

SpaMedica Ltd

SpaMedica Romford

Inspection report

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

Ratings

Overall rating for this location

Outstanding 

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

Summary of findings

Overall summary

This was our first inspection of this service. We rated it as outstanding because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risk to patients, acted on them and kept good care records. They managed medicines well. The service managed incidents well and practiced shared learning.
- Staff provided care and treatment based on national guidance and evidence-based practice. Managers monitored the effectiveness of the service and recorded good outcomes for patients. Outcomes for patients were significantly better than expected when compared with other similar services nationally. Managers ensured staff were competent in their roles. Patients were given pain relief when required. Staff worked well together for the benefit of patients and supported them to make decisions about their care.
- 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 patient's 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 demonstrated this in their work. Staff felt respected, supported and valued. They were focused on the needs of the patient receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and their local community to plan and manage services and all staff were committed to continual improvement.

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating

Outstanding



Summary of each main service

It was the first time we inspected this service. We rated it as outstanding because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to 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, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

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Summary of this inspection

Background to SpaMedica Romford

SpaMedica Romford is operated by SpaMedica Ltd. The service offers cataract surgery and age-related macular degeneration (AMD) treatment. AMD is the most common cause of sight loss in the developed world. The service also offers Yttrium Aluminium Garnet (YAG) laser capsulotomy services for NHS patients. YAG laser capsulotomy is a special laser treatment used to improve vision after cataract surgery. The service did not treat children.

The service is registered to provide the following regulated activities:

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

The service is managed from a central referral and booking centre based in Bolton, directing patients through choice to various clinics in the UK. The service is managed by a registered manager who has been in post since August 2022 and supported by an ophthalmic team which consists of:

- Ophthalmology consultants.
- Optometrists.
- Registered general nurses.
- Scrub nurses.
- Health Care Technicians (HCTs).
- Patient coordinators.
- Managers.
- Porter.

This is the first time we have inspected and rated this service.

How we carried out this inspection

The team that inspected this service comprised of two CQC inspectors and one specialist advisor with expertise in eye surgery. The inspection team was supported by an inspection manager. The inspection was overseen by Nicola Wise, Head of Hospital Inspection London.

During the inspection we visited all areas of SpaMedica Romford. We spoke with 11 members of staff including the register manager, senior managers, registered general nurses, health care technicians, optometrists, patient coordinators, senior patient coordinator and the porter. We observed the environment and care provided and spoke with five patients. We reviewed five patient records. We also reviewed a range of performance data and documents including policies, meeting minutes and audits.

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>.

Summary of this inspection

Outstanding practice

We found the following outstanding practice:

- The service consistently performed better than the national average for capsular rupture rate (PCR) which is an operative complication.
- The service provided a 24-hour, seven day on call service and managed post-operative complications in house whenever possible, rather than sending patients to an NHS provider.
- Staff took a genuine interest in patient needs and sort out useful information to promote a good quality of life, looking at patient needs holistically.
- Staff made special efforts to care for patients and provide additional help and resources when patients were in need.
- Close proximity SpaMedica services worked hand in hand to avoid cancelations and provide a service to patients on their preferred day. This was supported and encouraged by SpaMedica Ltd.
- Staff were proactively supported and encouraged to acquire new skills, use their transferable skills and share best practice.

Our findings

Overview of ratings

Our ratings for this location are:

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



Surgery

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

Are Surgery safe?

Good



It was the first time we inspected Safe. 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. Staff were required to have completed 100% of mandatory training in order to pass their probation. The service had a compliance target of 95% in all training modules. The service met this target in all modules barring three. The registered manager explained mitigating circumstances for why these three modules had not met the compliance rate, for example some staff were new starters and their training had been booked in September 2022.

Systems were in place to ensure that mandatory training was kept up to date. This included monthly audits that were carried out to measure the training status for each employee. Managers we spoke with monitored mandatory training and alerted staff when they needed to update their training.

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training included; basic life support, conflict resolution and data protection. Training was delivered through a combination of e-learning and face to face training. Staff were given protective time to complete their training during working hours.

Clinical and non-clinical staff completed training on recognising and responding to patients with mental health needs and dementia.

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.

Medical staff received training specific for their role on how to recognise and report abuse. Training was undertaken online, and discrepancies were flagged up by administrative staff. The registered manager conducted monthly audits to make sure that all safeguarding training was completed. Training records showed 100% compliance for safeguarding of vulnerable adults' level three.



Surgery

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

Staff knew how to make a safeguarding referral and who to inform if they had concerns. We observed the safeguarding referral flowchart displayed in staff and clinical areas. Staff we spoke with were able to identify the named safeguarding lead for SpaMedica Ltd. Staff we spoke with confirmed that safeguarding procedures were followed and that they were comfortable to do so. All safeguarding referrals were passed over to the registered manager which was then escalated up to the safeguarding lead.

Staff told us that there was a safeguarding lead for SpaMedica Ltd who was trained at level four safeguarding for adults. The safeguarding lead was able to pull data to check for safeguarding training compliance and flag this up to the registered manager at SpaMedica Romford.

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.

Treatment and non-treatment areas were clean and had suitable furnishings which were clean and well-maintained. Floors in the service were compliant with Health Building Note (HBN) 00-10 Part A: Flooring and had coved skirtings to enable effective cleaning.

