SpaMedica Ltd

SpaMedica Chelmsford

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 this service 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 collected safety information and used it to improve the service.
- 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.

However:

- We did not see any adaptations to the environment to support patients living with dementia.
- Staff and patients did not always use hand gels when moving between public and clinical areas.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	We rated this service as good .See the summary above for details: We rated this service as good because it was safe, effective, caring, responsive and well led.

Summary of findings

Contents

Summary of this inspection

Background to SpaMedica Chelmsford

SpaMedica Chelmsford is operated by SpaMedica Ltd. The service was acquired from another provider in April 2019. The service primarily serves the communities of Chelmsford and the surrounding areas of Essex offering cataract surgery and yttrium-aluminium-garnet laser (YAG) capsulotomy services for NHS patients (YAG capsulotomy is a special laser treatment used to improve your vision after cataract surgery).

The service if provided over 2 floors, the ground and first floor. Clinical services are provided on both floors, the ground floor has an operating suite with one theatre providing cataract surgery, which was the main service provided. The first floor housed the outpatient department, where pre- and post-operative assessments were provided. The service did not treat children.

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 by a registered manager supported by an ophthalmic team which consists of :

Ophthalmology consultants

Optometrists

Registered Nurses

Ophthalmic technicians

Administration staff.

The current registered manager had been in post since July 2019.

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 23 September 2021. 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 service provided by this hospital was surgery.

Summary of this inspection

How we carried out this inspection

The team that inspected the service comprised of two CQC inspectors. The inspection team was overseen by an inspection manager and the head of hospital inspection.

During the inspection we visited all areas of SpaMedica Chelmsford. We spoke with 16 members of staff including the registered manager, nurses, doctors, optical technicians, optometrists and administrators. We observed the environment and care provided by patients and spoke with five patients. We reviewed five patients' records. We also looked at a range of performance data and documents including policies, meeting minutes, audits and action plans.

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 consistently performed better than the national average for capsular rupture rate (PCR) which is an operative complication. Measured patient outcomes were consistently better that the royal college of ophthalmology benchmark.
- The service provided free transport to patients who lived within a set distance from the location.
- Patients stories were available as DVD's or on the website.

Areas for improvement

Action the service SHOULD take to improve:

- The service should consider adapting the environment to support patients living with dementia.
- The service should ensure that hand gels are used consistently in all clinical and patient areas.

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

Are Surgery safe?

Good

We rated safe as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training. At the time of our inspection 87% of staff had completed and were up to date with their mandatory training. There were three new starters who had yet to complete their 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 and dementia.

Managers monitored mandatory training and alerted staff when they needed to update their training. The service had an electronic system that notified staff of training that was required and linked with staff electronic calendars so they could see when face to face training was to be completed.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. All staff were trained to safeguarding level two for adults and children. The service did not treat children.

The registered manager was the safeguarding lead for the hospital and was trained to level three for safeguarding adults and children. There was a safeguarding lead within the organisation who was safeguarding level four trained who staff could access for support and advice if required.

Good

Surgery

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff told us about specific patient concerns that they had identified and escalated appropriately.

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.

The service demonstrated safe recruitment procedures and employment checks. Staff had disclosure and barring service (DBS) checks before starting work. These checks support employers to prevent unsuitable people from working with vulnerable patients.

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 used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Staff had access to an up to date infection control policy to help control infection risk. Additional protocols were in place in response to the pandemic. There were visible adaptations for the arrival of staff, patients and visitors at the hospital to limit the risk of cross infection, for example temperature checks upon arrival.

All areas were visibly clean and had suitable furnishings which were clean and well-maintained. Cleaning records we reviewed were up to date and demonstrated that all areas were cleaned regularly in line with hospital policy.

The service generally performed well for cleanliness. However, infection prevention and control audit data showed that the service was 86% compliant in January 2021. This was below the target of 90%. There was an action plan to improve performance and the audit completed in April 2021 showed 96% compliance and in July 2021 the service was 100% compliant.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff washed their hands and used hand gel between patients. Hand hygiene audit showed 100% compliance over the 12 months prior to our inspection. However, we observed that in the waiting area patients were not encouraged to use the available hand gel and staff did not always use the hand gel when moving between areas.

