SpaMedica Ltd

SpaMedica Derby

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 been inspected before. We rated it as good because:

- Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff 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 seven 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. All staff were committed to improving services continually. However:
- The service had a high turnover of the number of staff and a high usage of agency staff.
- Staff did not always carry out pre-theatre safety checks in line with national guidance.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Refractive eye surgery	Good 	We rated it as good. See the summary above for details.

Summary of findings

Contents

Summary of this inspection

Background to SpaMedica Derby

Spa Medica Derby is a service that provides eye healthcare services to both NHS and private patients including cataract surgery and optometry services.

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

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 October 2020. Since this time a registered manager has been in post. The service operated six days a week between 8am and 5.30pm. The service treated adult patients only; aged 18 and above. Patient were NHS patient, referred from local NHS hospital trusts and community optometrists. Between February 2022 to March 2023 the service carried out 13,420 treatments, 22 members of staff were employed at the service.

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. One inspector and a specialist ophthalmology nurse advisor with support from an offsite inspection manager, carried out the inspection on 20 March 2023.

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 servicing records of equipment. We spoke with 5 members of staff including the registered manager and 5patients who had used the service. We also reviewed 5 sets of patient 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.

Areas for improvement

Action the service SHOULD take to improve:

- The service should ensure that staff follow plans and pathways including surgical safety checks to ensure all that is reasonably practicable to mitigate risks is undertaken (Regulation 12(2)(b))
- The service should continue to drive recruitment of staff in line with the levels determined as required by the service (Regulation 18(1))

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Refractive eye surgery	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Refractive eye surgery

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

Is the service safe?

Good

The service had not been inspected before. 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. Nineteen of the 22 (86%) staff had completed all mandatory training modules.

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.

At the time of the inspection the level of compliance with staff training in intermediate and basic life support was below the 90% standard set out by the service. Information provided by the service after the inspection though, demonstrated that the service had addressed this issue and compliance levels were greater than 95%. Basic life support training had been completed by 16 of the 17 members of staff eligible. Intermediate life support compliance was mirrored. This meant that staff had the knowledge, skill, and ability to respond quickly in the event of a life-threatening emergency.

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.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Eighty-six percent of staff had completed training in both adult and children level 2 safeguarding. A safeguarding policy was in place this contained important information on what to do if a concern was identified in line with statutory guidance.

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. A safeguarding lead was in place and available from the wider organisation 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.

A chaperoning policy was in place, staff that we spoke with during the inspection understood how to act as a chaperone in line with the policy set out by the service.

Laminated posters with the safeguarding process were on the walls in each room so that staff could follow the process easily.

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.

Ward areas were visibly 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 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, uniforms ready for cleaning were collected daily. 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.

An annual infection, prevention and control (IPC) audit was carried out in October 2022 by the IPC lead for the wider service. The audit scored 91%. Any highlighted areas for action were recorded and at the time of the inspection all actions had been addressed, an action plan demonstrated timescales for completion, who was responsible for the action and in addition, a spreadsheet tracking each actions progress.

Surgical site infections monitoring was undertaken monthly, and part of the operational electronic dashboard included IPC and infections.

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.

Staff carried out 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 that they had been completed consistently throughout January 2023.

The service had suitable facilities to meet the needs of patients' families. A 3 bay pre op area with reclining chairs in each bay led to a swipe access operating theatre. Each room had a telephone in it for staff to communicate with other

areas and call externally when required without leaving the area. Call bells were in each of the 3 area bays. Patients could reach them easily and staff responded quickly when called. A waiting time board was in the reception area meaning that patient waiting knew how long they could expect to wait for. At the time of the inspection, we saw that this board was updated by staff regularly.

The service had enough suitable equipment to help them to safely care for patients. A health care technician was the stock lead for the service. A monthly stock check was undertaken and one day a week was dedicated to managing the stock. This included 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.

All equipment except for the handpiecesused to remove the natural lens during cataract surgery which were used within theatre were disposable. The handpieces were sent off site for decontamination. They were rinsed in sterile water, packed, and then collected by an external provider operating under a service level agreement. The handpieces were specific to the site meaning they could be tracked and traced if requited. 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. Clinical waste was stored safely and disposed of 3 times each week.

