

SpaMedica Ltd

SpaMedica Newcastle-Under-Lyme

Inspection report

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

Ratings

Overall rating for this location

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Good 

Summary of findings

Overall summary

We carried out an inspection of SpaMedica Newcastle Under Lyme using our comprehensive methodology on the 8 March 2023. The service had not previously been inspected.

We rated it as outstanding overall because it was good in safe, effective and well-led and outstanding in caring, responsive.

- Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Infection prevention and control was managed well, and the environment was maintained and cleaned to a high standard. 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 very good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They went the extra mile to provide 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.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Outstanding 	We rated it as outstanding. 'See the summary above for details.'



Summary of findings

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Summary of this inspection

Background to SpaMedica Newcastle-Under-Lyme

SpaMedica Newcastle Under Lyme is operated by SpaMedica Ltd. The service offers cataract surgery, Yttrium Aluminium Garnet or YAG Laser Capsulotomy (YAG), treatment for Age related Macular Degeneration (AMD) and vitrectomy. SpaMedica Newcastle Under Lyme is a purpose-built facility which opened in April 2020.

Newcastle Under Lyme hospital also provide specialist surgery for complex cataract procedures.

The service is registered to provide the following regulated activities:

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

SpaMedica Newcastle Under Lyme only treated patients aged 18 or over. All patients were referred to the hospital under the NHS.

This was 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 8 March 2023. To get to the heart of the patients' experience we ask the same five questions of all services; are they safe, effective, caring, responsive and well led.

The main service provided by the hospital was surgery.

How we carried out this inspection

The inspection team consisted of one CQC inspector and a specialist advisor with expertise in eye surgery. An inspection manager supported the inspection team.

During the inspection we visited all areas of the hospital. We spoke with 13 members of staff including the hospital manager and area manager. We also spoke with 7 patients and reviewed 10 patient records. In addition, we observed 5 patient procedures in theatres.

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

Outstanding practice

We found the following outstanding practice:

- Notice boards were placed throughout the patient areas and clinic rooms to display the journey of the patient and to inform them of the stages of care. This idea was developed at the Newcastle under Lyme site and due to its success, introduced to all other sites within SpaMedica group.







Summary of this inspection

- We saw examples where staff had experienced different eye conditions by wearing spectacles that impaired vision to replicate the difficulties patients may have. Staff told us this had been immensely beneficial in understanding the effects surgery was having and made them feel proud to have helped make such a difference.
- The service created and trialled a patient journey booklet that was designed to support patients that are hard of hearing and inform them of the process and treatments.
- An online training module was developed by 2 staff members, to create awareness and understanding for staff when treating patients with a disability. This was to be introduced across all SpaMedica hospitals.
- The hospital provided free transport for patients and paid for taxis or public transport when this could not be used.
- Staff went the extra mile to care and support patients. Feedback from people who use the service was consistently and overwhelmingly positive about the way staff treated them.
- Staff took extra time to understand individual patients' personal, cultural, and religious needs and adapted their approach to support patients.
- There were memory books that had been personalised to support patients living with dementia, that showed pictures, local personalities, and memorabilia from the local area.






Our findings

Overview of ratings

Our ratings for this location are:

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

Surgery

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

Is the service safe?

Good 

We rated safe as good.

Mandatory training

The service provided mandatory training in key skills to all staff.

A mandatory training schedule was in place and managers monitored and managed compliance using a centralised electronic system. Staff could access mandatory training which was delivered online or face to face. All staff could access the system to review training requirements. A training coordinator for the region also monitored across different sites.

Staff were alerted by email when they needed to update their training.

The provider set a target of 90% completion across all sites and mandatory training compliance at Newcastle under Lyme, was 100% at the time of inspection.

All staff, including bank and agency, were required to complete mandatory training, which was closely monitored by the manager.

Nursing and medical staff were trained in intermediate life support (ILS) and all other staff on site were trained in basic life support (BLS).

Dementia awareness training was also available to all staff, along with training on supporting patients with learning disabilities, autism, and those with mental ill health. Autism training was completed by all staff using the e-learning portion of the Oliver McGowan Mandatory Training programme.

