

SpaMedica Ltd

SpaMedica Peterborough

Inspection report

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

Ratings

Overall rating for this location

Outstanding



Are services safe?

Good



Are services effective?

Outstanding



Are services caring?

Outstanding



Are services responsive to people's needs?

Outstanding



Are services well-led?

Outstanding



Summary of findings


Overall summary

We rated this service as outstanding 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.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Outstanding 	<p>We rated this service as outstanding because:</p> <ul style="list-style-type: none">• 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.

Summary of findings

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Summary of this inspection

Background to SpaMedica Peterborough

SpaMedica Peterborough is operated by SpaMedica Ltd and registered with the CQC (Care Quality Commission) in August 2021. The service is a private hospital that offers cataract surgery and yttrium aluminum garnet (YAG) laser capsulotomy services for NHS (National Health Service) patients. YAG laser capsulotomy is a special laser treatment used to improve vision after cataract surgery. The service did not treat children.

SpaMedica Peterborough is registered to provide the following regulated activities:

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

1.

The hospital is located close to the town centre, in a business park with car parking facilities.

The ophthalmic team consists of:

- Ophthalmology consultants
- Optometrists
- Registered nurses
- Ophthalmic technicians
- Administration staff

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on the 18 January 2023. The team that inspected the service comprised two CQC acute hospital inspectors.

During the inspection visit, the inspection team:

- Spoke with surgeon and the surgical team, the management team and qualified nurses, a range of additional health care staff and housekeeping staff.
- Spoke with nine patients and several visitors who attended with them.
- Looked at a range of policies, procedures, audit reports and other documents relating to the running of the service.

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:

Summary of this inspection

- The hospital consistently exceeded expectations and outcomes for patients against relevant national standards. Outcomes for patient visual acuity following surgery for both eyes were consistently better than overall National Ophthalmology Database Audit (NODA) rates.
- Referral to treatment times were much better than the national average.
- The hospital had a low risk of readmission with no readmissions in the previous 12 months.
- The post-surgical complication rate was low with one patient requiring a return to theatre in the previous 12 months.
- The service provided free transport to patients who lived within a set distance from the location.
- The service ran accreditation schemes for local opticians to enable them to support patients post-operatively in the community.
- Staff carried out a risk stratification assessment at pre- assessment clinic for cataract surgery and patients' post-operative medicine regime was then tailored accordingly. The stratification took account of a range of factors including ethnicity and social factors. The risk stratification had been designed and validated by the medical director following a clinical study.
- The hospital offered a one-off steroid injection rather than eye drops for patients who may find it difficult to use eye drops due to social factors such as homelessness or who posed a significant infection risk completing their own drops.
- People were consistently treated with dignity and respect, including those in attendance with patients using the service. Staff regularly celebrated events to promote inclusion, acceptance and understanding diversity. Staff at all levels went over and above to ensure the comfort of all who accessed services.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	<div>☆</div> Outstanding	<div>☆</div> Outstanding	<div>☆</div> Outstanding	<div>☆</div> Outstanding	<div>☆</div> Outstanding
Overall	Good	<div>☆</div> Outstanding	<div>☆</div> Outstanding	<div>☆</div> Outstanding	<div>☆</div> Outstanding	<div>☆</div> Outstanding



Surgery

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

Is the service safe?

Good



We have not previously inspected the service. We rated it as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training. The service provided statutory and mandatory training using a combination of 'face to face' training and e-learning. Compliance with mandatory training for all staff was 100%, against a target of 95 %. Staff received protected time to complete mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training included courses in basic life support, infection control, safeguarding children and adults, health, safety and welfare, fire safety, manual handling and equality and diversity.

Managers monitored mandatory training using a training matrix and alerted staff when they needed to update their training. Managers used an online monitoring system. The system alerted managers and staff when training and updates were required. Clinical staff completed refresher training and competency observations when necessary. Staff told us they had enough time to complete their mandatory training.

Consultants completed mandatory training within their substantive NHS employer and provided annual confirmation of completion of this training to the service in line with the organisation's practising privileges policy.

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. Staff received mandatory safeguarding children and adults training. The level of training received corresponded to their role. For example, clinical staff received safeguarding adults training level two (100%) and safeguarding children level two (100%). A safeguard leads supported staff in escalating concerns and supported referral processes to the relevant local authorities. Two level four trained corporate staff provided additional support to staff if needed.



Surgery

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff gave examples of concerns they would report and knew the contact details for the agencies they would report to. There were posters throughout the service clearly instructing staff on how to raise safeguarding concerns. An up-to-date safeguarding child and adults' policy, with flow charts for the escalation of concerns was available.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff understood the importance of supporting equality and diversity and ensured care and treatment was in accordance with the Act. Staff gave examples which demonstrated their understanding and showed how they had considered the needs of patients with protected characteristics.

The hospital's mandatory training included a module on preventing radicalisation which helped staff identify patients and find ways to prevent people being drawn into terrorist or extremist groups and/or activity. Records showed 100% of staff completed this training.

The hospital had a defined recruitment pathway and procedures to help ensure that the relevant recruitment checks had been completed for all staff. These included a disclosure and barring service (DBS) check; occupational health clearance, references and qualification and professional registration checks.

The hospital had an up-to-date chaperone policy.

There were no safeguarding incidents in the previous 12 months. Staff demonstrated an understanding of how incidents were reported and investigated in line with the hospital's procedures.

