

SpaMedica Ltd

SpaMedica Wokingham

Inspection report

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

Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

Overall summary

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

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

However:

- The service did not submit data to The Private Healthcare Information Network (PHIN).

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	See overall summary above

Summary of findings

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Summary of this inspection

Background to SpaMedica Wokingham

SpaMedica Wokingham is operated by SpaMedica Ltd. The service opened in November 2020. The service is a private hospital and primarily serves the communities of Berkshire and South Oxfordshire offering cataract surgery and yttrium-aluminium-garnet laser (YAG) capsulotomy services for NHS patients. YAG capsulotomy is a special laser treatment used to improve vision after cataract surgery.

The service did not treat children.

The hospital service was based on the first floor with main entrance and reception area on the ground floor.

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 hospital service is managed by a registered manager and supported by an ophthalmic team which consists of:

- Consultant eye surgeons
- Optometrists
- Registered nurses
- Ophthalmic healthcare technicians
- Administration and reception 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 unannounced inspection on 6 July 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.

During the inspection, the inspection team:

- visited the service and looked at the environment
- spoke with the manager for the service
- spoke with 16 staff and 3 patients
- observed cataract surgery and diagnostic testing
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this inspection

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 free transport for patients who needed it, living more than 10 miles away from the hospital.
- The service had a bespoke training programme for staff, which provided one to one training support and provided a number of different development opportunities.

Areas for improvement

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

Action the service SHOULD take to improve:

- The service should ensure that they submit data to The Private Healthcare Information Network (PHIN) (Regulation 17).

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 

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

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The service had a learning and development policy, which outlined staff responsibilities. The service provided mandatory training in key skills for all staff. The service provided data which showed 92% of all staff had completed their mandatory training. Staff were up-to-date with their mandatory training on the whole; the data reflected the fact that two new members of staff had started during the first two weeks of July and therefore not had the time to complete all their training. Staff said they had protected time to complete mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training included manual handling, basic life support and infection prevention and control. Training was delivered through a combination of e-learning and face to face training. Staff said mandatory training met the needs of their role.

Hospital staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism, and dementia. Hospital staff completed training on recognising and responding to patients with dementia.

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

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

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

The SpaMedica Ltd safeguarding policy was comprehensive and had been reviewed in January 2022. It included detail on types of abuse including modern slavery, domestic violence, and stalking. Safeguarding policies were available to all staff on a cloud-based service they could access from any computer.

Staff received training specific for their role on how to recognise and report abuse. The hospital manager was the safeguarding lead and trained to level two in safeguarding adults and children. The manager explained that he had not yet completed level 3 safeguarding (at the time of the inspection he had been in post just over three months.) There was also a company safeguarding lead who was trained to level four, who was accessible via telephone.

All other staff were trained to level two safeguarding adults and children. Staff completed safeguarding training as part of their mandatory training, compliance rates at the time of the inspection were 90%. Mandatory training included modules on sex discrimination and workplace bullying.

Staff we spoke with gave examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. They knew how to identify adults and children at risk of, or suffering significant harm.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. We saw posters throughout the hospital informing staff on how to raise safeguarding concerns.

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.

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.

Hospital areas and waiting areas were visibly clean and clutter free. Waiting areas had suitable furnishings which were wipe clean and well-maintained and were intact with no damage. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly in line with company policy. We spoke with the housekeeper on duty who confirmed they had received training and that a supervisor undertook audits to monitor compliance. Hospital staff were also responsible for ensuring hospital areas were clean.

Staff followed infection control principles including the use of personal protective equipment (PPE). All staff wore appropriate PPE for the care they were giving. Staff in theatres wore appropriate theatre clothing (scrubs) and designated theatre shoes were worn. This was in line with best practice. All hospital staff were bare below the elbows and cleaned hands between patient contact.

The service generally performed well for cleanliness; recent hand hygiene audits undertaken showed 98.5% compliance with the last three audits showing 100% compliance. However we did observe one member of staff wear the same gloves to complete computer records and instil eye drops wearing the same gloves instead of removing the gloves pre and post hospital procedure.

