Care Quality Commission

SpaMedica Ltd

SpaMedica Newcastle (Gateshead)

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?	Outstanding
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, 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.

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 Newcastle (Gateshead)

SpaMedica Gateshead is operated by SpaMedica Ltd. The service opened in October 2020. The service primarily offers 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.

Clinical services are provided on the ground floor of a modern building where there is an operating theatre with patient admission, patient ward and patient discharge rooms. The service had several separate rooms used for diagnostic testing, assessment and treatment.

The service is registered to provide the following regulated activities:

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder and injury.

The service is managed from a central referral and booking centre based in Bolton, directing patients through choice to various 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

Operating Department Practitioners

Healthcare technicians

Administration staff.

SpaMedica Gateshead had seen 13031 patients and carried out 4941 procedures between March 2022 and February 2023

Summary of this inspection

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 15 March 2023. To get to the heart of the patients' experience we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs and well led. The main core service provided by this hospital was surgery.

During the inspection, we spoke to ten members of staff, reviewed five sets of patient records and observed patient activity as they underwent procedures at the hospital.

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 had formed effective relationships with the local NHS trust in order to provide ophthalmology doctors in training with learning opportunities.
- The service consistently achieved better clinical outcomes for patients compared to similar services. They had a lower than the national average rate of posterior capsular rupture, which is an operative complication, following cataract surgery.
- The service provided a 24-hour, seven day on call service and managed any post-operative complication in house, whenever possible, rather than sending patients to an NHS provider.
- 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. The service had arranged an external contract with a microbiology laboratory to test and report on suspected endophthalmitis within 24 hrs from receiving a request including out of hours.
- The service had its own accreditation (a red, amber, green (RAG) rated system) for surgeons contracted to the services to ensure that patients received a positive experience.
- The service assisted patients with no means of transport to access treatment at the location by providing complimentary transportation options.
- 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.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Is the service 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. The provider followed the same mandatory training framework as the NHS. The service had a training matrix which identified the required training for each staff group. Compliance with mandatory training was 94% which was just below the service target of 95%. This was mainly due to delays in organising face to face training. All staff were booked onto future training courses to improve compliance.

Medical staff who worked under practicing privileges were overseen by the medical director who ensured they had received and kept up to date with relevant 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.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism, deaf awareness and dementia. There were designated champions for dementia awareness.

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. 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.

Good

Surgery

Staff received training specific for their role on how to recognise and report abuse. All staff were trained to safeguarding level two for adults and children. The service did not treat children. Data showed that safeguarding training compliance ranged between 97% and 100% dependent on the module.

There were two safeguarding leads within the organisation who were level four trained who staff could access for support and advice if required. The safeguarding policy was a group policy that was comprehensive and regularly reviewed. It included information about types of abuse, including modern slavery, domestic violence and stalking.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Safeguarding information was displayed in clinical areas.

The hospital had a chaperoning policy which staff knew how to access. There were notices in patient areas advising patients that they were entitled to have a chaperone present for consultations, examinations and surgery.

Cleanliness, infection control and hygiene

The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff generally used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

All areas viewed throughout the hospital were visibly clean, clutter free and had suitable furnishings which were clean and well-maintained. Cleaning schedules were displayed and completed to show daily cleaning occurred. Domestic staff were observed cleaning high touch surfaces such as doors. The hospital had a service level agreement with a cleaning company.

The service generally performed well for cleanliness. Between March 2022 and February 2023, audits for cleanliness showed compliance between 96% and 100%

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff washed their hands and used hand gel between patients and when moving between areas. Hand hygiene audits showed over 100 % compliance between March 2022 and February 2023. We observed that patients were prompted to use the available hand gel on arrival at the hospital and staff used the hand gel when moving between areas.

All reusable equipment was decontaminated off site. There was a service level agreement in place with an accredited decontamination service. Clean and dirty equipment was managed well and there was no cross contamination of equipment. Staff cleaned equipment after every patient contact.

Staff worked effectively to prevent, identify and treat post-surgery infections. The service monitored infections related to surgery. There had been no cases of confirmed endophthalmitis or infection in 12 months prior to our inspection. Endophthalmitis is a purulent inflammation of the fluids in the eye.

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.

Patients at higher risk of infection were identified during pre-assessment and alternative after care treatment was put in place to reduce the risk of infection.