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.

Clinical areas were visibly clean and had suitable furnishings which were visibly clean and well-maintained. All areas, including the operating theatre and recovery areas were visibly clean. Each area was suitably furnished and were well-maintained. Floors were easy-clean in all areas, including clinical areas. Storage areas were tidy and free from clutter. Clinical staff were observed cleaning equipment after each patient use.

We saw that all equipment was cleaned after patient contact. All equipment was visibly clean, and staff completed daily cleaning check lists to record compliance with cleaning schedules and standards.

Staff followed infection control principles including the use of personal protective equipment (PPE). Hand-washing and sanitising facilities were available for staff and visitors throughout. The service provided staff with personal protective equipment (PPE) such as gloves and masks. All staff were seen to comply with PPE standards, for example, appropriate wearing of masks and gloves while carrying out their duties.

The service performed well for cleanliness. The service averaged 100% compliance for infection prevention and control and hand hygiene audits. There was a comprehensive management of cleaning policy which contained protocols for cleaning all areas of the hospital.

Staff followed protocols to avoid the incidence of surgical site infections. There had been no incidences of endophthalmitis, an infection which would be an ophthalmic emergency.



Surgery

Theatre staff followed protocol to manage infection prevention control. For example, staff immediately cleaned reusable instruments or stored appropriately for decontaminated off site. Staff cleaned equipment after patient contact and labelled equipment with 'I am clean' stickers to show when it was last cleaned. We saw staff cleaned the operating table, and equipment after each patient. Staff followed RCOphth Professional Standards, and all intraocular surgery observed was performed within a standard ophthalmic operating theatre environment. The environment had appropriate ventilation. During our observations we saw no cross contamination of clean and dirty equipment.

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 service had suitable facilities to meet the needs of patients' families. The building was modern, and the service was located on the first floor with lift access. The admission area, theatres and recovery area were designed to allow a smooth flow. All people we spoke with fed back to us that flow through the hospital was exceptional. The space was bright, with good ventilation in the operating theatre. Clinical areas were restricted with access using a keypad to those authorised to do so.

Patients were observed by staff so that they could be responded quickly when called. There were four separated bays within the ward area where patients were seated. The member of staff checked in with each patient and carried out regular comfort checks on patients waiting in the ward area prior to surgery.

The service had undertaken a Legionella, fire and health and safety risk assessment. Records showed that action plans had been put in place to mitigate the risks identified. Staff demonstrated how they had access to evacuation routes in the event of a fire. Water outlets and sinks were flushed to reduce the risk of Legionella build-up in line with Health and Safety Executive (HSE) guidance.

Staff carried out daily safety checks of specialist equipment. Staff carried out checks on equipment such as the resuscitation trolley. Resuscitation equipment was located on a purpose-built trolley and was visibly clean. Single-use items were sealed and in date. Resuscitation equipment had been checked daily and an up-to-date checklist confirmed all equipment was ready for use.

The ward and theatre area were well equipped and faulty or damaged equipment was repaired or replaced quickly. An external maintenance provider attended the hospital to service and safety check medical equipment. We reviewed equipment logs and saw that equipment used was serviced within appropriate time frames. Stock and equipment, including disposable instruments, were professionally managed and recorded.

Staff registered implants with details of who received the lens implant. This meant the lens could be traced in the event of product recall or other safety concerns relating to a specific implant. The process also allowed the identification of trends and complication relating to specific implants.

Staff disposed of clinical waste safely. Clinical waste disposal was provided through a service level agreement. Clinical waste and non-clinical waste were correctly segregated and collected separately.

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



Surgery

Patients all treatment as outpatients for day treatment and only under local anaesthetic. Staff did not use general anaesthesia or sedation. Staff followed, and regularly reviewed, clear inclusion and exclusion criteria. Staff worked closely with other clinicians, including opticians and GPs (General Practitioners) to ensure they understood the patient risks to decide if more complex surgery or a hospital referral was needed. Staff could also refer to specialists at other SpaMedica locations.

Staff ensured they had adequate knowledge of the patient's health, relevant test results and their medicines history. Staff completed comprehensive pre-operative assessment processes used for all patients. The hospital had robust processes for assessing patients before admission. Patients had a pre-operative assessment to ensure they met the inclusion criteria for surgery and to allow any key risks, which may lead to complications during the anaesthetic, surgery, or post-operative period, to be identified.

Each patient had a risk assessment upon arrival. Staff reviewed risks using a recognised tool. Patients were risk assessed for falls, mobility issues and dementia. Patients were assessed to check they could tolerate lying flat during procedures. Patients with the greatest risk of a complication were operated on by a specialist surgeon on a complex cataract list. This had been presented at the European Society of Cataract and Refractive Surgeons conference.

Staff completed the World Health Organisation (WHO) safety checklist for cataract surgery that had been adapted and improved following learning from incidents in the organisation. The WHO checklist was a simple tool designed to improve team communication. Surgeons and theatre staff involved in care used the checklist to confirm critical safety measures were performed before, during and after an operation. Safety checks were carried out before, during and after surgery. Compliance was audited and for the previous 12 months there was 100% compliance.

Staff responded promptly to any sudden deterioration in a patient's health. There was an escalation policy directing staff to call 999 to transfer patients to an acute NHS hospital. Staff were trained in basic life support. Clinical staff were trained in immediate life support. The service did not have any deteriorating patients in the previous 12 months.