All reusable equipment was decontaminated off site. The service had a contract with an accredited decontamination service. Clean and dirty equipment was managed well and there was no cross contamination of equipment. We saw staff cleaned equipment after every patient contact.

Surgery

Staff worked effectively to prevent, identify, and treat post-surgery infections. The service monitored infections related to surgery. The service performed well and had low surgical site infections. Data showed that there had been no cases of confirmed endophthalmitis or infection in 12 months prior to our inspection. We saw staff explaining 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.

All patients completed a Covid-19 questionnaire to check if they had any symptoms of Covid-19. Staff checked again on the day of their admission if they had any symptoms of Covid-19. Patient records showed that the questionnaires were completed. If a patient did have any symptoms, then they would be sent home and rescheduled. Staff underwent twice weekly Covid-19 testing.

Environment and equipment

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

The design of the environment followed national guidance. The environment layout was in line with health building notes (HBN) best practice guidance. For example, each hospital room had a hand basin sink with lever taps to enable effective hand hygiene and flooring was continuous with the wall to ensure effective cleaning. This demonstrated compliance with HBN 00-09 Infection control in the built environment, and HBN 00-10 Design for flooring walls, ceilings, and sanitary ware.

SpaMedica Wokingham provided yttrium-aluminium-garnet laser (YAG) capsulotomy for NHS patients. Where lasers were used, the service had warning lights and signs. Access to this room was restricted to ensure patients could not accidentally enter.

Local rules document for the safe use of the YAG equipment was available in a folder in the treatment room. Contact details for the laser protection adviser and the laser protection supervisors for the hospital were available in the YAG room. The laser protection adviser had completed a risk assessment for use of lasers. This included current controls to minimise the risk to patients and what further action was required to reduce the risk. Only staff who had undergone laser training and completed the relevant competencies were authorised to use the laser. Laser safety was included in the wider hospital governance meetings.

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

The service had relevant optical assessment and diagnostic equipment for use at pre-assessment. and specialist theatre equipment for use during surgery. The service had contracts with external companies to ensure equipment was maintained and serviced regularly, and provided copies of service reports for equipment under warranty. All equipment was new since November 2020 so was less than two years old. All portable electrical equipment had received safety testing.

The hospital manager maintained a spreadsheet of all equipment and the dates for planned servicing.

All hospital staff had received training on use of equipment.

Staff disposed of hospital waste safely in line with HTM07-01 guidance. Waste was segregated with separate colour coded arrangements for general waste and hospital waste, and the external hospital waste bin was secure.

Surgery

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

Assessing and responding to patient risk

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

Staff completed risk assessments for each patient on admission or arrival. All patients referred to the service attended a pre assessment appointment. Risk assessments were carried out for patients which included falls, mobility/they could lie flat, dementia and anxiety. Staff knew about and dealt with any specific risk issues. A medical history was taken at pre-assessment including medical conditions and details of allergies.

The service used an adapted “five steps to safer surgery” World Health Organisation (WHO) surgical safety checklist. We saw that the checklist was completed efficiently and effectively. Theatre staff completed safety checks before, during and after surgery. WHO check list compliance was audited quarterly and the latest audit achieved 98.9% compliance in June 2022 against the threshold of 95%.

Staff were trained to respond promptly to any sudden deterioration in a patient’s health. The service had a cardiopulmonary resuscitation of adults policy and the service completed safety drills in the event of a patient becoming unwell. If a patient required an emergency transfer, this would be via a 999-emergency paramedic call and transfer. The service ensured there was at least one member of staff on site competent to perform intermediate life support (ILS).

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

Patients were given the service telephone number to ring in the event of any issues or to ask questions following discharge. SpaMedica provided an out of hours service which was available 24 hours a day seven days a week for patients if they had any concerns.

Staffing

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

Managers accurately calculated and reviewed the number and grade of nurses and ancillary staff needed for each shift in accordance with national guidance. SpaMedica had a standard staffing model which was regularly reviewed at a companywide activity meeting. Hospital managers met at least weekly to discuss cross-site staffing cover, to adjust staffing numbers and skill mix in line with their safe hospital staffing policy. Managers also liaised across the region to support and plan staffing and could adjust staffing levels daily according to the needs of patients. Staff told us if a full team was not available then a theatre list would be cancelled or adjusted, although this very rarely happened.