Staff cleaned equipment after patient contact and labelled equipment with “I am clean” stickers to show when it was last cleaned. We witnessed staff cleaning chairs and equipment after each patient.

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 worked effectively to prevent, identify and treat post-surgery infections. Data showed that there had been no cases of endophthalmitis or infection in 12 months prior to our inspection. 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

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. Access to the service was via a ground floor reception. The service was based on the ground and first floor. There was a lift to the first floor. There were two waiting areas, one for patients who were attending pre assessment and follow up appointments and one for patients who were attending for surgery. The waiting areas were comfortable with water stations and there was a hot drinks machine on the first floor.

Staff carried out daily safety checks of specialist equipment. We reviewed daily equipment check lists and saw that they were completed as per hospital policy.

There was a regular maintenance programme in place for specialist equipment. An external maintenance provider attended the clinic to service and safety check equipment. All the equipment we checked had been serviced and safety checked within the required timeframe.

The service had enough suitable equipment to help them to safely care for patients. The theatre had an airflow system in place that was checked and maintained in line with hospital policy to maintain air quality in theatre.

There was appropriate resuscitation equipment available for use in a patient emergency. We saw that daily checks were completed, and tamper preventions seals were in place.

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. The appropriate 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 arrival or admission, using a recognised tool, and reviewed this regularly, including after any incident. All patients referred to the service attended a pre assessment. Risk assessments were carried out for patients including falls, mobility, dementia and anxiety. Patients were also assessed to check that they could tolerate lying flat during the procedure.

Staff knew about and dealt with any specific risk issues. A full medical history was taken at pre assessment including details of allergies. From our observations and review of records we saw that this was completed, and appropriate actions taken.

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.

Good

Surgery

The service used an adapted “five steps to safer surgery” World Health Organisation (WHO) surgical safety checklist. We saw that the checklist was completed. Theatre staff completed safety checks before, during and after surgery. WHO check list compliance was audited every four months. Results for February 2021 was 99% and July 2021 was 97% compliance.

Staff shared key information to keep patients safe when handing over their care to others. All information was collated on the electronic patient record and discharge letters were produced as the patients were discharged from care back to their referring community optometrist or GP as appropriate.

In the event of a patient requiring an emergency transfer whilst undergoing care, this would be via a 999-emergency paramedic call and transfer. All registered staff were resuscitation intermediate life support (ILS) trained with all other staff being basic life support (BLS) trained. There was a resuscitation policy in place and the necessary resuscitation equipment, with regular mock scenarios practiced.

Nurse staffing

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

The service had enough nursing and support staff to keep patients safe.

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

The manager could adjust staffing levels daily according to the needs of patients. Hospital managers liaised across the region to support and plan staffing.

The number of nurses and healthcare assistants matched the planned numbers. The organisation had agreed minimum staffing for the hospital, and they could only proceed when the standard of skill-mix was confirmed. Staff confirmed this. They told us that in the event that a full team was not available then a list would be cancelled, although this very rarely happened.

The service had reducing vacancy rates. The hospital manager told us that they had been running with vacancies but had recently successfully filled the roles and were fully staffed at the time of inspection.

The service had reducing rates of bank and agency nurses now that recent vacancies were recruited to.

Managers limited their use of bank and agency staff and requested staff familiar with the service and offered long term bookings to ensure stability in the work force.

Managers made sure all bank and agency staff had a full induction and understood the service.

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.

Good

Surgery

The service had enough medical staff to keep patients safe.All ophthalmic surgeons worked for the service under practising privileges. These were reviewed by the medical director to ensure the appropriate practising privileges were completed and in place. The granting of practising privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or clinic, in independent private practice, or within the provision of community services

At the time of inspection, the provider confirmed that there were seven surgeons who regularly worked at the location.

