SpaMedica Ltd

SpaMedica Leeds

Inspection report

Part First Floor, 1175 Century Way
Thorpe Park
Leeds
LS15 8ZB
Tel: 01618380870
www.spamedica.co.uk

Date of inspection visit: 24/05/2023
Date of publication: 04/07/2023

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?	Requires Improvement
Are services effective?	Outstanding
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment 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:

- Staff did not always record consistent information in patient care records.
- The service did not yet have any learning disability and autism awareness training in place for staff, this became mandatory from 1 July 2022 under the Health and Care Act 2022.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good	

Summary of findings

Contents

Summary of this inspection

Background to SpaMedica Leeds

SpaMedica Leeds is operated by SpaMedica Ltd. The hospital provides a range of ophthalmic services to NHS and privately funded adults including cataract surgery and YAG laser capsulotomy. The service is registered to provide surgical procedures, treatment of disease, disorder and injury and diagnostic and screening procedures.

The main service provided by this hospital was surgery. Where our findings on surgery – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the surgery service.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 24 May 2023. The hospital was registered in May 2022 and had not been inspected before. There was a registered manager in post during the inspection.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? We rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

During the inspection:

- We spoke with 17 clinical, nursing and support staff, 2 managers and 2 members of the senior leadership team.
- We spoke to 6 patients.
- We followed the pathway of 2 patients in the surgical area.
- We reviewed 12 patient records.
- We reviewed 5 staff, practicing privileges and director files, including checking the service had completed fit and proper persons checks in line with the regulation.

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 participated in research opportunities and used the findings to innovate and pioneer their delivery of care to patients. Findings were shared locally, nationally, and internationally.
- The service actively monitored patient outcomes and consistently achieved positive clinical outcomes for patients which exceeded expectations.
- The service tailored support to patients when it was identified they may find it difficult to comply with post-operative treatment eye drops, using evidence-based practice to offer a one-off steroid injection.

Summary of this inspection

- The service took a proactive approach to anticipating and managing the risk of endophthalmitis, using best practice guidance to introduce emergency equipment box and sought an external contract with a microbiology laboratory to test and report on suspected endophthalmitis within 24 hours from receiving a request, including out of hours.
- The service provided a 24-hour, seven day on call service and managed any post-operative complication in house, whenever possible, rather than sending patients to an NHS provider.
- The service had created a working partnership with the local NHS trust to provide training opportunities for ophthalmic surgeons in training.
- The service understood that the continued development of staff skills was integral to continuing a high-quality service and created opportunities such as clinical apprenticeship schemes.
- Staff used a targeted and proactive approach to health promotion within the service.
- The service had its own accreditation (a red, amber, green (RAG) rated system) for surgeons contracted to the services to ensure that patients received a positive experience.
- Feedback from patients was continually positive about the way staff treated people and the service they received.
- The service assisted patients to access treatment at the location by providing complimentary transportation options.
- The service provided free artificial tear drops to patients to prevent them experiencing 'dry eyes' after their procedure.
- The service demonstrated a strong organisation commitment towards ensuring equality and inclusion across the workforce.

Areas for improvement

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

Action the service MUST take to improve:

- The service must maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. Regulation 17(2)(c).

Action the service SHOULD take to improve:

- The service should ensure that training in Learning Disability and Autism awareness is mandatory for all staff.From 1 July 2022, all CQC-registered health and social care providers must make sure their staff receive training on learning disabilities and autism appropriate to their role, under the Health and Care Act 2022.
- The service should ensure that Duty of candour is given in full to patients when incidents occur.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Is the service safe?

Requires Improvement

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it, this training did not include Learning disability or Autism awareness training.

Staff received and kept up to date with their mandatory training. The service had a training matrix which identified the required training for each staff group. Compliance with mandatory training was 100%. Mandatory training included moving and handling, fire safety and infection prevention and control.

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

Staff completed training on recognising and responding to patients with dementia and there were designated champions for dementia awareness who received additional training for this role.

The service did not yet have mandatory training in Learning Disability and Autism awareness for staff which became mandatory from 1 July 2022 under the Health and Social Care Act 2022. Managers told us the service were developing two new courses in learning disabilities and autism to role out to the staff team.