At the time of our inspection SpaMedica Wokingham included: seven registered general nurses, two senior healthcare technicians, four healthcare technicians, one senior patient co-ordinator, three patient co-ordinators, one regional optometrist lead, two optometrists, a porter, and the hospital manager; all except three worked full-time.

Surgery

In the year July 2021 to June 2022 nine staff had left which equated to an overall turnover rate of 28%. Five of the staff who left were administrative and at the time of the inspection these had been replaced and the reception/administrative team were at full complement. Two of three hospital staff who left were replaced in early July.

The service monitored staff sickness and reported this as “Lost Time Rate”; for the year to June 2022 this was low at 1.08% which was well below the hospital target of 3%.

The service sometimes needed to employ agency staff to fill gaps in the registered nurse and scrub nurse role. Since November 2021 this had been low at 1% each month except for March 2022 when there was no agency use. Staff in these roles were always staff who were familiar with the service, all of whom had a full induction and had competencies signed off.

Medical staffing

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

The service had enough medical staff to keep patients safe. All consultant ophthalmic surgeons worked for the service under practising privileges. The medical director reviewed these 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 hospital, in independent private practice, or within the provision of community services.

Records

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

Patient notes were comprehensive and all staff could access them easily. The service used a mixture of electronic and paper based notes.

The service used electronic patient records (EPR) an ophthalmic specialised system. Staff collected and stored patient details on the organisation's electronic records system.

This included information following pre-assessment, theatre, discharge, and post-operative care.

Staff maintained paper records for consent, demographics, biometry information copies, outcome forms and referrals. All scans could be viewed electronically. Biometry scans could be viewed electronically as well as printing of hard copies if required.

Managers conducted audits of patient records and hospital documentation on a quarterly basis. The most recent audit in June 2022 showed 96% compliance. When compliance fell below 95% managers would repeat the audit monthly for three months; this occurred in December 2021 (92.5%) and January 2022 (93.2%) following these audits the problems had been identified and further audits were compliant.

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

Surgery

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Records we reviewed showed staff checked and documented each patient's allergies and these were reconfirmed before any procedure. Only staff with the required competencies administered and dispensed medicines. Staff we spoke to who were administering and dispensing medicines confirmed they had completed the required competencies.

Medicines were stored safely and securely within locked cupboards or fridges, in restricted access areas, in line with national and manufacturer guidance. We reviewed records which showed that both fridge temperatures and room temperatures were monitored and recorded daily. Certain medicines must be kept at or between, required temperatures for them to remain effective and safe for use. All medicines we checked were in date with batch numbers recorded. The service completed an audit on medicines management by the department. The service completed medicines management audits; recent audits in March 2022 and June 2022 were compliant (95% and above) at 100% and 98.5% respectively.

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

The service had a 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. A PGD provides 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).

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

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

Staff learned from safety alerts and incidents to improve practice. The area manager for the south participated in the SpaMedica Limited medicines management committee which was held quarterly. We saw the last three meeting minutes which were comprehensive and clear. During these meetings safety alerts and medicines incidents were discussed. This meant learning from other SpaMedica sites was shared to improve practice.

If staff required advice and support regarding medicines this was available through the corporate pharmacy team. Staff said they were easy to access and were responsive.

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. Staff we spoke to confirmed this and told us that they were encouraged to report incidents. The service used an electronic reporting system for reporting incidents and near misses. Hospital and non-hospital staff could raise and report incidents. Staff we asked described clear reporting lines up to senior management level. The provider's hospital governance leads oversaw every level or type of hospital incident reported. They shared any trends through the provider's committee meeting structure. Any significant learning was included in the provider's monthly newsletter to all staff.

We reviewed the service's reported incidents for the year August 2021 to July 2022. Staff reported two severe harm incidents in this period and seven low or minimal harm. This represented 0.02% and 0.06% of total activity.

We reviewed the investigation and report for one of the severe incidents and found it to be thorough and detailed. The service followed the duty of candour following the incident, informing the patient about the investigation, and offered them the report with learning outcomes.