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. Patient details were collected and stored on the organisations electronic records system. This included information following pre-assessment, theatre, discharge and post-operative care. Paper records were maintained for consent, demographics, copy of biometry, 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 at the hospital.

When patients transferred to a new team, there were no delays in staff accessing their records. All staff could access electronic records.

The service conducted monthly clinical documentations audits. The results showed compliance between 87% to 90% for the 12 months prior to our inspection. There was an action plan in place to improve compliance. We reviewed records for nine patients and found they had been completed appropriately.

Records were stored securely.

Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.

There was a medicines management policy in place with supporting procedures accessible by all staff

The service used topical and local anaesthesia to the eye only. Drops were prescribed using patient specific directions (PSD). These were administered by health care technicians who recorded on the paper PSD. The service also had PGDs in place. A patient group direction (PGD) is a written instruction that includes the administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. The medicines we sampled, in cupboards and fridges, were all within their expiry dates. The temperature of the clinical fridges and storage rooms was monitored and recorded appropriately, including the maximum and minimum ranges. The service had digital temperature monitoring application that alerted when the temperature was out of range and would also provide accurate data as to how long the temperature had been out of range. The manager told us that this meant they could escalate accurate information to the pharmacy team in order to provide advice regarding the appropriate action to be taken.

Good

Surgery

The service stored diazepam to be available for patients who were identified as anxious prior to surgery. It was stored appropriately, and records completed for checking and administration. The prescribing of diazepam was included on the prescription chart with other medicines given following PSD's. This was the only medicine stored as a controlled drug.

Staff reviewed patients' medicines and provided specific advice to patients and carers about their medicines. During discharge patients were given clear verbal instructions about the administration of their eye drops. They were also provided with written instructions and a table that they could use to record when they had administered the drops to help them follow the correct post-operative regime.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

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. Incidents and near misses were recorded on an electronic reporting system. In the reporting period of September 2020 to August 2021, there were no never events and one serious incident. Never events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systematic barriers are available as at a national level and should have been implemented by all healthcare providers.

Staff raised concerns and reported incidents and near misses in line with provider policy. Staff told us that they were encouraged to report incidents and felt confident to do so. They knew what incidents to report and how to report them.

Managers shared learning with their staff about incidents that happened elsewhere. There was a weekly update provided by the group chief executive which shared learning from incidents. Immediate learning was shared at the daily staff huddle attended by all staff at the beginning of each day.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if things went wrong. There was a duty of candour policy. (The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person). Staff we spoke with understood that duty of candour was about being open and transparent with patients and those close to them. We saw evidence that verbal and written duty of candour had been completed in relation to two incidents that we reviewed.

There was evidence that changes had been made as a result of feedback. For example, following an incident during a procedure we saw that a full route cause analysis was carried out. Actions were identified that could prevent a similar incident happening and we saw that these actions were shared with staff both locally and with other locations.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. The service used a root cause analysis approach for investigations of incidents and the manager had received training to complete these. Themes and trends were reviewed with any learning shared through clinical governance, medical advisory (MAC) and health & safety committees.

Good

Surgery

Safety thermometer

The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

The service continually monitored safety performance. Staff collected, monitored and reported performance data such as infection prevention and control, referral to treatment times, patient outcomes, incidents and patient satisfaction.

Staff used the safety thermometer data to further improve services.

Are Surgery effective?

Outstanding ☆

We rated effective as 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. The service followed the Royal College of Ophthalmologists (RCOphth) standards. There were policies and standard operating procedures in place to support practice on the organisations intranet that was accessible to all staff.

There were systems in place to ensure policies, standard operating procedures and clinical pathways were up to date and reflected national guidance.

The service carried out quarterly clinical audits that covered key topics. Any audits that were less than 85% compliant, had actions identified, and the audit was repeated one month later. We saw that 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 to drink to meet their needs.

Water dispensers were available in waiting areas that patients could use.