Staff using specialist equipment were trained and then regularly refreshed in the use of the equipment.

Safeguarding

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



Surgery

All staff received training specific for their role on how to recognise and report abuse.

The manager was the safeguarding lead for the site and was trained to level 3 in safeguarding adults and there was access to the provider's safeguarding leads, who were trained to level 4.

All other staff were trained in safeguarding adults, level 2, which was completed as a mandatory training module.

Staff were able to describe safeguarding procedures and knew how to identify and report signs of neglect or abuse.

Electronic versions of safeguarding policies were available to staff to refer to and there were guides printed out to support.

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, and areas were well maintained.

All areas of the hospital were visibly clean and well maintained in accordance with national guidelines set out in HBN00/09 – Infection control in the built environment.

We observed staff following infection prevention and control principles, including the use of personal protective equipment (PPE). They washed hands and used hand sanitiser when moving to different areas and encouraged patients and visitors to follow suit.

The service used an external cleaning company who cleaned all areas, twice a day.

Staff were also responsible for cleaning their own areas between patients and completed a check using cleaning checklists. There were infection prevention control (IPC) audits in place, including hand hygiene and infection prevention.

Hand sanitising gels and hand washing facilities were available to staff and patients on arrival into the building and at regular intervals throughout the hospital. Face masks were available for patients and visitors to use if they required them.

There was a clear process in place for the removal of surgical instruments out of the theatre into a dirty utility area and staff knew how to manage equipment. Reusable instruments used in theatre were taken by staff and flushed immediately after use and packaged securely. A specialist decontamination service collected these each day under a service level agreement.

Staff undertook and recorded regular flushing of all water outlets in accordance with legionella control guidance.

There were posters and information reminding staff and patients to wash their hands.

Environment and equipment

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



Surgery

The service had enough suitable equipment to help them to safely care for patients. Staff could access specialist bariatric equipment if needed. The service had mobility aids and good wheelchair access for use by patients with limited mobility.

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

Resuscitation equipment was in place across the site and there were emergency “grab bags” that could be taken to other areas, including outside of the facility. They were checked and maintained appropriately. All reusable items were in date and a process to monitor and replace items ensured compliance. Staff signed to indicate checks had been completed.

Medical gas cylinders were stored in a specified area. Empty cylinders were kept separate to full ones and stored upright and secured in place.

All equipment we checked had been serviced and had a portable appliance test. There was a central maintenance and facilities log which allowed monitoring and repairs, to be addressed appropriately. Specialist equipment was maintained and replaced in accordance with manufacturer guidelines.

There was an electronic system for reporting and managing repairs and maintenance concerns for equipment and the environment. We saw examples where repairs had been reported and scheduled for completion. Issues were risk assessed to help prioritise the work needed to be done.

An intercom system was used on entry to the building and a staff member monitored entry to the hospital area. All areas had swipe card access and offices and rooms were number coded to prevent unauthorised access.

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 comprehensive risk assessments for people who used the service.

All patients attended a pre-operative assessment before being accepted for surgery. There was good access to patient information, to inform the assessment, and medications and any pre-existing conditions were reviewed at this stage.

Individual risk assessments were completed to ensure a patient had sufficient mobility and could be positioned correctly for surgery. Risks were logged in patient notes and on an electronic system. Information bands were also put on a patient’s wrist to inform staff.

We observed pre-operative safety huddles where staff discussed each patient and their requirements for surgery. Allergies and current medication were discussed, and the surgeon was made aware of any concerns or pre-existing conditions. All planned procedures were discussed, and concerns raised for review by the whole team.

Prior and during surgery staff completed an adapted 5 steps to safer surgery checklist in accordance with World Health Organisation (WHO) surgical safety guidelines, to ensure robust monitoring of equipment and the patient’s condition. Patients’ identity would always be checked, and the procedure confirmed. The surgical site was marked with an arrow to reduce risks.



Surgery

Escalation processes were in place to support patients that were deteriorating or had become severely unwell. The service would utilise the expertise on site or in an emergency call 999 for support. Staff told us that they knew the procedure and how to escalate concerns with emergency services.