Staff knew how to deal with specific risk issues. The hospital had an endophthalmitis and intraocular pressure box in case of an emergency. Endophthalmitis is an infection of the tissues or fluids inside the eyeball caused by infection. It is an urgent medical emergency and immediate treatment is vital. Staff produced a video explaining step by step how to prepare the treatment for endophthalmitis to aid safe use.

Patients could access a 24-hour helpline for any concerns following surgery. Staff were available for emergency situations.

Patients were provided with a discharge booklet; it included information about how to access support.

Clinical staff supported patients post operatively. The organisation had developed a post-operative review service with accredited community optometrists. Four weeks following surgery patients attended an appointment in the community or at the service to review the results of the treatment.

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.



Surgery

The service had enough nursing and support staff to keep patients safe. The theatre team for the surgical list included a surgeon, registered general nurses (RGN) and healthcare technicians (HCT). Staffing levels reflected demand on the service and known treatment support needs. The organisation had agreed minimum staffing for the hospital and surgery could only proceed when the standard of skill-mix was confirmed.

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

The manager could adjust staffing levels daily according to the needs of patients. All theatre lists were pre-planned so the number of staff required for each shift could be pre-determined. Hospital managers liaised across the region to support and plan staffing.

The service had no vacancies for clinical staff.

Managers limited their use of bank staff and requested staff familiar with the service. The service used bank and agency staff who were familiar with the service.

All staff had an induction, and staff were provided with supervision as needed. All bank and agency staff were required to undergo the same competency training as substantively employed staff.

Nursing staff had completed their Nursing and Midwifery Council re-validation checks and updates to develop their competencies.

Medical staffing

The service had enough medical staff to keep patients safe. There were 100 surgeons working under practising privileges.

The medical director carried out assessments of applications for practising privileges, from doctors and allied health professionals, were carried out by the medical director to ensure the appropriate practising privileges were completed. The process of practising privileges was 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. Managers monitored compliance with their practising privileges policy.

Surgeons were granted practicing privileges following a trial graded by a senior SpaMedica surgeon. They used a novel "NICE surgeon criteria" as outlined in the Practicing Privileges policy.

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.

Records were stored securely. Patient notes were comprehensive, and all staff could access them easily. The hospital used paper and electronic records, to document patient information securely. 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.



Surgery

When patients transferred to a new team, there were no delays in staff accessing their records. Records could be accessed across the departments, allowing continuity of record keeping. Bank staff could access the records they required. We viewed six patient care records, which contained the patient's consent form, pre-assessment, procedure, allergies, and discharge information. Records we reviewed were completed appropriately. Records were stored securely. Paper records were stored securely in a locked cabinet when not in use. Staff completed training in information governance (100%).

Medicines

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

Staff learned from safety alerts and incidents to improve practice.

Staff followed systems and processes to prescribe and administer medicines safely. Staff followed best practice when prescribing, administering, recording, and storing medicines. The hospital had a medicines management policy, which ensured staff practices were in line with national guidance.

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 (Patient Group Direction) 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. There was only one controlled medicine stored in the hospital. It was stored securely and checked weekly, and the controlled medicines record book was fully completed.

Staff stored and managed all medicines and prescribing documents safely. Medicines were stored in locked cupboards away from the patient areas. The hospital had a digital temperature monitoring application that alerted staff when the temperature was out of range.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services. Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Staff said patients were given advice about medicines before surgery as well as post-surgery and patients we spoke with confirmed this. 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.

Staff completed medicines records accurately and kept them up to date. Records we checked showed allergies were recorded where necessary and entries were complete.

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. The hospital had an open incident reporting culture. Staff told us what incidents they would report and how they would report them. Staff told us they were encouraged to report and record incidents, including near misses on the incident reporting system.



Surgery

Staff raised concerns and reported incidents and near misses in line with the hospital's policy. The incidents reported in the previous 12 months and found they were reported and investigated in line with the hospital's procedure. Incidents were categorised into no, low, moderate or severe harm. We looked at incident reports and saw that there had been 59 incidents in the twelve months prior to inspection. Of these, 51 were near miss incidents with no harm, seven resulted in low harm, and one resulted in moderate harm. For each incident, the actions taken, and lessons learned were recorded where applicable. Staff discussed learning from incidents at the daily safety huddles.

The service had no never events or severe harm. Records provided by the hospital showed there were no never events or severe harm since opening. The hospital reported one incident of moderate harm whereby analysis was conducted, and learning shared with all staff.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if things went wrong. Staff gave examples of incidents where duty of candour would have applied.

There was evidence that changes had been made because of feedback. For example, staff assessed and monitored patient's mobility needs throughout their pathway and implementing additional support, if required, to maintain safety.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Staff followed root cause analysis approaches to investigate incidents. We saw recorded themes and trends were reviewed and learning shared through clinical governance, medical advisory committee (MAC) and health & safety committees.

Is the service effective?

Outstanding



We have not previously inspected the service. We rated it 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 protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies in line with the Royal College of Ophthalmologists (RCOphth) standards. Each policy was regularly reviewed to help plan and deliver up to date high quality care in accordance with best practice and national guidance. Staff understood the organisation's processes to access each policy with related documentation stored on the intranet.