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, with clinical staff trained to level three. The service did not treat children. Data showed that 100% of staff were up to date with safeguarding training. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

The service had appointed two safeguarding leads within the organisation who were level four trained who staff could access for support and advice if required.

Good

Surgery

The safeguarding policy was comprehensive and reviewed in April 2023. It included information about types of abuse, including modern slavery, radicalisation, and domestic violence.

Staff told us how they would identify adults at risk of, or suffering, significant harm and the service had processes in place to work with other agencies to protect them. The safeguarding process was displayed in clinical areas.

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

Cleanliness, infection control and hygiene

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

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

The service generally performed well for cleanliness. Between May 2022 and April 2023, audits for infection prevention and control showed compliance between 96.2% and 100%.

Staff followed infection control principles including the use of personal protective equipment (PPE). Hand hygiene audits showed between 92.1% and 100% compliance between May 2022 and April 2023. The audit had been revisited a month after the service scored 92.1% and had improved to 96.7%.

All reusable equipment was decontaminated off site. There was a service level agreement in place with an accredited decontamination service.

Staff worked effectively to prevent, identify, and treat post-surgery infections. The service monitored infections related to surgery. There had been one case of confirmed endophthalmitis, or infection reported to CQC in 12 months prior to our inspection. Endophthalmitis is a purulent inflammation of the fluids in the eye usually due to infection. The root cause analysis of this confirmed no infection prevention and control methods at the hospital were responsible for this.

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 including theatres followed national guidance. The environment was spacious, airconditioned and room temperatures monitored daily.

Patients were able to reach call bells when seated in the preoperative waiting room. Staff frequently entered the room, including the porter, to engage with patients waiting and therefore we did not hear any call bells during the inspection.

Staff carried out daily safety checks of specialist equipment including the emergency trolley with logs signed and dated. The seal was broken weekly with a full check carried out. A grab bag was available with appropriate personal protective equipment should staff need to provide pulmonary resuscitation. Portable oxygen cylinders were full and checks in date.

Good

Surgery

The service had enough suitable equipment, including theatre equipment and instruments, to help them to safely care for patients.

There was a regular maintenance programme in place for specialist equipment with servicing completed in line with manufacturer's guidelines.

Staff managed and disposed of clinical waste well. Due to the service being in a shared building the service had made appropriate arrangements to safely store clinical waste throughout the day until it could be safely removed by cleaning staff on an evening. Waste management was handled appropriately with separate colour coded arrangements for general waste and clinical waste. Sharps, such as needles, were disposed of correctly in line with national guidance.

The service adhered to arrangements for control of substances hazardous to health (COSHH). Cleaning equipment was stored securely in locked cupboards and all areas required a pass card or keypad code to gain access.

Assessing and responding to patient risk

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

Staff completed risk assessments for each patient on admission and reviewed this regularly.

The service had a comprehensive pre assessment (PAC) inclusion and exclusion guidance document to support staff in their assessments.

There was a resuscitation policy for responding and escalating patients presenting with a medical emergency. The service had a single escalation policy which was to call 999 and transfer the patient to an acute NHS hospital.

Patients underwent a range of eye tests and diagnostics were carried out by healthcare technicians. An optometrist risk assessment was completed with the patient that informed the personalised treatment plan. Surgery and treatment were carried out under non-invasive local anaesthetic.

The hospital followed an adapted World Health Organisation (WHO) five steps to safer surgery checklists, which was observed in use in theatre and completed in records reviewed.

The service displayed 'Sepsis Six' information; this is a set of six tasks for staff to bear in mind when monitoring a deteriorating patient for signs of sepsis.

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

Staff shared key information to keep patients safe when handing over their care to others. Discharge letters were produced as the patients were discharged from care back to their referring community optometrist or GP as appropriate. After their procedure, patients were given detailed written instructions on aftercare and the time and date of their next appointment. Patients were given the service telephone number to ring in the event of any issues or to ask questions following discharge.

Good

Surgery

Staffing

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

The service had enough staff to keep patients safe. The service manager planned staffing levels using a standard operating procedure for clinical safe staffing levels. We observed the service had enough staff to provide the right care and treatment on the day of inspection.