There was an on-call service provided if a patient required treatment post procedure. Specialist staff were made available to attend the site or the patient would be transported to a nominated hospital, if appropriate. The provider had several designated hospitals to treat patients in an on-call situation.

SpaMedica at Newcastle under Lyme is to become a designated site for any emergency and on-call procedures.

Staff told us that they used feedback or learning from incidents to improve care. We saw an example where a “grab bag” had been introduced to improve access to resuscitation equipment, in areas without access to a resuscitation trolley. This was following an incident on a car park at another site. The learning from the incident had been shared and adopted at the Newcastle under Lyme hospital.

Medical and Nurse staffing

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

On the day of the inspection, we found there were enough nursing and medical staff to keep patients safe. Staff vacancy rates were low, and the service used regular bank and agency to support at peak times.

Managers calculated and reviewed the number of nursing and medical staff required for each day, in accordance with national guidance. There was a standard operating procedure (SOP), in place to ensure the correct staffing levels were maintained. The SOP clearly indicated the required numbers and skills required for each clinic and for operating theatres. Support staff were included to ensure the safest levels of staff were maintained. The process also included ensuring the availability of ILS trained staff to be on duty each day.

The service used bank or agency staff but ensured that the same members of staff were used to promote continuity and support staff training and development. Bank and agency staff completed the same full induction process as permanent staff.

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 information was recorded both electronically and using paper records.

Paper records were stored securely in locked cabinets and in a room with number pad security coded entry.

Staff had access to both records when seeing patients and surgeons were able to access and review patient records easily.

Staff received and shared information with the patients' GPs to ensure good continuity of care.

We reviewed 10 sets of patient records and found them to be clear and legible and information appropriately recorded. Risk assessments were attached as required and clearly marked or flagged if the patient was vulnerable or had an allergy.



Surgery

Medicines

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

There were systems in place to manage medicines safely. There were processes to source medicines locally and service leaders maintained oversight and audited the process. Staff managed stocks of drugs and stored items in locked cabinets or a locked fridge with secure access to the rooms. All medicines were monitored and recorded when administered to patients and stocks replenished appropriately.

Post-operative medicine instructions and leaflets were given to patients and recorded in patient records. Leaflets included information on who to contact for support and what to do in an emergency. We saw examples where patients and carers had medicines explained to them and were given written information to take home.

Medicines were checked for expiry dates and a process was in place to destroy or return medications to the pharmacy for destruction.

The medicines supplier had an additional audit process to support the service in managing medicines.

Patient group directions (PGD) were in place for relevant medicines and staff understood the management and process for administering them. PGDs provide a legal framework which allows some registered health professionals to supply and/or administer specified medicines, such as numbing drops, to a predefined group of patients without them having to see a doctor.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Incidents were recorded on an electronic system that is widely used in healthcare services. This system allows accurate management of incidents, concerns and near misses and includes oversight of correspondence with patients.

Guidance to use the system was available to staff electronically and in paper form.

Staff knew how to report incidents and raised concerns and near misses in line with provider policy. Staff we spoke with told us they were encouraged to report incidents and could describe what type of incidents they would report. They gave examples where learning from incidents had been shared and that they always received a response from the manager, when an incident was logged.

Patients and their families were involved in any investigations that took place and relevant information shared appropriately. Duty of Candour processes were in place and staff knew when they applied and how to be open and honest with patients and family members.



Surgery

Is the service effective?

Good



We rated effective as good.

Evidence-based care and treatment

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

The service used guidance from NHS England, the National Institute for Health and Care Excellence (NICE), and the Royal College of Ophthalmologists, to inform policies and practices. All policies were up to date, version controlled and contained links to national guidelines. Staff signed to indicate they had read policies and told us that updates were discussed as part of team meetings.

The service had a comprehensive audit programme and leaders completed audits quarterly, repeating them monthly if the scores fell below 95%. At the time of inspection audit results were all above 95% compliance.

