

SpaMedica Ltd

SpaMedica Southampton

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

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 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 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:

- The registered manager did not have full assurance that surgeons were only carrying out procedures they had practicing privileges for.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	

Summary of findings

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Summary of this inspection

Background to SpaMedica Southampton

SpaMedica Southampton is operated by SpaMedica Ltd. The service opened in March 2021. The service primarily serves the communities of Hampshire, offering cataract surgery and yttrium-aluminium-garnet laser (YAG) capsulotomy services for NHS patients (YAG capsulotomy is a special laser treatment used to improve your vision after cataract surgery). The service did not treat children.

The service is located on the ground floor. There is a main reception area, a waiting area for the diagnostic, assessment and post-operative clinic rooms. There is a second waiting area for patients admitted for surgery. The surgical area includes one operating theatre, a patient ward and a patient discharge room.

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 hospitals 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
- Patient care co-ordinators
- Healthcare technicians
- Administration staff

How we carried out this inspection

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 inspection on 22 June 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.

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

Outstanding practice

We found the following outstanding practice:

- The service provided a taxi service to those who were unable to get transport to the hospital. In addition, a courier service was available to deliver eye drops to patients to avoid a journey to the hospital to collect eye drops, as a last resort eye drops could also be posted to patients.

Summary of this inspection

- SpaMedica Ltd utilised point of care finger prick testing for level of blood clotting for patients who take warfarin. This meant patients did not need to go to a clinic or require a district nurse to check their blood clotting seven days prior to surgery. This reduced the burden on the NHS particularly during the Covid-19 pandemic.
- The service had created an endophthalmitis (an infection of the fluid in the eye) box. This was a red box containing all the equipment required to treat the infection. A video had been produced explaining step by step how to prepare the antibiotics.
- The service had engaged with religious leaders in order to be able to support patients from different cultures in aftercare.

Areas for improvement

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

Action the service SHOULD take to improve:

Surgery

- The service should consider how to get the views about the service from patients living with dementia.
- The service should consider how to facilitate the registered manager to have assurance that surgeons were only carry out procedures they have practicing privileges for.






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 

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. Data showed the 100% of all staff were up to date with their mandatory training. Agency staff completed the service's mandatory training before working at the service.

The mandatory training was comprehensive and met the needs of patients and staff. There was a learning and development policy which detailed what mandatory training modules different roles of staff were required to complete. Records showed mandatory training included, but was not limited to, essential safety subjects such as moving and handling, basic life support and infection and prevention control.

Mandatory training included training to support staff safely meet the needs of patients living with dementia. The training did not include meeting the needs of patients with other mental health needs, learning disabilities and autism. It was not common for patients with mental health needs, learning disabilities and autism to be treated at the hospital. However, staff could access training about these areas through the SpaMedica training platform

Managers monitored mandatory training and alerted staff when they needed to update their training. The manager monitored staff mandatory training compliance as part of their quality auditing processes. The online mandatory training system sent staff an email to alert them when mandatory training was due. Staff we spoke to confirmed this.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. All staff were up to date with safeguarding training. They 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.

Surgery

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

Staff knew how to make a safeguarding referral and 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. They described how they followed process to safeguard a patient from self-neglect. The service had a safeguarding lead and all staff we s

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 visibly clean and had suitable furnishings which were clean and well-maintained. Clinical and waiting areas were visibly clean and clutter free. Cleaning staff were visible cleaning all areas of the hospital.

The service performed well for cleanliness. The hospital had a service level agreement with an external cleaning company for the cleaning of the general environment. Cleaning schedules were displayed and records demonstrated the cleaning staff adhered to the schedule.

Staff followed infection control principles including the use of personal protective equipment (PPE). 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. 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. 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. The service completed infection prevention and control audits. The service scored 100% in the most recent audit.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. We saw staff clean furniture and equipment after patient contact. 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 worked effectively to prevent, identify and treat post-surgery infections. Patients undergoing cataract surgery had antibiotics put in the eye during the procedure to prevent endophthalmitis. This was in line with professional standards and guidance from the Royal College of Ophthalmology. Endophthalmitis is an inflammation of the fluids in the eye (vitreous) usually due to infection. The service monitored infections related to surgery. Data showed that there had been no cases of confirmed endophthalmitis or infection in 12 months prior to our inspection. Staff explained to patients during discharge the importance of keeping their eye clean by washing their hands regularly and using cooled boiled water to clean their eye.

