SpaMedica Ltd

SpaMedica Coventry

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?	Good
Are services well-led?	Good

Summary of findings

Overall summary

The service has not previously been inspected. 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, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available six days a week.
- 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:

The service did not provide mandatory training in autism and learning disability awareness.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Good 	The service has not previously been inspected. We rated it as good. See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to SpaMedica Coventry

SpaMedica Coventry is a service that provides eye healthcare services to both NHS patients including cataract surgery, treatment for acute macular degeneration and optometry services.

The service offers the treatment to adult patients from its location on the outskirts of Coventry.

The service has been registered to carry out the regulated activities of diagnostic and screening procedures, surgical procedures and treatment of disease, disorder and illness since July 2020. Since this time a registered manager has been in post.

This location has not previously been inspected.

How we carried out this inspection

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We inspected this service using our comprehensive inspection methodology. The inspection team consisted of one inspector and a specialist advisor with expertise in surgery and support from an offsite inspection manager on 13 September 2022.

During the inspection we reviewed a range of documents related to running the service including, a staff members recruitment pack, an independent website browser platform and equipment servicing records.

We spoke with five members of staff including the registered manager and five patients who had used the service. We also reviewed two sets of patient records and staff employment records.

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Outstanding practice

We found the following outstanding practice:

- The service had created a weekly latex allergy report to ensure patients with latex allergies were scheduled first on the theatre list.
- The service had identified a large proportion of the local community surrounding the service had the same or similar surnames. In response, the service had produced a daily report to highlight where patients sharing the same or similar surnames were attending the service so that staff could be extra vigilant to avoid any errors with patient identification
- A retrospective study undertaken at the service had identified that people from Black and minority ethnic groups were at increased risk of a post-operative infection. The service had created a standard operating procedure and implemented a tailored steroid eye drop routine to counteract this.

Summary of this inspection

- The service had recognised that black and yellow provides the greatest colour contrast and is therefore the easiest for people suffering from macular degeneration to see. As a result, the service had introduced black and yellow name badges and signage.

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 autism and learning awareness is provided to staff in line with skills for health compulsory module requirements.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Surgery

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

Are Surgery safe?

Good

The service has not previously been inspected. We rated safe as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it. However, autism and learning disability awareness training was not provided.

Staff received and kept up-to-date with their mandatory training. In total, 81% of staff had completed mandatory training modules, of this 93% had undertaken data protection training, 83% equality and diversity training and 76% health, safety and welfare training.

The mandatory training was comprehensive and met the needs of patients and staff including equality and diversity, infection control and fire safety.

Clinical staff completed training on recognising and responding to patients with mental health needs in addition to role competencies such as discharge planning, visual acuities and scrub procedures.

Managers monitored mandatory training by a training matrix locally and a human resource electronic system held in the wider organisation and alerted staff when they needed to update their training.

At the time of the inspection, the service did not provide staff with autism and learning disability awareness training which was not in line with Skills for Health Mandatory training compulsory modules.

Safeguarding

Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received safeguarding training specific for their role on how to recognise and report abuse. Staff had completed training in both adult and children level two safeguarding; 83% of staff in total had undertaken this training. The service had a safeguarding policy which contained important information on what to do if a concern was identified in line with statutory guidance.

Good

Surgery

Staff knew how to identify adults and children at risk of, or suffering, significant harm and knew how to make a safeguarding referral and who to inform if they had concerns. The provider had a safeguarding lead trained to safeguarding adults and children level four available via telephone to offer support and guidance to staff if required.

Staff followed safe procedures for children visiting the ward which included rescheduling the planned appointment. In addition, patients were advised at pre-operative appointment not to bring children.

The service had a chaperoning policy. Staff understood how to act as a chaperone in line with the policy set out by the service.