Humidity levels inside the theatre were closely monitored by the service, an electronic system provided real-time data of humidity levels and could be accessed by staff and managers.

Fire extinguishers within date service checks and signs pointing out fire exits were in place 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. Portable appliance testing was undertaken and in line with nationally set guidance.

Assessing and responding to patient risk

Staff did not always complete safety checks in line with the guidance. Staff identified and quickly acted upon patients at risk of deterioration.

Surgical safety pre checks (known as time out) undertaken by the service were not always read out aloud with the entire surgical team prior to surgery commencing. This was not in line with national standards or the World Health Organisation surgical safety checklist for cataract surgery document which had was in place within the service. Important information, such as confirming patient ID, laterality and allergy status, biometry and selected lens check and any unexpected steps to the surgery were part of this check. The service policy '*The care and management of patients and staff in theatre* clearly set out roles and responsibilities around theatre safety checks, staff were trained as part of new employee induction programme and a monthly surgical safety audit undertaken by the service included whether the 'time out' check was read aloud with the whole team present. The January 2023 surgical safety audit scored 97%.

A deteriorating patient policy was in place, in date and easily accessible to all staff which gave clear instructions on what to do when a patient, relative or staff member became unwell. The service had implemented an initiative 'what 3 words' which enabled emergency service to pinpoint the exact geographical location within 3 metres by using 3 specific words as an internationally recognised grid reference meaning that help could be dispatched to the service as quickly as possible.

Good

Refractive eye surgery

A standard operating procedure for the transfer of patients to other services such emergency transfers in the event of increased ocular pressure or suspected complications to an NHS trust was in place. It was accessible to all staff and detailed actions for the staff members to follow in the event of a transfer being required.

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 as dementia, meaning the patient journey could be supported, as well as possible in terms of staffing, environment, and carers.

Emergency equipment was available and easily accessed. It was checked daily and contained all the correct in date equipment including that to treat anaphylaxis, a life threatening allergic reaction.

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.

A control of substances hazardous to health cupboard containing substances deemed hazardous to health, such as bleach, was locked and kept inside the utility room which was also locked and controlled by keypad access. This meant that people using the service could did not have access to substances which could damage their health.

It had identified that Black, Asian and Minority Ethnic (BAME) communities were at increased risk of a post operative complication: anterior uveitis. From this, the service had strengthened its preoperative assessment to include the consideration of patient ethnicity. This meant it could them identify the need for an enhanced post operative drug regime to prevent the complication.

Staffing

The service had a high turnover of staff and usage of agency however, all shifts were safely staffed. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

The service did not always have enough ophthalmic scrub assistants and relied heavily on agency use to support this role; however, all shifts were safely staffed. In December 2022 the agency rate for the service was 17%. Whilst January 2023 saw an employee turnover rate of 27%. Largely, this was a high percentage due to the size of the staffing numbers required for the service (13 clinical staff members), recruitment events had been undertaken in December 2022. At the time of the inspection 1 new employee was being inducted to the service. Managers recognised the challenges in recruiting ophthalmic scrub assistants and were working with the wider service to create a more sustainable response to the challenges it had experienced.

Managers could adjust staffing levels and clinics to meet demand or staffing levels to ensure that patients were not waiting longer than anticipated for treatment. Any agency or bank staff used by the service were given a full induction to the service and had access to reporting systems including incident reporting.

Five medical staff operated under practicing privilege agreements within the service. Practicing privilege agreements were within date and set out responsibilities and accountabilities in line with national guidance. Recruitment packs for medical staff contained appropriate details such as insolvency checks, enhanced disclosure and barring checks, references, clinical appraisals, and professional registration checks.

Good

Refractive eye 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 wider organisation head office for storage.

The service was trialling a cataract pathway booklet which included all details of the patient journey with the service. At the time of the inspection 5 records were reviewed. All were legible, had a treatment plan in place and in line with statutory requirements.

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. Fridge temperature checks were undertaken daily, and sensors installed within the fridge alerted managers if there was a fault or variation in the temperature range. The on-call pharmacist which operated across the wider organisation would then be contacted.