All ophthalmic surgeons worked for the service under practising privileges. 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, clinic, practice, or community service. These were reviewed to ensure the appropriate practising privileges were completed and in place.

The service had a 17% turnover rate of staff between 1 May 2022 and 30 April 2023 and low levels of sickness absence of only 1.98%.

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

Records

Staff did not always keep detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

We reviewed 12 patient records. The patient records were both paper and electronic and were comprehensive and easily accessible by staff. In 3 out of 5 records of patients who had allergies, these were recorded inconsistently, we noticed either gaps or recording of 'no known allergies' where the patient did have a known allergy. This concern was discussed on site with the management team and immediate actions to reduce the likelihood of inconsistent records were provided following inspection.

The service conducted internal documentation audits on a monthly basis, from May 2022 to April 2023 with an average compliance of 95.9%. These audits had not identified the inconsistent recording of allergies in patient records.

Paper records were stored securely in a locked cupboard and retained at the site for 3 months before being scanned onto an e-record system at the organisations central office. E-records were password protected and staff secured screens when not in use.

Medicines

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

The service used systems and processes to safely prescribe, administer, record and store medicines. There was a medicine's management policy that was in date and regularly reviewed.

Medicines were stored securely in all areas we visited. Staff kept daily records of medicines fridge and room temperatures.

Medicine storage areas were well organised and tidy. Posters on cupboards detailed the list of medicine contents. All medicines we checked were within their use by date.

Good

Surgery

The service had an emergency endophthalmitis box in line with best practice, endophthalmitis is an inflammation of the inner coats of the eye.

External arrangements were in place to remove expired stock and destroyed unused controlled drugs if required.

The service performed well in its latest external audit from May 2023 which showed the service was 87% compliant. Actions required were in relation to out-of-range fridge temperatures, stock rotation and reconciliation. The service had created an action plan following the audit which was completed by the day of our inspection.

Staff checked patients had the correct medicines when they were treated and discharged. Post operatively patients were given discharge advise, a booklet and a 24-hour contact number.

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 understood the requirement to apologise and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. The service used an electronic reporting system which all staff had access to.

Incident data reviewed for the 12 months prior to inspection showed there were 37 incidents reported in total of which 36 incidents were low or no harm. One incident was reported as severe harm and had been actioned and notified to relevant authorities appropriately.

Learning from incidents across all sites was shared in a variety of means including safety briefs, emails, governance, and team meetings. Where individual feedback was required, this was conducted in appraisals.

The provider had a duty of candour policy in place, this was currently being reviewed and updated.

We reviewed a root cause analysis of an incident of which the patient received verbal duty of candour; however, we saw no evidence supporting that written duty of candour had been given in line with Regulation 20.

Staff we spoke with understood the duty of candour and the importance of being open and transparent with patients and families if and when things went wrong.

Is the service effective?

Outstanding ☆

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Good

Surgery

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 standards and National Institute for Health and Care Excellence guidance. There were policies and standard operating procedures to support practice on the organisation's intranet and was accessible to all staff.

Compliance with relevant guidelines was monitored through governance processes. The service had systems to ensure policies, standard operating procedures and clinical pathways were up to date and reflected national guidance.

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

The service had created an endophthalmitis box containing all the equipment required to treat endophthalmitis.

The service's cataract surgery checklist was adapted from the World Health Organisation's (WHO) surgical safety checklist. We observed theatre staff using the checklist during surgery.

The organisation was committed to a holistic view for the care for patients and recognised the impact of surgery on patients' daily living activities. Following research conducted by the organisation's medical director, an injection during surgery could be given as an alternative to discharge eye drops for some patients.

The service undertook regular audits to measure the outcomes of surgery and used bench marking data to compare practice. Audits which showed less than 90% compliance had actions identified and the audit was then repeated one month later to ensure improvements had been made.

The service bench marked their audit results against other SpaMedica Ltd hospitals to monitor how they were performing and highlight any areas where they could improve.

The senior leadership team and staff shared a wide range of innovation and research within the organisation that were improving outcomes for the organisation and patients. A piece of research by SpaMedica and the NHS that found that people from Black and Minority Ethnic (BAME) groups were at increased risk of post-operative anterior uveitis following cataract surgery was being used to inform tailored post operative regimes for those classed as high-risk.