The service generally performed well for cleanliness. Staff used records to identify how well the service prevented infections. Cleaning logs were displayed in every room including the treatment rooms and toilets which were signed and showed when the room was last cleaned.

Cleaning audits were being developed in line with the National Standards of Cleanliness. The first cleaning audit to take place at SpaMedica Romford was scheduled 31 August 2022. The cleaning logs were monitored daily by the registered manager for compliance and resulting actions were recorded on the hospital action log.

Staff followed infection control principles including the use of personal protective equipment (PPE). We observed staff using hand sanitiser before and after patient contact. We also saw hand washing technique posters by all the hand basins. Hand hygiene audits demonstrated 100% compliance in the month of July 2022.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. All staff were trained to clean the theatres after use. The service had a cleaning company who cleaned the service every evening and a housekeeper during the day. Deep cleans could be requested when the service thought that this was necessary. A cleaning contract was in place that highlighted the cleaning schedule and agreement.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The service had suitable facilities to meet the needs of patients' families. Patient waiting areas were new and patient seating was clean and were in a good state or repair. Access to clinical areas was restricted to staff only, requiring swipe card access.



Surgery

The service had enough suitable equipment to help them to safely care for patients. Patients could reach call bells which was in various locations throughout the service including clinic rooms and toilets.

We observed that fire exits were clearly marked, and fire extinguishers were fully serviced. The service was fully compliant with water safety and followed guidance set out in the HBN 'Safe Water in Healthcare'. The service had appropriate resuscitation equipment for use in a patient emergency which was in compliance with regulation. There was also a grab bag that could be utilised in an emergency. We were given an example of when a patient had collapsed in the car park and the grab bag was more suitable to transport to the patient instead of the resuscitation trolley.

All taps were turned on three times a week and water samples were taken twice a week to test for legionella. The provider employed a water safety consultant who provided an expert opinion in water safety.

Staff disposed of clinical waste safely. We saw that bins were colour coded to segregate clinical waste and general waste. We observed bins being changed regularly and were not overfull. Sharp bins observed had temporary closures, signed, dated and fully compliant with HBN.

Staff carried out daily safety checks of specialist equipment.

We looked at the maintenance log and schedule and saw that all equipment was up to date with their maintenance. Planned maintenance was scheduled in for the next 12 months.

We observed daily temperature check in each clinical room which was logged on a chart and displayed on the wall. The humidity was checked in theatre daily and clear escalation plans were in place if humidity was greater than 74%. This included using humidifiers in theatres.

The laser for the service was a YAG laser. The YAG laser rooms were locked and could only be accessed by staff. There was a sign above the doors that indicated when the laser was in use to protect staff.

Portable Appliance Testing for equipment was in compliance with regulations and had been undertaken within the last 12 months of the inspection date.

Assessing and responding to patient risk

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

Staff completed risk assessments for each patient on arrival for surgery. Preassessment procedures tested patients for a stable International Normalised Ratio (INR) in house. This test measures the time taken for blood to clot, check for bleeding conditions and check for blood clotting problems. Performing this test in house meant that patients did not need to go to an external clinic or require a district nurse to check their INR seven days prior to surgery as per the Royal College of Ophthalmologists (RCOPhth) standards. This reduced the burden on NHS providers to perform this test.

Patients were checked at preassessment if they fell into the exclusion criteria. Patients who were unable to get onto the treatment couch and lie down flat for 20 minutes were not suitable for surgery at SpaMedica Romford. Patients who had had vascular surgery were required to wait three months before undergoing surgery to their eye. Routine diagnostic tests were taken during the preassessment process.



Surgery

Staff knew about and dealt with any specific risk issues. There were surgical debriefs on surgical days, HCTs, nurses, discharge staff, theatre staff and administrative staff attended these meetings. Topics covered would include high risk patients that may have diabetes or patients living with dementia.

All patient coordinators were non clinical but had basic life support training and compliance was monitored in the same way as safeguarding training. Nursing staff had immediate life support training.

Any patient that presented as being seriously unwell was transferred straight away to an emergency department in the NHS via 999. The nearest accident and emergency department was across the road from the service. The service did not provide general anesthetics or have facilities for patients to stay overnight.

The service used an adapted version of the World Health Organisation (WHO) cataract five steps to safer surgery cataracts surgery checklist. This checklist was used to ensure safety and reduce errors during surgery. The WHO checklist compliance was audited every three months, the last three audits showed above 95% compliance. If compliance rates fell below 95% audits were repeated the following month, and recorded on the hospitals action planner. All items on the action planner were discussed at the monthly hospital meetings, morning huddles and theatre huddles to inform staff of any improvements that needed to be made to achieve compliance.

SpaMedica Romford used the three-point check when identifying patients. Patients were asked for their name, date of birth and address. Patients also wore different coloured wrist band when attending the hospital for treatment. Red was worn for laser appointments and Yellow was worn for theatre. The wrist bands had patient identifiable information on them such as, date of birth, unique hospital number and any known allergies. Patients that came in for treatment also had a letter L for left or R for right drawn on their forehead above the corresponding eye for treatment.