Quarterly hospital governance reports demonstrated the top reported incidents for the hospital, these included: cancelled treatments, records, complications during surgery and communication issues.

The group chief executive provided a weekly update which shared learning from incidents. Immediate learning was shared at the daily staff huddle attended by all staff at the beginning of each day.

Are Surgery effective?

Good 

We have not previously rated effective. We rated it 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.

Staff followed up-to-date policies to plan and deliver high quality care to meet patients' needs according to best practice and national guidance. All policies seen were up-to-date and contained current national guidelines and relevant evidence. Policies were equality impact assessed to ensure guidance did not discriminate against those with protected characteristics as set out in the Equality Act 2010.

The organisation was committed to a holistic view of the care for patients and recognised the impact of surgery on patients' daily activities. Any amendments to the patient pathway were reviewed at board level, through hospital effectiveness and operational meetings. When agreed they were then piloted and evaluated before cascading via area and hospital managers and to all staff within relevant departments.

Surgery

All staff could access policies and standard operating procedures to support practice on the organisation's intranet. There was a system in place to ensure policies, standard operating procedures and hospital pathways were up-to-date and reflected national guidance. The service used an electronic system which alerted staff when a policy was due for review. Staff we asked were well sighted on all relevant policies.

There was a regular audit programme for all SpaMedica hospitals and hospitals. This included, but was not limited to, audit of health records, patient pathways, WHO checklist, hand hygiene, medicines management, hospital waste, cleaning schedules, and laser safety. Any audits that were less than 95% compliant had actions for improvement identified, and the audit was repeated for the next two months. There was good compliance for the completion of these audits and actions plans were in place to address issues of poor compliance.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.

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

Pain relief

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

Staff assessed patients' pain, following the surgery, and gave pain relief in line with individual needs and best practice.

We observed patients being told that they would not experience pain during the treatment but may experience some pressure. Pain relieving drops were given routinely during the treatment.

Patients were asked about pain following their surgery. Between July 2021 and July 2022, more than 96% of patients who responded did not experience pain.

Patients were provided with a leaflet which gave advice on expected symptoms post-surgery and how to treat any pain they might have.

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 hospital audits including the National Ophthalmology Database (NOD) to monitor patient outcomes. The first set of data was submitted in April 2021 and reported in September 2021 and managers used the results to improve services further. The report demonstrated 99.5% of SpaMedica Limited patients had not encountered any cataract surgery complications.

Surgery

Posterior capsular rent (PCR) is the most common potentially sight-threatening intraoperative complication during cataract surgery. PCR may call for additional surgical procedures, increased postoperative follow-up visits, and a higher incidence of postoperative complications which may impair final visual outcome. The 2020/21 NOD showed SpaMedica PCR rate was 1 in 238 patients (0.42%) experienced complications against the national average of 1 in 91 patients (1.10%)

Outcomes were benchmarked across the organisation, as well as externally, that identified good practice and areas for support and focus.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. If any audit showed less than 95% compliance, then actions were developed, and a re-audit was undertaken one month later to monitor improvements.

Outcomes were reviewed at the hospital governance meeting and the medical advisory committee. We reviewed meeting minutes which confirmed this.

Managers shared and made sure staff understood information from the audits. The service shared information from audits during their monthly team meetings. There were certain mandatory audits that had to be completed monthly. Other audits were allocated centrally to be completed by the hospital. Findings from audits were discussed at monthly hospital meetings.

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. The manager maintained a skills matrix that indicated staff who had been trained and deemed competent for certain roles and responsibilities.

Managers gave all new staff a full induction tailored to their role before they started work. Staff were buddied up with a senior member of staff for support. Staff underwent a probationary period which included regular meetings with the hospital manager, to support staff and review performance. They completed a new starter pack with the necessary competencies and assessments included. SpaMedica has a programme of formal reviews during staff probation periods; this includes a formal documented review at one, three and six months. Data provided by the hospital showed that 96% of those reviews were completed according to the guidelines at the time of our inspection. An explanation for delays, included staff shift patterns and staff sickness.

Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice.