Surgery

Environment and equipment

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

Patients could reach call bells and staff responded quickly when called. The service had call bells for patients waiting in the patient ward prior to surgery.

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. The service followed national guidance for the use of laser equipment. 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 local rules and controls to minimise the risk to patients and what further action was required to reduce the risk.[ST2]

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, (machines used to measure patient's blood sugar levels).

The service had suitable facilities to meet the needs of patients' families. Access to the service was via a ground floor reception. The service was based on the ground floor. There were two waiting areas, one for patients who were attending pre assessment and follow up appointments and one for patients who were attending for surgery. The waiting areas were comfortable with water stations and there were two hot drinks machines.

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 March 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 disposed of clinical waste safely. Waste was separated with colour coded bags for general and clinical waste. Sharps bins were assembled correctly and not overfilled. These were disposed of in line with national guidance.

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 used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Staff carried out patient observations to monitor the patients undergoing intraocular surgery. The hospital's policy was to call for emergency assistance through the NHS 999 service if a patient's condition deteriorated.

Staff completed risk assessments for each patient. The service had a screening protocol and admission criteria. The patient pathway for both cataract and YAG surgery, included a series of assessments carried out by optometrists and the operating ophthalmic surgeon to determine the patient's suitability for the surgery. Records showed staff used an adapted "Five steps to safer surgery" World Health Organisation checklist before, during and after each surgery.

Surgery

Staff knew about and dealt with any specific risk issues. Patient records showed a full medical history was taken at the initial patient assessment. If an issue was identified at the initial assessment, such as the patient had high blood pressure, staff wrote to the patient's GP and asked them to review the patient. When this happened, patients were put on a "temporary unfit list." Staff reviewed this weekly and followed up on the patient, so their surgery was not delayed once they were medically fit.

Staff shared key information to keep patients safe when handing over their care to others. Patient records were accessible to all SpaMedica Ltd staff so patients could access support from any hospital. Staff followed process to share essential clinical information with patients GP's if needed. Patients had access to support 24 hours a day, if they had any concerns following treatment.

Staffing

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

The service had enough staff to keep patients safe. The service employed 21 members of permanent staff. This was made up of one hospital manager, two porters, three reception staff, one driver, one optometrist and 14 clinical staff.

Managers accurately calculated and reviewed the number of staff needed for each shift in accordance with national guidance. There was a standard staffing model which was regularly reviewed. The service held weekly activity meetings to assess and plan in line with activity. 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.

The manager could adjust staffing levels daily according to the needs of patients. Hospital managers liaised across the region to support and plan staffing. When possible, staff from other SpaMedica Ltd hospitals would support SpaMedica Southampton if they had a staff shortage. Agency staff were rarely used. If agency staff were used, they had a full induction and had to complete relevant competency assessments before working at the hospital.

The overall turnover rate for the service was 19% but due to the size of the hospital and number of staff employed this only equated to four staff members leaving. Exit interviews had identified that reasons for staff leaving were for career progression in other areas of healthcare.

The service had enough medical staff to keep patients safe. All ophthalmic surgeons worked for the service under practising privileges. The registered manager was not sighted on the practicing privileges for the surgeons working at SpaMedica Southampton. This meant that as the registered person responsible for the activity carried out at the hospital, she did not have full assurance that surgeons were only carrying out procedures they had practicing privileges for. However, the medical director reviewed them to ensure the appropriate practising privileges were completed and in place. 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, in independent private practice, or within the provision of community services. The service's 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.

Surgery

Patient notes were comprehensive, and all staff could access them easily. Patient records were predominantly electronic. Patient pathway records were in a paper format and were scanned onto the electronic patient record system after completion of the patient pathway. Traceability documentation from theatre such as the type of lens was attached to the patient's notes and scanned into their electronic patient record. Patients were given a card with details of the lens they had, should it be needed for future reference.

The service monitored completion of patient records. Audits were carried out every three months. Records showed the service was 96% compliant with their records management policy and processes at the last audit in April 2022.

Records were stored securely. Patients paper records were stored securely at the clinic site in line with the clinic's policies and procedures. Electronic records were only accessible to staff who were authorised to access them.

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. Medicine records were complete and contained details about any patient allergies, dose of medicines and when patients received them. Only staff who had completed competencies in the management of medicines dispensed and administered medicines to patients.