Patients were given a 24-hour helpline that they could call if they needed support post procedure. There was one optometrist on call per region in the UK which equated to three on call optometrists every day. The number given to patients was a call center in Bolton. The operator in the call center would triage the phone call and forward the call on to an optometrist or a nurse to help the patient. We were given an example of a patient that had called the helpline, in the last three weeks, that was experiencing headaches and nausea between 8pm and 9pm (post-surgery). In response to this an on-call surgeon nearby to where the patient lived opened a complex site out of hours with a nurse to treat the patient. Taxi arrangements were put in place for this patient for the commute to and back from the complex site hospital.

Staffing

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

The service had enough staff to keep patients safe. The service employed permanent staff. Staff employed included a registered manager, a porter, patient coordinators, clinical staff and an optometrist.

Managers accurately calculated and reviewed the number of staff needed for each shift in accordance with national guidance. There was a standard staffing model which was regularly reviewed. The service held meetings to assess and plan staffing in line with activity. The registered manager reviewed clinics, planned and adjusted the number of staff based on the number of clinics and the patients attending surgery appointments.



Surgery

The registered manager could adjust staffing levels daily according to the needs of their patients. Managers liaised across the region to support and plan staffing. When possible, staff from other SpaMedica hospitals would support SpaMedica Romford if they had a staff shortage.

All agency workers were vetted for employment check prior to starting with SpaMedica Ltd and were subject to the same competency assessments and mandatory training programme as employed staff. Agency staff were unable to deliver care until all competencies were signed off. 14% of clinical hours over the last 12 months were covered by agency staff, 8% of hours covered in July 2022 were covered by agency staff.

In the past 6 months the service had used three bank staff to cover shifts. All of these shifts were for scrub nurses and were filled by bank staff working regularly for SpaMedica Ltd.

The service had enough medical staff to keep patients safe. All ophthalmic surgeons were reviewed by the medical director to ensure the appropriate practising privilege were up to date 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. The medical director supervised every surgeon at SpaMedica Romford and performed their appraisals.

Optometrists were monitored by regional optometrists who also carried out their appraisals.

The service had low and reducing vacancy rates. Interviews for vacancies were being carried out in the month of August 2022. The service had low turnover rates, only three members of staff had left the service in the last 12 months. One was due to ill health; one was due to relocation and one was due to a career change. The service had low sickness rate of 3.17% over the last 12 months.

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 records were paper based and electronic. Paper records were a duplicate of two electronic record systems. This meant that the service had contingencies in place if a patient record was lost. Once a patient was discharged notes were archived at SpaMedica Ltd head office. Patients could request their notes through head office.

Patient notes were comprehensive, and all staff could access them easily. Preassessment nurses had access to the NHS summary care record. All patient records had the patient's identifiable information on them.

Patient information was shared with their GPs.

Records were stored securely. Paper based records were stored in lockable filing cabinets and the key was kept in a key safe with a security code. Electronic records could only be accessed on a password protected computer. Paper records were organised, and the patient coordinator manager checked that each patient record was neat, signed and in order.

We looked at five patient records and found that all notes were legible, signed and fully complete. Records were audited in line with protocol every three months. Any audits which scored lower than 95% compliance were repeated the following month. Areas for improvement were identified and recoded on an action plan and reassessed the following month. The last record audit achieved 96.7% compliance.



Surgery

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. Staff completed medicines records accurately and kept them up-to-date. Medicine records were complete and contained details about any patient allergies, dose of medicines and when patients received them.

Nurses were administering eye drops under Patient Specific Directions (PSDs) and Patient Group Direction's (PGDS). Systems were in place to ensure that PSDs and PGDs were monitored and kept up to date. There was clear guidance on the administration of medicines in the medicine management policy.

Staff reviewed each patient's medicines and provided advice to patients and carers about their medicines. Patients were provided with a SpaMedica bag post-surgery which contained prescription eye drops, and information on how and when to take the drops. Only staff who had completed competencies in the management of medicines dispensed and administered medicines to patients.

Staff stored and managed all medicines and prescribing documents safely in their pharmacy. There were effective systems and processes in place for the storage and monitoring of controlled drugs (CDs). CDs were checked every morning by registered general nurses (RGNs). We looked at the control drug policy, under the medicine management policy which was in date and up for review in August 2022. An annual pharmacy audit was performed by an external pharmacist.

Other medicines stored at the service included eye drops, chloramphenicol and medications used for Aged Related Macular Degeneration (AMD).

Fridge temperatures were monitored, if the temperature went out of range an alarm goes off and an email would be sent to the managers. Protocols were in place if this were to happen and staff would liaise with a local pharmacist to see whether the medication was safe for use.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. This included reporting serious incidents, concerns and near misses.

Staff raised concerns and reported incidents and near misses in line with provider policy. The incident reporting policy gave staff guidance about reporting incidents and near misses. Staff we spoke with confirmed this and told us that they were encouraged to report incidents. Incidents were recorded and investigated using an electronic system, which was accessible on every computer in the service.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care.



Surgery

Managers shared learning with their staff about never events that happened elsewhere. Shared learning was common practice at the service, and it was displayed on staff notice boards.

Staff had the knowledge and access to guidance to report a serious incident clearly and in line with policy. Processes were in place for managers to debrief and support staff after any serious incident.

