opening. The service had a complaints policy. Staff demonstrated understanding of the complaints policy and process. Staff received informal verbal complaints and it was their aim to resolve complaints at this stage, without the need for a formal complaint.

# Surgery

Managers investigated complaints. The service acknowledged complaints within three days and aimed to have complaints fully investigated and resolved by the manager of the service within twenty working days. If patients felt their complaint was not resolved, they could escalate their complaint to another member of the SpaMedica board of directors for review. If a patient remained unsatisfied, the final stage was to refer the patient independent resolution services such as the Parliamentary and Health Service Ombudsman to review their complaint.

Managers identified themes and shared feedback from complaints with staff. The SpaMedica clinical governance committee was responsible for reviewing trends and themes from complaints. The committee shared lessons learnt from complaints to the service. The manager of the service is responsible for ensuring staff understand the lessons learnt.

## Are Surgery well-led?

Good 

This was the first time we rated this service. We rated well-led as good.

### Leadership

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.**

The service had leaders who had the skills, knowledge, experience and integrity to run the service. The manager had worked in health and social care as a manager for a number of years and had experience and knowledge to run the service. They were skilled and demonstrated integrity in their approach to running the service. The January 2022 staff survey showed that 83% of staff agreed or strongly agreed that managers demonstrated strong leadership skills.

The manager had support from a SpaMedica area manager for the south east and a hospital director for the south. Both had experience and knowledge to support the running the service.

The service was supported by a board of directors. Staff said they were visible and approachable.

Leaders understood the challenges to quality and sustainability of the service. They were able to identify actions to address them. For example, the service had a risk relating to the potential lack of clinical staff with relevant competencies to meet future demand. The service was addressing this by actively training staff to complete competencies. The service also had a robust recruitment program to hire suitable candidates.

The service had a clear management structure in place with defined lines of responsibility and accountability. Staff told us they could approach immediate managers and senior managers within the hospital with any concerns or queries. Staff throughout the service told us they felt supported, respected and valued by their managers.

### Vision and Strategy

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

The SpaMedica overarching mission statement is “Every patient, every time: no exceptions, no excuses”. All staff could describe this mission statement.

# Surgery

Underpinning this was three aims, these were focused on sustainability and quality. For example, “Be a market leader in providing high quality and patient focused care delivered by passionate & professional staff.” The vision and strategy were aligned to local plans within the wider health economy, as they aimed to reduce pressure on the local NHS hospitals and reduce waiting times.

The SpaMedica values included “safety”, “integrity”, “kindness” and “transparency”. Visions and values were included on the SpaMedica website for patients to view. The January 2022 staff survey showed that 100% of staff agreed or strongly agreed that their behaviour reflected the SpaMedica values. The service had business objectives based around quality of care, patient experience, clinical outcomes and ensuring staff are highly skilled and feel valued.

We saw the vision and values were publicly displayed throughout the service. Staff demonstrated an understanding of the vision, values and strategy of the service and what their role was in achieving them.

## Culture

**Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work. The service had an open culture where patients, their families and staff could raise concerns without fear.**

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

There was a strong emphasis on the safety and well-being of staff; for example, the service was accredited with a recognised workplace accreditation. This demonstrated the service’s commitment to the health and wellbeing of their staff. SpaMedica has a dedicated health and safety manager. The January 2022 staff survey showed that 100% of staff agreed or strongly agreed that SpaMedica puts safety first for patients and staff.

There were cooperative, supportive and appreciative relationships among staff. Staff worked in a collaborative and cooperative team to ensure the patient journey was smooth.

The service’s culture centred on the needs and experience of people who used the service. There were mechanisms to gain patient feedback and improve services as a result; such as the complaints and incident investigation process.

The service’s culture encouraged openness and honesty at all levels within the organisation, including with people who use services, in response to incidents and complaints. The service complied with the duty of candour requirements as outlined in their incident policy.

Leaders understood the importance of staff being able to raise concerns without fear of retribution and operated an ‘open door’ policy. Staff felt able to raise concerns without fear. Staff could speak up to the SpaMedica freedom to speak up guardian who was the head of human resources for the company. The January 2022 staff survey showed that 83% of staff agreed that they feel they can speak up and know who to go to if they have a concern. The service had a whistleblowing policy and staff could describe where to access it.

The hospital promoted equality and diversity within the service. For example, all policies had an equality impact assessment to ensure they did not discriminate against those with protected characteristics as set out in the Equality Act 2010.

# Surgery

## Governance

**Leaders operated effective governance processes throughout the service. 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 service had effective levels of governance and management structures which interacted with each other. The service followed the SpaMedica corporate governance structure which sets out how the service organises their governance arrangements. Staff at all levels were clear about their roles and understood what they were accountable for, and to whom.

There was a medical advisory committee which met quarterly to discuss surgeon performance and surgery specific matters. We reviewed the last meeting minutes which were clear and comprehensive. The committee discussed actions from the previous meeting and their progress, consultant performance and concerns and clinical governance themes.