Good

Surgery

Patients undergoing cataract surgery had antibiotics put in the eye to prevent endophthalmitis. This was in line with professional standards and guidance from the Royal College of Ophthalmology.

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.

The design of the environment followed national guidance. The service facilities were suitable for people using the service. The location opened in 2021 and had been designed to meet the needs of patients.

There was a regular maintenance programme in place for specialist equipment. An external maintenance provider attended the clinic to service and safety check equipment in line with the manufacturer's guidelines. The majority of equipment was new and modern and feedback from staff using it was positive. All clinical staff had received training on use of equipment.

The facilities department was responsible for the maintenance and arranging servicing of equipment. If there was an issue with a specialist piece of equipment staff would report this to the facilities department who liaised with the company to arrange repair.

There were two emergency trolleys, and both were checked daily and logs signed and dated. The seal was broken weekly with a full check carried out. Equipment was in date and well stocked with an anaphylaxis grab box and blood sugar testing equipment.

The service followed guidance on the control of substances hazardous to health (COSHH). A secure cupboard was kept within a locked room with information available as required. A health and safety officer for the hospital had oversight of COSHH.

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

There was a resuscitation policy for responding and escalating patients presenting with a medical emergency. The service had a single escalation policy which was to call 999 and transfer the patient to an acute NHS hospital. Staff undertook scenario training and could describe what they would do in an emergency.

Staff completed risk assessments for each patient on admission and reviewed this regularly, including after any incident. Risk assessments were fully completed in patient records. Staff explained how they mitigated those risks such as one to one support if a patient at risk of falls was unaccompanied. Patients with diabetes would follow a different post-operative treatment regime. The service had a comprehensive pre assessment (PAC) inclusion and exclusion guidance document to support staff in their assessments.

Good

Surgery

All patients undergoing treatment had a preoperative clinical assessment including a medical questionnaire which asked if patients could lie down flat and keep still for up to 10 minutes which was required for the procedure. Where patients could not do this, they were referred to an acute NHS hospital for their surgery. All patients underwent a range of eye tests and diagnostics were carried out by healthcare technicians. An optometrist risk assessment was completed with the patient that informed the personalised treatment plan. Surgery and treatment were carried out under non-invasive local anaesthetic.

The hospital followed an adapted World Health Organisation (WHO) five steps to safer surgery checklists, which was observed in use in theatre and completed in records reviewed. Audits reviewed from the service showed 100% compliance for surgical safety.

Patients with complex cataracts were included on vitreoretinal operating lists, where only surgeons experienced in responding to complications practiced. Vitreoretinal surgery refers to any operation to treat eye problems involving the retina, macula, and vitreous fluid.

Staff shared key information to keep patients safe when handing over their care to others. discharge letters were produced as the patients were discharged from care back to their referring community optometrist or GP as appropriate. After their procedure, patients were given detailed written instructions on aftercare and the time and date of their next appointment.

Patients were given the service telephone number to ring in the event of any issues or to ask questions following discharge. This was within the aftercare information booklet and staff showed patients this number during the discharge process. The hospital provided an out of hours service and it was available 24 hours a day seven days a week for patients if they had any concerns.

If a patient required urgent ophthalmology care, the patient was referred back to the NHS trust that held the contract with the service. There were instructions for staff to follow in these circumstances and staff were familiar with the process.

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. Managers accurately calculated and reviewed the number and grade of staff needed for each shift in accordance with national guidance.

The manager could adjust staffing levels daily according to the needs of patients and the number of staff matched the planned numbers. Staff told us shifts were always covered. Bank and agency staff were deployed to cover shifts when required.

The service used bank and agency staff who were familiar with the service and had the right skills and signed off as competent. If staffing shortfalls could not be covered safely the manager told us the list would be reduced but this would be a last resort. The manager could adjust staffing levels daily according to the needs of patients. Hospital managers liaised across the region to support and plan staffing.

Good

Surgery

The service had one vacant post at the time of inspection. The service had a 25% turnover rate of staff from March 2022 and February 2023. This was partly due to staff progression within the organisation and some issues with administrative staff that had been resolved.

The service had a low sickness rate of 1.20% for the 12 months prior to inspection.

The service had enough medical staff to keep patients safe. All 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.

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 surgeon reviewed patient records prior to beginning their surgery ensuring they had reviewed all relevant information. We reviewed five sets of patient records and found them to comprehensive and fully completed.