Nutrition and hydration

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

The hospital provided free hot drinks, snacks, and biscuits to patients. We saw staff regularly asking patients offering to get drinks. Staff were aware of patients that may be diabetic and provided refreshments appropriately.

Fresh drinking water was available for patients and visitors throughout the site.

Pain relief

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

Staff regularly assessed patients' pain during and after surgery and gave pain relief when required. We saw staff checking with patients before a procedure to discuss pain and reassure them that pain relief was available. Pain scores were recorded for all procedures and information was audited and used for reviewing across all SpaMedica sites.

Advice was given for any post operative pain or discomfort and information, including emergency contacts, was discussed before discharge.

Patient outcomes

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

Outcomes for patients were consistently positive and regularly exceeded expectations. Patients reported positive results from their surgery and those we spoke to felt that they had experienced an immediate improvement. Feedback indicated that 99.86% of patients were happy with the outcome of treatment at SpaMedica – Newcastle under Lyme.



Surgery

Managers benchmarked outcomes against other hospitals within the SpaMedica group and with other providers. Clinical outcomes were discussed at clinical governance meetings and information shared with staff.

The service monitored their complication rates, including posterior capsular rupture (PCR) rate, which was a benchmark set by the Royal College of Ophthalmologists. Between January and March 2023, the rate of PCR following cataract surgery was 0.58% at SpaMedica Newcastle under Lyme, compared with a performance of 0.51% for the provider nationally at all sites. This was due to the Newcastle under Lyme site being one of the complex vitreoretinal surgery centres performing the most complex cataract surgery. The PCR rate for this type of surgery is expected to be raised due to the complexity and risks that this complex procedure attracts.

In the 12 months prior to inspection the service only had 1 infection or complication following surgery. This was a case of endophthalmitis that occurred in October 2022.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients. The service ensured that surgeons only carried out procedures they were trained and competent to perform and monitored outcomes to identify learning needs and areas of excellence. Medical staff were supported to develop through regular, constructive clinical supervision of their work.

Managers supported staff to develop and facilitated yearly, constructive appraisals of their work. All staff had completed an appraisal in the previous 12 months, and we were told these were structured and beneficial, with an emphasis on personal and professional development.

There was a well organised and comprehensive training programme available through a central team to support staff in developing skills and assessing ability in the areas required for their work. Technicians received specialist training on the ophthalmic equipment and diagnostic tools. Managers ensured that there was sufficient time allocated for training and included a system to shadow a competent person when learning.

Mental health awareness and first aid training was introduced for all staff to support patients and visitors that may need extra support.

SpaMedica had a practising privileges policy in place to support surgeons, that mainly work in the NHS, to deliver treatments at SpaMedica sites. A responsible officer was in place to provide oversight of practicing privileges and any concerns raised about surgeons. All staff had relevant up to date checks and fitness to practice processes were in place.

Multidisciplinary working

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

Staff regularly held multi-disciplinary meetings (MDT) to share information and provide a consistent approach to improving patient care. They were proactively supported to acquire new skills and share best practice. Staff attended a daily MDT safety huddle to explore concerns and immediate risks that day. Admission, discharge, and scrub nurses were able to discuss each patient with the surgeon before any procedures were done.



Surgery

We observed a safety huddle and saw all members of the multidisciplinary team attended. These took place daily before the start of any treatment or surgery. Audits were done to measure the effectiveness of the daily safety huddle and compliance at the time of our inspection was 100%.

Staff demonstrated good teamwork and proactively sought to help each other complete tasks. This allowed for a more cohesive approach and provided support for patients.

Staff liaised with other services and professionals to support patients and share information. We saw there were contacts to GPs, opticians, district nurses and the social care teams.

Seven-day services

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

The services' opening hours for were from 8am to 6pm Monday to Saturday. However, opening hours could vary depending on when staff finished the lists. There was an option to open the hospital out of hours if it was needed in an emergency and an "on call" system was in place to support patients out of hours.

Patients were given information on contacting the service out of hours.

We were told that some surgeons would operate on a Sunday to help prevent backlog, or to aid in improving waiting times.