Cleanliness, infection control and hygiene

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

Ward areas were clean and had suitable furnishings which were clean and well-maintained. A cleaning activity record was completed in each area daily and managers monitored this by updating a monthly cleaning schedule audit.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff uniforms were laundered by an external company and uniforms ready for cleaning were collected three times each week. The infection prevention manager for the service liaised with the external company and a service level agreement was in place setting out required temperatures and conditions such as no mixing of hospital linen and uniforms.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

The service had Infection, prevention and control (IPC) champions. who attended IPC meetings and provided day-to-day support to staff as well as undertaking IPC audits such as hand hygiene.

The national average for the known complication rate of posterior capture rupture (a tear at the back of the capsule of the lens) following cataract surgery was below the national average and endophthalmitis (a serious post-operative infection that can result in sight loss) complication rate was also below the national average.

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.

Patients could reach call bells and staff responded quickly when called. Call bells were in each of the six ward area bays.

The theatre area maintained appropriate ventilation and filtration and air change which was at a rate of 25per hour. This meant any potential toxic gases were removed and the number of bacteria carrying particles were reduced. In addition, a service level agreement was in place for the annual air conditioning service and maintenance within the theatre and treatment rooms and microbiological air sampling had also been completed annually, last undertaken in June 2022.

Staff carried out daily safety checks of specialist equipment including oxygen and emergency resuscitation equipment. Daily checks were completed and a more in-depth weekly check was also carried out. Review of the emergency equipment checks demonstrated staff had consistently completed them throughout August 2022.

Good

Surgery

The service had suitable facilities to meet the needs of patients' families. A six bay ward area with reclining chairs in each bay led to a swipe access theatre. Each room had a telephone in it meaning staff could communicate with other areas and externally when required without leaving the area.

The service had enough suitable equipment to help them to safely care for patients. The service held four weeks of stock. Leads for the stock provision within the service spent one day a week managing the stock. This including auditing, restocking, rotating and re-ordering the stock. A noticeboard was in the stock room and indicated to staff what items were on order and a stock take was completed each month. This process meant that the service had enough in date stock to meet both expected demand and unplanned events.

Pharmacy stocks were managed by a registered general nurse with the support of an off-site pharmacist for the wider organisation and consumable stock was managed by a healthcare support member of staff.

A bank of non-standard lenses was kept at the service; this bank included a non-standard range of high and low lenses to cater for rare usage. Additional lenses could be sourced from services within the same organisation when required.

Staff disposed of clinical waste safely. Waste was removed twice weekly by an external company. The waste was bagged and stored in a sealed unit until collection in line with the clinical waste policy of the service.

Fire extinguishers had within date service checks and the service had signs pointing out fire exits throughout the service.

A regional service facility plan meant the servicing of diagnostic equipment was tracked and co-ordinated centrally. All equipment was within its servicing date at the time of the inspection.

Sterilisation sets were sent to an external company daily. Handpieces dedicated to the service were issued daily and a contingency plan was in place for the use of shared handpieces across the region should the need arise. This meant the service could track and trace the equipment if required. In addition, track and traceability stickers were added to the patient records of each piece of equipment used and a log of dates each set was used was kept electronically meaning if the service needed to identify which equipment was used during which procedure they had a method to do so. The contact details of instrument lead for the wider organisation was listed within the utility rooms so that staff could contact this person for support and guidance if required.

Substances deemed hazardous to health such as bleach were locked away inside the utility room which was also locked and controlled by keypad access. This meant that people using the service did not have access to substances which could damage their health.

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

The service had a deteriorating patient policy which was in date and clearly set out what to do if a patient deteriorated. The policy was easily accessible to all staff. Posters next to all telephone lines indicated who staff should call in an emergency.

Staff knew about and dealt with any specific risk issues including falls, pressure ulcers and sepsis by completing individual risk assessments for each patient.

Good

Surgery

Shift changes and handovers included all necessary key information to keep patients safe. The service held a morning safety huddle which included assigning roles such as the resuscitation team. All patients attending the service for that day were reviewed which included checking for additional needs such dementia meaning the patient journey could be supported as well as possible in terms of staffing, environment and carers.

A theatre safety briefing was also held daily and included key information such as patient allergies.

World Health Organisation (WHO) checklists were completed in line with the National Patient Safety Agency and surgical safety including the completion of safety checklists within theatre formed part of the annual audit schedule for the wider organisation.