There were 43 incidents in total at SpaMedica Romford in the last 12 months, 37 of these were classified as near misses with no harm reported. Four resulted in low harm and two resulted in severe harm. One of these incidents was still under review as it was reported on the day of inspection. The second incident resulting in severe harm had been looked into and had been closed off by the clinical governance lead. A root cause analysis had been completed for this incident and shared learnings were discussed with staff at morning huddles and team meetings. SpaMedica Ltd had also shared this incident and shared learning across all other SpaMedica hospitals. Staff exerted a duty of candour for the patient who was involved in this incident, and a letter was sent to their home address. The patient was also invited to speak with their surgeon about the incident.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

The service had not reported any never events at this service over the last 12 months.

Are Surgery effective?



This was the first time we rated effective. We rated it as outstanding.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We requested six policies at random and saw that they were all up to date including the health and safety policy, cardiopulmonary resuscitation of adults policy, risk management policy, patient access policy, preassessment policy and the incident policy.

Updates regarding evidence-based care and treatment was filtered down from the clinical director of SpaMedica Ltd to the registered manager at SpaMedica Romford. This information was shared with staff through morning huddles and monthly team meetings.

Optometrists were monitored by regional optometrists. An Optometrist gave us an example where The National Institute for Health and Care Excellence guidelines had been updated for those patients with a pacemaker wanting treatment of the eye. Staff also followed updates and guidance from the RCOPTH standards.



Surgery

The service participated in clinical audits to monitor staff compliance with policy and latest guidance. An audit schedule was in place by the company and directors sent registered managers a list of audits that were next due for completion. Audits included medicine management, consent, surgical safety, clinical documentation and infection prevention control.

The service monitored results from clinical audits against performance of other SpaMedica hospitals. Benchmarking their results against other like for like hospitals meant that individual services could see where they were performing well and where there were areas for improvement.

Every patient was seen at the service if they required treatment. Patients with mental health were not excluded from this service. Two nurses were in the process of completing training in a mental health first aid course. We observed a shared learning board for all staff displaying learning from SpaMedica Ltd. Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice.

At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers.

Patients living with cancer were able to receive treatment at this service. Patients with cancer of the eye requiring treatment were referred to their local NHS hospital.

Nutrition and hydration

Staff gave patients enough snacks and drinks to meet their needs.

Patients waiting to have surgery were able to eat before the procedure and was encouraged to so. Patients were encouraged to bring in their own food if they wanted, as there were limited facilities to prep food for patients. Managers had an option to order food for patients if they were waiting for excessively long periods of time however, excessive waiting times were rare.

Patients were offered a hot or cold beverage upon arrival to their appointment, along with biscuits.

All drinks included hot beverages and biscuits were unlimited to patients and their relatives. A hot drinks machine and a water machine were located in the main waiting area and in the sub waiting area. We regularly saw staff topping up the drinks machines with cup and refilling the biscuit tray.

We observed all staff continually asking patients if they had enough refreshments and offering to make them a fresh drink.

Pain relief

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

Patients undergoing ophthalmic surgery were given a local anesthesia, via eye drops to reduce pain and discomfort. This meant that patients were fully conscious and responsive, before during and after the procedure. This allowed patients and staff the ability to communicate with each other in regard to pain at all points of the procedure.

Patients who were particularly nervous about treatment were offered another anesthesia to freeze the eye temporary



Surgery

Patients were encouraged to call the contact center if they were experiencing pain post-surgery. The contact center would create a ticket for this call and would forward this ticket to the appropriate service. This would then be picked up by the reception desk who would then forward this onto a nurse. The patient would then be called back or invited into the clinic to be reviewed. Patients were also encouraged to call the contact center outside of operational hours if they were experiencing pain. Patients would be put through to an on-call optometrist or nurse.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.

There was participation in relevant local and national clinical audits and other monitoring activities such as reviews of services, benchmarking and peer reviews. Optometrists we spoke to confirmed that their work had been peer reviewed

The service participated in relevant national clinical audits. SpaMedica Ltd submitted data to the Royal College of Ophthalmologists National Ophthalmology database audit. Which enabled cataract providers to benchmark the performance of their surgeons against their peers nationally.

Outcomes for patients were positive, consistent and met expectations, such as national standards. 91.37% of SpaMedica Romford patients achieved visual acuity of 6/12 or better. 6/12 is the minimum vision standard required for driving a car in the UK.

The service had a lower than expected risk of complications for elective care than the England average. A key indicator of quality in cataract surgery is the Posterior Capsular Rupture (PCR) rate. This is a complication that may occur during surgery when the capsular bag that holds the lens breaks. SpaMedica Romford had an average PCR rate of 0.59% compared to the national average of 1.1% This meant that SpaMedica patients were two times less likely to experience a PCR complication during cataract surgery.

There were over 4000 community optometrists registered on the SpaMedica Accredited Partner Programme. There were regular Accreditation Scheme sessions at each service.

Audits were conducted on each surgeon to monitor the outcomes on a monthly basis to check for effectiveness of treatments. Head office checked clinical outcomes monthly per surgeon.

Monthly patient outcome audits were conducted and sent to head office with raw data attached.

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. All staff had been vetted through Human Resources. CVs were forwarded to the registered manager and interviews were undertaken by two managers.