Health promotion

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

The team at the hospital celebrated events, such as menopause awareness day, to promote health and share information to people using the service. The hospital engaged with patients and charities to share stories and promote healthy ways of living with eye conditions and advised on the effect of diet on eyecare.

Information related to eye care and eye complaints were displayed for patients to access and leaflets were also available. These showed pathways to other services.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS)

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions.

There were policies in place to inform on mental capacity act, patient consent and DoLS. Staff could gain easy access to the information and knew how to escalate any concerns.

There were clear processes in place for staff to assess capacity and make decisions in the best interest of patients.

Staff made sure patients consented to treatment in line with national guidelines and based on all the information available. When patients could not give consent, staff made decisions in their best interest, considering patients' wishes, culture and traditions. Consent would be sought on assessment and checked again before any procedures were done. Staff ensured patients understood the risks and potential benefits of surgery before asking for consent.



Surgery

Staff clearly recorded consent in the patients' records. Managers audited documentation and gaining of consent as part of the regular audits and compliance at the time of inspection was 98.9%.

Is the service caring?

Outstanding



We rated caring as outstanding.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity. They were treated as equal partners in decisions about their care.

We observed all staff treating patients with kindness, compassion, courtesy and respect. Staff were mindful of patient privacy and treated them in a dignified way. Staff communicated in a friendly manner that put patients at ease and there was some appropriate humour to help reduce stress.

Feedback from people who used the service and family, or carers was consistently and overwhelmingly positive about the way staff treat people. We were told that staff go the extra mile and the care they received exceeded their expectations. We saw staff offering reassurance before and after surgery and ensured that the patient was not rushed or confused about where to go. Staff communicated very well and put patients at ease with their friendly manner.

Staff took extra care with patients living with dementia and those with a learning disability and autism.

There was an advocacy policy to support staff, patients, and their families, which was used alongside the safeguarding and mental health policies. Patients' needs were assessed at the earliest opportunity and monitored for any changes during the patient journey.

Consultations took place in private rooms with doors closed to maintain the dignity and privacy of patients and there were quiet areas that could be used for families to discuss treatment.

Emotional support

Staff provided excellent emotional support to patients, families, and carers to minimise their distress. They understood patients' personal, cultural, and religious needs and adapted their approach to support patients.

Staff cared about patients and supported them throughout the stages of treatment. We observed staff holding the hands of patients and talking to them to ease any fears. They were mindful of patient mobility and supported them to move to and from locations or to lie and sit on beds.

Patients were given time to ask questions and discuss any anxieties they may have had. A quiet space was made available if a patient wanted time to gather their thoughts or to reduce the exposure to an area with more people around. Staff communicated in a kind manner and were experienced in dementia awareness and caring for vulnerable people.

Patients and staff used a multi faith room to gather their thoughts, pray or relax during times of stress.



Surgery

We were given an example when a member of staff played music on their phone to help relax a patient with learning difficulties. They were able to communicate about music and favourite artists to help provide the right support to reassure them through the procedure.

Understanding and involvement of patients and those close to them

Staff fully supported patients, families, and carers to understand their condition and included them in making decisions about their care and treatment.

We saw exceptional care and consideration for patients, relatives, and carers. People were well informed of the procedures being done and given aftercare information. Any concerns were managed well, and the patients put at ease about the process, including the function of the various equipment used within the hospital.

Information was available to patients in written form and by accessing the internet site and staff ensured that every procedure was explained to them and family members or carers. Staff talked to patients in a clear way without the use of technical or medical terminology. Care was taken with elderly patients and those hard of hearing to ensure understanding. Communication aids were used to help some patients understand their treatment.

Patients told us that the staff had been very good to them. They made comments like “the care was exceptional” and that the “nurses were wonderful”. We did not hear any negative comments and some patients said they had travelled many miles to attend the appointment, due to the reputation of the hospital.

Is the service responsive?

Outstanding



We rated responsive it as outstanding.

Service delivery to meet the needs of local people.

The service planned and provided care in a way that met the needs of local people. It also worked with others in the wider system and local organisations to plan care. Treatment was adapted to take into consideration individual circumstances and patient needs.