The service followed the wider organisation pre assessment care guidance which set out inclusions and exclusions for the safe treatment for patients. This included a wide variety of scenarios and signposted staff on what to do. Obesity, pregnancy, allergies, blood clotting disorders, dementia and major surgery were all included within the guidance document.

Patients could access a 24 hour emergency telephone line provided by the service where they were verbally assessed by an optometrist. A larger location by the same provider was the designated hospital on call which patients were able to attend if face-to-face assessment or interventions were needed.

The service had a standard operating procedure for the transfer of patients to other services such as emergency transfers to an NHS trust. It was accessible to all staff and detailed actions for the staff members to follow in the event of a transfer being required.

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 and agency staff a full induction.

The service had enough staff to keep patients safe including optometrists, doctors, healthcare technicians and registered general nursing staff.

Managers accurately calculated and reviewed the number and grade of nurses and healthcare technicians needed for each shift in accordance with national guidance.

The hospital manager could adjust staffing levels daily according to the needs of patients and the number of nurses and healthcare assistants matched the planned numbers. Staffing levels were reviewed weekly at a forecast meeting to ensure that staffing levels were adequate for the planned services.

Managers limited their use of bank and agency staff and requested staff familiar with the service. Bank and agency staff were given an induction and had access to reporting systems such as the service's incident reporting system.

Consultants at the service operated under practicing privilege agreements. We reviewed two practicing privilege agreements at the time of the inspection; all were within date and clearly set out their responsibilities and accountabilities in line with national guidance. Recruitment packs for consultants contained appropriate details such as insolvency checks, enhanced disclosure and barring checks, references, clinical appraisals and professional registration checks.

Good

Surgery

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. A secure record room held the records which were scanned onto an electronic system following the patients discharge. From here, the records were stored at the organisations head office for storage.

During our inspection, we reviewed five patient records. All were legible, included a treatment plan and were in line with statutory requirements. A post-surgical letter was automatically generated and sent to the patients' general practitioner.

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. Swipe access to the pharmacy room meant the area was secure. Staff undertook daily fridge temperature checks and sensors installed within the fridge alerted managers if there was a fault or variation in the temperature range. The on-call pharmacist who operated across the wider organisation would then be contacted.

Staff checked controlled drugs once a week to ensure they were appropriately accounted for.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Take out medication was prepared for patients on discharge and discharge booklets contained information on when and how to take the medications.

Staff completed medicines records accurately and kept them up-to-date.

Staff stored and managed all medicines and prescribing documents safely. Prescription sheets were stored securely, they were printed with the individual patient details on and then signed by the authorising surgeon.

Managers monitored alerts from the Medicines and Healthcare products Regulatory Agency and shared information with staff to improve practice.

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.

Managers shared learning about never events with their staff and across the organisation and met with managers of other services to discuss themes and trends across services.

Staff understood the duty of candour (the duty to be open and transparent with people receiving care from you). They were open and transparent and gave patients and families a full explanation when things went wrong.

Staff received feedback from the investigation of incidents, both internal and external to the service and change and learning from incidents was evident. Following an incident outside the building the service had invested in grab bags for

emergency equipment, crash mats and had implemented a nationally recognised mapping tool to help emergency services find the location as quickly as possible. At the time of the inspection, the signage displaying the mapping location of the service was on order meaning it would be displayed for staff to easily access in an emergency. These measures were being rolled out across the wider organisation following a root cause analysis.

Between September 2021 and August 2022, 223 incidents had been reported within the service. Managers had identified the top three themes as cancelled treatment within 24 hours, clinical diagnosis issues and health issues. From this, to reduce the number of cancelled treatments from clinical issues, the service had begun to ask patients taking medication which affected blood clotting to bring details about their recommended blood clotting ranges with them on the day of the operation so that when blood clotting level were rechecked staff could easily identify whether the results were within permitted range or not in which case the operation would need to be rescheduled.

Are Surgery effective?