The service used topical and local anaesthesia drops instilled into the eye. Drops were prescribed using patient specific directions (PSD). These were administered by health care technicians or nurses who recorded on the paper PSD. We saw PSDs were completed and signed by a prescriber and recorded within the patients record.

The service had patient group directions (PGD) for optometrists to use for complications involving the eyes. For example, to treat corneal oedema (swelling of cornea), the PGDs included the inclusion and exclusion criteria for patients and flow charts for staff to follow. PGDs provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber).

The service had a service level agreement with a pharmacy for provision of medicines. Records showed staff carried out an overall medicine stock check and expiry date check weekly.

Staff reviewed each patient's medicines regularly and provided advice to patients about their medicines. They checked what routine medicines patients were taking as part of the patient's initial assessment. Patients understood what their eye drops were for, how frequently to administer them and how administer them because staff explained it to them during the discharge process.

Staff stored and managed all medicines in line with the provider's policy. Medicines were stored safely and securely; within locked cupboards or fridges, in restricted access areas, in line with national and manufacturer guidance. Records demonstrated staff monitored and recorded both fridge temperatures and room temperatures daily.

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. Meeting records showed topics included: incidents involving medicines were discussed including themes, national safety alerts relating to medicines and hospital medicine audit compliance.

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. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. This included reporting serious incidents, concerns and near misses. The incident reporting policy gave staff guidance about reporting incidents and near misses. Staff we spoke to confirmed this and told us that they were encouraged to report incidents. The service used an electronic reporting system. Records showed there had been no severe or moderate harm incidents in the 12 months prior to the inspection and there had been three incidents categorised as low harm.

The hospital manager shared learning with their staff about incidents that had happened both in this hospital and incidents that happened elsewhere. Staff told us that learning was shared at daily morning huddle meetings and monthly hospital meetings. SpaMedica Ltd shared themes and learning from incidents and near misses from across all services monthly with the managers and area managers.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. The incident reporting system and investigation process supported staff to assess and identify if the duty of candour process needed to be followed.

Managers investigated incidents thoroughly. The hospital manager investigated incidents supported by the area manager. Records of incident investigations showed investigations were comprehensive, identified the cause, confirmed involvement with the patient and resulted in actions to reduce similar occurrences.

Processes were in place for managers to debrief and supported staff after any serious incident. However, these had not had to be followed as no serious incidents had occurred.

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?

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. Staff followed the Royal College of Ophthalmologists (RCOphth) standards and National Institute for Health and Care Excellence guidance. Policies and standard operating procedures were accessible on the providers intranet and were accessible to all staff. Staff confirmed they knew how and where to access all relevant guidance.

Surgery

The service completed clinical audits to monitor staff compliance with policies and latest guidance. These included medicines management, consent, surgical safety, clinical documentation and infection prevention and control. For audits that showed less than 95% compliance with policy, the service developed an action plan and measured improvements in a repeated audit one month later. Records showed staff followed this process.

The service monitored results from clinical audits against performance of other SpaMedica Ltd hospitals. 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 gave patients appropriate food and drink to meet their needs. Patients did not need to fast before their surgery. Patients did not spend a long time in the hospital but there were cold and hot drinks available and biscuits. We saw staff offered patients a drink and biscuits throughout their visit. In addition, there were notices encouraging patients to help themselves to drinks and biscuits.

Pain relief

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

Patients undergoing ophthalmic surgery were treated under local anaesthesia. Anaesthetic eye drops were instilled prior to treatment to ensure patients did not experience pain or discomfort. This enabled patients to remain fully conscious and responsive. Although there was no formal pain tool used, staff asked patients if they were comfortable during treatment. Patients were told by staff to raise their arm if they experienced pain during their procedure so that additional local anaesthetic drops could be instilled. Staff informed patients about the expected level of pain after discharge and to contact the hospital if the pain became severe.

Staff gave patients advice on what over the counter pain relief medication could be taken after their procedure should they experience pain. Staff also advised patients what pain killers should be avoided.

Patient survey results showed between 01 January 2022 and 23 June 2022 98% of patients said they did not experience pain during their procedure.

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 Ltd participated in the National Ophthalmic Database (NOD) Audit, which is run by the Royal College of Ophthalmologists and measures the outcomes of cataract surgery. SpaMedica Southampton had not yet received any outcome data.

Outcomes for patients were positive, consistent and met expectations. The service used patient satisfaction survey forms to help measure patient overall satisfaction with the outcomes. The information from the surveys was collated and presented at monthly meetings. Patient survey results showed between 1 January 2022 and 23 June 2022 88% of patients said they were happy with the outcome of their procedure.