Managers gave all new staff a full induction tailored to their role before they started work. Induction processes included face to face mandatory training. New staff were on probation for six months and were reviewed at one, three and six months.



Surgery

Managers supported staff to develop through yearly constructive appraisals of their work. Biannual staff appraisals were carried out for staff. Appraisal processes included looking at completion of mandatory training records. All appraisals were up to date.

The registered manager appraised all clinical staff. Optometrists were appraised by a regional lead optometrist and the registered manager was appraised by the area manager. The regional lead for optometrist was available via an internet software messenger and provided advice remotely for optometrists.

The service checked with head office for evidence that appraisals had been carried for optometrist staff.

The registered manager supported staff to aid them to look after patients. Additional training was encouraged to support the needs of the patients. For example, one nurse was supported in undertaking training in AMD injections. HCTs were supported to do an apprenticeship to become a scrub nurse in house. Nurses were encouraged to improve by managers and support was given to do this. The registered manager at Romford had been a HCT in another SpaMedica hospital and had the encouragement from senior staff to become a registered manager.

The registered manager ensured that nurse and HCT competencies were completed and that these were reviewed every three years.

The registered manager supported medical staff to develop through regular, constructive clinical supervision of their work. Optometrists we spoke with at the service had had their clinical supervision in the last 12 months.

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

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff were able to complete their training in protected time.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. For example, training was provided for nurses to deliver eye drops under PSDs and PGDs. The registered manager regularly checked Nursing and Midwifery Council pin numbers for registered nurses. Nurses were required to complete internal competencies which were reviewed every three years.

Managers identified poor staff performance promptly and supported staff to improve. Staff we spoke with mentioned that poor performance was picked up on and managed delicately, offering additional support to staff members when required. Targets were set out for underperforming staff members and one to one meetings were held a month later to check for improvement.

All information boards in patient areas were presented and well put together by the patient co-ordinator. Updates were undertaken regularly to keep the information valid and up to date.

Multidisciplinary working

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



Surgery

Surgeons and scrub nurses worked together to make sure that patients received the correct lens prior to surgery.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Morning huddles were held every day and on surgery days afternoon huddles were also held. All staff members were invited and expected to attend these meetings. We looked at minutes from these meetings and saw that they covered transportation concerns, requirement of interpreters, daily safety checks and safety debriefs.

Staff worked across health care disciplines when required to care for patients. We saw staff working together in multidisciplinary teams to deliver effective care and treatment.

The service had 14 dementia champions on site to support patients living with dementia.

All SpaMedica Ltd hospitals worked closely together to maximise efficiency and reduce waiting times to benefit patients. Staff were shared across different hospitals working where they were needed the most.

Seven-day services

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

The service only undertook elective surgery, all operations were planned.

The service operated Monday to Friday and ran a Saturday clinic once a month. The service ran three Saturday clinics in October to meet patient demand. The service had also recently operated a Sunday clinic too, to meet patient needs, and would readily do this again.

The service opened from 8am to 5pm. If the service ran late a patient coordinator, HCT staff, nurse staff and the registered manger would stay until the last patient left the building.

There was Optometrist cover 7 days a week.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in the waiting areas. Patient information and leaflets were displayed in large notice boards throughout the service and were relevant to the holistic needs of the service users.

Information available to patients were vast and varied and categorised into different groups such as 'caring for our patients', which highlighted support networks for people living with dementia. Information included dementia care, carers, book clubs, singing for the brain, memory cafes and other useful local amenities.

Another notice board was called 'mind body and soul'. Information here included but was not limited to; diabetes awareness, getting active, walking for health, eating plans, wheelchair exercises, living well in later life, knowledge on eating more fruit and mental fitness.

We observed the 'see me' poster which was very informative and contained information on learning disabilities, diversity, dyspraxia awareness and inclusion.



Surgery

The service had considered the demographics of their service users and provided information that was best suited to their needs.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

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

Staff gained written consent from patients for their care and treatment in line with legislation and guidance. Verbal consent was taken on the day of the procedure.

Staff made sure patients consented to treatment based on all the information available. Patients who were able to give informed consent and were provided with lots of information to give consent. Medical staff ensured that patients knew what to expect and set realistic expectations from treatment to ensure that patients would be happy with the results.

Staff clearly recorded consent in the patients' records. Patients were given a cooling off period following consultation prior to surgery.

Patients who lacked the capacity to understand the procedure were supported and encouraged to repeat information. This technique is commonly used to increase the level of understanding for a procedure. Patients were not turned away and support was provided to the patient in making best interest decisions.

When patients could not give consent, staff made decisions in their best interest. Where patients lacked the capacity to give consent patient relatives or carers were invited to give dual consent. Dual consent was documented on a separate consent form. Mental capacity assessments and best interest decisions were undertaken by an optometrist.

Clinical staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards.

Managers monitored how well the service followed the Mental Capacity Act and made changes to practice when necessary.

Are Surgery caring?



This is the first time we have rated caring at this service. We rated it as outstanding.

Compassionate care

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



Surgery

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. Staff told us how they cared for a patient who had regular weekly appointments at the service. The patient had high pressure and cataracts in one eye so they provided taxis to and from the service, so that the patient could attend appointments safely. Staff told us how they regularly provided food for this patient out of their own pocket and would take the time to have a sit-down conversation with them.