Good

The service has not previously been inspected. We rated effective as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Clinical guidelines were reviewed at a monthly provider level clinical governance committee and then sent to managers to share with staff. An update to the standard operating procedure for printing clinical letters was shared with all staff in August 2022.

Patient safety alerts were shared with staff at the daily safety huddle meaning that staff could quickly act upon any immediate changes required.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other needs.

Hot and cold food was not routinely provided to patients as they only visited the service for a short time period. Hot and cold drinks could be provided to patients to suit their personal, nutritional, cultural and religious preferences if requested.

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Patients pain was assessed throughout their hospital journey including on discharge from theatre. Data from this assessment was captured and a data report generated. This was sent to managers who reviewed the data further and escalated any areas of concern including high pain scores.

Good

Surgery

Staff prescribed, administered and recorded pain relief accurately and in line with national guidance

Patient outcomes

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

Outcomes for patients were positive, consistent and met expectations, such as national standards. The national average for the known complication rate of posterior capture rupture (a tear at the back of the capsule of the lens) following cataract surgery was below the national average and endophthalmitis (a serious post-operative infection that can result in sight loss) complication rate was also below the national average.

Managers and staff used the results to improve patients' outcomes. The service had an endophthalmitis policy on how to manage this condition which was in line with national guidance including the prescribing of antibiotics whilst awaiting the pathology reports. Each positive result underwent a root cause analysis led by the area director for the service to establish where the bacteria had arisen and an enhanced hand hygiene surveillance programme including annual visual assessment of hand washing was undertaken because the lack of post-operative hand hygiene can contribute to infections. Between September 2021 and August 2022 no cases of endophthalmitis had been recorded.

Managers and staff carried out a comprehensive programme of audits to check improvement/patients were receiving good outcomes over time. This included humidity levels inside the theatre, an electronic system provided real-time data of humidity levels and could be accessed by staff and managers. In September 2022, the service undertook medicine management, consent and clinical documentation audits. The audits undertaken altered monthly and a clinical governance team from the wider organisation monitored the completion of the required audits. A weekly email was sent to managers to show audit completion levels across the wider organisation. A 95% pass rate was set for each audit and those not meeting this level were repeated the following month. An example of this was an urgent care audit undertaken in July 2022 which achieved below the target at 94% and so was repeated in August 2022.

Managers and staff monitored performance outliers for procedures. the performance results of each surgeon were reviewed quarterly by the medical director and hospital manager to ensure that complication rates, referral rates and surgery rates were not outliers.

The service had not participated in national clinical audits since the COVID-19 pandemic.

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. Professional registration and disclosure barring checks were completed by a central team and the information was shared monthly with managers at the service meaning that they could monitor and track registrations and checks which were due for renewal. During the inspection, four members of staff had their professional registrations reviewed and all were in date and registered appropriately.

Managers gave all new staff a full induction tailored to their role before they started work. This including a supernumerary period as well as dedicated time to complete mandatory training and familiarise themselves with policies and procedures. Staff were provided with a 'buddy' so that they had a point of contact. Managers undertook monthly reviews with new starters to check progress, offer support and to tailor the induction to the individual's needs.

Good

Surgery

Managers supported staff to develop through yearly, constructive appraisals of their work. All staff had an in date appraisal completed at the time of the inspection.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. This including an electronic group messaging system, newsletter, emails and printed out minutes from meetings. This meant that staff could be kept informed of important updates and changes to the service. The service made sure that staff had the skills, knowledge and experience to deliver effective care, support and treatment. The service employed two optometrists who undertook YAG (Yttrium Aluminum Garnet) laser procedures (treating cloudiness after cataract treatment) and pre and post-operative assessments. They were supported by a regional team lead who co-ordinated training, patient group directives and appraisals. In addition, four scrub practitioners, eight registered general nurses, eight healthcare technicians and six administration staff were employed by the service.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. This included a visual acuity learning package for registered general nurses and discharge planning training for healthcare technicians. Managers told us the service was looking to deliver specific ophthalmology training for registered general nurses at a training laboratory held by the wider organisation although this was not in place at the time of the inspection.

