

SpaMedica Ltd

SpaMedica Brighton

Inspection report

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Good 

Summary of findings

Overall summary

We rated it as good because:

The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.

Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.

Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.

Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

There was not the full range of intraocular (eyeball) lenses available during the operating list and this had not been communicated to the operating surgeon or discussed at the theatre briefing. There was not at least one additional identical intraocular lens in stock. This was not in line with National Institute for Health and Care Excellence guidance. However, since our inspection the quantity of lenses had been increased to match the increase in activity and no harm was caused to any patients.

There were two members of clinical staff who were not bare below the elbows.

The service was not submitting data to The Private Healthcare Information Network (PHIN).

The service did not have an effective process to ensure relevant notifications were submitted to the CQC.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	

Summary of findings

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Summary of this inspection

Background to SpaMedica Brighton

SpaMedica Brighton is operated by SpaMedica Ltd. The service opened in March 2021. The service primarily serves the communities of Sussex offering cataract surgery and yttrium-aluminium-garnet laser (YAG) capsulotomy services for NHS patients (YAG capsulotomy is a special laser treatment used to improve your vision after cataract surgery). The service did not treat children.

The service is provided over two floors, the ground and first floor. Clinical services are provided on the ground floor where there is an operating theatre with patient admission, patient ward and patient discharge rooms. The service had several separate rooms used for diagnostic testing, assessment and treatment. On the second floor there was offices and staff rest areas.

The service is registered to provide the following regulated activities:

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

The service is managed from a central referral and booking centre based in Bolton, directing patients through choice to various hospitals in the UK. The clinical service is managed by a registered manager and supported by an ophthalmic team which consists of:

- Ophthalmology consultants
- Optometrists
- Registered nurses
- Patient care co-ordinators
- Operating Department Practitioners
- Healthcare technicians
- Administration staff

How we carried out this inspection

This is the first time we have inspected and rated this service. We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 11 April 2022. To get to the heart of the patients' experience we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs and well led. The main core service provided by this hospital was surgery.

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 service provided a taxi service to those who were unable to get transport to the hospital. In addition, a courier service was available to deliver eye drops to patients to avoid a journey to the hospital to collect eye drops, as a last resort eye drops could also be posted to patients.
- The service provided free artificial tear drops to patients to prevent them experiencing 'dry eyes' after their procedure.
- The service had a focus on staff wellbeing and making reasonable adjustments in order for staff to fulfil their role using a variety of different initiatives.
- The service had engaged with charities in the local community to help design the environment in order to meet the needs of patients. In addition, the service had formed effective relationships with these charities and could signpost patients to them for help and support.
- The service had a bespoke training programme for staff, which provided one to one training support and provided a number of different development opportunities for staff.
- The service had engaged with religious leaders in order to be able to support patients from different cultures in aftercare.
- SpaMedica Ltd utilised point of care finger prick testing for level of blood clotting for patients who take warfarin. This meant patients did not need to go to a clinic or require a district nurse to check their blood clotting seven days prior to surgery. This reduced the burden on the NHS particularly during the Covid-19 pandemic.
- The service had created an endophthalmitis (an infection of the fluid in the eye) box. This was a red box containing all the equipment required to treat the infection. A video had been produced explaining step by step how to prepare the antibiotics.

Areas for improvement

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

Action the service **SHOULD** take to improve:

- The service should ensure that there is sufficient stock of intraocular (eyeball) lenses available to meet the needs of patients. Regulation 12 (2) (f)
- The service should ensure that all staff are bare below the elbows in line with national guidance. Regulation 12 (2) (a)
- The service should ensure it has an effective process to ensure all relevant serious injury notifications are submitted to the CQC. Regulation 17.
- The service should consider submitting data to The Private Healthcare Information Network (PHIN)






Our findings

Overview of ratings

Our ratings for this location are:

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

Surgery

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

Are Surgery safe?

Good 

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. There was a learning and development policy, which outlined staff responsibilities and what mandatory training modules needed to be completed by each staff members role.

The service provided mandatory training for all staff. Data showed that 90% of staff were up-to-date with their mandatory training. There were three members of staff who were not up-to-date with mandatory training, two were still within the probation period and one was on long term sick leave. Staff said they had protected time to complete mandatory training as the hospital had only been open for a year staff said they had completed mandatory training prior to its opening.

The service used agency staff, they were required to complete the same training as permanent staff prior to them being added to the rota. An agency member of staff told us that the training was very comprehensive.

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

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

Some staff had completed mental health first aid training tools and were mental health first aiders.

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

Surgery

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. All staff were trained to safeguarding level two for adults and children. The service did not treat children. Data showed that 94% of staff were up-to-date with safeguarding training.

The south east area manager was the safeguarding lead for the hospital and was trained to level three for safeguarding adults and children. The registered manager of the service was due to undertake their level three training. There were two safeguarding leads within the organisation who were level four trained who staff could access for support and advice if required.

SpaMedica Ltd had a safeguarding adults and safeguarding children policy. These clearly explained what staff should do if they had any safeguarding concerns. Both policies were in line with national guidelines such as the intercollegiate document: Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

As the hospital had only been opened a year ago staff had not yet had to make any safeguarding referrals. However, staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Safeguarding information was displayed in clinical areas.

Staff did provide one example, when they were concerned about a patient's general appearance and were worried that this may lead to an increased risk of infection after the procedure. Staff contacted the patient's GP to share their concerns.