Feedback from people who used the service and those close to them were positive about the way staff treated them. Patients said staff treated them well and with kindness. Patients and staff gave us examples of going the extra mile to provide care and support. Staff would provide patients with blankets in sub waiting areas and would change the room the patient was being seen in to suit the needs of their patient. The patient coordinator bought presents for patients at Christmas time out of their own pocket and brought in cakes in for special occasions such as the Queen Platinum Jubilee. 100% of patients reported that their surgeon had a good bedside manner, was courteous and was friendly.

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. The patient coordinator took the time to knit twiddle squares for patients living with dementia. They also brought in stress balls and worry beads to help patients through their eye care journey which patients could then take home with them.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

Staff respected patients and their emotional and social needs were seen as being just as important as their physical clinical needs.

Staff followed policy to keep patient care and treatment confidential.

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. 99.83% of patients reported feeling reassured during their treatment at the service.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Patient coordinators would often change into scrubs to go into theatre to hold the patient's hand to provide comfort during their surgery. We saw signs on the patient board notifying patients that this was a service that was offered to them to help them through their surgery, which was called a hand holding service.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations.

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 told us that they would encourage patients to talk with each other to build connections and relieve nerves.

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.



Surgery

Staff made sure patients and those close to them understood their care and treatment. Staff supported patients to make informed decisions about their care. After the first assessment, a treatment recommendation was made, and staff gave patients relevant information to take home and read. This information included potential complications and expected outcomes. Patients were able to acknowledge this information and were given the time to formulate any questions they may have at future appointments.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Feedback slips were given to patients when they left the hospital and patients were also sign posted to SpaMedica's website to provide feedback.

Patients gave positive feedback about the service. The service called patients post procedure to check if they were happy with the service. The patients were also asked prior to being discharged if they were happy with the treatment they received. Patient coordinators encouraged patients to complete a patient satisfaction survey and share their thoughts of the service with them. The service displayed thank you cards, notes and gifts on a thank you board in the waiting area.

100% of patients using the service would recommend the service. Positive feedback was displayed on the providers website and a feedback box was available for patient comments in the reception area. Patient comments included 'I was treated with excellent care and respect. All staff had a smile on their faces' and 'Very happy everything was perfect, it's a lovely place you couldn't ask for a better service. I shall tell everyone how good it is here'.

Are Surgery responsive?

Outstanding



This is the first time we inspected responsive. 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.

The service relieved pressure on local NHS departments when they could treat patients in a day. The service had a NHS contract with the local Clinical Commissioning Group to provide ophthalmology services. The service offered surgical eye services to NHS patients as well as private patients. Patients were often referred by their GP or optometrist. The service treated adult patients only, over the age of 18 years.

The service operated Monday to Friday and ran a Saturday clinic once a month to meet the needs of the local population. Managers we spoke with were keen to reduce referral to treatment time waiting lists.

Facilities and premises were appropriate for the services being delivered. The service was a ground floor facility. The facilities and the premises were appropriate for the services being delivered and had a ramp to support wheelchair access. The environment was appropriate, and person centered. It was clearly signposted and easy to find. It had a shared car park, plenty of seating in the waiting area and the toilet facilities were clean and accessible to all.



Surgery

The service had systems in place to provide patients with additional support if they required it. Patients with specific needs such as learning disabilities, mental capacity or physical disabilities were identified at the preassessment stage.

Managers worked to keep the number of cancelled appointments to a minimum. Following confirmation of their appointment, patients were sent out written details of their appointment and an information pack about what to expect from the service. The service also provided a 48-hour reminder call and text message service to patients prior to the appointment.

Meeting people's individual needs

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

Staff made sure patients living with mental health, learning disabilities and dementia, received the necessary care to meet all their needs. Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff we spoke with supported patients living with dementia, sensory impairment and learning disabilities.

Staff told us they would contact an external company for patients with vision or hearing impairments to provide a person who could communicate effectively with their patient. This company would often use the same person for all the patient's appointments, which would help build rapport and put the patient at ease. Staff told us of a patient who had a sensory impairment who did not like to be touched. The service involved the patients' carer to facilitate their needs to ensure that they had equal access to the treatment.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. There were information boards with interpreter contact information for a large selection of languages. Patients could have information translated for them during their preassessment and during their after care. During the patient's surgery the service would invite a translator into theatre to translate for patients during their surgery.

We saw additional information boards in the patient areas informing patients that they could have stress balls, meditation beads or twiddle squares to help them during their surgery. This was made by one of the patient coordinators at the Romford service and was provided free of charge for all patients. Senior managerial staff told us that this had a positive impact on patients and as a result SpaMedica Ltd was looking into adopting this across all SpaMedica sites across the country.

Patients were offered an appointment within a couple of weeks from the date of their optical assessment. The service was able to offer appointment dates and times to suit the needs of the patient. Some patients opted to fit in their appointments around personal and work commitments which was readily accommodated.

The service offered free patient transport within a 10-mile radius of the service. Patients were taken to and from their appointments.

One patient we spoke with was there with their carer who used the free patient transport service. They provided positive feedback of their experience both with the patient transport service and with the service overall.