Managers made sure staff received any specialist training for their role. Injection for age-related macular degeneration (a condition that affects the middle part of your vision) were offered by the service to stop the condition from getting worse. Additional competencies meant that registered general nurses could be trained in this area and undertake the procedure. At the time of the inspection one registered general nurse had undergone this additional competency and was in the process of becoming fully autonomous in the practice following a ten week training package.

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 worked across health care disciplines and with other agencies when required to care for patients. Patients requiring vitreoretinopathy surgery (complex cataract surgery) were assessed by the service and the procedure was then carried out by specialist surgeons at a different location of the same provider.

The service worked closely with the macular degeneration society and guide dogs. The service had adopted a guide dog and were able to signpost patients to both organisations when required.

Seven-day services

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

Consultants attended daily theatre huddles including at weekends. The patient lists were reviewed by the Consultant prior to all appointments.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support on the unit including noticeboards with information about dementia and macular degeneration including where to go for help and support. Blood pressure, temperature and general health were assessed as part of the pre-operative nursing assessment.

Good

Surgery

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 understood how and when to assess whether a patient had the capacity to make decisions about their care in line with the policy set out by the service which mirrored national guidance.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. This included gaining consent from a carer or relative for patients living with dementia who were unable to provide consent.

When patients could not give consent, staff made decisions in their best interest, considering patients' wishes and liaising with their carers and relatives.

Staff made sure patients consented to treatment based on all the information available and staff clearly recorded consent in the patients' records. At the time of the inspection, we witnessed consent being gained and reviewed the two associated sets of patient records. In all records consent had been recorded appropriately.

Are Surgery caring?

Good

The service had not previously been inspected. We rated caring as good.

Compassionate care

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

Staff 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.

Patients said staff treated them well and with kindness. Observations during the inspection demonstrated that staff spoke politely and with respect to patients attending the service.

Staff followed policy to keep patient care and treatment confidential and occupied signs were attached to each door to ensure that patients were not disturbed during consultations, assessments and treatment.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients. During the inspection, we witnessed staff respectfully referring to patients during safety huddles and routinely including patients routinely as part of all safety checks. Staff also ensured that patients understood what was happening but also had the opportunity to ask questions at any stage throughout their treatment journey at the service.

Good

Surgery

Emotional support

Staff knew how to provide 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 and supported patients to maintain their privacy and dignity. During the inspection, we saw staff helping patients to mobilise and ensuring they were covered appropriately throughout their journey.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. This included ensuring patients were aware of their discharge arrangements and were collected and not discharged home alone where this could be avoided.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary including picture booklets and visual pain scoring images.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Information on how to give feedback was visible to patients, relatives and their carers throughout the service, it was also displayed on website of the service and in discharge information provided before the patient left the service.

Patients gave positive feedback about the service. A patient we spoke with during the inspection told us the service had been "brilliant" and that they would opt to return for the other eye to be operated upon.

Are Surgery responsive?

Good

The service had not previously been inspected. We rated responsive as good.

Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met the needs of the local population. Managers received a daily utilisation report which showed the waiting list levels, rotas were then planned in advance and a dedicated pre-planning team organised the theatre lists based on the number of pre-operative appointments planned over a four-week period. This meant the service could target the largest lists and ensure patients were waiting as shorter time as possible. In September 2022, the service had 14 pre-assessment clinics and 16 theatres running, in addition to specialist clinics which included eight acute macular degeneration clinics, eight post-operative clinics and three Yttrium Aluminum Garnet (YAG) re-assessment clinics and theatre lists.

The acute macular degeneration provision for the service had been increased from once a week to twice weekly to reduce the numbers of patients waiting for treatment for this condition.

Good

Surgery

Facilities and premises were appropriate for the services being delivered. The area was designed for patients undergoing eye surgery and had been laid out with these patients in mind. The ward area was connected to the theatre and the toilet was in a straight line, not around bends or corners, was well-lit and easy to navigate to for patients that had for example had dilating eye drops which would affect their vision.