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

Cleanliness, infection control and hygiene

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

Staff had access to an up to date infection control policy to help control infection risk. Additional protocols were in place in response to the COVID-19 pandemic. The service had made adaptations to the hospital to limit the risk of cross infection, for example reducing the amount of chairs in waiting areas and marking chairs which should not be used to maintain social distancing.

We saw all staff and patients wore fluid resistant disposable face masks the service encouraged social distancing. We saw staff prompting patients to put their mask back on after undergoing surgery.

Surgery

All areas were clean and had suitable furnishings which were clean and well-maintained. Cleaning records were displayed in all areas these were up to date and demonstrated that all areas were cleaned regularly in line with hospital policy. The service had a service level agreement with a cleaning company. We spoke to a cleaner who confirmed they had received training and that a supervisor undertook audits to monitor compliance. Clinical staff were also responsible for ensuring clinical areas were clean.

The service generally performed well for cleanliness. The last three audits undertaken showed over 95% compliance with the most recent audit (January 2022) showing 100% compliance. However, there were two members of clinical staff who were not bare below the elbows in line with national guidelines.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff washed their hands and used hand gel between patients and when moving between areas. The last two hand hygiene audit showed over 90% compliance, previous to this compliance was varied. However, managers explained there was a training issue with the staff completing the audits and they had been completed incorrectly this had now been rectified which is shown in the last two audit results. We observed that patients were prompted to use the available hand gel on arrival at the hospital. Staff did always use the hand gel when moving between areas.

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

Staff worked effectively to prevent, identify and treat post-surgery infections. The service monitored infections related to surgery. Data showed that there had been no cases of confirmed endophthalmitis or infection in 12 months prior to our inspection. We saw staff explaining to patients during discharge the importance of keeping their eye clean by washing their hands regularly and using cooled boiled water to clean their eye.

Patients at higher risk of infection were identified during pre-assessment and alternative after care treatment was put in place to reduce the risk of infection. For example, we saw staff explaining to a diabetic patient that they were at a higher risk of infection and aftercare treatment was discussed.

Patients fully vaccinated for Covid-19 did not undergo Covid-19 testing prior to their procedure. Patients who were not fully vaccinated took a lateral flow test on the day of their surgery and were asked to limit their social contacts for three days prior to their surgery.

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

We observed patients undergoing cataract surgery had antibiotics put in the eye to prevent endophthalmitis. This was in line with professional standards and guidance from the Royal College of Ophthalmology. Endophthalmitis is a purulent inflammation of the fluids in the eye (vitreous) usually due to infection.

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.

Surgery

The design of the environment followed national guidance. The service facilities were suitable for people using the service. The building was only 12 months old and had been designed to meet the needs of patients.

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

Staff carried out daily safety checks of specialist equipment. We reviewed daily equipment check lists and saw that they were completed. However, staff did not always ensure there was enough specialist equipment to safely care for patients. There was not the full range of intraocular (eyeball) lenses available for the operating list and this had not been communicated to the operating surgeon or discussed at the theatre briefing. After the first operation had been completed the surgeon requested the specific lens required for the next patient but there was not one available as it had been used on the first patient. This was not in line with National Institute for Health and Care Excellence guidance. However, the patient did undergo their operation on the same day and no harm was caused to the patient as a result of this. We discussed this with the registered manager and the south east area manager who confirmed that they would have expected staff to have identified and escalated that the full range of lenses were not available. They further explained that the activity had recently increased and that it was not possible to reorder and receive delivery of lenses quickly enough to keep up with demand. In response to this, a larger stock of lenses had been agreed but this was not yet in place. We reviewed the root cause analysis for this incident and actions had been taken to avoid a reoccurrence. For example, a lens champion had been appointed to have overall responsibility of the lenses.

There was a regular maintenance programme in place for specialist equipment. An external maintenance provider attended the clinic to service and safety check equipment in line with the manufacturer's guidelines.

The majority of equipment was new and modern and feedback from staff using it was positive. All clinical staff had received training on use of equipment.

The facilities department was responsible for the maintenance and arranging servicing of equipment. If there was an issue with a specialist piece of equipment such as equipment used during cataract surgery, staff would report this to the facilities department who would liaise with the company to arrange repair.

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

Where lasers were being used, the service had warning lights and signs. Access to this room was restricted to ensure patients could not accidentally enter. The service had a laser protection advisor, laser protection supervisor and a deputy laser protection supervisor to oversee laser safety. Only staff who had undergone laser training and completed the relevant competencies were authorised to use the laser. They had completed risk assessments to ensure the safe use of lasers and mitigate risks for use of lasers. Laser safety and any issues associated with lasers were discussed at clinical governance meetings and we saw meeting minutes which confirmed this.

Staff disposed of clinical waste safely. Waste was separated with colour coded bags for general and clinical waste. Sharps bins were assembled correctly and not overfilled. These were disposed of in line with national guidance.

Substances subject to The Control of Substances Hazardous to Health (COSHH) Regulations such as cleaning products were stored securely in locked cupboards. There was a folder containing the safety information for the COSHH products used in the service and staff knew where it was kept.

Surgery

SpaMedica Ltd employed diagnostic quality leads. We met the lead for the south east region, and they explained how they visited different sites every week to audit that specialist equipment was being used correctly and efficiently. After the audits, actions would be developed which may include re issuing guidance to staff or additional training, they would then follow up with a repeat audit in one month.