Staff followed established service-wide governance processes to ensure compliance and maintain standards. Patient pathways were overseen at board level. Staff attended clinical effectiveness and operational meetings as part of the governance system. Leaders delivered an audit schedule on a quarterly basis. Quarterly audits included clinical documentation, consent, laser safety, infection prevention control. Leaders developed action plans using areas for improvement from findings from audit results. For example, an audit result below 95% would result in an action plan which included measures for success. Audit were repeated to determine progress and compliance.



Surgery

Leaders took additional steps to ensure good governance and compliance. For example, staff carried out monthly CQC self-assessment to determine compliance. Clinical governance meetings reviewed the outcomes and shared the findings across all service to look for themes and inform where improvements were needed.

Staff engaged in an integrated approach to assessing, planning and delivering care and treatment to all people who used services. Staff explored what worked with patients who may have additional needs, for example, long-term injections could be offered as an alternative to those unable to administer eye drops. Staff worked alongside community clinicians to help support patients while at home.

Staff consistently reviewed performance and compliance using a programme of audits. This included infection prevention control and safety surgical checklist. The results showed a high level of compliance against recorded measures (100%). Staff implemented an action plan when an audit identified compliance of less than 95%.

Nutrition and hydration

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

Patients ate and drank normally as there were no fasting restrictions with local anaesthetic. The service provided snacks, water and hot drinks as refreshments.

Pain relief

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

Staff prescribed, administered, and recorded pain relief accurately. All patients received anaesthetising eye drops and local anaesthetic before their procedure. Staff assessed pain levels during and after surgery and gave pain relief when required. We saw staff asked about pain relief needs at discharge consultations and advised on pain management at home.

Staff provided patients with a discharge booklet which included pain relief advice. Patients were followed up post-surgery to evaluate pain needs.

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 had been accredited under relevant clinical accreditation schemes.

Staff monitored and improved quality and outcomes by taking part in regular audits including national clinical audits. Staff provided data to the National Ophthalmology Database Audit (NODA); the Royal College of Ophthalmologists, who measured outcomes of cataract surgery. Outcomes for patients were positive, consistent, and met expectations, such as national standards. Data provided from January 2022 to December 2022 showed average outcomes for patient visual acuity following surgery for both eyes was 92% (414 of 449 patients showed better outcomes post operatively).

The hospital had low return rates. One patient returned to theatre since the opening of the service. There had been no re-admissions following surgery and no unexpected admissions for surgery. The hospital benchmarked themselves against other hospitals in the provider network and they performed consistently to a high standard. Staff told us post-surgery complications were rare.



Surgery

The service collected data on post-surgery complications such as incorrect eye operated on, incorrect lens inserted, iris trauma and surgical error. The post-surgical complication rate was low with one post-surgery complication in the previous 12 months. Managers and staff used the results to improve patient outcomes. Staff completed regular audits and performed consistently well over a 12-month period scoring on average over their target of 95%.

Patients reported on the outcomes of their surgery. Records showed that 100% of patients were happy with their treatment outcome. We looked at the service balance scorecard which showed 100% patient satisfaction.

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 undertook regular reviews of staff competencies through a programme of self-assessment and appraisals including clinical skills. There was a comprehensive set of competencies which included pre-operative assessments, admitting patients for surgery, using the YAG laser and dispensing medication. The service maintained a skills matrix that showed staff who had been trained and deemed competent for certain roles and responsibilities. Newly appointed surgeons had a period of supervised practice overseen by the medical director.

Managers gave all new staff a full induction tailored to their role before they started work. Staff who completed the induction spoke positively about their experience and said managers and clinical leads were supportive. There was a leadership programme for hospital managers who completed peer reviews at other hospitals within the organisation.

Managers supported staff to develop through annual appraisals. We looked at records and saw appraisal completion rates were 100%. Each member of staff received a three and six month appraisal during probationary periods. Leaders used an electronic appraisal system to clearly outline achievements, goals, and areas for improvements. Staff engaged in the process to establish goals for the year and found it motivational. Leaders encouraged staff development as a strategy to maintain stability and loyalty at the service.

Consultants with practising privileges had arrangements for external appraisal within their NHS work. Assurances were provided through the governance process as well as the overview from the medical advisory committee. There was an effective process for validating and monitoring the credentials of any consultant or health professional with practising privileges working within the hospital. The medical director oversaw training and supervision for the medical staff. The medical director chaired a quarterly surgeon performance review. This meant clinical leaders assessed, monitored and addressed clinical performance.

Staff were encouraged to improve and acquire new skills. For example, healthcare technicians had the opportunity to train to undertake additional responsibilities, for example, YAG admissions post-operative cataract discharges.

Managers encouraged staff to complete additional self-directed learning. We saw that staff completed training on how to use lasers, dementia care and supporting patients with learning disabilities.

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



Surgery

Clinical leaders supported NHS ophthalmology trainee training and in-theatre surgeon training. Trainees received regular teaching sessions free of charge, by experienced high-volume surgeons. The training lead of the Royal College of Ophthalmologists performed two training lists as part of a project to develop standards and guidance for training within the independent sector. SpaMedica were part of the NHS England and Royal College of Ophthalmologists task and finish group on training.

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. All staff met at daily huddle as plan, deliver and communicate daily work issues. We attended a safety huddle and saw staff escalated and addressed concerns to ensure safety. Leaders monitored the effectiveness of the huddles using audits. Staff provided positive feedback and we saw that staff worked effectively together, for example, sharing their expertise with each other and offering support for the benefit of patients.