Nutrition and hydration

The service made adjustments for patients' religious, cultural and other needs.

Staff made sure patients had enough to eat and drink.

Water coolers and facilities to make hot drinks were available in patient waiting areas.

Biscuits were available for patients to help themselves including for those who had specialist dietary needs such a gluten free snacks for people with coeliac.

We saw staff making drinks for patients and regularly checking that patients had enough to eat and drink.

Good

Surgery

Pain relief

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

Patients undergoing ophthalmic surgery were given a local anaesthesia (LA) via eye drops to stop the nerves in the eye sending pain signals to the brain during the operation and reduce discomfort. This meant patients were fully conscious and responsive before, during and after the procedure. This allowed patients and staff the ability to communicate with each other about pain at all points of the procedure.

Patients received additional LA soon after requesting it, staff informed patients of how to raise any pain with the surgeon, using hand gestures, before surgery.

Patient were asked about their experience of pain post-surgery. If the patient scored between 2-4 the reasons for pain were explored and actions taken to reduce the patients pain at the time of surgery.

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

Management of pain was monitored by the service through a patient satisfaction survey. From 1 May 2022 to 1 May 2023, 96.97% of 2,684 patients reported they were satisfied with how their pain was managed.

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 for ophthalmology.

Clinical outcomes were published nationally via the Royal College of Ophthalmologist National Ophthalmic Database (NODA) audit and showed that the provider, compared very well to comparative services, in consideration of the number of procedures carried out.

We received data which showed, at a local level, the service had a lower operative complication rate (posterior capsule rupture rate) of 0.37%, compared to the European Registry of Quality Outcomes for Cataract and Refractive surgery (the EUREQUO) average of 0.59%. PCR is a potentially sight-threatening intraoperative complication during cataract surgery.

The location was bench marked internally against other locations for the organisation and externally with other NHS organisations providing cataract care and performed well.

The service collated and reviewed comparative complications and infection rates for individual surgeons and had a process to address any performance concerns.

Managers shared and made sure staff understood information from the audits. Information provided for the service showed they had performed consistently well over a 12-month period.

Good

Surgery

Competent staff

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

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients.

Managers supported staff to develop through yearly, constructive appraisals of their work. Appraisals were comprehensive, structured, and informed by behaviour mapping expected of each role to support staff in their performance and development. Data showed that all staff had received appraisals at the scheduled time.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. All staff were given the opportunity to work across different specialities in the service such as pre-assessment or surgical and could undertake additional training to support their role and individual development.

The service was introducing clinical apprenticeships that staff could apply for to up skill in areas such as being able to scrub and medications management.

Managers maintained a skills matrix that indicated staff who had been trained and deemed competent for certain roles and responsibilities. The aim was to have staff trained so they could work across the service in different roles to allow for flexibility across the workforce and better meet the needs of the service. Staff gave examples of additional area's they had opportunity to up skill in and described how they could work at their own pace.

Managers supported medical staff to develop through regular, constructive clinical supervision of their work. Surgeons were rated red, amber and green across a range of outcomes for patients including timeliness of appointments and patient experience which was overseen by the medical director. Individual consultants' outcomes and performance was reviewed at medical advisory committee meetings.

Managers gave all new staff a full induction tailored to their role before they started work. All new staff completed a corporate and local induction. Staff did not practice in any role until assessed as competent.

Multidisciplinary working

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

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

Staff worked across health care disciplines and with other agencies when required to care for patients. All SpaMedica Ltd hospitals worked closely together to maximise efficiency and reduce waiting times and benefit patients.

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

The service was working in partnership with the local NHS trust, and with agreement from the General Medical Council (GMC) to provide development opportunities for ophthalmic surgeons in training.

Good

Surgery

Seven-day services

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

The service was open Monday to Friday routinely from 8am to 6pm and alternate Saturday's, this could be increased dependant on patient demand.

The service provided an out of hours service and it was available 24 hours a day seven days a week for patients if they had any concerns. In an emergency, patients could be seen and treated at one of the designated hospitals in the group relieving pressure on local NHS providers.