Surgery

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

Managers used information from the audits to improve care and treatment. Managers used information from the audits to improve care and treatment. Improvement was checked and monitored. The service completed a local audit programme including medicines management, infection prevention and consent. The service had good results from its audits completed in the last year. If any audit showed less than 95% compliance, then actions were developed, and a re-audit was undertaken one month later to measure improvements.

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 appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers followed recruitment processes to ensure staff had the relevant skills and qualifications for their role. SpaMedica Ltd employed surgeons through practicing privileges which was supported by a policy and was managed corporately. The onboarding of new consultants was managed corporately and included checks to ensure consultants were up to date with mandatory training, evidence of General Medical Council registration and current license to practice and that they were on GMC specialist register for ophthalmology. Individual consultants' outcomes and performance were reviewed at medical advisory committee meetings. Patient survey results showed between 1 January 2022 and 23 June 2022 100%, of patients said they would recommend their surgeon.

Staff completed training and underwent competency assessments to ensure they were competent to carry out their role. The hospital manager maintained a skills matrix that indicated staff who had been trained and deemed competent for certain roles and responsibilities. For example, staff completed training and underwent competency assessments to undertake pre-operative and post-operative assessments of patients.

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. Staff did not practice in any role until assessed as competent.

Managers supported staff to develop through yearly, constructive appraisals of their work. New members of staff had appraisals at one month, three months, six months and 12 monthly intervals. Staff we spoke to confirmed that they had undergone these appraisals. Data showed that all staff had received appraisals at the scheduled time.

Managers supported medical staff to develop through regular, constructive clinical supervision of their work. Newly appointed surgeons had a period of supervised practice under a lead surgeon, this was usually observing between one and three sessions depending on the level of experience of the surgeon. The medical director was responsible for ensuring revalidation of surgeons were completed and undertook their yearly appraisal.

Surgery

The clinical educators supported the learning and development needs of staff. SpaMedica Ltd had a national training team who supported the learning and development needs of staff. The training team developed training support plans with new and existing staff and worked with them on a one to one basis to provide support and monitor progress against their plans.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Records were made of all clinic meetings and staff had access to them.

Managers made sure staff received any specialist training for their role. Staff said they were trained to use the equipment and records confirmed staff completed training specific to their roles and the equipment they used]. An external laser protection advisor (LPA) had been identified who had developed the local rules for the hospital. The nominated laser protection supervisor (LPS) had completed relevant training in laser treatment. There was no nominated deputy for the LPS although staff, with appropriate skills and training could be re-deployed from other hospitals across the region.

Multidisciplinary working

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

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

Staff worked across health care disciplines and with other agencies when required to care for patients. All SpaMedica Ltd hospitals worked closely together to maximise efficiency and reduce waiting times and benefit patients. Staff were shared across different hospitals working where they were needed the most.

The service ran training for local community opticians to enable them to support patients post-operatively in the community.

Seven-day services

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

The service undertook elective surgery only and all operations were planned. The service worked flexibility depending on demand and capacity. Theatre sessions were not fixed and were flexed to meet the needs of patients and were held Monday to Saturday.

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

There was an emergency helpline available 24 hours a day, seven days a week. Staff showed patients where to find the help line number in their discharge booklet.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support on noticeboards. For example, we saw a poster on do's and don'ts after cataract surgery.

Surgery

Staff assessed each patient's health when they were pre-assessed and provided support for any individual needs to live a healthier lifestyle.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Records showed all staff had completed training about consent, which included the Mental Capacity Act (2005). It was the responsibility of the consulting surgeon to, where required, assess the patient's capacity to consent. When patients could not give consent, the consenting surgeon made decisions in their best interest, taking into account patients' wishes. This was gathered through consultation with the patient, their family and others as relevant to the patient. Consent forms showed in these situations patient's capacity to make an informed decision about cataract surgery was fully assessed and that best interest decision making processes were followed in line with the legal requirements of the Mental Capacity Act (2005).

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The service had a two-stage consent process. Written consent was completed by an optometrist who had undergone training and a competency assessment at the patient's pre-assessment appointment. Consent was re-confirmed on the day of the procedure by the surgeon. This was in line with the Royal College of Ophthalmology

Staff made sure patients consented to treatment based on all the information available. Patients received comprehensive information about the benefits and risk of their surgery, both verbally and in writing, the information was also available on the SpaMedica Ltd website. Patients signed to acknowledge they understood potential risks of the treatment. Patients said they were fully informed about the surgery and any risk associated with it.