Staff used online chat applications for communication. This meant appropriate staff attended individual daily online clinics to plan the day ahead for their respective clinics. This helped improve attendance, communication and smooth flow of the clinics and keeps all staff informed.

Health Care technicians and Nurses had separate monthly meetings to discuss learning and improving ways of working. Staff provided feedback from these meetings at the all-team monthly meeting where learning and improvements were shared.

Staff worked across health care disciplines and with other agencies when required to care for patients. Multidisciplinary working was key to effective delivery of care. Staff worked with each other and with external agencies to provide care for patients. Patients were afforded flexibility and choice; they could access other SpaMedica sites should that be their preference.

Staff worked effectively with referring partners such as general practitioners (GP's) and community opticians. Staff shared information with the patients GP (General Practitioners) and referring optometrists to ensure continuity of care.

Staff worked with RNIB to develop the service. Two qualified eye care liaison officers (ECLO) provided practical and emotional support to people living with sight loss. Patients could communicate with an ECLO for advice or reception staff could book them an appointment.

Seven-day services

Key services were available six days a week to support timely patient care. Patients could access the service from 8 am until 6 pm every day except Sundays.

Patients could access a national contact centre open from 8am to 6pm Monday to Saturday. Patients were informed of this on all discharge and information leaflets given and on the website.

Patients were provided with 24 hours a day, seven days a week contact number for any urgent concerns or queries. Staff triaged these calls and transferred to an emergency on call optometrist if appropriate.



Surgery

Health promotion

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

Staff provided patients with relevant information promoting healthy lifestyles and support. The hospital displayed information on noticeboards which included information on how to access dementia support groups.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle considering both physical and mental well-being. The services' website included information from patients regarding eye health that included wearing sunglasses, medicines and driving advice.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff understood consent and ensured they understood the consent policy. Staff used consent forms. Leaders monitoring compliance with consent and records were actively monitored and reviewed to improve how people were involved in making decisions about their care and treatment.

Staff clearly recorded consent in patient records. They provided information on the potential risks, intended benefits and alternative options before each treatment. 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. Staff audited this process by reviewing documented evidence in care and treatment records. Staff performed highly and consistently in this measure. Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff said this was a rare occurrence.

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

Is the service caring?

Outstanding



We have not previously inspected the service. We rated it as outstanding.

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 spoke with eight patients and ten of their carers who gave positive feedback about the service and the care received. Patients and their carers told us the staff were excellent and they were received exceptional care. We looked at eight thank you card messages, each praising staff for kindness and showing appreciation for the care they received.



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Patients told us and we saw that all staff were considerate, engaging and kind. Over 5000 patients responded to the patient satisfaction survey from January 2021 to December 2023. All patients asked if their waiting times for their appointments were acceptable said yes. All patients asked if they were happy with the outcome of their treatment said yes, and 100% of patients asked rated the hospital and facilities as good quality.

Patients said staff treated them well, with kindness and were very helpful and reassuring. Staff answered patient enquiries and interacted with patients in a friendly and sensitive manner. Staff were seen to treat patients with respect and dignity, for example, knocking on doors before entering a room and introducing themselves.

Patients said staff were polite and considerate and listened to what they had to say. Patients said “service is excellent, everyone was very efficient and very courteous. Patient feedback included; “The unit is remarkably clean, very patient friendly staff and “Fantastic from start to finish. Every member of staff is fantastic. Thank you very much.” All consultations and treatments were carried out in well-presented individual rooms. Patient treatment was behind closed doors for privacy and staff knocked before entering.

Staff promoted the wellbeing of patients and their colleagues. Quiet rooms were provided for staff and patients to take time away from the clinical environment. A wellness communication board promoted understanding of keeping well physically, spiritually, and emotionally with information to join local groups, exercises, and support groups.

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 reassured nervous patients and helped them reduce their anxiety levels by presenting themselves in a calm and relaxed way. Staff provided patients appointments in advance to familiarise them with the environment. Staff communicated to patients what to expect on the day and gave them the opportunity to try out the equipment to ensure they were clear of what to expect on the day.

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. Holistic patient centred care was the central approach to treating patient's individual's needs. Staff took time to reassure patients who were anxious about procedures. All patients and their loved ones we spoke with told us staff went out of their way to help.

Patients could access "patient stories" videos online and could receive copies to use at their leisure. Patient stories described experiences while in treatment to help relieve anxiety. Patients were offered a hand hold in theatre if they were nervous.

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 confirmed with patients that they understood their procedure. We spoke with patients, and their carers who told us they were involved in their care and received information needed to understand their treatment. The patient satisfaction survey demonstrated patients understood their procedure and treatment.



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Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Staff used appropriate communication aids, for example, large print or access to other languages to ensure they understood the information they received.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff actively encouraged feedback from those who used the service. This was reflected in the large number of feedback responses received.

Patients gave positive feedback about the service. This was reflected across the board, for example, in patient survey questionnaires, discussion with people who used the service and handwritten thank you messages.

Is the service responsive?

Outstanding



We have not previously inspected the service. We rated it as outstanding.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people 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. Patients were referred by their GP or optometrist. A key part of service provided was that of post-operative assessment. Accredited optometrists provided post-operative care at locations of convenience. This meant patients could be seen at their referring opticians. In addition, patients accessed a helpline to answer queries about their treatment. The service was flexible, provided choice and ensured continuity of care. The hospital had streamlined its service to treat NHS patients through contracts with the local NHS trust and commissioners.