A mixture of electronic and paper-based notes were used. Patient details were collected and stored on the organisation's electronic records system. This included information for the whole patient journey, so all the information was in one place and easily accessible.

Paper records included consent forms, copy of biometry, outcome forms and referrals. All ophthalmic scans could be viewed electronically. Biometry scans could be viewed electronically, and we saw these were printed off and used by the surgeon to help determine suitability for lens implantation.

Managers conducted regular audits of patient records and clinical documentation. The overall compliance rate from March 2022 to February 2023 showed compliance of between 85% and 95% with clinical documentation standards. Managers had identified the reasons for non-compliance and taken action to address these.

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.

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 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.

Medicines were stored safely and securely; within locked cupboards or fridges, in restricted access areas, in line with national and manufacturer guidance. All medicines checked were in date with batch numbers recorded. Medicine fridge temperatures were clearly displayed and recorded. An alert system notified the manager if fridges went out of range so immediate measures could be taken to preserve stock.

Good

Surgery

Staff administered topical and local anaesthesia to the eye only using drops. Staff prescribed drops using patient specific directions (PSD). These were administered by health care technicians who recorded this on the paper PSD.

We observed that patients were given advice and information about each medicine they were given to take home during the discharge process. We saw staff took time to explain how to use eye drops and the importance of hand hygiene when doing this. Patients were given an information booklet which included a section to record when they had had the drops throughout the day as a reminder.

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.

The service had a service level agreement with a pharmacy for provision of medicines. An overall medicine stock check and expiry check was carried out weekly by staff and we saw records that confirmed this.

The service completed an audit on medicines management by the department. Compliance from March 2022 to February 2023 ranged between 95% to 100%.

The service kept diazepam which could be given to patients to help them relax throughout their procedure. We saw this was offered to patients during their pre-operative assessment. This was stored in a separate locked cupboard with a separate key.

Emergency medicines were available and regularly checked.

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.

Incident data reviewed for the 12 months prior to inspection showed incidents reported were reviewed by the clinical governance team with actions and lessons recorded and updated until approved for completion. 83 incidents were reported in total of which 75 incidents were no harm and 8 were 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, via email and at monthly hospital meetings.

Managers investigated incidents thoroughly. The hospital manager investigated incidents supported by the area manager. We reviewed a root cause analysis completed by the hospital manager and found it was comprehensive, identified the problem and confirmed involvement with the patient.

Staff understood the duty of candour. They were open and transparent and would give patients and families a full explanation if and when things went wrong. We saw an example of this during our inspection.

Good

Surgery

Is the service effective?

Outstanding

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. There were 164 policies and every policy had been reviewed during the Covid-19 pandemic. Staff confirmed they knew how and where to access all relevant guidance.

We observed staff following best practice and national guidance. For example, pre-operative assessments were undertaken by trained specialist nurses. This was in line with the Royal College of Anaesthetists and the Royal College of Ophthalmologists guidelines.

The service undertook audits to check compliance with guidance and policies. Audits included but were not limited to: The World Health Organisation 'five steps to safer surgery', medicine management, documentation and consent. Audits which showed less than 95% compliance had actions identified and the audit was then repeated one month later to ensure improvements had been made.

The service had devised a new audit tool which was due to be launched. Managers were conscious that staff could become complacent with the current methodology and wanted a new audit programme to prevent this.

The service benchmarked their audit results against other SpaMedica Ltd hospitals to monitor how they were performing and highlight any areas requiring 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 spend a long time in the hospital but there were cold and hot drinks available. Patients were not required to be nil by mouth for these procedures.

Pain relief

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

Good

Surgery

Patients undergoing ophthalmic surgery were treated under local anaesthesia. Anaesthetic eye drops were administered 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, we observed patients being asked if they were comfortable during treatment. Staff clearly informed patients about the expected level of pain after discharge and to contact the hospital if the pain became severe.

Patients were given advice and supporting information on what to expect and how to manage potential discomfort once home. The service also provided free artificial tear drops to patients to prevent them experiencing 'dry eyes' after their procedure.

Staff prescribed, administered and recorded pain relief accurately under patient specific directives (PSD)s as required.

Patient outcomes

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

The service participated in relevant national clinical audits. SpaMedica 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.