The service had assessed the patient journey and identified 15 steps of the patient journey. Following this, the service refined the process so that patients particularly with mobility issues did not have to move around as much by reducing the number of repeated identifications checks. Vision and optometry checks were also completed in the same room to further reduce moving between different areas of the service

The service had systems to help care for patients in need of additional support or specialist intervention. This included providing one-to-one support for patients suffering from dementia and enabling carers to follow the patient throughout their journey with the service so that they had a familiar advocate. Staff conducted a risk assessment for patients at the pre assessment clinic to identify any individual risks of carers tracking the patient, the patient's ability to administer their own post-operative medication and their personal circumstances. From this, arrangements were made for the day of the procedure such as ensuring the patient was first on the theatre list.

Managers monitored and took action to minimise missed appointments. Reminders were sent to patients/carers via text messaging 48 hours before the pre-operative appointment and appointment letters were sent in advance. In addition, staff called the patient before the appointment to establish if they had any changes to their medical condition which could result in on the day cancellations such as chest infections or antibiotic prescriptions. Appointments could then be rearranged and re-filled in advance of the day of the planned procedure.

Managers ensured that patients who did not attend appointments were contacted. Clinical staff telephoned any acute macular degeneration patients that did not attend the service. Other patients that did not attend after confirming on three occasions were issued with a letter signposting them back to the referrer. This letter was also sent to the referrer so that the patient was not lost within the system.

Meeting people's individual needs

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

The service had information leaflets available in languages spoken by patients and the local community as well as large print leaflets that were displayed throughout the service. In addition, the service had recognised that black and yellow provides the greatest colour contrast and is therefore the easiest for people suffering from macular degeneration to see. From this, the service had introduced black and yellow name badges and signage.

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

Staff had access to communication aids to help patients become partners in their care and treatment. This included a hearing loop at reception,

A noticeboard explaining the patient pathway was in the middle waiting area. This included the length of time of the pre-operative journey so that patients could quietly read about the journey and understand what to expect when and why.

Good

Surgery

A television was installed in the waiting area giving patients and relatives the opportunity for distraction whilst waiting. Patient lockers were available for each patient attending the service meaning patients belongings could be kept securely whilst they underwent their treatment.

A dedicated porter was based at the front of the service and met patients arriving. They helped patients with mobility problems and signposted patients on where to book into the service. In addition, they also provided hot drinks to patients and their relatives.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. An electronic appointment system alerted managers of any patient timescale breaches and a referral to treatment tracker was monitored by hospital managers. Patients attending pre-operative assessments were booked into theatre in advance to ensure they progressed through their treatment plan in a timely way.

Managers monitored waiting times and made sure patients could access emergency services when needed and received treatment within agreed timeframes and national targets. The service reserved three theatre slots for emergency capacity so that patients requiring immediate treatment were not delayed. This was in line with the patient access policy within the service which mirrored the NHS referral to treatment target, referral to the start of treatment should be no more than 18 weeks. In August 2022 the referral to treatment within 18 weeks was 94% compared to a national average of 64%.

Managers and staff worked to make sure patients did not stay longer than they needed to. For cataract treatment, the service tried to ensure that all stages were completed in one visit where possible. This meant the length of time patients spent at the service was approximately two hours and the patient did not need to return for repeated appointments.

Staff supported patients when they were referred or transferred between services. A registered nurse escort accompanied patients to the location.

Managers worked to keep the number of cancelled operations to a minimum. This included managers reviewing each surgeons on the day cancellation rates. The service utilised bank and agency staff to cover short notice absence in addition to cross cover arrangements of staff from other services within the organisation. Gaps in staffing were reviewed at a weekly hospital meeting. This meant staff could take action to fill gaps in advance and prevent cancelling theatre lists.

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 clearly displayed complaints information and had leaflets available about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them, including signposting patients on how to raise a complaint or concern.

Good

Surgery

Managers investigated complaints and monitored them for themes. Between August 2021 and August 2022, 15 complaints had been received. All of these complaints were resolved and no themes had been identified from them.