Staff told us that they noted that there was a high risk of slips, trips and falls due to the treatment being carried out. Staff we spoke with discussed making changes to the interior furniture to include brighter colours to reduce this risk.



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The service was easily accessible for individuals with limited mobility. The service also had their own wheelchairs at reception for patients to use if required.

Within the service, the two toilet facilities were accessible to all with a red emergency pull cord which patients could easily reach.

Staff told us that the service supported the needs of a patient who was practising Islam who had expressed concerns about praying/bending down following treatment. The service contacted a local Imam (Islamic priest) to support the patient with their prayers post operatively.

The service offered unlimited free tea, coffee and biscuits to patients, family members and carers.

Staff had access to communication aids to help patients become partners in their care and treatment. This included forget me not sheets for patients living with dementia.

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.

Patients were referred to SpaMedica by their opticians or by their GP.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. Patients were treated within an average of 10 weeks, which succeeded the 18-week referral to treatment time.

Managers and staff worked to make sure patients did not stay longer than they needed to. There were processes in place to ensure that patients were seen and treated in a timely manner. Such as running a Saturday clinic or by opening up the service on a Sunday.

Following discharge, a discharge pack was sent to the patient's home address. This included emergency contact information and the date of the post-operative appointment. Discharge letters were internally produced for patients to go home and to take to their referring practitioner, either their GP or their Optician. Patients were called back for a review four weeks post operatively.

Staff supported patients when they were referred or transferred between services. If patients were referred to other clinics, then staff would assist with this process.

Staff would work with the patients GPs if there were any safeguarding issues and if patients required community support.

The service had a 24/7 contact center. Patients could access emergency support by calling the contact center. If required, the service would open out of hours and on the weekends. When the service opened for emergency treatment, a surgeon, registered nurse and HCT would be on site. Details of any emergency treatment would be noted on the patient record and an incident form was completed if required.

When patients had their appointments, treatments or operations cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance. There was a cancellation rate of 7% in the



Surgery

last 12 months due to surgeon or clinical staff illnesses. The average number of days between the original appointment and when the patient was rebooked in for surgery was four, when the cancellation was due to SpaMedica Romford. When the cancellation was due to patient choice the average number of days between the original appointment and the next appointment was six.

Staff supported patients when they were referred or transferred between services. Neighbouring SpaMedica hospitals had a buddying system to support staff and share technical faults. Recently there had been a cancellation of a whole surgical list at a nearby SpaMedica hospital. To facilitate the needs of the patients, the patients were offered to come over to the Romford hospital for their surgery. To facilitate this, willing patients and all staff were transported over to the hospital by minibus and were returned home safely by taxi. This procedure had been done twice already and would be supported again if there was capacity to do this. This aligned strongly with their vision statement.

Clinics were added to non-clinical days to support patient needs and to ensure waiting lists were kept down. The registered manager had support from clinical coordinators to do this and was encouraged to do this for the patients.

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. Patients we spoke with knew how to raise a complaint if they wished and felt comfortable in doing so. Administrative staff handed out feedback cards that could be completed anonymously by the patients. Patients could also leave feedback on the SpaMedica website. We saw that this was simple and easy to access for service users.

The service clearly displayed information about how to raise a concern in patient areas. Patients were able to provide feedback through a patient survey and NHS choices.

Staff understood the policy on complaints and knew how to handle them. We looked at the service's complaints policy which was up for renewal in May 2023. All complaints were taken seriously and were responded to within 20 days of receiving the complaint. Staff demonstrated understanding of the complaints policy and processes.

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

Managers shared feedback from complaints with staff and learning was used to improve the service. There were three complaints received by SpaMedica in the last 12 months. There were no themes identified and all complaints were closed. Each complaint followed the processes set out in the complaints policy. Staff could give examples of how they used patient feedback to improve daily practice.

Are Surgery well-led?

Good



This was the first time we rated Well-Led. We rated it as good.



Surgery

Leadership

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

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

Staff we spoke with spoke highly of the service managers and had had conversations with some of SpaMedica Ltd directors. Staff we spoke with had worked with the medical director and commented that the Chief Operating Officer did site visits. Staff commented that interactions with local managers were fantastic and that they felt supported by the registered manager. Staff we spoke with commented that regional managers were easy to talk to and that they were not afraid to speak up or pick up the phone to them. Leaders were passionate about the service, knowledgeable and worked well with staff to deliver best possible outcomes for their patients.

Leaders held regular staff meetings where staff told us that they could voice their views and were listened to and valued.

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

The registered manager was supported to develop their skills and take on more senior roles at the service and had worked their way up from a HCT at a different SpaMedica.

Vision and Strategy

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

The organisations vision and strategic objectives was ‘every patient, every time, no excuses, no exceptions.’ This was displayed throughout the service, including in the waiting room and on staff notice boards.

Staff we spoke with were able to recount the vision statement. We observed that the vision was at the heart of patients care and staff went above and beyond to fulfil the providers vision.

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 organisations values were included in the induction for all staff and available on the organisation’s website.

Culture

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

There were processes to support staff and promote their positive wellbeing. Staff had access to an Employee Assistance Programme to support their wellbeing. Staff told us that staff members readily helped each other. Staff focused attention on the needs and experiences of people who use the service.