Controlled drugs were checked twice daily to ensure they were appropriately accounted for.

An audit undertaken by the external pharmacy supplier in March 2023 reviewed all aspects of medicine handling including the ordering, administration, storage, and disposal. This audit found that the standards at the service were "very good". Stock rotation was highlighted within the report as requiring improvement.

Staff reviewed patients' medicines regularly and provided advice to patients and carers about their medicines.

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

Pharmacy stocks were managed by a registered general nurse with the support of an offsite pharmacist for the wider organisation.

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.

Take out medication was prepared for patients on discharge and discharge booklets contained information on when and how to take the medications.

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.

Good

Refractive eye surgery

The service had recorded 98 incidents between 21 March 2022 and 2023. Of these, the top3 themes were COVID-19, cancelled treatments within 24 hours and records including missing details and duplicate recording. Managers shared learning about incidents and information was shared at daily safety huddles such as updates to the COVID-19 guidance.

Learning was taken from incidents for example, a patient video was added onto the website of the service and patients were sent letters advising on actions to take considering COVID-19. this meant that fewer last minute cancellations occurred, and staff and patients were kept as safe as possible.

Duty of candour, being open and honest with patients and people when something goes wrong, was undertaken by the unit manager and was monitored as part of the risk and governance meetings within the service. Staff that we spoke with knew how to apologise and explain if something had gone wrong.

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

A sharing lessons learnt document was available to all staff electronically as well as printed in staff areas. The March 2023 document shared learning across the wider organisation and included information about needle stick injuries, patient falls and collapses, endophthalmitis, expired powered lens implants and missed diagnosis of a detached retina. The document had a root cause summary following a serious incident and a 'be mindful' section telling staff what to look out for and how to avoid a similar incident. This document was set across 3 pages as a summary which meant that staff could share the information and easily take it on board, were likely to read it and it was not too overwhelming or too much information.

Is the service effective?

Good

The service has not been inspected before. We rated it as good.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Clinical guidelines were reviewed at a clinical governance committee and then cascaded 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 immediate changes could be acted upon.

The service submitted data to the National Ophthalmology Database Audit which supported the analysis and sharing of audit outputs with the aim of improving patient care and surgical outcomes. In addition, it enabled the service to benchmark itself against similar services.

Nutrition and hydration

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

Staff made sure patients had access to hot and cold drinks and biscuits. Hot and cold food could be provided for patients with specific nutritional needs however, due to the nature of the treatment undertaken and the short length of time patients spent at the service, this was not routinely required. Patients were not required to fast prior to treatment.

Pain relief

Staff assessed and monitored patients to see if they were in pain and could give pain relief if they were.

Staff assessed patients' pain using a recognised tool and could give pain relief in line with individual needs and best practice when required however, due to the use of local anaesthetic this was not routinely required. Patients' pain was assessed throughout their hospital journey including on discharge from theatre.

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 monitored the outcome to patients including complications rates and outliers. Outcomes for patients were positive, consistent, and met expectations, such as national standards. In December 2022 the capsule rupture rate which is a known and serious complication of cataract surgery was 0.41%. This figure was RAG (red, amber, green) rated, to make it easy to see whether the level was deemed high, medium, or low rate of complication, 0.41% was green which meant the service had a low number of this type of complication.

No instances of endophthalmitis, a serious infection that can cause blindness, had occurred at the service in between February 2022 and 2023.

In addition, the service monitored patient outcomes including instances of trauma to the iris, post operative uveitis, corneal oedema, visual acuity and copathology and managers could access this information via an electronic dashboard.

Managers and staff monitored outliers, the 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. Managers shared information with staff through team meetings.

Managers and staff carried out a comprehensive programme of audits to check improvement over time. This included medicine management, safeguarding, hand hygiene, infection prevention and control, clinical documentation, and consent. The audits undertaken altered monthly and a clinical governance team from the wider organisation monitored the completion of the required audits. Each of these audits had achieved between 89% and 100%, between July and October 2022.

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.

Good

Refractive eye surgery

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 and managers undertook monthly reviews with new starters to check progress, offer support and tailor the induction to the individual's needs.