Hot drinks were available from a machine. We saw that staff offered patients a drink whilst they were waiting for their appointment. Most patients only attended the hospital for a short period, so food was not routinely provided.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way when needed.

Staff assessed patients' pain throughout their procedure, however pain relief was not routinely administered within the service as patients attended for a short period. Staff told us that patients were advised to take over the counter pain relief medication such as paracetamol if required.

Good

Surgery

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. Data was submitted to the national ophthalmic data base audit. Outcomes for patients were positive, consistent and exceeded expectations, such as national standards. From August 2020 to September 2021 the posterior capsular rupture rate (PCR) which is an operative complication was 0.4%. This was significantly better than the UK national average which was 1.5%. Other outcomes monitored were the visual acuity outcome which was 98% compared to the royal college of ophthalmology benchmark of 95%, refractive outcome within 1 dioptre 91% versus the benchmark of 85% and Vision loss of 3 lines which was 0.5% compared to the benchmark of 0.9%.

Managers and staff used the results to improve patients' outcomes. 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 and used information from the audits to improve care and treatment.

Managers shared and made sure staff understood information from the audits.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The service maintained a skills matrix that indicated staff who had been trained and deemed competent for certain roles and responsibilities. Newly appointed surgeons had a period of supervised practice under a lead surgeon.

Managers gave all new staff a full induction tailored to their role before they started work. Staff did not practice in any role until assessed as competent. We spoke with two new members of staff who told us that their induction was comprehensive and clear.

Managers supported staff to develop through yearly, constructive appraisals of their work. 89% of staff had an appraisal in the previous 12 months. New starters received a three month and six month review.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Team members were only considered 'in numbers' once they were deemed competent to ensure clinical quality and patient care was of the highest standard.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. For example, the senior health care technician had started with the organisation as a receptionist and the service had supported their training to develop into their role.

Managers made sure staff received any specialist training for their role.

Good

Surgery

Managers identified poor staff performance promptly and supported staff to improve. There was a clear performance management process and the manager told us that human resources would support them if they needed to performance manage a member of staff. The service monitored quarterly comparative complications, infection rates and patient bedside manner for surgeons using a red, amber, green (RAG) rating tool. Any concerns were managed directly.

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 and debriefs were held in the hospital led by the clinical lead on the day, normally the registered manager to plan and review the day's activities collectively.

Staff worked across health care disciplines and with other agencies when required to care for patients. There was effective working between all staff at the location with good teamwork. The service worked well with external stakeholders including commissioners and GP's as well as private optometry services.

Seven-day services

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

The service was open Monday to Friday from 8am to 6pm. Depending on the demands for the service, additional surgical lists could be planned for the weekends.

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

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

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. They used agreed personalised measures that limit patients' liberty.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. The organisation had a consent policy that was within the date of review and included guidance for staff to follow. The policy included guidance for patients assessed as lacking capacity to consent.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The service had a two-stage consent process by obtaining written consent at pre-assessment which was re-confirmed on the day of the procedure.

Good

Surgery

Staff made sure patients consented to treatment based on all the information available. Prior to the procedure, patients received written information in the post. We observed staff obtaining verbal and written consent from patients before providing care.

Staff clearly recorded consent in the patients' records. The service conducted a consent audit which showed compliance of 97% in January 2021, 99% in May 2021 and 93% in August 2021. We saw that there was an action plan in place to address compliance following the audit in August 2021.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.

There was an interpreter service available to help with consent for patients whose first language was not English. These were pre-booked to provide either face to face or telephone support. Staff told us family members were not used for consent purposes.

Are Surgery caring?

Good

We rated caring as good.

Compassionate care

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

Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients we spoke to said staff treated them well and with kindness. We observed staff interacting with patients and saw that they were kind, respectful and caring.

Staff followed policy to keep patient care and treatment confidential. Discussions with patients took place in consulting rooms to ensure privacy and confidentiality.

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. 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. Staff understood the emotional needs of the patients and supported them accordingly.