Surgery

Staff were welcoming and friendly. Staff we spoke with were proud to work for this service and emphasised how good the service was and that it was run well. Candour, openness, honesty transparency and challenges to poor practice were the norm. If something went wrong people who used the service received a sincere and timely apology. Most of the staff we had spoken with had been in post since the service first opened.

There were processes in place for providing all staff at every level with the development they needed including high quality biyearly appraisals and career development conversations. The service provided opportunities for career development. There were a number of different courses and qualifications that staff could access.

Staff we spoke with felt able to raise concerns without fear. Staff could speak up to the SpaMedica Ltd Freedom to Speak Up Guardian who was the head of human resources for the company.

Staff we spoke with were familiar with the processes and procedures the service had in place to ensure they met the duty of candour. Staff were able to give examples of how this duty had been met within the last 12 months.

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.

Leaders operated effective governance processes that evidenced the quality of care. There was a clear structure for governance and sharing of information across all leadership levels, staff working at the SpaMedica Romford and for staff working across the organisation.

We looked at the minutes from the daily briefing meetings attended by all staff. The meeting allowed sharing of essential safety, performance and activity information.

There was a medical advisory committee (MAC) committee in place for SpaMedica Ltd and all information was cascaded down through shared learning, emails and daily huddles.

All high-level information was fed down to local managers through monthly newsletters. This was then passed down to staff through team meetings and daily huddles. This included information from Medicines and Healthcare Products Regulatory Agency (MHRA) and the Central Alerting System (CAS) review

Health and safety committees, clinical governance, clinical effectiveness and MAC meetings were recorded and reviewed performance of the service and the organisation.

The service had access to shared learning from the provider which was disseminated through a shared learning newsletter. This newsletter contained details of any incidents that may have happened at another hospital within SpaMedica. The service manager had access to all incidents that had occurred across the provider.

The human resources team of SpaMedica Ltd monitored individual medical staff personnel files. They checked registration with the General Medical Council, professional indemnity insurance, appraisals and membership with the Association of Optometrist (though membership was not compulsory).



Surgery

Audit schedules were set out by SpaMedica Ltd on a quarterly basis. However, where an audit returned a result of less than 95% areas of improvement were captured on the hospitals action plan. The audit was then repeated the following month to allow time for actions to be completed. Quarterly based audits included not were not limited to clinical documentation, consent, hand hygiene and surgical safety.

Monthly staff meetings were attended by all staff. We looked at the minutes of the last monthly staff meeting items discussed included but not limited to; organisational updates, clinical governance, audits, infection control and complaints.

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

Management of risk, issues and performance

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

The clinical lead for the service had monthly meetings with the IPC lead nurse. Information was cascaded to the registered manager and through to staff via staff team meetings.

The service had comprehensive assurance systems to monitor safety performance. The service had an audit schedule in place and results were fed directly to SpaMedica Ltd Directors.

The service had arrangements for identifying, recording and managing risks. The service maintained a risk register. All risks on the risk register had a score and controls to reduce their impact with evidence of reviews and review dates. Staff contributed to decision making about the management of risks, issues and performance during team meetings.

The service had plans to cope with unexpected events. The service had a business continuity plan. This detailed the actions staff needed to take in the event of unexpected events to ensure patient safety was not affected. This information was posted on the staff notice board.

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 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 and 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 could find the data and information they needed. They 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.



Surgery

The service had a website, which assisted patients and visitors to familiarise themselves with the services offered and what to expect during their appointment or procedure. SpaMedica Romford had a walk-through video of the site so patients could familiarise themselves with the layout of the building before attending.

The information systems were integrated and secure. The service had robust arrangements to ensure confidentiality of identifiable data, records and data management systems, in line with data security standards. Authorised staff had access to electronic patient records which was restricted to individuals by their own login and passwords. Following discharge, paper records were scanned onto the electronic systems. All staff completed and were up to date with their general data protection regulation mandatory training.

The service submitted data to external bodies as required. This included the National Ophthalmology Database which allowed the service to benchmark performance against other providers and national outcomes and notifications to the Care Quality Commission.

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.

The service gathered people's view and experiences through patient informal discussions, compliments, patient surveys and complaints.

The service had regular opportunities to meet with staff and engage with them. Staff commented that managers were supportive of personal situations. Staff we spoke with were supported with flexible working hours, when required.

The service had a formal team meeting every month. Their purpose was to update staff on operations and share learning.

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.

Staff were committed to learning and improving. Staff spoke about how managers supported them to attend courses that supported their development and contributed to improving services. For example, staff members were supported in improving their qualifications.

Staff spoke about how the manager was open to suggestions for improvement and facilitated improvements suggested by staff.



Surgery

Regional optometrist arranged attendance at conferences for learning for optometrists at the service. In addition to teaching sessions provided free of charge to trainee surgeons, SpaMedica Ltd purchased dual microscopes and developed governance pathways so that trainees could perform supervised operations at SpaMedica sites.

As a company, SpaMedica Ltd was committed to innovation with much innovation being led at corporate level. The medical director delivered a presentation on the potential for SpaMedica Ltd to apply artificial intelligence to patient data in order to improve patient care as supplementary support to medical staff.