Facilities and premises were appropriate for the services being delivered. The service was fully accessible to patients with limited mobility. For example, wheelchair access, a lift for those with mobility issues and there were ample disabled parking bays.

The service had systems to help care for patients in need of additional support. For example, those with mental ill health, learning disabilities and dementia. A dementia champion with additional training promoted the needs of people living with dementia. Staff could access a dementia folder with advice to help patients with dementia. Patients with a learning disability or autistic spectrum disorder were offered additional support.

Managers monitored and took action to minimise missed appointments. For example, assessing patient suitability for surgery in advance. Staff did this by requiring patients to demonstrate they could lie flat and still for 15 minutes for their procedure. This helped reduce the number of cancellations.

Managers had systems in place to keep the number of cancelled operations to a minimum. Patients were contacted with appointment reminders to minimise missed appointments. From September 2021 to August 2022 the service reported 1.4% of appointments were missed. Staff contacted patients who had failed to attend to re-book their appointment or referred to the NHS hospital. GPs were informed of patient changes.



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All patients were provided with aftercare. For example, all patients were given complimentary eye drops after surgery to reduce dryness and had access to a helpline for further guidance.

Managers planned and organised services to support the changing needs of the people who used the service. Patients told us they could access surgery appointments at a time to meet their individual needs. A centralised booking team managed patient referrals and appointments on an electronic patient administration system.

Patients could opt to choose their preferred clinic location. Patient transport was offered for those assessed as appropriate. Patients received reminders of their appointments before their scheduled collection from home by a designated driver.

Staff carried out point of care finger prick testing 7 days prior to surgery as required by The *Royal College of Ophthalmologists*. This meant patients avoided the need to go to warfarin clinics or require a district nurse to check their bloods.

Staff used an inclusion and exclusion criteria and a comprehensive pre-operative assessment to determine patient suitability. Staff carried out a pre-operative assessment to ensure patients were fit for surgery. Patients were offered an appointment within two weeks of the pre-operative assessment. Staff considered other commitments, for example, religious events and would rearrange appointments.

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.

The service was fully accessible to patients with limited mobility and wheelchair users and there were disabled parking bays.

People who used the service with communication needs were supported using interpreters or signers when needed. Information on interpreting services was on display in all rooms and staff reported being familiar with the professionals who regularly supported them in translations.

Staff assessed patients' needs in relation to language, hearing, sight, and mobility in advance of their attendance. Staff understood and applied a policy on meeting the information and communication needs of patients with a disability or sensory loss. The hospital had information in large print and a hearing loop was available to assist patient's wearing a hearing aid.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. The hospital dementia champion was available to provide additional training and support to staff to work with the needs of people living with dementia.

Staff developed a deaf awareness training module for the electronic training system. Experts by experience co-produced this work alongside patient and staff groups. British Sign Language interpreters were used for clinical journeys. Staff used email and the RNIDs type talk service to remove communication barriers for patients with hearing loss. Leaders supported staff with specialist hearing aid equipment to ensure inclusion in the workplace.



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Staff understood the need for extra support for patients with additional needs. Staff provided dementia and anxiety aids for patients during appointments including surgery. For example, dementia balls and allowing patients to bring someone with them to reduce anxiety.

A nurse had completed training and had created a resource folder held in the pre assessment room with tools that may be useful for patients with dementia/learning disabilities to help support them during their time at appointments.

Staff worked with The Alzheimer's Society to become 'Dementia Friendly.' There was additional signage in yellow and blue to support those living with Dementia. 'Dementia friend' training was available for all staff as well as specialist dementia champion training. The hospital had one trained dementia champion.

Staff respected individual patient needs. Staff demonstrated understanding in a non-judgmental way, for example, when discussing patients complexities, such as those struggling with their mental wellbeing. Staff working with patients with dementia completed dementia friends training to enhance their skills in working with this patient group. Essex County gave the service a 'Dementia Friendly' provider award.

Mental Health First Aid training was encouraged at all levels. Porters to board members engaged in this initiative. This enabled support and signposting to colleagues and patients concerned about mental ill health.

Staff celebrated religious festivals including Diwali, Eid al-Adha, Hanukkah, Yom Kippur as well as Easter and Christmas. Muslim patients were supported with guidance from the local community religious leaders. We saw staff celebrate events by providing specific foods, and posters to encourage understanding and inclusion of diverse groups in the community. Staff sought approval for patients to be allowed to say prayers sitting down or standing in the two weeks following cataract surgery when bending down was restricted.

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.

People accessed the service in a flexible way to meet individual needs. Staff worked together to facilitate access to services. Patients were offered the first available appointment. From January 2022 to December 2022 the service completed 6656 procedures. There was an 18-week referral to treatment (RTT) pathway.

The service proactively collaborated with the trust and clinical commissioning groups (CCG) on waiting times. The hospital reported the average referral to treatment time from January 2022 to December 2022 was just over five weeks. There were no patients waiting over the 18-week referral to treatment pathway.

Staff planned patients' discharge individually. This included those who were in vulnerable circumstances or who had complex needs. All patients had a discharge consultation with a registered nurse after their procedure. We observed a discharge consultation and saw patients were given appropriate guidance and information both verbally and in writing.