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 used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. For example, if a patient presented for a post-operative assessment and were displaying signs and symptoms of endophthalmitis this would be treated as an emergency and the patient transferred immediately to a local NHS trust for further treatment.

In the event of a patient requiring an emergency transfer whilst undergoing care, this would be via a 999-emergency paramedic call and transfer. All registered health care professionals were resuscitation intermediate life support (ILS) trained with all other staff being basic life support (BLS) trained. The service ensured there was a member of registered staff with resuscitation intermediate life support (ILS) training on site. The service had necessary resuscitation equipment.

Staff completed risk assessments for each patient on arrival or admission. All patients referred to the service attended a pre assessment appointment. Risk assessments were carried out for patients which included falls, mobility, dementia and anxiety. Patients were also assessed to check that they could tolerate lying flat for 30 minutes during the procedure.

Staff knew about and dealt with any specific risk issues that were identified. A full medical history was taken at pre assessment including allergies. Our observations and review of patient records confirmed these were completed. If an issue was identified at pre assessment such as the patient had high blood pressure, staff would write to their GP and ask them to review the patient. When this happened, patients were put on a “temporary unfit list,” staff reviewed this weekly and followed up on the patient, so they were not lost within the system.

On the day of the inspection there was a patient with a latex allergy. The service had a policy for treating patients with latex allergies and we saw this was followed. For example, the patient was first on the operating list and there was clear signage to alert staff to the allergy.

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 knew about and dealt with any specific risk issues. For example, on the day of the inspection it was identified that a patient had a significant tremor so it would not have been safe to undertake the operation due to the risk of injury. Therefore, the patient was cancelled, and alternative arrangements made for the patient.

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.

The World Health Organisation (WHO) surgical safety checklist is a tool for clinicians to improve the safety of surgery by reducing deaths and complications. The service used an adapted cataract WHO surgical safety checklist. We observed staff used the checklist and we saw completed WHO surgical safety checklists in patient records. As part of the surgical safety checklist a safety huddle took place prior to surgery and a debrief took place following surgery. We observed the

Surgery

safety huddle led by the consultant and covered past medical history of patient, any allergies and any patient with additional risks. However, equipment requirements such as lens availability was not discussed. Please see the environment and equipment section of this report for further details. The service completed a surgical safety audit. The results of this audit were 99% compliance in the most recent audit.

After their procedure, patients were given detailed written instructions on aftercare and the time and date of their next appointment and we observed this during our inspection.

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 we saw staff showing patients this number during the discharge process. The hospital provided an out of hours service and it was available 24 hours a day seven days a week for patients if they had any concerns.

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

Staffing

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

The service employed 18 members of permanent staff this was made up of one hospital manager, one porter, one optometrist, six healthcare technicians, five patient coordinators and four nurses.

Managers accurately calculated and reviewed the number and grade of 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. Managers had responded to staff who had raised concerns that they sometimes felt there was not enough staff due to the activity increasing by increasing the number of staff on busy days.

The manager could adjust staffing levels daily according to the needs of patients. Hospital managers liaised across the region to support and plan staffing. At the time of inspection, there was two one nurse vacancy, as they had recently successfully filled one of the nurse vacancies.

The service had reducing vacancy rates.

On the day of the inspection we saw staffing and skill mix was in line with the Royal College of Ophthalmology guidance. Staff confirmed that operating lists would not go ahead if staffing was not in line with national guidance.

The registered manager told us that they had been reliant on agency staff. However, this was reducing in January 2022 agency use was 41%, February 2022 its was 28% and in March 2022 it was 25%. Agency staff underwent an interview prior to beginning work within the service and if suitable to the role were booked long term to ensure stability in the workforce. Agency staff underwent a full induction and the same training as permanent members of staff.

The overall turnover rate for the service was 21% but due to the size of the hospital and number of staff employed this only equated to 6 staff members leaving.

Surgery

Sickness rates were low for the service in the last 12 months the lost time rate was 1.41%.

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

Ophthalmic surgeons who worked within the service did not have regular lists and there was not a core set of ophthalmic surgeons who worked at this location. All SpaMedica Ltd locations were designed the same, used the same equipment and followed the same processes and policies for this reason to provide consistency regardless of the location.

Records

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

Patient notes were comprehensive, and all staff could access them easily. We saw the surgeon reviewing patient records prior to beginning their surgery ensuring they had reviewed all the relevant information. We reviewed three sets of patient records and found them to be comprehensive and fully completed.

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

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

The service conducted monthly clinical documentations audits. The results showed for the last three months compliance of over 90%. Records were stored securely.

Traceability documentation from theatre such as the type of lens was attached to the patient's notes and scanned into their electronic patient record. Patients were given a card with details of the lens they had, should it be needed for future reference.

Medicines

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

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

Medicines were stored safely and securely; within locked cupboards or fridges, in restricted access areas, in line with national and manufacturer guidance. We reviewed records which showed that both fridge temperatures and room temperatures were monitored and recorded daily. Certain medicines must be kept at or between, required temperatures for them to remain effective and safe for use. All medicines we checked were in date with batch numbers recorded.

Surgery

The service used topical and local anaesthesia drops instilled into the eye. Drops were prescribed using patient specific directions (PSD). These were administered by health care technicians or nurses who recorded on the paper PSD. We saw PSDs were completed and signed by a prescriber and recorded within the patients record.