Outcomes for patients were positive, consistent and exceeded expectations, against similar service standards. Posterior capsular rupture rates (PCR) for the service were reported at 0.84% compared to the national NODA reported rates of 1.10% but higher than the rupture rates for the SpaMedica average of 0.5%. The average outcome for patient visual acuity following surgery for both eyes better than 6/12 was 95% which was consistently better than overall NODA rates.

Outcomes were benchmarked across the organisation, as well as externally, that identified good practice and areas for support and focus Improvement was check and monitored through governance and oversight meetings.

Managers shared and made sure staff understood information from the audits. Information provided for the service showed they had performed consistently well in their own CQC audit programme over a 12 month period scoring on average over their target of 95%.

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 hospital manager maintained a skills matrix that indicated staff who had been trained and deemed competent for certain roles and responsibilities. The aim was to have staff trained so they could work across the service in different roles to allow for flexibility across the workforce and better meet the needs of the service.

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. Surgeons were rated red amber green across a range of outcomes for patients including timeliness of appointments and patient experience which was overseen by the medical director.

SpaMedica Ltd employed surgeons on practicing privileges. 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 was reviewed at medical advisory committee meetings.

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. All staff we spoke to said their induction had been structured and comprehensive.

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. Data showed that all staff had received appraisals at the scheduled time.

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. Staff were given time to attend meetings, if not they had access to the formal meeting minutes.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. All staff were given the opportunity to work at different SpaMedica Ltd hospitals to gain experience. Staff could undertake additional training to support their role and individual development.

Managers made sure staff received any specialist training for their role. Optometrists could complete a medicine prescribing course and a course to undertake YAG capsulotomy.

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 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.

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.

Good

Surgery

The service worked well with external stakeholders including commissioners, local NHS trust with whom they held a contract to provide services and GPs as well as private optometry services. Managers met monthly with the local NHS trust with whom they provided services for to plan services, review performance and discuss and incidents or complications.

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

The service was working in partnership with the local NHS trust to provide training opportunities for ophthalmic surgeons in training.

Seven-day services

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

The service was open Monday to Friday routinely from 8am to 6pm but weekend sessions were added ad hoc to meet patient demand. There was a 24-hour help line out of hours. In an emergency, patients could be seen and treated at one of the designated hospitals in the group relieving pressure on local NHS providers. Patients were provided with the national helpline and number information reinforced in a 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.

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 or were experiencing mental ill health.

Staff we spoke to understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff followed a two stage consent process pre-operatively and on the day of surgery. Staff made sure and we observed patients consented to treatment based on all the information available and clearly recorded consent in the patients' records and the discussions had taken place.

Good

Surgery

When patients could not give consent, staff made decisions in their best interest, considering patients' wishes, culture and traditions. Patients who could not consent fully and comply with treatment would be reviewed against the services exclusion criteria triaged and referred to an appropriate NHS provider if required.

Staff understood the relevant consent and decision-making requirements of legislation and guidance. They followed the groups consent policy to obtain consent. Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act.

Is the service caring?

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 explained the different parts of their patient pathway, so they knew what to expect.

Patients said staff treated them well and with kindness. Patients feedback about the care they received was consistently positive. Comments from patients included 'this is my second cataract operation and from the gentleman who welcomes you, to the desk staff, nursing team and the surgeons, also the pre assessment team, it is a wonderful experience …. Can't thank you enough'.

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 or discussing patients with mental health needs and patients living with dementia. The hospital had dementia champions and information boards on dementia signposting patients and their carers to local charities who could provide help and support.

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

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it.

Good

Surgery

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Staff gave examples when this had occurred and how they had supported patients. All patients were offered the option of holding a staff member's hand if they wished during the 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. Staff were passionate about the impact they could make on improving a person's vision and referred to it often during discussion with inspectors. They reported being proud to come to work each day because they saw the positive impact they made.

Staff celebrated religious festivals including Diwali, Eid al-Adha, Hanukkah, Yom Kippur as well as Easter and Christmas. As Ramadan approached staff and patients were supported with guidance and information about cultural practices. Staff celebrate events by providing specific foods, and posters to encourage understanding and inclusion of diverse groups in the community

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 and talked with patients, families and carers in a way they could understand, using communication aids where necessary. The service provided 'patient stories' to prepare new patients for their procedures and to alleviate concerns and anxiety through DVD's they could watch at home or on the service website. Comprehensive booklets were also available throughout the patient's treatment journey. We saw in patient records conversations were recorded and communication aids were available where needed. Staff said they were supported by managers to give enough time to speak to patients and family.