The service fed into quarterly clinical governance committee. The meeting included discussion of learning from incidents, policy updates and patient feedback. We reviewed the last two meeting minutes which were clear and comprehensive.

SpaMedica had numerous regular committee's which the service fed into, these included: medicines management, clinical effectiveness and infection control and water safety. The committee structure was used to monitor performance and provide assurance of safe practice.

Managers cascaded relevant information from the clinical governance meeting to their teams through the monthly departmental team meeting.

The service held a monthly team meeting for all staff. This was a formalised meeting to communicate operational updates and current performance to staff. Meeting minutes from the last three meetings were clear and comprehensive.

There was a daily safety huddle meeting which was attended by all staff. This meeting focused on daily updates of operational issues. This was followed by an additional theatre safety huddle to run through the list of patients and highlight risks or concerns. We saw this meeting on inspection and saw the meeting was carried out effectively.

All staff received clinical and business updates from the SpaMedica chief operating officer via email.

The service had effective processes and procedures to ensure they meet safe recruitment requirements as set out by Schedule 3 of Health and Social Care Act 2008 Regulations 2014.

## 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.**

The service had comprehensive assurance systems to monitor safety performance. For example, the service had a systematic program of audits. Where the outcome of the audits was below expected performance action plans were developed to drive improvement and the service was re-audited the following month to monitor improvement.

The service had arrangements for identifying, recording and managing risks. The service had five current risks on the risk register. All risks on the risk register had a score and controls to reduce their impact. For example, the service had a risk around potential slips, trips and falls. The service mitigated this potential risk by utilising the porter more effectively. The service now ran two shifts for the porter to cover more hours of the day. The porter would escort patients to the reception staff. Patients were escorted by staff through their patient journey to minimise the risk of slips, trips and falls.

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There was an alignment between the recorded risks and what staff said were their concerns. Staff were aware of the risks.

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed 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. However, the service was not submitting data to The Private Healthcare Information Network (PHIN).**

The service had a holistic understanding of performance. This information brought together people's views of the service with information the service had on care quality and clinical outcomes. The service used this information to drive improvement. The service had clinical and operational key performance indicators which were reviewed by the board at SpaMedica for corporate oversight of performance.

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

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

The information systems were integrated and secure. The service had robust arrangements to ensure confidentiality of identifiable data, records and data management systems, in line with data security standards. Authorised staff had access to electronic patient records, which was restricted to individuals by their own login and passwords. Following discharge, paper records were scanned onto the electronic systems. All staff completed and were up-to-date with their general data protection regulation mandatory training.

The service had effective data or notifications arrangements to ensure they were consistently submitted to external organisations as required such as the Care Quality Commission. However, the service was not submitting data to The Private Healthcare Information Network (PHIN).

## Engagement

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

The service gathered people's views and experiences through patient informal discussions, compliments, patient surveys and complaints.

The service had regular opportunities to meet with staff and engage with them. The service had a formal team meeting every month. Their purpose was to update staff on operations and share learning. The January 2022 staff survey showed that 83% of staff agreed or strongly agreed that received adequate communication from their manager to carry out their role.

The SpaMedica chief executive formally engaged with staff regularly, through a team brief which they emailed to staff. This outlined key messages for staff.

The service also conducted staff surveys. The latest staff survey demonstrated that staff were positive and proud to work for the service. They felt communicated with and that their work was meaningful. The hospital used the survey results for staff created actions to address concerns raised.

# Surgery

SpaMedica had a staff forum. This had recently been reviewed to create regional staff forums. Each service had a named individual to represent their hospital at the staff forum. This individual was responsible for gathering staff views to advocate for them in issues which were affecting them.

The service demonstrated collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population.

## **Learning, continuous improvement and innovation**

### **All staff were committed to continually learning and improving services.**

The service set out to strive for continuous learning, improvement and innovation which was encouraged by the leadership team. Leaders were responsive to any concerns raised and performance issues and sought to learn from them and improve services. The service had a robust audit process and part of this process was to identify actions for improvement. The service shared information effectively and used it to make improvements.

The service had effective participation in, and learning from, internal and external reviews, including incidents and complaints. Staff continuously sought feedback from patients to improve services.

The service supported development and improvement opportunities for staff. For example, the service was supporting a nurse to train as a scrub nurse.

SpaMedica utilised point of care finger prick testing for level of blood clotting for patients who take warfarin. This reduces the burden on the NHS for patients to have this test before surgery.

SpaMedica risk assessed all patients, those at low risk of post-operative inflammation were advised to take their eye drops for two weeks instead of three. This was to reduce the risk of damage to the optic nerve from pressure.

SpaMedica had four digital dry labs throughout England for ophthalmology trainees to learn and practice cataract surgery. The dry labs were also used by surgeons to perfect techniques and practice using standard instruments.