The service had a patient group directions (PGD) for optometrists to use for complications involving the eyes. For example, to treat corneal oedema (swelling of cornea), the PGDs included the inclusion and exclusion criteria for patients and flow charts for staff to follow. PGDs provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber).

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

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

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

The service completed an audit on medicines management by the department. The most recent three audits showed over 90% compliance with the most recent (January 2022) showing 100%.

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

Emergency medicines were available and regularly checked.

Staff learned from safety alerts and incidents to improve practice. The area manager for the south participated in the medicines management committee which was held quarterly. We reviewed a sample of these meeting minutes topics included : incidents involving medicines were discussed including themes, national safety alerts relating to medicines and hospital medicine audit compliance.

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. However, the process for submitting serious injury notifications to the CQC needed reviewing.

Staff knew what incidents to report and how to report them. Staff we spoke to confirmed this and told us that they were encouraged to report incidents. The service used an electronic reporting system.

Surgery

The service had reported 14 incidents in the last year, nine were assigned as no harm or low harm, four were moderate harm and one was severe harm. We reviewed the summary of these incidents and none of the moderate harm or the severe harm incidents which met the criteria of Regulation 18 had been submitted to the CQC. For example, one incident resulted in a severe loss of vision in one patient's eye. However, they were reported to the NHS trust with whom they held a contract and were discussed at monthly relationship meetings with the trust and any learning identified.

The hospital manager shared learning with their staff about incidents that had happened both in this hospital and incidents that happened elsewhere. Staff told us that learning was shared at daily morning huddle meetings and monthly hospital meetings.

Staff received feedback from investigation of incidents, both internal and external to the service. Learning was shared during the morning huddle meetings, on staff notice boards, via email and at monthly hospital meetings.

Staff met to discuss the feedback and look at improvements to patient care. We reviewed the last three hospital meeting minutes and saw examples of ways patient care was being improved. For example, increasing the amount of patient seating in waiting rooms.

There was evidence that changes had been made as a result of learning from incidents. For example, staff explained how staff dialled 999 for a medical emergency but because of how the system was set up the call went through to emergency services in a different part of the country. As a result of this staff now had to dial 999 from a mobile phone. We saw all telephones were labelled to remind staff and all staff we spoke to were aware of this and carried a mobile phone.

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

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

Managers ensured that actions from patient safety alerts were implemented. Patient safety alerts were emailed to the hospital manager to action in the service.

Are Surgery effective?

Good 

We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff followed the Royal College of Ophthalmologists (RCOphth) standards and National Institute for Health and Care Excellence guidance. Policies and standard operating procedures were accessible on the providers intranet and were accessible to all staff. Staff confirmed they knew how and where to access all relevant guidance.

Surgery

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

The service undertook audit to check compliance with guidance and policies. Audits included but were not limited to: The World Health Organisation 'five steps to safer surgery', medicine management, documentation and consent. Audits which showed less than 90% compliance had actions identified and the audit was repeated one month later to ensure improvements had been made.

The service benchmarked their audit results against other SpaMedica Ltd hospitals to monitor how they were performing and highlight any areas requiring improvement.

Nutrition and hydration

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

Staff gave patients appropriate food and drink to meet their needs. Patients did not spend a long time in the hospital but there were cold and hot drinks available and biscuits. We saw staff offered patients a drink and biscuits throughout their visit. In addition, there were notices encouraging patients to help themselves to drinks and biscuits.

Pain relief

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

Patients undergoing ophthalmic surgery were treated under local anaesthesia. Anaesthetic eye drops were instilled prior to treatment to ensure patients did not experience pain or discomfort. This enabled patients to remain fully conscious and responsive. Although there was no formal pain tool used, we observed patients being asked if they were comfortable during treatment. Patients were told by staff to raise their arm if they experienced pain during their procedure so that additional local anaesthetic drops could be instilled. We observed staff clearly informed patients about the expected level of pain after discharge and to contact the hospital if the pain became severe.

We saw staff gave patients advice on what over the counter pain relief medication could be taken after their procedure should they experience pain. Staff also advised patients what pain killers should be avoided.

Patient survey results showed between 01 June 2021 and 31 March 2022 97% of patients said they did not experience pain during their procedure.

Patient outcomes

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

The service participated in relevant national clinical audits. SpaMedica Ltd participated in the National Ophthalmic Database (NOD) Audit, which is run by the Royal College of Ophthalmologists and measures the outcomes of cataract surgery. The service itself had not yet received any outcome data as the last audit cycle was up until March 2021 and the service did not open until March 2021. However, the service had submitted a year's worth of data and the findings were due to be published shortly.

Surgery

Outcomes for patients were positive, consistent and met expectations. The service used patient satisfaction survey forms to help measure patient overall satisfaction with the outcomes. The information from the surveys was collated and presented at monthly meetings. Patient survey results showed between 01 June 2021 and 31 March 2022 98% of patients said they were happy with the outcome of their procedure.

Managers and staff used the results to improve patients' outcomes. For example, staff told us that patients had feedback that they sometimes felt rushed during their appointments' in response to this the service had increased the amount of staff on each shift to allow staff to have more time with patients.

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

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. If any audit showed less than 90% compliance, then actions were developed, and a re-audit was undertaken one month later to monitor improvements.