Managers supported staff to develop through constructive appraisals of their work during May and June each year. All staff we spoke with reported they had participated in an appraisal in the 12 months prior to inspection and data received confirmed all had been completed.

A dedicated training team supported and monitored the learning and development needs of staff. They attended the location to support with one to one training and assessments. All training and competencies were standardised across the organisation. The service monitored the competencies achieved with a requirement to re assess every three years.

Surgery

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Staff at the hospital told us that team meetings were held after work hours but they didn't mind this as the manager provided pizza.

Managers identified any training needs their staff had, gave them the time and opportunity to develop their skills and knowledge, and made sure staff received any specialist training for their role. Staff were required to complete competencies applicable to their role prior to working independently. For example, optometrists could complete a medicine prescribing course and a course to undertake yttrium-aluminium-garnet laser (YAG) capsulotomy. SpaMedica Ltd had two "dry labs" which were laboratories where optometrists could practice procedures on special computer-generated models to simulate real life scenarios. Team members were only considered 'in the numbers' once they were deemed competent to ensure hospital quality and patient care was of the highest standard.

The hospital outcomes for surgeons on practising privileges in the service were routinely reviewed by the provider's medical director(MD), who decided if/when a surgeon's activity could increase. The MD used a RAG rated performance indicator tool to monitor all the surgeons' practice and outcomes. Staff shared these at quarterly medical advisory committee (MAC) meetings, bi-monthly hospital governance meetings and operational meetings. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers identified poor staff performance promptly and supported staff to improve.

Multidisciplinary working

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

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

Staff worked across health care disciplines and with other agencies when required to care for patients. We observed effective multidisciplinary working, and communication between staff in theatres. All staff told us they had good working relationships with their colleagues. We saw effective interactions between all members of the team.

The service networked with other provider sites regionally. The hospital managers had their own national meetings to benchmark, share ideas and good practice. There was effective working between all staff at the location with good teamwork.

The service worked well with external stakeholders including commissioners, GPs, and private community optometry services.

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 flexibly depending on demand and capacity. Pre-operative assessments and post-operative appointments were offered Monday to Friday.

Surgery

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

The national call centre was staffed from 8am to 6pm Monday to Saturday.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support. Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle considering both physical and mental well-being.

Information leaflets available to patients included, but were not limited to, cataract surgery, minor eyelid procedures, and age-related macular degeneration.

The services' website included information for patients regarding eye health that included wearing sunglasses, medicines and driving advice.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

SpaMedica Limited had a Mental Capacity Act Policy and a Consent policy which was readily available to staff on the intranet. The policies outlined responsibilities of staff and how to get advice and support if they had concerns about a patient's capacity. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005 and knew who to contact for advice.

Safeguarding training attended by all staff included consent and assessing mental capacity.

We observed consent being obtained and confirmed from patients prior to their surgical procedure. Patients were given information about their proposed treatment both verbally and written, to enable them to make an informed decision about their procedure.

Patients said doctors and nurses fully explained their treatment and additional information could be provided if required.

We observed staff explain the risks and benefits of cataract surgery in a clear and concise manner and the patients were given the opportunity to ask questions. Staff made sure patients consented to treatment based on all the information available and recorded this in the hospital record.

Managers monitored compliance with the consent processes; quarterly audits were part of the service's audit programme. Spa medica Wokingham were 96.6% compliant in February 2022, this improved to 98.5% compliant in May 2022. The service expected 95% compliance with this audit.

Surgery

Are Surgery caring?

Good 

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

Compassionate care

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

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

We observed good interactions between all staff and patients. They were welcomed into the building and spoken to in a way that put them at ease. Feedback from patients during the year to July 2022 showed patients were overwhelmingly positive about the service and staff, with 100% of responses (n196) happy with their overall experience of the service. The service also collected feedback online through NHS choices, one patient wrote “On site everyone is very pleasant and so helpful.”

Staff maintained patient confidentiality; they closed consulting room doors during consultations and tests to protect the privacy and dignity of patients. Staff knocked and asked permission before entering a room and patients were able to speak to receptionists without being overheard.