Staff clearly recorded consent in the patients' records. Consent forms were completed appropriately. The service routinely audited completion of consent forms three monthly. Where an audit identified less than 95% compliance with the consent policy, the service developed an action plan and completed a further audit one month later. This practice was demonstrated in the consent audits where records showed compliance with the consent policy was 91% in April with an improvement to 94% in May 2022.

Are Surgery caring?

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 followed policy to keep patient care and treatment confidential. Staff ensured patients privacy and dignity was maintained. Patients remained fully clothed during the surgery.

Surgery

Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients commented that staff always spoke to them in a respectful manner.

Patients said staff treated them well and with kindness. Patients feedback about the care they received was consistently positive. Comments from patients included, “Brilliant service from start to finish. Everyone is so caring” and “superb service, very friendly staff”. The service reviewed feedback collected online by NHS choices. Comments left by patients included, “All the staff professional and friendly, staff attentive throughout from for office to operating theatre.”

Staff followed policy to keep patient care and treatment confidential. Consultation rooms had vacant/engaged sliding signs to notify to other staff when a patient was in a consultation room. We saw staff consistently used these and knocked and asked permission before entering a room.

Staff understood and respected the individual needs of each patient. They showed understanding and a non-judgmental attitude when caring for patients living with dementia. The pre-assessment process allowed staff to assess how to best support the patient so they could successfully have the surgery. Extended assessments were carried out, during which the patient had a trial run, including entering the theatre and lying on the operating bed. If, after this process to was assessed the patient was unlikely to tolerate the procedure, they were referred to NHS services for assessment for cataract surgery under a general anaesthetic. The hospital had dementia champions and information boards on dementia signposting patients and their carers to local charities who could provide help and support. During the pre-assessment process staff asked patients if they had experienced panic attacks or anxiety and planned, with the patient, how best to support the patient through the surgery to reduce anxiety and risk of panic attacks.

The service had a chaperone process and policy. The service displayed posters throughout the department to inform patients of their right to a chaperone

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. During the pre-assessment process we saw staff asked patients if they were coping at home and if they had enough support. There was a diversity, equality, and inclusion poster informing patients that everyone mattered regardless of skin colour, intellect, talent or age.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their anxiety.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff gave emotional support to patients; staff offered to hold their hand during the procedure to provide reassurance. The service collected feedback online through NHS choices. A patient who described themselves as being extremely tense commented, “The staff made me feel extremely at ease, from reception to assessment and finally surgery.” Patient survey results showed between 1 January 2022 and 23 June 2022 100% of patients said they felt reassured throughout their procedure.

Staff understood the emotional and social impact that a person’s care, treatment or condition had on their wellbeing and on those close to them. The hospital had a mental health awareness board, which had top tips on improving mental wellbeing and contact details for patients if they needed support with their mental wellbeing.

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.

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Staff made sure patients and those close to them understood their care and treatment. Staff checked the patient understanding of the information they were given at each stage. Patient survey results showed between 1 January 2022 and 23 June 2022 100% of respondents said they were given enough time to ask questions.

However, it was not clear whether any of this feedback was from patients living with dementia or from their relatives. However, there was a lack of information about how patients living with dementia and their families felt about the information provided to them. There was no detail whether any of the respondents were patients living with dementia or their relatives who supported them.

Patient feedback received by the service was consistently positive about how staff made sure patients understood their eye conditions and the treatment options. Comments included, “I was made aware of everything that would take place at every stage”, “everything was explained carefully” and “staff were very keen to explain and answer my questions.”

Staff gave patients comprehensive written and verbal information about their on-going care. This included eye care, follow-up appointments, hobbies and counselling on medicines. This helped patients understand how to care for themselves and recognise any post-operative complications.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff offered patients the opportunity to give feedback about their experience at the end of each hospital appointment with the use of a patient satisfaction feedback survey. Staff also directed patients to the NHS choices website where they could submit feedback about their experience.

Staff supported patients to make informed decisions about their care. After the first assessment treatment recommendations were made and staff gave patients relevant information to take home and read. The information included the potential complications and expected outcomes, so this was clear from the first consultation.

Are Surgery responsive?