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

Managers shared and made sure staff understood information from the audits. The service shared information from audits during their monthly team meetings. There were certain mandatory audits that had to be completed monthly. Other audits were allocated centrally to be completed by the hospital. These audits were allocated to staff by the hospital manager to different staff every month. Staff had requested that they do not always undertake the same audits as this would maximise learning. Findings from audits were discussed at monthly hospital meetings.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The hospital manager maintained a skills matrix that indicated staff who had been trained and deemed competent for certain roles and responsibilities. For example, staff completed training and underwent competency assessments to undertake pre-operative and post-operative assessments of patients. The aim was to have staff dual 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. The majority of staff we spoke to were dual trained.

Managers supported medical staff to develop through regular, constructive clinical supervision of their work newly appointed surgeons had a period of supervised practice under a lead surgeon, this was usually observing between one and three sessions depending on the level of experience of the surgeon. The medical director was responsible for ensuring revalidation of surgeons were completed and undertook their yearly appraisal.

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. We spoke with staff who started work at the hospital when it had opened, prior to them commencing work they had undertaken training at different SpaMedica Ltd hospitals to gain experience. All staff we spoke to said their induction had been structured and comprehensive. Two new members of staff who told us that their induction was comprehensive and clear

Surgery

Managers supported staff to develop through yearly, constructive appraisals of their work. New members of staff had appraisals at one month, three months, six months and 12 monthly intervals. Staff we spoke to confirmed that they had undergone these appraisals. Data showed that all staff had received appraisals at the scheduled time.

SpaMedica Ltd had a national training team who supported the learning and development needs of staff. The training team developed training support plans with new and existing staff and worked with them on a one to one basis to provide support and monitor progress against their plans.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Staff were given time to attend meetings, if not they had access to the formal meeting minutes.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. All staff were given the opportunity to work at different SpaMedica Ltd hospitals to gain experience, for example the hospitals who undertook complex cataracts.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff could undertake additional training to support their role and individual development, for example healthcare technicians could undertake a scrub course.

Managers made sure staff received specialist training for their role. Optometrists could complete a medicine prescribing course and a course to undertake yttrium-aluminium-garnet laser (YAG) capsulotomy. YAG laser capsulotomy is surgery is undertaken to help patients see clearly after cataract surgery when the vision may get blurred again.

SpaMedica Ltd had two “dry labs” which were laboratory’s where optometrists could practice procedures on special computer- generated models to simulate real life scenarios.

SpaMedica Ltd employed surgeons on practicing privileges which was supported by a policy and was managed corporately. The onboarding of new consultants was managed corporately and included checks to ensure consultants were up to date with mandatory training, evidence of General Medical Council registration and current license to practice and that they were on GMC specialist register for ophthalmology. Individual consultants’ outcomes and performance was reviewed at medical advisory committee meetings. Patient survey results showed between 01 June 2021 and 31 March 2022 99%, of patients said they would recommend their surgeon.

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, led by the hospital manager or in their absence the clinical lead on the day 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. Staff were shared across different hospitals working where they were needed the most.

Surgery

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

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

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

Seven-day services

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

The service undertook elective surgery only and all operations were planned. The service worked flexibility depending on demand and capacity. Theatre sessions were not fixed and were flexed to meet the needs of patients and were held Monday to Saturday.

Pre-operative assessments and post-operative appointments were offered Monday to Friday.

There was an emergency helpline available 24 hours a day, seven days a week. We saw patients were shown in their discharge booklet where to find the helpline number.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support on noticeboards. For example, we saw a poster on do's and don'ts after cataract surgery.

Staff assessed each patient's health when they were pre-assessed and provided support for any individual needs to live a healthier lifestyle. For example, we saw staff give a patient advice on the risks of smoking.

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 could describe and knew how to access policy and get accurate advice on Mental Capacity Act. The service had a Mental Capacity Act policy. This policy outlined responsibilities of staff and how to get advice and support if they had concerns about a patient's capacity. An Optometrist explained how they checked patients had understood and retained the information prior to consenting them for their procedure. In addition, they gave examples of when they had sought advice and support from a senior colleague.

Staff received mandatory training on consent through their safeguarding training and mental capacity training.

Surgery

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The service had a two-stage consent process by obtaining written consent at pre-assessment which was completed by an optometrist who had undergone training and a competency assessment. Consent was re-confirmed on the day of the procedure by the surgeon. This was in line with the Royal College of Ophthalmology. We observed both stages of the consent process and saw staff that gave patients enough information for patients to give informed consent.

Staff made sure patients consented to treatment based on all the information available. Written and verbal information was given to the patient, along with an opportunity to clarify any questions, in order to ensure the consent was informed.

Staff clearly recorded consent in the patients' records. The consent forms we reviewed were appropriate and thorough. The service completed a consent audit. The latest audit demonstrated 99% compliance.

Are Surgery caring?

Good 

We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We saw staff explained the different parts of their patient pathway, so they knew what to expect.

Patients said staff treated them well and with kindness. Patients feedback about the care they received was consistently positive. Comments from patients included: "no complaints, been brilliant, not felt rushed at all" and "staff relaxed, charming, helpful and I have been totally looked after". The service collected feedback online through NHS choices, comments left by patients included: "From entry to exit, the staff show respect and consideration to all patients. It is reassuring as in the end the medical procedure is life changing, seemingly simple but positively life changing".