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

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs and patients living with dementia.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it; they provided reassurance and comfort to patients during consultations and during the surgical procedure. Staff were calm and supportive providing extra time to patients when required. More than 98% of patients felt assured by the staff, and the explanations given to them about their treatment.

We observed patients receiving good emotional support and giving people time to ask questions. Between July 2021 and July 2022 more than 99% of patients said they had been given enough time to ask questions. Patients were given contact details and encouraged to contact them if they had questions following their surgery.

Surgery

Staff understood the emotional and social impact that a person's care, treatment, or condition had on their wellbeing and on those close to them. Following their experience at SpaMedica Wokingham one person wrote "They couldn't have done any more to make my mum's visit as comfortable as possible. They were happy for me to be with her right up to the point when she was having the procedure."

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Staff talked with patients, families, and carers in a way they could understand; we saw nurses and technicians explain what they were doing and ask for permission before they carried out tests or performed a procedure.

Optometrists explained plans for treatment and provided opportunities to for patients and/or their family members to ask questions when needed.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff supported patients to make informed decisions about their care.

Patients gave positive feedback about the service. All patients were complimentary about the way staff had treated them. We observed staff introduce themselves to patients and explain their care and treatment options.

Are Surgery responsive?

Good 

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

Service delivery to meet the needs of local people

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

Managers planned and organised services to meet the needs of the local population. The service worked closely with the local hospital commissioning groups (CCG's) and planned and developed services to meet the needs of the local population. The service offered surgical eye services to NHS patients working within CCG contracts. People over the age of 18 years were referred by their GP or optometrist.

The service core hours were between 8am and 18.00 Monday to Friday, and Saturday sessions were sometimes scheduled to meet patient choice and demand. Staff worked across different hospitals which allowed for greater flexibility.

Facilities and premises met the needs of a range of people who used the service.. The environment was modern with pleasant décor and patient centred. The hospital had dedicated free parking and facilities on the first floor were accessible by lift or stairs. There was sufficient seating for patients and relatives; toilet facilities were clean and accessible for all. There was a board with photographs of the staff on duty and their roles including who was in charge.

Surgery

SpaMedica Wokingham provided transport for patients who needed it, and the website had instructions about how to find the hospital whether arriving by car or public transport. Patients needed to request access via a buzzer to the reception.

Managers monitored appointment cancellations and the reasons for cancellation. The service made every effort to reschedule any cancellations at the earliest opportunity.

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. The organisation's centralised bookings teams managed the patient referrals on an electronic patient administration system. All cases were elective, and patients were pre-assessed before surgery. Patients with specific needs such as learning disabilities, mental capacity or physical disabilities were identified at pre assessment.

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

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

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

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 making sure patients could access services when needed and receive treatment within agreed timeframes and national targets. Between July 2021 and April 2022, patients waited an average of 7.6 weeks to be seen by the service against an NHS target of 18 weeks.

Staff received referrals by phone and patients were contacted within 48 hours to book an appointment for a pre-assessment hospital.

Managers and staff worked to make sure patients did not stay longer than they needed to. Patients were advised that their pre assessment and diagnostic testing could be up to three hours. On the day of our inspection all of the patients completed their assessments and tests within that time; this was reflected in the data provided by the manager

Surgery

The service had a standard operating policy for the management of patients who did not attend their appointments, this included contacting the patient and their next of kin and sending a letter out with a further appointment. Between July 2021 and June 2022 there was an average of 2.21% of patients who failed to attend each month. These were contacted to check welfare and re-book if the patients chose this. If unable to contact, the GP and referrer were informed for follow-up.

If patients had their treatments cancelled at short notice, managers made sure they were rearranged as soon as possible and within national targets and guidance. If the service had to cancel a patient, they were brought back as soon as possible. If theatre staff could not perform the surgery at the service, they tried to transfer the patient to alternative sites.

Staff planned patients' discharge carefully, particularly for those with complex mental health and social care needs. In the discharge room a registered nurse provided the patient with discharge information and guidance both verbally and in writing.

Learning from complaints and concerns

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

Patients, relatives, and carers knew how to complain or raise concerns. The service had a complaints policy and clearly displayed information about how to raise a concern in patient areas. The policy detailed the need for staff to be open, transparent, and follow the duty of candour.