A nurse pre- assessed a patient who was suitable for surgery but exceptionally anxious. The nurse arranged for the patient to come back to the hospital on a non-theatre day where they then walked the patient through their whole theatre journey attempting to allay the anxieties. The nurse contacted the GP to get medication prescribed for the night before and morning of surgery. The patient had successful cataract eye surgery completed subsequently.

The service worked hard to give patients and their families the opportunity to give feedback on the service and treatment including, the surgeon who treated them and translator services if this was provided. Opticians reviewing patients post operatively were also asked to gather this feedback which allowed patients another opportunity to give feedback. This ensured every single contact with the patient was as good as it could be.

Patient feedback revealed that an average of 87% of patients surveyed between March 2022 and February 2022 strongly agreed that they were happy with the treatment, care and facilities at the service.

Is the service responsive?

Good

Service delivery to meet the needs of local people

Good

Surgery

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.

The service was commissioned by the NHS to provide cataract surgery to the local adult population. Managers planned and organised services to meet the needs of the local population and took account of their individual needs tailoring their care and treatment as identified at their preoperative assessment.

Facilities and premises were appropriate for the services being delivered. The service had free car parking facilities. Disabled toilets were provided. The service design was mirrored across all SpaMedica hospital sites to minimise the need for orientation when patients and staff visited the other sites where required. Self-service drinks were available.

The service had systems to help care for patients in need of additional support or specialist intervention such as bariatric patients if notified in advance. Exclusion criteria was in place for patients requiring significant support or a general anaesthetic to undergo treatment if lying flat for 10 minutes could not be achieved.

A central booking system managed patient referrals and managers monitored and took action to minimise missed appointments and ensured patients who did not attend appointments were contacted. Patients were contacted prior to their appointment to minimise missed appointments. A testing kit was available for patients receiving blood thinning treatment to prevent cancellation of surgery on the day if they did not have a current blood test result.

The service relieved pressure on other NHS departments when they could treat post-operative complications and emergencies. Additional appointments were kept per day should patients require emergency follow up during clinic hours.

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.

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 the NHS particularly during the Covid-19 pandemic.

The hospital had an equipment malfunction in theatre which was unable to be resolved causing the afternoon list to be cancelled. The surgeon approached the hospital manager and kindly offered to be available to treat those cancelled patients the following morning prior to their planned travel home. Managers quickly got together a full theatre team. Patients were informed of the equipment malfunction and offered the option to return the next day. Patients that no longer had transport were offered taxis. The following day patients were given sandwiches, drinks and newspapers to apologise for the inconvenience.

Meeting people's individual needs

The service was inclusive and took account of patients' and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Good

Surgery

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. There were dedicated champions for patients living with mental health problems, learning disabilities and dementia, who had undergone extra training to ensure these patients care needs were met. The hospital had 'fidget' devices that were given out to patients with restless hands and anxiety to provide distraction whilst at the hospital.

The hospital was designed to meet the needs of patients living with dementia. There was a dementia information board which included the date and the weather outside to remind patients living with dementia. There were also contact details on charities supporting patients living with dementia if patients or relatives needed support.

Staff wore yellow name badges as they were easiest for people who are visually impaired to see.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. There was a hearing loop available for patients living with a hearing impairment.

The service had information leaflets available in languages spoken by the patients and local community. Information leaflets were available in large font and on different coloured paper such as yellow.

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 an external company.

Staff had access to communication aids to help patients become partners in their care and treatment. There was a British Sign Language interpreter service available. Staff had undergone deaf awareness training to help them better communicate with patients living with a hearing impairment.

There was a patient journey poster displayed in the clinic. This explained all the different steps and processes in the patient's journey. This informed patients about their pathway and what was going to happen next.

The service had created an endophthalmitis (infection of the eye) box. This was a red box containing all the equipment required to treat endophthalmitis. A video had been produced explaining step by step how to prepare the antibiotics.

The service had recently introduced an emergency grab bag that staff could take to a patient who needed help outside of the hospital building. Staff were aware that patients with visual difficulties or those who might be frail might need emergency care in the car park so wanted to be able to treat everyone promptly.