Staff followed policy to keep patient care and treatment confidential. Consultation rooms had vacant/engaged sliding signs to notify to other staff when a patient was in a consultation room. We saw staff consistently used these and knocked and asked permission before entering a room. Patient survey results showed between 01 June 2021 and 31 March 2022 100% of patients said staff introduced themselves.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Staff had received mental health training, which staff said helped them to support patients with mental health needs. During the pre-assessment process we saw staff asked a patient if they had ever experienced panic attacks or anxiety. There were a number of different support mechanisms to ensure patients were supported to have their procedure if they suffered from anxiety or panic attacks.

Surgery

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. During the pre-assessment process we saw staff asked patients if they were coping at home and if they had enough support. There was a diversity, equity, and inclusion poster informing patients that everyone mattered regardless of skin colour, intellect, talent or age.

Staff understood and respected the individual needs of each patient. They showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs and patients living with dementia. The hospital had dementia champions and information boards on dementia signposting patients and their carers to local charities who could provide help and support.

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

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. We saw staff gave emotional support to patients; staff offered to hold their hand during the procedure to provide reassurance. The service collected feedback online through NHS choices one comment a patient left was: "Was really nervous but needn't have been. All staff so kind and surgery over in minutes. Will not worry about 2nd op (second operation). Excellent practice".

Patient survey results showed between 01 June 2021 and 31 March 2022 99% of patients said they felt reassured throughout their procedure.

Staff took time to interact with patients in a respectful and considerate way. Staff made special efforts to help patients explaining every step of the process to them. Patients told us that staff treated them well and with kindness. We saw that staff were kind and caring. All staff introduced themselves to patient and explained their role. We observed staff checking questions on how they were tolerating treatments throughout.

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. The hospital had a mental health awareness board, which had top tips on improving mental wellbeing and contact details for patients if they needed support with their mental wellbeing.

Understanding and involvement of patients and those close to them

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

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Staff had undertaken training on how to communicate with people who were hearing impaired.

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

Staff talked with patients in a way they could understand. Staff checked the patient understanding of the information they were given at each stage. Patient survey results showed between 01 June 2021 and 31 March 2022 100% of patients said they were given enough time to ask questions.

Surgery

Staff ensured patients were able to make informed decisions about their treatment. After the first assessment treatment recommendations were made and patients were given the relevant information to take home and read. The information included the potential complications and expected outcomes, so this was clear from the first consultation.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. If an appointment or procedure was taking longer than planned, administrative staff telephoned waiting relatives to keep them updated. We observed staff asking patients if they would like them to contact their relatives to update them.

We saw staff gave patients comprehensive written and verbal information about their on-going care. This included eye care, follow-up appointments, hobbies and counselling on medicines. This helped patients understand how to care for themselves and recognise any post-operative complications.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Feedback from people who used the service and those who were close to them was continually positive about the way staff treated people. Patients told us that they were happy with the service and the caring and supportive approach of the staff. There were many examples of positive feedback on the NHS choice website.

Are Surgery responsive?

Outstanding



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 optometrist via choose and book which is a service is provided by the NHS, which allows patients to choose a hospital or clinic where they would like to be treated. In addition, the service held a contract with the local NHS trust to provide 450 cataract surgeries a month.

The hospital was open Monday to Friday between 8am and 6pm and on Saturdays and Sundays if required. Managers were keen not to keep patients waiting for appointments so worked with other SpaMedica Ltd hospitals to ensure waiting times were kept to a minimum. As staff worked across different hospitals this allowed for greater flexibility.

The number of theatre sessions a week varied depending on demand and was between one and five every week.

The service had community optometrists who were accredited to provide post-operative care and were currently training more. This meant patient could have their post-operative follow up with one of these services if it was more convenient.

Facilities and premises were innovative and met the needs of a range of people who use the service. The environment was appropriate and had been designed to meet the needs of patients. The environment was modern with cool muted colours to make it more calming. The hospital was clearly signposted and easy to find with dedicated parking. There was sufficient seating for patients and relatives.

Surgery

The service had engaged with the Macular Society charity to provide input into the design of the hospital to ensure it met the needs of patients affected by central vision loss.

The service monitored did not attend rates, these were low (2%). Patients who did not attend their appointment were contacted by the administration team and another appointment was booked if needed.

The service provided a taxi service to those who were unable to get transport to the hospital. In addition, a courier service was available to deliver eye drops to patients to avoid a journey to the hospital to collect eye drops, as a last resort eye drops could also be posted to patients.

SpaMedica Ltd utilised point of care finger prick testing for level of blood clotting for patients who take warfarin. This meant patients did not need to go to a clinic or require a district nurse to check their blood clotting seven days prior to surgery. This reduced the burden on the NHS particularly during the Covid-19 pandemic.

Meeting people's individual needs

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

There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that meets these needs, which was accessible and promoted equality. Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. There were dedicated champions for patients living with mental health problems, learning disabilities and dementia, who had undergone extra training to ensure these patients care needs were met. The hospital had purchased 'worry worms' which are crocheted little worms which patients use as a distraction aid to help with worries and anxiety.

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

Staff wore yellow name badges, this was because bright colours are generally the easiest for people who are visually impaired to see, because they stand out.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. There were clear masks available for staff to wear if patients were leaving with a hearing impairment and relied on lip reading. There was a hearing loop available for patients living with a hearing impairment.

The service had information leaflets available in languages spoken by the patients and local community. Information leaflets were available in large font and on different coloured paper such as yellow. This was because bright colours are generally the easiest for people who are visually impaired to see, because they stand out.