Staff understood the policy on complaints and knew how to handle them. All complaints were investigated in line with the company complaints policy and discussed within hospital and department team meetings. The hospital governance committee was responsible for reviewing any themes and trends from complaints.

In the 12 months before our inspection the service received 12 complaints, four of which did not receive a response within the policy timeline, however these were received during a period of change at management level and before the employment of the current manager.

As most patients were NHS funded, the hospital provided information on how to contact the Parliamentary and Health Service Ombudsman (PHSO), if they were not happy with the outcome of a complaint. This was available on the website and in all patient information leaflets.

Managers shared feedback from complaints with staff and learning was used to improve the service.

Are Surgery well-led?

Good 

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

Leadership

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

Surgery

Leaders had the skills and abilities to run the service. The hospital manager was also the CQC registered manager, who had been in post since April 2022, previously they had worked within the hospital in theatres. The hospital manager was supported by the area manager for the south east 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 east and a hospital director for the south. The service had a clear management structure in place with defined lines of responsibility and accountability.

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

Staff told us that managers were visible and approachable in the service for patients and staff. They supported staff to develop their skills. There was a variety of different opportunities available for staff to develop new skills and undertake courses and the manager was getting to know staff by undertaking all one to one meetings with them.

In the last staff survey undertaken in January 2022, 75% of staff agreed that SpaMedica Ltd managers demonstrated strong leadership skills. However the survey was conducted during the period when an interim manager was in post.

Managers understood priorities and issues the service faced and addressed them. For example, substantive staff were undergoing additional training to become dual trained so they could work in any role within the hospital to better utilise the workforce.

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; leaders and staff understood and knew how to apply them and monitor progress.

The organisation's vision and strategic objectives were 'every patient, every time. no excuses, no exceptions'. This meant that everything staff did was guided by the values of safety, integrity, kindness, and transparency, and patients were put at the centre of delivery of care and treatment.

The strategy for SpaMedica covered five main areas which were growth, quality, leadership, governance, and infrastructure. The service worked collaboratively with the local Hospital Commissioning Groups (CCGs) and the vision and strategy were aligned to local plans within the wider health economy, aimed to reduce pressure on the local NHS hospitals and reduce waiting times.

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

Culture

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

Surgery

Staff felt respected, supported, and valued. Staff we spoke with were happy in their jobs and positive about the support they received both locally and from the SpaMedica company. In the staff survey 75% of staff said that SpaMedica Ltd was a great place to work, and 87.5% said they had a good working relationship with their manager.

There was a strong focus on the well-being of staff and managers demonstrated a commitment so staff's health and wellbeing. We were given examples of changing staff members shift patterns to support health conditions and rostering staff around hospital appointments, or other domestic commitments.

The service provided opportunities for staff 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 hospitals where more complex cataracts were undertaken to support their learning.

The service had an open culture where patients, their families and staff could raise concerns without fear. Staff told us that they felt empowered to raise any concerns they had and knew they would be listened to and their concerns taken seriously. We saw staff regularly asked patients if they had any concerns and encouraged them to provide feedback on their care.

Staff worked in collaboration with each other as part of a team to ensure the patient journey was as smooth as possible. We saw friendly interactions and banter amongst staff.

In the staff survey 75% of staff agreed that SpaMedica Ltd allowed them to learn and develop their skills, to progress in their career.

Staff were aware of the staff forum but expressed some disappointment that they didn't have a representative from their location at the forum. However, since our inspection a forum meeting has taken place and Wokingham staff were represented on that occasion.

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 an effective governance structure, processes, and systems of accountability to support the delivery of good quality service and to monitor and maintain high standards of care.

There was a medical advisory committee (MAC) which met quarterly with responsibility for surgeon performance and surgery specific matters; meeting minutes were clear and comprehensive. The service monitored individual consultant files, checking registration with the General Medical Council (GMC), professional indemnity and appraisals.

The service fed into quarterly hospital governance committee. The meeting included discussion of learning from incidents, policy updates and patient feedback; meeting minutes were clear and comprehensive.