Staff knew how to acknowledge complaints. Patients received a formal holding letter explaining the process and anticipated length of time for the complaint review. Patients then received feedback from managers after the investigation into their complaint in the form of a formal written letter within a 20 day timeframe where possible. This was in line with the formal complaint policy of the service.

Managers shared feedback from complaints with staff at the daily huddle, on a one-to-one basis, via email and at team meetings. Learning from complaints was used to improve the service for example, feedback letters were amended following a complaint which highlighted that feedback questions were vague.

The service was a member of the Independent Sector Complaints Adjudication Service which meant that if the service was unable to resolve a complaint the person who raised the complaint could seek independent advice and guidance.

Are Surgery well-led?

Good

The service had not previously been inspected. We rated well led as good.

Leadership

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

There were clear organisational and management structures and management structure charts were available to review. SpaMedica Coventry had a hospital manager in post as well as an area and hospital director. The area manager covered four other SpaMedica locations.

Leaders understood the challenges to quality and sustainability and could identify the actions needed to address them. A leadership development programme was being implemented within the service and support provided for first line managers. This included support networks where good practice could be shared and discussed.

Routes of escalation for staff meant there was a clear point of contact for staff to gain specialist support and guidance for example, the governance lead and complaint drop-in sessions to support managers with complex complaints. Hospital managers 'paired' with other hospital managers throughout the wider organisation and managers had a private social media group to support peers.

Managers were visible within the service and supported staff in developing their skills for example, staff had been provided with specialist acute macular degeneration training.

Good

Surgery

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.

Values of the service were listed on the noticeboard and visible for all to see. Staff we spoke to understood the values and a strategy was in place to turn the service vision of quality, leadership, governance and infrastructure and growth into actions. This included workforce retention, integrated information technology and investment in training and audit processes.

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 told us they were proud to work for the service and felt respected and supported.

The culture was centred on the needs and experience of people who used their services. Staff and managers understood the duty of candour (a duty to be open and transparent with people receiving care). Staff were taught about duty of candour during induction, the service had a duty of candour policy which was accessible to all staff. Mandatory prompts on the incident reporting system meant that incident investigation could not be progressed until duty of candour had been undertaken.

The service had a strong emphasis on the safety and well-being of staff. The service had an employee assist programme which staff could access anonymously. This service provided counselling, debt advice and access to discount and benefits. In addition, the service had mental health first aiders to provide mental health support to staff.

An on-site light lunch was provided for all staff each quarter as a recognition and thank you for the hard work of the team.

Exit interviews were completed for staff leaving the service and managers were provided with a human resource update so that themes could be identified. At the time of the inspection, no staff had left the service since November 2021.

Whistleblowing and freedom to speak up initiatives were in place within the service. A speak up guardian was part of the wider organisation with their contact details listed on the staff intranet site meaning staff could easily access them.

An annual staff survey was completed by the service and actions taken in response to the results. A whole staff pay uplift took place in June 2022 partly in response to the staff survey and a listening board was due to be rolled out within the service to demonstrate to staff that they had acted in response to their feedback.

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.

Good

Surgery

The service had a governance structure to support the delivery of the strategy and good quality sustainable care. The structure meant that information could be fed upwards to the senior team and downwards to frontline staff via various meetings, committees and groups.

All levels of governance and management functioned effectively and interacted with each other appropriately. Incident reporting, the risk register and feedback all fed into monthly hospital team meetings and monthly operational meetings which in turn fed into a monthly board of directors meeting for the wider organisation. A clinical governance meeting held bi-monthly reviewed quality, risk, compliance and audit including the review of surgical procedures. Morning safety huddles were held daily, and appraised staff of operational and clinical information required and whole staff meetings were held monthly.

A medical advisory committee (MAC) met quarterly and roles of the committee were clear including the onboarding of surgeons, practicing privilege management, surgeon performance and surgery specific matters. A responsible officer was responsible for revalidation.

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 service had appropriate systems to manage performance including risk within the service. At the time of the inspection, 16 risks were listed on the service's risk register. Risks were rated either low, moderate or high according to the impact the risk would have on the service being able to safely provide care and treatment to patients. They were reviewed and escalated through monthly hospital team and operational meetings. Staffing, stock and slips, trips and falls were the three highest rated risks upon the register. All had actions to reduce their impact, had been reviewed regularly and were assigned an owner meaning that actions could be closely monitored.