The service was inclusive and took account of patients' religious needs and individual needs. Patients who have undergone cataract surgery should not bend over for at least two weeks. Bending over places pressure on the eye and this may cause unnecessary complications to the eye. The service identified that this posed a problem for Muslim patients who kneel over to pray. Therefore, managers had engaged with the local Muslim leader (imam) who had given special dispensation for Muslim patients who had undergone cataract surgery and they were allowed to pray standing up. Staff advised Muslim patients of this during the discharge process.

Surgery

The service made adjustment for patients with individual needs. For example, if a patient suffered from claustrophobia during their procedure a clear drape was placed over their face so they could see which helped with their condition.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service had access to interpretation and translation services through an external company each phone had information about how to access these services next to it.

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

Staff gave examples that emphasised the individually tailored approach and flexibility offered by the provider which was supported by patients' feedback.

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

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

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 can access services and appointments in a way and at a time that suits them. Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The service only undertook elective procedures. Patients were offered a choice of which SpaMedica Ltd hospital they would like to attend and their appointment day and time. Staff monitored waiting times. On average all patients were seen within the 18 week referral to treatment time. The longest a patient had to wait on average was 12 weeks.

The hospital was open Monday to Friday between 8am and 6pm and on Saturdays and Sundays if required.

Patient arrival times were staggered to coincide with their allotted surgery time. This meant there was less time spent waiting in the hospital.

Managers and staff worked to make sure patients did not stay longer than they needed to. The average time patients spent in the hospital was just over two hours, this included those undergoing procedures. Patient survey results showed between 01 June 2021 and 31 March 2022 99% of patients said their waiting times had been acceptable at each of their appointments.

Managers worked to keep the number of cancelled operations to a minimum. Between May 2021 and March 2022, the overall cancellation rate was 2.9%. In the same time period 1.9% of patient were cancelled after they had been admitted to the hospital for clinical or non-clinical reasons and a total of 14 theatre sessions were cancelled. The top reason for cancellation (71%) was no consultant surgeon available.

Surgery

When patients had their treatments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance.

Patients who required further review by their GP or another healthcare professional prior to their procedure were placed on a 'temporary unfit list'. This list was reviewed weekly by staff who followed up on any outstanding actions.

When patients left the hospital, they were given a discharge letter this was also sent to their GP and optometrist. A follow up appointment was arranged prior to discharge.

Learning from complaints and concerns

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

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

The service clearly displayed information about how to raise a concern in patient areas. The service displayed information on how to raise a concern throughout the hospital. 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.

Managers investigated complaints and identified themes. In the past 12 months the hospital had received 21 complaints, 86% (18) of which were responded to in line with the time frames set out in the complaints policy. The SpaMedica Ltd clinical governance committee also had oversight of any themes and trends from complaints

Managers shared feedback from complaints with staff and learning was used to improve the service. Learning from complaints was shared at daily 'huddle meetings', via email and at monthly hospital meetings.

The service could demonstrate where improvements have been made as a result of learning from patient feedback. For example, staff told us that patients had feedback that they sometimes felt rushed during their appointments' in response to this the service had increased the amount of staff on each shift to allow staff to have more time with patients.

Are Surgery well-led?

We rated it as good.

Leadership

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

Surgery

Leaders had the skills and abilities to run the service. The hospital manager was also the registered manager, who had been in post since August 2021, previously they had worked within the hospital in theatres. The hospital manager was supported by the area manager for the south east and a hospital director for the south who in turn were supported by a board of governors. The hospital manager confirmed they had good support from the area manager for the south east and a hospital director for the south. The service had a clear management structure in place with defined lines of responsibility and accountability.

In the last staff survey undertaken in January 2022, 100% of staff agreed that SpaMedica Ltd managers demonstrated strong leadership skills.

Staff told us that managers were visible and approachable in the service for patients and staff. Staff were extremely positive about the hospital manager who had implemented a number of positive changes since in post. Comments from staff about the hospital manager included: “very good fantastic and “most supportive manager ever had”.

Managers supported staff to develop their skills. There was a variety of different opportunities available for staff to develop new skills and undertake courses. There was a clinical development lead and team which supported staff in their development.

Managers understood priorities and issues the service faced and addressed them. For example, the service had been reliant on agency staff therefore managers ensured that agency staff underwent the same training and competency assessments as substantive staff to ensure they had the correct skills and knowledge. In addition, substantive staff were undergoing additional training to become dual trained so they could work in any role within the hospital to better utilise the workforce.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, 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.

The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. The SpaMedica Ltd board strategy was focussed on the continued expansion of the SpaMedica Ltd hospital network, completing the creation of a national network that can meet the sustained growth in demand for services, based on the following principles: quality, leadership, governance and infrastructure. The board strategy aimed to reduce pressure on the local NHS hospitals and reduce waiting times.

The SpaMedica Ltd values were “safety”, “integrity”, “kindness” and “transparency”. The values were included on the SpaMedica Ltd website and all literature and posters throughout the service for patients to see. The January 2022 staff survey showed that 100% of staff agreed or strongly agreed that their behaviour reflected the SpaMedica Ltd values.

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

Surgery

Culture

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

Staff felt respected, supported and valued. Staff we spoke to were happy in their jobs and positive about the support they received both locally and from the SpaMedica company. Comments from staff included “good organisation to work for lots of support” and “really like working here, we are like a family”. In the staff survey 100% of staff said that SpaMedica Ltd was a great place to work.