Facilities and premises were appropriate for the services being delivered. The service was a purpose-built surgical centre with consulting rooms, treatment rooms and a theatre. It was on the ground floor and had good access for patients, including those with difficulty in mobilising. There were ample parking facilities for those arriving by car.

The service provided transport for patients that had difficulty in travelling or were without the use of a vehicle and could arrange alternative transport and pay for taxis if required.

There was a notice board in the waiting area with photographs of all staff members including the hospital and area manager. Signs were clear, easy to read and suitable for patients with poor eyesight.

The hospital employed porters whose role included greeting patients, supporting them through the booking in process and helping them to access refreshments. Patients were then helped by patient coordinators to check in at the main desk.



Surgery

There were systems in place to retrieve appropriate patient information from GP's and other healthcare providers to allow for a comprehensive assessment before treatment.

Staff ensured all patients had the necessary information and clear explanations of what to expect before the day of surgery. Patients told us that staff had explained to them what to expect when they came for their appointment, and they had been given written information.

There were information booklets for cataract surgery and age-related macular degeneration (AMD), all available in many different languages to support members of the local community. This included versions in Welsh to support patients from Wales.

We saw posters that informed patients about religious festivals, such as Diwali, to support the sharing of information about different people using the service.

The team at the hospital celebrated events, such as menopause awareness day, to promote health and share information to people using the service. Religious and cultural festivals, including Diwali, Eid al-Adha, Hanukkah, Yom Kippur, Easter and Christmas, were celebrated by the team and patients at SpaMedica Newcastle under Lyme.

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 and provided extra support to those that needed it.

There was ample parking available for visitors to the service. Access to the building was secure with an intercom system for patients to speak to someone to gain entry. Staff accessed the building using an electronic swipe system.

The service provided free transport to patients and on the day of inspection, we saw that patients had been transported from Wales to use the service. If the transport was not available for local patients to use, the service paid for taxis to support patients.

The service used a telephone translation service to support patients who did not use English as their first language. We saw examples where a translator had been booked in advance of patient appointments. Confirmation and photographs of the interpreter were provided to support patients and relieve stress associated with the appointment.

Staff told us that they could access interpretation services, including British Sign Language (BSL) interpreters, if a patient had difficulty in communicating.

A deaf awareness training module was developed and made available to all staff for supporting patients and visitors that are hard of hearing.

The service was working with the Alzheimer's Society to raise awareness around dementia. Dementia champions were in place at the site to provide support to patients and staff.

There was a dedicated prayer and reflection room that allowed patients, staff, and visitors access, to support any religious and spiritual needs. People could access the area to take time to reflect or to relax.



Surgery

The service created and trialled a patient journey booklet that was designed to support patients that were hard of hearing and inform them of the process and treatments. A notice board showing the patient journey at every stage was developed at the Newcastle under Lyme hospital, which proved so popular that the idea was rolled out to most other SpaMedica locations.

We saw information on dementia that was available to staff and patients. There were memory books, that had been developed to support patients living with dementia; they showed pictures and memorabilia from the local area and nationally recognised historical events. These were available to help occupy the time whilst waiting and to put patients at ease by distracting them from the environment. The “walk down memory lane” books were popular with all patients.

An online training module was developed by 2 staff members, to create awareness and understanding for staff when treating patients with a disability. The information helped staff support patients to maintain dignity and independence, whilst at the hospital. This initiative had been shared across the other hospital sites.

There were games, jigsaws, and literature available for patients to use, whilst waiting for procedures or for visitors to use whilst waiting.

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.

There were processes in place to monitor and manage access to the service. This was an electronic system that connected with the SpaMedica provider database to coordinate a national overview and assist benchmarking and risk management.

From January 2022 to December 2022 the hospital achieved 100% of patients waiting for no longer than 18 weeks for treatment. The average waiting time for this period was 5 weeks. For the period from January 2023 to the inspection on 8 March, the waiting time average was 4 weeks.

Discharges were managed well. We saw patients being discharged and staff explained the process clearly and in a way that the patient understood. Information was shared verbally and in writing by handing out leaflets and copies of the discharge summary.