Staff made sure patients were safe to leave and travel home. There was a comprehensive pre-operative assessment to reduce risks and complications. This ensured the patients were fit for surgery and reduced delays to their treatment pathway.



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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. Information on how to make a complaint was available at the service and on SpaMedica website. The complaint procedure outlined the stages of the complaint process. The complaints process included investigation, resolution, and independent external adjudication.

Staff explained how they would receive an informal or formal complaint. Staff could explain how to escalate and manage complaints. Leaders managed all complaints informally in the first instance to avoid escalation and provide satisfactory outcomes.

Managers shared feedback from complaints with staff. Staff received complaints by email, in minutes from meetings and the learning from complaints was used to improve patient experience. From the opening of the location there had been three formal complaints. The first was received in November 2021 in relation to testing for Covid-19 and was resolved by the manager. The second was in December 2021 regarding clinical outcome and was resolved by the manager. The third was received in October 2022 in relation to a delay, the manager also resolved this complaint. This meant escalation was avoided.

The NHS funded patient treatment. Staff provided those who were not happy with the outcome of a complaint with the Parliamentary and Health Service Ombudsman details. The provider website contained patient information leaflets and complaints leaflets. Staff understood the complaints policy, knew how to acknowledge them, and were trained to resolve minor concerns.

Is the service well-led?

Outstanding



We have not previously inspected the service. We rated it as outstanding.

Leadership

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

Leaders at all levels demonstrated high levels of capacity and capability needed to deliver sustainable care. There was an organisational structure with a chief executive, chief operating officer, medical director, and head of clinical services. These were supported by other senior managers that included infection, prevention and control leads, regional directors, and an advanced nurse practitioner.

Staff told us that they saw leaders daily and that they were approachable and respected.



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The hospital's senior leadership team had been promoted from within the service. Each manager had clearly defined roles and responsibilities. An effective recruitment program ensuring that the skills and abilities of leaders matched the job profiles required within the hospital. All managers demonstrated the skills, knowledge, and experience to run the service. Leaders demonstrated an understanding of the challenges to quality and sustainability for the service. For example, the recruitment and retention of staff and ensuring adequate staffing levels to match the increase in activity.

There was a system of leadership development and succession planning. The organisation supported managers in their roles and managers new to their roles had mentorship from an operational development manager. There was a hospital manager training plan to support managers in developing key skills. Managers demonstrated leadership and professionalism. Staff we spoke with said managers were accessible, visible, and approachable.

Vision and Strategy

The service had a clear 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 hospital had a clear vision and strategy. Staff were familiar with the SpaMedica vision of 'every patient, every time: no exception, no excuses.' The values of safety, integrity, kindness, and transparency guided staff in their delivery of care and treatment.

The strategy for SpaMedica covered five primary areas which were growth, quality, leadership, governance, and infrastructure. Leaders reviewed strategic objectives and plans to boost sustainability and encourage success. Working as a cohesive team helped achieve objectives with patients and stakeholders such as GP's and optometrists. Quality measures included patient experience, clinical outcomes, staff engagement, recruitment, and retention.

Staff we spoke with understood the vision and quality measures of the service and how it had set out to achieve them. Staff demonstrated their commitment to providing high-quality care in line with this vision. The service had a statement of purpose which outlined to patients the standards of care and support the service would provide.

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.

Managers demonstrated an open and honest culture in line with the service's values. The leadership team we spoke reported having an 'open-door policy.' We saw positive, open, and engaging interactions with staff at all levels.

Staff had opportunities for career development and progression. The senior leadership staff told us they had been promoted into their roles, for example, the hospital director had been promoted to the area manager.

Staff told us they liked working at the service and were proud to contribute to effective patient care. All staff we spoke with were enthusiastic about the care and services they provided for patients. All staff we spoke with described the hospital as a good place to work. The organisation had an incentive reward scheme and a staff recognition scheme.

All staff we spoke with said they felt listened to and could raise concerns without fear of reprisal. Staff reported a no blame culture when things went wrong. Leaders supported a learning environment where staff developed using shared



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improvement opportunities, such as learning from incidents and patient feedback. All staff completed conflict resolution which was included in mandatory training. All managers and staff worked collaboratively to improve care, treatment outcomes, quality and patients experience throughout the entire hospital. We saw this demonstrated throughout our discussion with patients, staff, recorded documentation and outcomes.

Staff regularly celebrated events to promote inclusion, acceptance and understanding diversity. Staff celebrated International Day of Living Together in Peace. Staff celebrated World Day for cultural diversity. Staff celebrated International Food Day with colleagues contributing dishes from different countries. Staff celebrated Pride Month. Staff engaged in regular fundraising. These events provided opportunity to grow, learn and contribute to acceptance as a team.

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 service had a clear leadership structure in place and staff at all levels knew and understood the accountabilities within the structure. Leaders ensured quality governance across the organisation. Staff followed processes from the ward to the board and from the board to the ward. Key information filtered from staff at ground level to leadership staff and up to board level. Leaders attended regular meetings, various committees where they could escalate issues, concerns and share good practice.

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.

All items recorded were reported and discussed at the organisation's national clinical governance and clinical effectiveness bimonthly meetings, medical advisory and health and safety committees (MAC). The MAC represented the professional needs and views of medical practitioners and advised the senior leaders on medical policy and standards. The MAC reviewed the clinical performance of staff who have been granted practising privileges. They provided a quarterly forum for consultation and communication between medical practitioners and the hospital's senior management team. Staff were clear about their roles and accountabilities. Clear accounting lines and accountabilities were utilised to ensure oversight and timely information was provided on key performance indicators.