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. The service had a standard operating procedure for the management of the pre assessment clinic (PAC) diary, and the temporary unfit waiting list. Following attendance at pre assessment clinic, if the patient was not fit for surgery, or there were unanswered questions about the patient's health the patient was

placed in the "PAC diary". This document allowed staff to create patient entries and track their fitness for surgery. Patients were added to the temporary unfit waiting list if they become unwell and needed to cancel surgery. Managers had oversight of the list and individual plans were created for each patient. The temporary unfit waiting list was reviewed weekly by contacting patients to update their status, bring their surgery forward or escalated accordingly.

The service had a complete referral to treatment time of 19 weeks. The national target was 18 weeks. The incomplete referral to treatment time (waiting times for patients waiting to start treatment) was 9 weeks over the period March 2022 to February 2023. This service had experienced longer waits than some other SpaMedica locations as they were met with high local demand on opening. This was at a time when they lacked a sufficient number of surgeons. The waiting times were improving.

Managers and staff worked to make sure patients did not stay longer than they needed to and kept to appointment times where this was possible. No extra procedures were added to the list and surgeons were encouraged to start on time. When we spoke to patients in the preoperative lounge no one had waited longer than was expected.

The location had extended its footprint to allow triple clinics to run simultaneously. An additional reception area, storeroom, medical records, consultation room and diagnostic room had been added in response to additional patient demand.

Managers worked to keep the number of cancelled appointments and operations to a minimum and made sure they were rearranged as soon as possible and within national targets and guidance. Staff contacted patients who had failed to attend to re-book or refer back to the NHS hospital. The GP was informed of any changes.

The transport service ensured that patients arrived in a timely manner for their appointments avoiding cancellations and delays in clinics and surgery.

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 its own policy for complaints which clearly set out roles and responsibilities.

The service clearly displayed information about how to raise a concern in patient areas. Details of how patients could raise a concern or complain were also on the providers website.

Staff understood the policy on complaints and knew how to handle them. Staff tried to resolve any concerns patients had at the time to avoid them becoming formal complaints.

There had been 7 formal complaints received at SpaMedica Gateshead in the previous 12 months. Of these, 2 were clinical outcome, 2 related to attitude and behaviour and the others regarded complication, lack of information and delays in treatment

Good

Surgery

Learnings from complaints were shared with the team at monthly team meetings, via email and at monthly hospital meetings. If individual members of staff were referred to within a complaint then reflective discussions took place with these individuals and support was offered to them for any retraining or monitoring required to reduce the likelihood of complaint recurrence. The SpaMedica Ltd clinical governance committee also had oversight of any themes and trends from complaints

Is the service 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.

There was an organisational structure with a chief executive, chief operating officer, medical director and director of clinical services. These were supported by other senior managers that included infection, prevention and control leads, regional directors and an advanced nurse practitioner. In turn. they supported area managers and location hospital managers. The hospital manager was the CQC registered manager. Senior leaders routinely visited the location when support was needed and staff said they were visible and approachable.

Staff were extremely positive about the hospital manager. They recognised that they had experienced challenges meeting the service demands and had dealt with them well.

Managers supported staff to develop their skills. 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.

The organisation had a centralised human resources team who monitored compliance with the Fit and Proper Person Requirement (FPPR) of the Health and Social Care Act. This regulation ensures leaders have the essential skills and competencies to manage an organisation.

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. Leaders and staff understood and knew how to apply them and monitor progress.

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

Good

Surgery

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 focussed on the continued expansion of the SpaMedica Ltd hospital 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.

The strategy covered five main areas which were growth, quality, leadership, governance and infrastructure and the focus was on three main objectives, patient's safety, excellent care and patient satisfaction. Leaders said one of their main strategies was improving quality of life and the ability to treat people locally.

Staff showed an understanding of the values and strategy of the service and what their role was in achieving them.

Culture

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

All staff we spoke with enjoyed working at the location and for the organisation. There was good teamwork across all staff roles and staff felt that the team was supportive.

The organisation supported staff to progress within the organisation and increase their competencies and staff confirmed this.

Staff were encouraged and supported to take ideas forward which, if adopted, were implemented across the organisation. Staff were rewarded for their contribution.

The organisation had recently launched a wellbeing hub for staff. This was designed to support staff with varying resources to assist with their physical, financial and mental wellbeing.

The results of the annual staff survey were shared by managers. At the last published staff survey in January 2022, staff said they felt valued for the work that they did and had the resources to do the job and were satisfied with the care they provided to patients. The data for the more recent 2023 survey had yet to be verified.

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.