We observed staff providing reassurance and comfort to patients both in private consultations and during the surgical procedure. Staff were calm and supportive providing extra time to these patients.

Good

Surgery

Patients were provided with the organisations "patient stories" DVD where previous patients described their experience to help relieve anxiety. Videos were available on the organisations website. If a patient was assessed to be very anxious, they could be prescribed medication to help relieve their anxiety during their procedure .

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Due to the pandemic for many patients their appointment at the hospital was the first time they had left their homes. Staff recognised this and offered guidance and support and demonstrated understanding of the impact of the pandemic on patients wellbeing.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Staff respected patient choices and delivered their care with an individualised person centred approach.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Patients told us that they received information in a manner that they understood before and after the procedure.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The service conducted regular patient surveys and received feedback via NHS Choices. 100% of patients who gave feedback via NHS choices gave a five-star review.

Patients gave positive feedback about the service. We saw thank you letters from patients' thanking staff for the care they received. Patients told us that they were happy with the service and the caring and supportive approach of the staff.

Are Surgery responsive?

Good

We rated responsive as good.

Service delivery to meet the needs of local people

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

Managers planned and organised services so they met the needs of the local population. The service worked closely with the local clinical 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. Patients were referred by their GP or optometrist.

The service treated adult patients only, over the age of 18 years and only elective patients according to the parameters set by their local commissioners.

The service was routinely open five days per week, although extra lists were added when there was an increased demand

Good

Surgery

Facilities and premises were appropriate for the services being delivered.

The service had systems to help care for patients in need of additional support or specialist intervention. 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. This meant that appropriate arrangements could be made to meet their individuals needs prior to their treatment. Patients whose needs could not be met by the service were referred on to a provider that could safely meet their specific needs.

The provider website included patient stories that could be viewed at home. Alternatively, free DVD's were available for patients to take home and watch prior to their planned surgery.

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. However, we did not see any adaptations to the environment to meet the needs of patients living with dementia. We escalated this at the time and following our inspection the manager advised us that they had organised with a local dementia charity to visit the location in order to review and discuss changes that could be made to improve the experience of the service for patients living with dementia.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Information leaflets were available in large print and there was a hearing loop installed for hearing impaired patients.

The service had information leaflets available in languages spoken by the patients and local community.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed.

Wheelchairs were available for patient use if required.

Free patient transport was offered within a 10 to 30 mile range of the hospital with patients' safety to travel risk assessed individually. Drivers collected patients from their home with a reminder the day before of the expected time.

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.

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

Good

Surgery

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and target. 100% of patients referred directly to the provider were seen within the 18 week referral to treatment time with the average wait being 10 weeks. Patients that waited over 18 weeks were patients that had previously been on waiting lists with another provider.

Managers and staff worked to make sure that patients did not stay longer than they needed to. We saw that there were good processes in place to ensure that patients were seen and treated in a timely manner.

Managers worked to keep the number of cancelled appointments to a minimum. Following confirmation of their appointment, patients were sent out written details of their appointment and what to expect, this was then followed up by a telephone call reminder 48 hours prior to their attendance.

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

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. There was a complaints policy in place which was accessible to all staff.

The service clearly displayed information about how to raise a concern in patient areas. A patient complaints leaflets was available in reception areas that advised the patient of the ways in which they could provide feedback or submit a complaint.

Staff understood the policy on complaints and knew how to handle them. In the 12 months prior to our inspection the service received 11 complaints.

Managers investigated complaints and identified themes. In the 12 months prior to our inspection five complaints related to attitudes and behaviour, five related to clinical treatment and outcomes,three related to verbal communication and one was about written communication.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

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

Are Surgery well-led?

Good

Surgery

Good

We rated well-led as good.

Leadership

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

There was a clear management structure with defined lines of responsibility and accountability.

Staff told us that there was good local, regional and national leadership within the organisation. Leaders were well respected, approachable and supportive. Leaders were passionate about the service and worked well with staff to deliver the best possible outcome for their patients.