The service had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service. There was a comprehensive audit schedule of clinical and non-clinical audits. Records showed audits were discussed at various management and staff meetings.

A clinical audit programme was routine to help measure the effectiveness of care delivery. Leaders showed us how they used a hand-held digital tool to carry out audits. The effective tool created bespoke reports which were routinely and regularly shared regionally and nationally through governance, regional and board meetings.

Management of risk, issues and performance

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



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Leaders used a programme of clinical and internal auditing to monitor quality and operational processes. A comprehensive list of audits and risk assessments were completed systematically with a built-in review process.

Staff understood and actively contributed to the risk management strategy. Staff used patient outcomes and submitted data to national audit to benchmark their performance against other service providers. Data we reviewed demonstrated performance targets for indicators were met. The service reviewed how it functioned and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively.

The service had key performance indicators and regularly reviewed them. Managers planned services and used resources effectively to ensure they met referral to treatment times which were much better than the national average. The service continuously monitored and shared safety performance outcomes. The leadership team were committed to providing quality care for patients.

Surgical staff performance was regularly monitored. The senior leadership team shared a quarterly dashboard with outcomes of surgical staff outputs; all of which were positive. Staff identified and addressed risks in an open and timely way. A working group developed a database of surgeon performance to give immediate and real time information on performance to all Registered Managers. A go live target was set for February 2023.

Staff used the risk management strategy to set out a system for continuous risk management. The service had a risk register which showed the actions taken to mitigate risks. Examples of risks included slips, trips, and falls; we saw there were controls in place and a member of the leadership team were tasked with managing and reviewing to keep risks to a minimum.

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.

Information reported, performance management and delivering quality care was consistently accurate, valid, dependable, timely and relevant. Staff used an electronic quality management system, which monitored the performance of the service through data collection on all aspects of the service including incidents, complaints, mandatory training, and audits. Integrated reporting supported effective decision making.

All staff had access, by secure logins, to the organisation's intranet to gain information relating to policies, procedures, national guidance, and e-learning. All staff were able to demonstrate the use of the system and retrieve information.

Leaders had access to systems to ensure data and statutory notifications were submitted to external bodies. The registered manager, who was the hospital manager, was responsible for submitting notifications to the Care Quality Commission. The hospital submitted 100% of data to the National Ophthalmology Database Audit (NODA). The service had arrangements and policies to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems were in line with data security standards.

The service provided information governance training including General Data Protection Regulation (GDPR) which was in line with national guidance.



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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.

Managers and staff understood the value of engagement in supporting safety and quality improvements. Staff actively sought patient feedback and patients provided this through surveys, online feedback, and emails. Staff engaged with patients to ensure they had a high response to the patient survey. The service performed highly and consistently in all the questions on the survey.

Staff used patient feedback and there was a “you said, we did” poster displayed which informed patients about the changes that were made. The hospital completed an annual staff survey. 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 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 website had a section specifically for health professional referrals and information. There was a weekly bulletin so staff could share news and achievements.

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.

Leaders demonstrated a commitment to improvement. Performance was used to promote learning and learning was shared across the organisation. The senior leadership team and staff shared a wide range of innovation and research. For example, clinical staff took part in research and development. We saw examples of innovative ways of working for the benefit of patients. For example, eye injection during surgery, could be given as an alternative to discharge eye drops was introduced for certain groups of patients.

Staff were involved in developing services for groups with diverse needs. Staff discovered that black and minority ethnic patients with dark irides were more likely to develop post-operative inflammation. These patients were given a longer tapered course of treatment due to their increased risk which improved patient outcomes.

Staff operated five 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 SpaMedica surgeons to perfect techniques, practice using their standard instruments.

The service was shortlisted for a Public Health England Antibiotic Guardian award for their work.

Staff completed work on social deprivation and late presentation of cataract and subsequent poorer results had been published in the Lancet.

Leaders developed specialist training courses. These in-house clinical training programmes enabled continuous development of clinical teams providing training for RGNs (Registered General Nurses) to train as scrub nurses and age-related macular degeneration (AMD) injectors. This increased skill sets within the registered nurses registration and



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developed value in clinical teams. This initiative hoped to increase resilience in clinical service teams and improve retention rates. All registered nurses had direct access and support from an advanced nurse practitioner. This level of innovative training extended to healthcare technicians. Healthcare technicians were trained to undertake the discharge element of the surgery pathway. This included an escalation protocol to a Lead Nurse within the Hospital.

Staff reduced the risk of complications with the introduction of an Intravitreal Device. The device was a single-use, clear, conjunctival fixated mould, developed to allow easier administration of Intravitreal injections which compared better to free hand injection. All injectors were trained to deliver both free hand and Intravitreal Device injections.

Staff worked with the Macular Degeneration Society to support patients living with AMD. The Regional Manager from the Macular Degeneration Society was due to attend in February to support staff in providing advice on hospital adaptations for patients with AMD. Patients living with AMD were affected in many areas of life such as reading, writing, recognising faces, and communicating visually. Simple adjustments such as using brighter lighting or use of colours could make it easier to see, bright and contrasting colours can help differentiate between objects.