Staff ensured patients were safe to go home and that they had appropriate support if needed. Transport could be arranged if required.

Learning from complaints and concerns

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

Complaints were managed through an electronic system that linked to incidents and risks. This provided a cohesive process that connected concerns and complaints to ensure lessons learned could be monitored across all sites and shared.



Surgery

There was a complaints policy and staff could access this to help advise patients if they needed to raise concerns or complaints. The service displayed information about how to raise a concern and there was an information leaflet available. Information was also displayed on notice boards around the hospital. If a complaint was made, the patient, family member or carer would be made aware of any investigation findings and lessons learned.

Patient satisfaction feedback for March 2022 – February 2023, showed that 99.9% of patients said that waiting times, hospital facilities and the outcome of their treatment was very good.

We saw a variety of cards and gifts from patients complimenting the staff following their visit to SpaMedica Newcastle under Lyme.

The manager took complaints and concerns seriously and was proud of the very low numbers received at Newcastle under Lyme. In the 6 months leading up to inspection there had been only 1 concern raised which was not related to care and treatment.

Is the service well-led?

Good



We rated well-led as good.

Leadership

Leaders understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

We saw a clear management structure in place that included national leaders and area managers. All were displayed for patients and staff to see.

There was a registered manager based at the hospital to manage the facilitation of clinics and theatres. We saw a clear organisational and local management structures were in place and photographs displayed to help identify staff.

The area manager was responsible for other sites in the region, but regularly visited the Newcastle under Lyme site. Good practice and learning from incidents were shared across different locations. Managers told us there was effective working relationships across sites and senior leader support was readily available.

Local leadership promoted a positive ethos which was communicated and shared by every member of staff. Staff told us that the manager was visible and approachable, and that support was always available. Staff morale was very good and all comments about leadership of the service were positive. Contact details of all leaders were available to staff to provide an easy line of communication to senior managers.

Staff told us they attended regular monthly staff meetings and that they felt that their views were heard and valued. There were examples where suggestions had been raised to the manager and then reviewed and implemented.

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.



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The strategy for SpaMedica, as an organisation, covered five main areas - growth, quality, leadership, governance and infrastructure and the values - safety, integrity, kindness and transparency.

The strategy and values were adopted at the Newcastle under Lyme hospital and the manager ensured that staff were understanding of the high standards set. Staff told us they understood the vision and values of the organisation and that the manager provided positive leadership to achieve them.

The service provided at Newcastle under Lyme supported the demand seen in the NHS. All patients seen at the hospital were referred from the NHS. The service provided treatment for patients beyond the local area and received referrals from across the country and including Wales.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service provided opportunities for career development.

All staff we spoke with were enthusiastic and positive about the culture and proud to work at the hospital. They described an open culture where they felt able to raise any issues or concerns. We saw staff working well together to deliver good patient care, with strong teamwork and caring for each other.

Staff told us that they enjoyed their work and described the team as a “family”. We were told that a staff member travelled over 40 miles to get to work because they wanted to remain part of the team.

We saw examples of staff going above and beyond to support each other and the inclusion of non-clinical staff being involved in the patient journey.

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

The hospital had provided opportunities for staff career progression, and we saw examples where staff had been developed into new roles and gained experiences outside of their normal working requirements.

Governance

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

There was a clear governance structure in place and regular governance meetings were scheduled to assess information. The meeting structure ensured information flowed from hospital level through to board and back down to the hospital. Meetings were documented and there was an agenda to follow. This ensured all areas were covered and risks and lessons learned could be reviewed.

We reviewed minutes from 3 governance committee meetings and saw that patient incidents, staff issues, clinical outcomes and learning were discussed, and actions followed up at the next meeting. Named owners of each action were required to provide an update to the progress of each action and communicate with staff at all levels to ensure good understanding of them.



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The medical advisory committee (MAC) met quarterly and reported to the provider's medical advisory board as well as the board of directors. Meetings were recorded and had standing agenda items such as clinical governance report, operations updates, and medical updates.