Patients were given the service telephone number to ring in the event of any issues or to ask questions following discharge. This was within the aftercare information booklet and staff showed patients this number during the discharge process.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support on noticeboards and were given information on the do's and don'ts after cataract surgery on discharge.

Staff actively contributed to health promotion within the service. We saw health promotion boards giving patients information on relevant health information. Staff discussed topics that were important to themselves but significant to the patient population also at monthly team meetings and created informative boards and fundraisers for the topic.

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

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

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

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

Patients who could not consent fully and comply with treatment would be reviewed against the services exclusion criteria triaged and referred to an appropriate NHS provider if required.

Staff understood the relevant consent and decision-making requirements of legislation and guidance. They followed the groups consent policy to obtain consent.

Good

Surgery

Is the service caring?

Good

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. The service had appointed a porter who explained the different parts of their patient pathway, so they knew what to expect. As part of this role patient well being was regularly check on in patient waiting areas.

Patients said staff treated them well and with kindness. Patients feedback about the care they received was consistently positive about the care and attention they had received from staff and stated this made them feel special.

Staff followed policy to keep patient care and treatment confidential. Consultation rooms had vacant/engaged sliding signs to notify to other staff when a patient was in a consultation room. Discussions with patients took place in consulting rooms to ensure privacy and confidentiality.

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

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. All patients were offered the option of holding a staff member's hand if they wished during the procedure.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff were passionate about the impact they could make on improving a person's vision and referred to it often during discussion with inspectors.

Staff understood their patient population well and worked to create a friendly environment where patients felt comfortable to talk with those around them.

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. Information booklets were given to patients and videos were available on the service's website to support patients to make informed decisions about their treatment.

Good

Surgery

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Feedback cards were available in reception and waiting areas for patients, their relatives, and carers. Every patient was given a feedback card at the end of their treatment pathway asking them to rate their satisfaction with the service, their treatment, the staff and with the level of pre-operative information they were given about cataract surgery.

Patients gave positive feedback about the service. Feedback from the patient satisfaction survey included comments such as, “Care and information given before and after surgery was excellent,” and, “From the very beginning from walking in I felt very safe, comfortable and happy.”

Is the service responsive?

Good

Service delivery to meet the needs of local people

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

The service was commissioned by the NHS to provide cataract surgery to the local adult population. They also provided private services under the name Freedom Vision, Freedom Vision is an additional, optional service whereby people are offered a bespoke treatment plan. Managers planned and organised both publicly and privately funded services to meet the needs of the local population and took account of their individual needs tailoring their care and treatment as identified at their preoperative assessment.

Facilities and premises were appropriate for the services being delivered. The service had ample free car parking facilities and was located on the first floor accessible by a lift. Disabled toilets were provided. Self-service drinks were available.

Exclusion criteria was in place for patients requiring significant support or a general anaesthetic to undergo treatment if lying flat for 10 minutes could not be achieved.

The service clinically assessed all patient conditions prior to treatment and gave them a risk stratification score, if this was higher than 8%, patients were automatically put on a complex theatre list to proactively ensure any complications could be managed.

A central booking system managed patient referrals and managers monitored and took action to minimise missed appointments and ensured patients who did not attend appointments were contacted. Patients were contacted prior to their appointment to minimise missed appointments.

The service relieved pressure on other NHS departments when they could treat post-operative complications and emergencies.

The service provided a complimentary transport service to those who were unable to get transport to the hospital.

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.

Good

Surgery

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

The service had information leaflets available in languages spoken by the patients and local community. Staff could get help from interpreters.

Staff made adjustments for patients with individual needs. For one patient with back pain, staff had assessed this and found that using a pillow under their knees avoided discomfort.

The service was adapted for people with dementia with signage and coloured handrails and toilet facilities.

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

The service had introduced an emergency grab bag that staff could take to a patient who needed help outside of the hospital building. There was also an emergency grab box, introduced in response to fire drills, which included items such as blankets and water. Staff were aware that patients with visual difficulties or those who might be frail might need care in the car park, so wanted to be able to support in the event of an evacuation. This was being rolled out to other SpaMedica sites.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The service had an average referral to treatment time of 4.22 weeks. The national target was 18 weeks.