Leaders held regular staff meeting and staff told us that they felt that their views were heard and valued.

Senior managers attended regional and national meetings with the senior leadership team where they received updates, discussed governance and performance and shared learning.

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.

The organisation vision and strategic objectives were every patient, every time. no excuses, no exceptions. The patient is at the heart of everything they do, and they focus on three objectives to achieve the very best they can be – Patient Safety, Excellent Care and Patient Satisfaction.

The organisations values were included in the induction for all staff. Staff we spoke with were clear about the vision and values for the organisation.

Visions and values were included on the organisation's website.

Culture

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

Staff we spoke with were very proud of the service they delivered and described their colleagues as supportive. All staff we asked told us they had good working relationships with their colleagues.

Good

Surgery

Staff were patient focused, and the culture was focused on the needs and experiences of people who used the services. Several members of staff told us they were proud of the care they gave to patients and told us they felt the service was patient centred. During our inspection we observed positive working relationships and engagement with patients.

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 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. The service monitored individual consultant files, checking registration with the General Medical Council (GMC), professional indemnity and appraisals. The MAC reviewed the monitoring processes with a responsible officer on the MAC.

A clinical governance meeting was held bi monthly. We reviewed three sets of meeting minutes and saw that they were well attended by the representatives from the senior leadership team, hospital managers and clinical leads. Agenda items included clinical governance, quality, risk, compliance and audit. All levels of governance and management worked effectively together.

Significant incidents and themes were reported and discussed at the organisation's national clinical governance and clinical effectiveness bi-monthly meetings, medical advisory and health and safety committees.

There was a robust programme for internal audit to monitor compliance with policies and processes. Audits were completed monthly, quarterly and annually as per the providers audit schedule. Results were monitored by the local, regional and national management team. Results were shared at relevant meetings including the hospital team meetings and clinical governance meetings.

There was a service level agreement in place with the laser protection advisor (LPA). Local rules were in place that all staff who operated the YAG laser were required to read and sign.

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. There was a local risk register that was reviewed and updated by the hospital and area managers. Risks had been identified with control measures in place to help reduce any risk and review dates.

Senior managers were committed to providing quality care for patients. Surgical performance was monitored quarterly using a dashboard that included outcomes of surgery and bedside manner on a red, amber, green (RAG) rated system. Consultants who operated at the location were rated green except for one who was rated amber and additional support was implemented to improve the score.

Good

Surgery

The service had a business continuity plan that reflected actions to take in response to untoward events effecting service delivery such as IT issues or severe weather.

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.

Patient details were maintained initially using a combination of paper and electronic systems. Following discharge, paper records were scanned onto the electronic systems. These were backed up in case of accidental failure.

The service submitted 100% of their data to benchmark and monitor their clinical outcomes nationally.

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.

Staff feedback was encouraged through six monthly staff surveys and forums where concerns could be escalated and fedback to senior leaders.

The organisation encouraged and gave patients the opportunity to feedback about their care and experience.

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

Staff received updates via the organisation's intranet, weekly emails, monthly newsletters and quarterly team meetings.

The company conducted a patient feedback programme, which included feedback for patient booklets. SpaMedica booklets were adapted as a result of this engagement with patients to improve how information was shared.

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 medical director had carried out research into social deprivation and the impact it is has on cataracts. This was presented at ophthalmic conferences and was published in a national journal for the medical profession.

The service had been short listed for a national antibiotic guardianship award for supporting the appropriate use of antibiotics for cataract surgery.

The provider had four digital dry labs throughout England and pop up dry labs that enabled ophthalmology trainees to learn and practice cataract surgery. The dry labs were also used by surgeons to perfect techniques and practice using the providers standard instruments.

Good

Surgery

The service had implemented a point of care finger prick testing of international normalised ratio (INR) at all SpaMedica sites. This means that patients do not need to go to the warfarin clinic or require a district nurse to check their INR seven days prior to surgery (as per RCOPhth). This has reduced the burden on our NHS and streamline the pathway for the patients.