The service had back up emergency generators in case of failure of essential services which were tested daily. This would ensure that should the power fail mid treatment the patient's treatment was not compromised.

The service had a business continuity plan which included information about key events such as power failure, lack of staffing, interruption of service including flooding and humidity levels within the theatre environment. Managers closely monitored the levels several times daily and had appropriate plans based on the results of the checks. This ranged from delaying a list for a short period of time to cancelling an entire surgical list for the day. At the time of the inspection, no lists had been suspended or cancelled at this service due to humidity levels within the theatre and a plan was in place for a retrofitting of an upgraded condensing machine to the air units within the theatre to prevent humidity levels increasing in the future.

A copy of the business continuity plan was displayed in the staff room and was available electronically meaning all staff could easily access it in the event of an incident occurring.

Staff had a staff forum which enabled them to contribute to the decision making to support the quality of patient care provided by the service. This forum met quarterly.

Good

Surgery

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.

The service had appropriate arrangements to ensure that information used to monitor the quality of the service, operations and finance at this service were accurate, valid and reliable. Electronic performance, audit and human resource systems provided real time data to managers meaning they could accurately monitor and track improvement and areas of challenge to ensure this did not impact on patient care

Staff had access to the information they needed and had an opportunity to provide exit interview feedback as well as suggestions and ideas electronically to managers.

The service had a data protection lead and staff underwent training on data protection. Computer systems were password protected with time out screensavers and regular password resets to avoid unauthorised persons gaining access to the systems. Staff could send information securely via email and the service used a network security device to protect the information technology infrastructure.

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.

Before the COVID-19 pandemic, the service held coffee mornings with the macular society and had developed links with the Royal National Institute of Blind People however, this had ceased due to the pandemic and had not been restarted due to the service focusing on supporting the NHS with their backlog.

Peoples views and experiences were gathered by the service. Patient satisfaction and feedback surveys were captured by the service. Between September 2021 and September 2022, 3162 responses were captured and included the question 'what could have been done better?' Results were collated and discussed at the monthly operations management meeting.

Clinical governance newsletters were provided monthly to staff and regular engagement initiatives were also held. International women's day was celebrated with staff wearing an item of purple and making a pledge towards to vision of a more inclusive society. An above and beyond noticeboard celebrated staff success, compliments and patients' thanks. A weekly feel good Friday newsletter was produced and distributed throughout the wider organisation.

Commissioning groups met regularly with a specialist team from the wider organisation.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services of which there was a systematic approach. Improvement was a way to deal with performance and for the organisation to learn. They had a good understanding of quality improvement methods and the skills to use them. Staff innovation was celebrated and a proactive approach to embedding learning and improvement was taken.

Good

Surgery

The service understood quality improvement methods and continually drove learning and improvement. A daily latex allergy report had been created to indicate specific patients with latex allergies. This enabled managers to ensure these patients had been scheduled first on the theatre lists to ensure they were cared for as safely as possible and to avoid disruption to list on the day.

The service had identified there were a significant number of patients with the same or similar surnames due to the cultural background of some patients in the local community. To avoid the potential risk of two patients with the same name becoming confused, the service had created a daily report to identify patients with similar or the same surname so that staff could be extra vigilant they were treating the correct patient.

The medical director of the service had undertaken a study which had identified that people from Black and minority ethnic groups were at an increased risk of anterior uveitis (inflammation of the middle layer of the eye) following routine cataract surgery. As a result, the service had introduced a standard operating procedure and a tailored steroid eye drop regime to counteract the occurrence of post-operative infections. This had been implemented across the wider organisation.

One member of staff had attended enhanced training on a piece of specialist equipment called the optical coherence tomography (OCT) (a non-invasive imaging test that uses light waves to take cross-section pictures of your retina). They had created a power point presentation following their training to update other staff on this equipment which was presented to staff at a team meeting.