The organisation had a clear governance structure that identified areas of responsibility. There was a commitment to ensuring relevant information discussed at board level was disseminated through to local hospitals. This occurred via area managers who had weekly meetings with the senior team.

Good

Surgery

There was a medical advisory committee that had quarterly meetings and reported to the board. Surgeon outcomes (clinical and patient reported outcomes) were reviewed on a quarterly basis at the clinical governance meeting and the medical advisory committee (MAC). Practicing privileges were reviewed and discussed regularly at MAC and ad hoc if a specific concern was raised. All surgeons had a GMC responsible officer and provided their appraisal outcome to SpaMedica annually.

The organisation had an independent responsible officer who sat outside the organisation and supported the medical director as a 'critical friend'.

There was a well led and effective clinical governance structure with clear systems and processes. Staff membership in a wide range of regular meetings was strong. Clinical governance meetings were held bimonthly. We looked at three sets meeting minutes and saw they were well attended by senior leadership staff, hospital managers and clinical leads. Agenda items included clinical governance, quality, risk, compliance, and audit. All levels of governance and management worked effectively together. Learning from serious incidents across the organisation were discussed at the clinical effectiveness meetings and then cascaded to SpaMedica hospitals.

The organisation had service level agreements in place (SLA) with third party organisations. Some of which included medicines provision, decontamination of surgical instruments and waste management.

Any patient transferred to an acute organisation in an emergency situation or through patient choice, had care discussed directly with the receiving clinician to expedite any treatment they may require. If a referral was required to an acute organisation (for patients excluded from SpaMedica treatment due to existing conditions) direct referral was undertaken without the need patients to go back to the original referrer.

Management of risk, issues and performance

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

There was a clear and effective process for identifying, recording and managing risk. We reviewed the local risk register which showed it was reviewed and updated by the hospital and area managers. All risks had control measures in place to help reduce any risk and review dates.

The service had plans to cope with unexpected events such as an IT failure or bad weather.

The service had comprehensive assurance systems to monitor safety through regular audits and acted when compliance was below the benchmark. Most audits were undertaken on a 3 monthly basis, however, if compliance fell below the agreed target then monitoring increased to monthly until improvements were seen.

Leaders and teams used systems to manage performance effectively. Performance and outcomes were monitored quarterly using a dashboard. The hospital manager and regional manager received a daily report on utilisation to monitor how efficient the service is.

Surgeons were interviewed and trialled by the medical director who monitored their performance using a red, amber, green, (RAG) rate system. Staff and patients provided feedback which contributed to the RAG rating and was reviewed at board level.

Good

Surgery

The organisation had a sharing lessons document which was circulated from the central governance team and covered all events across the country, incidents, key learning and what needed to be done to avoid in the future.

Information Management

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

The organisation had a 'live dashboard' of performance across locations. Senior managers analysed the data in the dashboard to benchmark across other locations.

Patient records were a combination of paper and a centralised electronic patient record system.

Organisational policies and guidelines were stored electronically so staff could easily access them with personalised log in details to maintain confidentiality and security.

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. The registered manager, who was the hospital manager, was responsible for submitting notifications to the Care Quality Commission.

The organisation was one of the first independent service of its type to submit to National Ophthalmology Database Audit (NODA) and could be benchmarked nationally.

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.

Leaders and staff actively and openly engaged with patients, staff, 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.

Staff were empowered to speak up and said they were listened to. The hospital had a staff forum and regular meetings where staff could discuss their concerns. Records showed that staff provided feedback on remuneration and managers responded by reviewing pay scales and increasing starting salaries.

The service worked with charities. They supported a local animal centre by reusing and gifting patient blankets, collected spectacles that were no longer needed to send overseas and also collected expired medical kit that could be used in Ukraine. SpaMedica shared achievements and good news in its 'Feel Good Friday' bulletin. Every quarter, sites were treated with 'SpaMedica snacks' as a thank you for their hard work.

Good

Surgery

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.

The organisation was committed to continually learning and improving services to benefit patients not only at local services but in the field of ophthalmology.

Leaders demonstrated a commitment to improvement. Staff were encouraged to report incidents via the electronic reporting system even minor incidents to identify potential themes or issues to improve processes. All incidents were reviewed by the hospital manager and escalated where required.

The senior leadership team and staff shared a wide range of innovation and research within the organisation that were improving outcomes for the organisation and patients.