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 the service so it met the needs of the local population. The service worked collaboratively with local clinical commissioning groups (CCGs) 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 hospital was open seven days a week, this offered choice and flexibility to patients.

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 accessible for all. The service was on the ground floor.

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Managers monitored and took action to minimise missed appointments. Staff contacted patients at set intervals before their surgery appointment. These contacts included opportunity for patients to ask questions and served as a reminder and confirmation of the date of surgery.

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. They coordinated care with other services and providers.

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

For patients living with dementia, extended assessments were carried out, during which the patient had a trial run, including entering the theatre and lying on the operating bed. This assessment determined whether the patient's needs could be met safely at the hospital. During the surgery a member of staff was allocated to the patient to reassure them by holding their hand or using methods as suggested by both the patient and their relatives or carers. If necessary, carers or relatives were supported to accompany the patient to the theatres to offer reassurance and familiarity. Stayed with the patient to reassure them. SpaMedica Southampton service had a dementia champion who supported the team in meeting needs of patient with dementia.

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 both reception areas to support patients who were deaf or had a hearing impairment. 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.

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. This included access to British Sign Language interpreters. 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. 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.

The service was inclusive and took account of patients' religious needs and individual needs. Patients who have undergone cataract surgery should not bend over for at least two weeks. Bending over places pressure on the eye and this

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may cause unnecessary complications to the eye. The service identified that this posed a problem for Muslim patients who kneel over to pray. Therefore, managers had engaged with the local Muslim leader (imam) who had given special dispensation for Muslim patients who had undergone cataract surgery and they could pray standing up. Staff advised Muslim patients of this during the discharge process.

The service took account of patients' ethnicity and how that may affect their outcomes of surgery. Some patients of some ethnic minority groups with dark irises received a longer tapered course of treatment due to their increased risk of postoperative inflammation.

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 Ltd 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 patients with underlying health conditions who require treatment prior to eye surgery, they were 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. Patients remained in the clinic for up to four hours. Most patients commented about how swift the experience was.

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, investigated them and shared lessons learned with all staff.

Patients, relatives and carers knew how to complain or raise concerns. There was detail on the SpaMedica Ltd website about how to make a complaint to the service.

Staff understood the policy on complaints and knew how to handle them. The service had a complaints policy and staff demonstrated understanding of the complaints policy and process. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

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 Ltd 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. The service had had two complaints since opening. Records showed the manager acknowledged and investigated the complaints in line with the policy.

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Managers identified themes and shared feedback from complaints with staff and learning was used to improve the service. The SpaMedica Ltd 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 SpaMedica Southampton was responsible for ensuring staff understand the lessons learnt.

Are Surgery well-led?

Good 

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Leaders had the skills and abilities to run the service. The hospital manager was also the registered manager, who had been in post since March 2021. The hospital manager was supported by the area manager for the south west and a hospital director for the south who in turn were supported by a board of governors. The hospital manager confirmed they had good support from the area manager for the south west and a hospital director for the south. The service had a clear management structure in place with defined lines of responsibility and accountability. The January 2022 staff survey showed that 86% of staff agreed or strongly agreed that managers demonstrated strong leadership skills.

Leaders understood and managed the priorities and issues the service faced. They were able to identify actions to address them. For example, the service had a risk relating to the potential lack of theatre practitioners with relevant competencies to meet future demand. The service was addressing this by actively training agency staff to complete competencies before they were needed to ensure there was access to suitably trained staff through an agency. The service also had a robust recruitment program to hire suitable candidates.

Leaders were visible and approachable in the service for patients and staff. Staff told us that managers were visible and approachable in the service for patients and staff. Staff were extremely positive about the hospital manager who had implemented a number of positive changes since in post.

Leaders supported staff to develop their skills and take on more senior roles. There was a variety of different opportunities available for staff to develop new skills and undertake courses. There was a clinical development lead and team which supported staff in their development.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.

SpaMedica Ltd had an overarching mission statement which was “Every patient, every time: no exceptions, no excuses”, which staff were aware of.

The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. The SpaMedica Ltd board strategy was focused on the continued expansion of the SpaMedica Ltd hospital

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network, completing the creation of a national network that can meet the sustained growth in demand for services, based on the following principles: quality, leadership, governance and infrastructure. The board strategy aimed to reduce pressure on the local NHS hospitals and reduce waiting times. However, not all staff fully understood the organisation's vision. The January 2022 staff survey showed that 57% of staff understood the SpaMedica Ltd vision for the future.