All different cultures and religious events were celebrated by staff and we saw notice boards promoting inclusion and diversity. Other events such as pride for members of the LGBTQI+ community were also celebrated.

There was a strong focus on the well-being of staff and managers demonstrated a commitment so staff’s health and wellbeing. We were given examples of changing staff members shift patterns to support health conditions and rostering staff around hospital appointments. There were also staff who had undertaken mental health first aider training.

The service provided opportunities for staff career development. There were a number of different courses and qualifications that staff could access, and they had the opportunity to work at the dedicated clinics where more complex cataracts were undertaken to support their learning.

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

Staff could speak up to the SpaMedica Ltd freedom to speak up guardian who was the head of human resources for the company.

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

In the staff survey 100% of staff agreed that SpaMedica Ltd allowed them to learn and develop their skills, to progress in their career.

Governance

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

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

Surgery

The medical advisory committee (MAC) met quarterly. The MAC reviewed all clinical governance issues, key performance indicators all and adverse events. The MAC awarded practising privileges which were reviewed in line with the SpaMedica Ltd practising privileges policy and reviewed compliance against the policy. We reviewed the last three meeting minutes which were clear and comprehensive and were well attended. The committee discussed actions from the previous meeting and their progress, consultant performance, outcome data, operational updates and Covid-19 updates.

The service fed into quarterly clinical governance committee. We reviewed the last three meetings which showed they were well attended and followed a set agenda which included: learning from incidents, policy updates, patient complaints, medicine update and medicine incidents.

Any serious incidents or themes of incidents were discussed at the corporate clinical governance and clinical effectiveness which met bimonthly and MAC meetings.

There was a programme for internal audits to monitor compliance with policies and national guidance. Audits were completed in line with the providers audit schedule. Compliance with audits was reviewed by local managers and at regional and national teams. Audit results were shared with staff at daily safety huddle meetings and hospital meetings.

The service met monthly with the local NHS trust with whom they held a contract. They reviewed referral to treatment times, outcome data and any complications or incidents.

Staff confirmed they received any clinical and business updates relevant to them via email.

The service had an effective system to ensure it complied with the requirements as set out by Schedule 3 of Health and Social Care Act 2008 Regulations 2014. We saw records which confirmed this.

Management of risk, issues and performance

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

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

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

Staff and managers told us that financial pressures were not an issue and funding was available to ensure the quality of patient care or the efficiency of the service was not compromised. For example, there was not a patient co-ordinator due to annual leave so one was taxied down from another region and overnight accommodation was provided to ensure the safe and efficient running of the hospital.

The service had comprehensive assurance systems to monitor safety through regular audits and acted when compliance was below the benchmark. For example, it was identified that compliance with audits was below 90% so this was investigated by managers and it was identified that the audits had not been completed correctly by staff so additional training had been given to staff completing the audits.

Surgery

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

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 not consistently submitted to external organisations as required. The service was not submitting data to The Private Healthcare Information Network (PHIN).

There was not an effective process to ensure all relevant notifications were submitted to the CQC.

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

The service collected reliable data and analysed it. The service collected and reviewed a variety of data to monitor, performance, outcomes, complications and referral to treatment times and these were analysed and reviewed regularly. Data for each patient was submitted to the National Ophthalmic Database findings were discussed at MAC and governance meetings and at consultants' appraisals. Systems were integrated and secure. Staff described information technology systems as fit for purpose.

Staff had access to the company intranet to gain information relating to policies, procedures, professional guidance and training. Staff told us that they were informed of any changes to policies and processes by email or at meetings.

Data or notifications were consistently submitted to external organisations as required. However, the service was not submitting data to The Private Healthcare Information Network (PHIN).

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

Engagement

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

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. The service had engaged with a number of local charities and support groups to design the service to meet the needs of the local community.

Staff feedback was encouraged through staff surveys and there was a hospital staff forum. Staff had raised concerns through the staff forum that due to their isolated location female staff were unable to easily access feminine hygiene products if they needed them. In response to this, the hospital manager with support from the regional manager had ordered a stock of feminine hygiene products for staff. In addition, there was a plan to order a feminine hygiene product vending machine to be placed in the lady's toilet.

Surgery

Managers ensured there was opportunities to meet with staff and engage with them. There was a hospital team meeting once a month. The January 2022 staff survey showed that 100% of staff agreed or strongly agreed that received adequate communication from their manager to carry out their role.

The views of patients and their relatives was captured through, compliments, complaints and patient feedback questionnaires.

The service provided training to community optometrists to improve continued care to support ongoing patient care in the community.

The service undertook staff surveys to gain feedback from staff. Managers used the staff survey results to create action plans and address any concerns raised by staff.

Staff told us that executive leaders engaged with them through briefings which were emailed to staff to communicate key messages.

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 service set out to strive for continuous learning, improvement and innovation which was encouraged by the leadership team.

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

SpaMedica Ltd risk assessed all patients, those at low risk of post-operative inflammation took their eye drops for two weeks instead of three. This was to reduce the risk of damage to the optic nerve from pressure.

Spamedica Ltd had published a research paper in The Lancet on how social deprivation impacted on cataract presentation and surgical outcome.

SpaMedica Ltd grant practicing privileges to surgeons following a trial graded by a senior SpaMedica Ltd surgeons, which uses a novel "NICE surgeon criteria" : Needs improvement, Competent, Excelling, rating on all aspects of their cataract surgery.