Management of risk, issues and performance

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

There were robust arrangements for identifying, recording, and managing risks. The hospital had a risk register linked to the online incident reporting system. All risks had a score, review date, controls and risk owner assigned.

Risks were reviewed weekly by the local manager and monthly by the area manager. The local risk register fed into the corporate register and could be monitored along with other SpaMedica sites.

Local risks were discussed monthly with the staff and emails containing information about risks were sent to all staff. Risks were also raised in daily safety huddles if appropriate. Staff were encouraged to report incidents and concerns, and these were seen as an opportunity to learn.

Managers across sites carried out audits in line with Care Quality Commission (CQC) key lines of enquiry. Often this was done by an independent person to simulate the questions asked at CQC inspections and help gauge performance.

Information Management

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

All staff could access information required for them to provide up to date and appropriate care. The electronic system was password protected and all written information was securely locked in filing cabinets inside a locked room.

Managers used an online system to produce a dashboard to monitor and review performance against other locations. The system provided real time data to allow managers to be effective in providing high quality services and supporting other locations in managing risk. For example, if staffing was not adequate at one site, another location may be able to support and avoid cancellations of procedures.

Data was collected and reviewed from all procedures performed at the location. This provided information to help improve services and monitor performance. The system was secure and only available to authorised staff. Once collated the information was shared with relevant organisations and professional bodies, as appropriate.

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.

Monthly staff meetings were held to inform staff of any issues or risks to business that had occurred. The meetings were minuted and information emailed to staff not present. A log with all information and minutes was available for staff to read on site. The area manager regularly attended meetings to support staff.



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Leaders engaged patients to gain feedback to improve services. The service monitored patient satisfaction and results showed satisfaction levels were consistently very high.

In 2022 the Newcastle under Lyme team celebrated the 5000th patient treated. The team celebrated this by communicating the achievement locally and sharing it with patients.

The organisation produced newsletters to inform staff and patients of wider concerns or to celebrate success. A weekly publication called “feel good Friday” was available to staff to inform them of good news and celebrations or milestone events.

The service had good links with other organisations to help patients understand eye conditions. We saw that charities had been involved in awareness training for patients and staff.

Staff regularly accessed team building, charity and fundraising events to raise awareness and support people living with eye conditions.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

SpaMedica were supporting the training of NHS surgeons at the hospital and ensuring ophthalmology trainees have access to digital dry laboratories as part of their training in cataract surgery.

A box containing all the equipment required to treat endophthalmitis was put together to support staff in treating the infection. Staff were made aware of the location of the box to prevent delays providing treatment to patients.

Staff were enthusiastic and committed to learning and improving care for patients. We saw examples where ideas had been encouraged and developed with full support of the manager.

The manager encouraged staff at every level, to improve skills and knowledge. We saw an example where a member of the housekeeping staff had been developed and supported in moving into a porter role and then into a patient coordinator role.

All staff were positive about the support given by the manager and stated that all staff were treated equally and could progress and learn.

Staff from across the provider organisation were encouraged to visit the hospital to gain knowledge and share experience.

A member of the agency staff told us that they were treated like a regular staff member. They had been supported and gained skills at Newcastle under Lyme hospital, that were above and beyond expectations.

A booklet had been created to help staff support patients with learning difficulties. There was a learning platform available for staff to access additional information. This initiative is now being shared across the other sites within the SpaMedica group.



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Notice boards were placed throughout the patient areas and clinic rooms to display the journey of the patient and to inform them of the stages of care. It contained information about support groups and contact details and signposted to other organisations. This idea was developed at the Newcastle under Lyme site and due to its success, introduced to all other sites within SpaMedica group.

The service shared information and learning with other SpaMedica locations and adopted good practice from other sites. The manager reviewed performance across other sites and comparable services, to measure and benchmark services provided at Newcastle under Lyme.

We saw examples where staff had experienced different eye conditions by wearing spectacles that impaired vision to replicate the difficulties patients may have. Staff told us this had been immensely beneficial in understanding the effects surgery was having and made them feel proud to have helped make such a difference.