The SpaMedica Ltd values were "safety", "integrity", "kindness" and "transparency". The values were included on the SpaMedica Ltd website and all literature and posters throughout the service for patients to see. The January 2022 staff survey showed that 100% of staff agreed or strongly agreed that their behaviour reflected the SpaMedica Ltd values.

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, and provided opportunities for career development. 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 an emphasis on the safety and well-being of staff. Staff had access to an Employee Assistance Programme to support their wellbeing. One member of staff had additional training to equip them to be a workplace mental health first aider. The January 2022 staff survey showed that five out of seven staff agreed that SpaMedica Southampton put safety first for patients and staff. However, one member of staff neither agreed or disagreed and one member of staff disagreed that SpaMedica Southampton put 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 provided opportunities for career development. There were a number of different courses and qualifications that staff could access, and they had the opportunity to work at the dedicated clinics where more complex cataracts were undertaken to support their learning. The January 2022 staff survey showed that most staff agreed they had opportunity to develop their skills and progress their career. 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 Ltd Freedom to Speak Up Guardian who was the head of human resources for the company. The January 2022 staff survey showed that six of seven members of staff agreed that they felt they could speak up and knew who to go to if they had a concern, with one member who either did not feel they could speak up or did not know who they could speak to.

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.

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Governance

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

Leaders operated effective governance processes that evidenced the quality of care. There was a clear structure for governance and sharing of information across all leadership levels, staff working at the clinic and for staff working across the organisation. Daily briefing meetings attended by all staff working at the clinic that day allowed sharing of essential safety, performance and activity information. Team meetings, corporate clinical governance, clinical effectiveness and medical advisory committee (MAC) meetings were recorded and reviewed performance of the service and the organisation. Actions were tracked, and records showed they had been completed.

Staff were clear about their roles and accountabilities. Results from the January 2022 employee survey showed that all staff understood their roles and responsibilities.

The service managed performance and quality of the service through local auditing, the results of which fed into the team meetings and into the wider corporate committee meetings.

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. Staff contributed to decision-making to help the quality of care. They had plans to cope with unexpected events.

The service had comprehensive assurance systems to monitor safety performance. The service had a systematic programme 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 maintained a risk register. All risks on the risk register had a score and controls to reduce their impact with evidence of reviews and review dates. Staff contributed to decision making about the management of risks, issues and performance during team meetings.

They had plans to cope with unexpected events. The service had a business continuity plan. This detailed the actions staff needed to take in the event of unexpected events to ensure patient safety was not affected.

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 mostly submitted to external organisations as required.

The service collected reliable data and analysed it. The service collected and reviewed a variety of data to monitor, performance, outcomes, complications and referral to treatment times and these were analysed and reviewed regularly. Data for each patient was submitted to the National Ophthalmic Database and findings were discussed at MAC and governance meetings and at consultants' appraisals. Systems were integrated and secure. Staff described information technology systems as fit for purpose.

Staff could find the data and information they needed. They had access to the company intranet to gain information relating to policies, procedures, professional guidance and training. Staff told us that they were informed of any changes to policies and processes by email or at meetings.

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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 mostly submitted data to external bodies as required. This included the National Ophthalmology Database which allowed the service to benchmark performance against other providers and national outcomes and notifications to the Care Quality Commission. Currently, the service was not submitting data to the Private Healthcare Information Network (PHIN). The service advised that that as they did not carry out private work at Southampton they were not required to submit data to PHIN.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services.

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. The service had engaged with a number of local charities and support groups to design the service to meet the needs of the local community.

The service gathered people's view 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 100% of staff agreed or strongly agreed that received adequate communication from their manager to carry out their role.

The SpaMedica Ltd 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.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Staff were committed to learning and improving. Staff spoke about how managers supported them to attend courses that supported their development and contributed to improving services.

Staff spoke about how the manager was open to suggestions for improvement and facilitated improvements suggested by staff. This included the practice of preparing equipment for surgical lists prior to the day of surgery. This supported the smooth running of the theatre lists and improved management stock levels.

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As a company, SpaMedica Ltd was committed to innovation with much innovation being led a corporate level. This included point of care finger prick testing for INR (blood clotting time), an Endophthalmitis box at all hospitals containing all the equipment required to treat endophthalmitis, reducing the length of time some patients have post-operative eye drops to reduce the risk of damage to the optic nerve.