Managers and staff worked to make sure patients did not stay longer than they needed to and kept to appointment times where this was possible. When we spoke to patients in the preoperative lounge, they were impressed by how short their waiting times had been.

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

The transport service supported patients to arrive in a timely manner for their appointments avoiding cancellations and delays in clinics and surgery.

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. The service had its own policy for complaints which set out roles and responsibilities.

Good

Surgery

There was information about how to raise a concern in patient areas. Details of how patients could raise a concern or complain were also on the providers website.

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

In the past 12 months the hospital had no formal complaints.

Managers shared feedback from complaints with staff and learning was used to improve the service. Learning from complaints both locally and from other SpaMedica services were shared at clinical governance meetings.

Is the service well-led?

Good

Leadership

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

Leaders had the skills, knowledge, experience to run the service. There was an organisational structure with a chief executive, chief operating officer, medical director and head of clinical services. The hospital manager was well supported by regional and national managers and received training appropriate to their role. Staff told us leaders were visible and approachable.

Staff were offered opportunities to develop their role within the service and were supported to take on more senior roles. There was a variety of different opportunities available for staff to develop new skills and undertake courses.

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

Staff files had all appropriate documentation to ensure the employment of fit and proper persons, including disclosure and barring services, were checked, and recorded.

Vision and Strategy

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

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

Good

Surgery

There was a clear vision and a set of values including quality and sustainability. There was a realistic strategy for achieving the priorities and delivering good quality sustainable care.

The strategy was aligned to local plans in the wider health and social care economy, and services had been planned to meet the needs of the relevant population.

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.

The service offered a range of wellbeing services to staff, including an employee assistance programme.

The service promoted equality and diversity both in its daily delivery but also of its staff members. We saw several examples where the service had considered the individual needs of its staff and catered for this, including Ramadan information and encouragement and free sanitary products in the female changing areas.

The service had an engagement calendar of events they were hosting that may be important to people's sexuality, culture, religion and mental health such as pride and black history month.

The service had a whistleblowing policy but not all staff knew about the freedom to speak up guardian. A freedom to speak up guardian provides a safe space for staff to speak up so potential harm is prevented.

There were mechanisms for providing all staff at every level with the development they needed, including high-quality appraisal and career development conversations. The organisation supported staff to progress within the organisation and increase their competencies and staff confirmed this.

Governance

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

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

There was a medical advisory committee that had quarterly meetings and reported to the board. Surgeon outcomes and practising privileges were reviewed and discussed regularly at MAC and ad hoc if a specific concern was raised.

The clinical governance meetings were held quarterly and discussed items such as incidents, complaints, IPC and safeguarding. We reviewed governance report meetings and noted these were comprehensive and reflected what managers had told us.

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

Good

Surgery

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. Monthly staff meetings were held and communicated to the area manager meetings. Staff had access to minutes of meetings when they were unable to attend.

Management of risk, issues and performance

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

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

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

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

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

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

Information Management

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

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

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

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

The service submitted statutory notifications to the CQC appropriately.

The organisation submitted data to National Ophthalmology Database Audit (NODA) and could be bench marked nationally.

The statutory and mandatory training included modules on data security awareness and data protection, with 100% of staff having completed this.

Good

Surgery

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

Engagement

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

The service actively promoted equality and diversity across its workforce and reflected this in the delivery of services and in shaping of its culture.

There were positive and collaborative relationships with external partners to build an understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs. An example of this included the service offering the integrated care board a consultant led service to support with the backlog of glaucoma at the local trust.

The website had a section specifically for health professional referrals and information.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

The organisation was committed to continually learning and improving services to benefit patients not only at local services but in the field of ophthalmology. The senior leadership team and staff shared a wide range of innovation and research within the organisation that were improving outcomes for the organisation and patients.

The service regularly participated in research projects and shared the findings of these in recognised publications and shared both nationally and internationally at Refractive Surgeons Conference and European Society of Cataract.

Staff were encouraged to report incidents via the electronic reporting system even minor incidents to identify potential themes or issues to improve processes.

The service had formed effective relationships with the local NHS trust to provide ophthalmology doctors in training with learning opportunities.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service did not maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.