SpaMedica Limited had numerous regular committees; these included: medicines management, hospital effectiveness and infection control and water safety. The committee structure was used to monitor performance and provide assurance of safe practice. Each location was represented at all the meetings.

Surgery

SpaMedica Wokingham held a monthly team meeting for all staff. This was a formal meeting to communicate operational updates and current performance for staff. Minutes from these meetings were clear and comprehensive.

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

The service had a daily safety huddle meeting where all staff groups were represented. This meeting focused on daily updates on operational issues and concerns. There was also an additional theatre safety huddle to run through the list of patients and highlight risks or concerns and a post-surgery debrief. These meetings on were carried out efficiently and effectively.

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.

Service leads had a clear and effective process for identifying, recording, and managing risk. The risk registers were detailed, and rated on severity from none to catastrophic. The hospital and area managers reviewed all local risk registers routinely every month in accordance with the risk severity. We reviewed the service's local risks; the service's highest rated risks related to, potential equipment failure and potential serious infection for a patient post treatment; these were both rated as high but mitigation to minimise these risks were clear, with adequate control measures.

Organisational audits took place at all locations monthly that were aligned to Care Quality Commission key lines of enquiry. Action plans were included for any audits below expected targets.

Surgical performance was monitored using a red, amber, green (RAG) rating system. This included not only the skill level but interactions with patients. Staff were also given an opportunity to feedback, and the medical director and medical advisory committee addressed any concerns.

Regional senior managers completed a monthly self-assessment tool based on CQC key lines of enquiry. The tool's outcomes were reviewed at their provider-level clinical governance meetings SpaMedica Wokingham achieved an outstanding rating in the May 2022 review which was an improvement on the previous review when the Responsive domain achieved a score of 80%, well below the expected threshold. We saw from team meetings that governance and operational issues, concerns, and accolades were shared with the team as appropriate.

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

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.

Patient details were a combination of paper and electronic. Following discharge, paper records were scanned onto the electronic systems. A copy of the patient's discharge summary was posted to their GP and optometrist. Staff could easily access patient records to ensure they had access to all information needed to provide safe patient care. All electronic systems were backed up in case of IT failures and accidental loss of data.

Surgery

The service did not submit data to The Private Healthcare Information Network (PHIN). However, the service submitted data to the National Ophthalmology Database. This enabled the service to benchmark performance against other providers and national outcomes.

SpaMedica collected and reviewed a variety of data to monitor, performance, outcomes, complications, and referral to treatment times; these were analysed and reviewed regularly. Findings were discussed at the medical advisory committee (MAC) and governance meetings and at consultants' appraisals.

Any safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and the Central Alerting System (CAS) were received by the director of clinical services and clinical governance lead and cascaded to the appropriate hospitals or departmental managers.

Systems were integrated and secure, and staff described information technology systems as fit for purpose.

SpaMedica Ltd had a comprehensive website, which provided patients with information about different procedures and patient stories this enabled patients to be more familiar with the procedures and what to expect when they attended hospital.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The chief executive of SpaMedica Limited formally engaged with staff regularly through a team brief which outlined key messages for staff.

The service also conducted staff surveys. The latest staff survey took place in January 2022 and demonstrated that staff were positive about working for the company, and proud of the work they and their colleagues do. The hospital used the survey results for staff created actions to address concerns raised.

Education accreditation evenings and events for community optometrists were held to improve continued care and cross provider engagement, to support ongoing patient care and training for referral in the community.

The organisation encouraged and gave patients the opportunity to feedback about their care and experience; a patient feedback programme included feedback for patient booklets. SpaMedica developed the booklets as a result of this engagement with patients to improve how information was shared. Patient stories were shared on the website, which helped people understand the process of eye surgery and other treatments available them for sight correction.

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.

There was a focus on continuous improvement and quality. Leaders were responsive to any concerns raised and performance issues and sought to learn from them and improve services.

Surgery

Local engagement teams continuously sought feedback from patients to improve services, with overwhelmingly positive results from patients.

SpaMedica have a study programme for optometrists delivered by consultant ophthalmologists, offering continuous professional development through monthly webinars.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.