Managers supported staff to develop through yearly, constructive appraisals of their work. Information provided by the service demonstrated that all staff had completed an annual and mid-term (6 monthly) appraisal and review.

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 meaning that staff could be kept informed of important updates and changes to the service. Minutes from the team meeting held in February 2023 demonstrated that theatre scrub training, microbiology testing in theatre and endophthalmitis were all discussed as part of staff training and education.

Managers made sure staff received any specialist training for their role. Training for post theatre discharge following cataract surgery was undertaken as well as the administration of eye drops along with a competency assessment. Managers told us the service was looking to deliver specific ophthalmology training for registered general nurses at a training lab held by the wider organisation although this was not in place at the time of the inspection.

Medical staff that worked under practising privilege agreements reported to the medical director for the organisation. Information provided by the service demonstrated that of the 5 practising privilege agreements in place, all were in date, included relevant details such as indemnity insurance and professional registration checks and also demonstrated 360 feedback had been undertaken by a responsible officer.

Optometrists employed by the service undertook YAG 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.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. This included discharge planning training for health care support staff.

Multidisciplinary working

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

The service worked closely with the Macular Society and The Guide Dogs for the Blind Association.

Letters were sent to the patients' general practitioners and community optometrists.

Seven-day services

Key services were available to support timely patient care.

Patient could access help and support 7 days a week via an emergency telephone number. Clients could contact an initial booking telephone line within the wider organisation 7 days a week and services provided in office hours 6 days a week.

Good

Refractive eye surgery

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.

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. This service did not restrict patients of their liberty under deprivation of liberty safeguards.

Each room within the service had a laminated poster for the effective management of a patient where a lack of mental capacity to consent to treatment was suspected. These posters including presuming capacity, the right to make unwise decisions and less restrictive best interest decisions. Communication methods and the giving of information was also listed on the posters as prompts for staff to support them in helping patients lacking capacity. Advanced decisions, lasting power of attorney and consultation with family to establish the patient's wishes were also advised. This meant that staff could quickly look at the poster for guidance if they felt unsure and were able to seek more in depth guidance from the lead clinical nurse.

Staff that we spoke with during the inspection 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. Of the 22 staff required to completed training on mental capacity and deprivation of liberty 81% (18 staff) had completed the training at the time of the inspection. Staff who had not yet completed this were booked on this training as part of a structured programme.

The consent policy set out within the service was more in depth and set out individual responsibilities in obtaining consent. Written consent was obtained by the optometrist prior to treatment. Of the five records reviewed during the inspection, staff had recorded consent to treatment. within these. In addition, we witnessed verbal consent being gained.

When patients could not give consent, staff made decisions in their best interest, considering patients' wishes and liaising with carers and relatives. This was in line with the Mental Capacity Act policy in place within the service. Guidance and support could be sought by staff if required.

Is the service caring?

Good

The service had not been inspected before. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff we saw, were pleasant and kind.

Good

Refractive eye surgery

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 staff attached occupied signs 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, including them routinely throughout their treatment journey and ensuring that patients both understood what was happening but also had opportunity to ask questions at any stage. One patient said that their experience of care was 11 out of 10.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it and supported patients to maintain their privacy and dignity. During the inspection we saw staff support a patient who was very frightened. Staff spent time explaining to the patient what was happening to them and offered continual reassure throughout the treatment.

During the inspection we saw that staff helped patients to mobilise to the theatre and that they were appropriately covered up throughout their journey through the service.

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.

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 patient, relatives, and their carers throughout the service, on the website and in discharge information provided before the patient left the service.

At the time of the inspection, we saw that staff routinely involved patients using the service in planning and making shared decisions about their care and treatment. Patients were listened to and took part in a two-way discussion rather being told information about their care.

Carers, advocates, and representatives of patients including family members were identified at the pre assessment, staff told us how they were welcomed, and treated as important partners in the delivery of the care of their loved one.

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

Patients that we spoke with during the inspection gave positive feedback about the service. They said that they were pleased with how they had been cared for and would recommend the service to others.

Is the service responsive?

Good

Refractive eye surgery

Good

The service had not been inspected before. We rated it 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.

Cataract surgery provided by the service reflected the needs of the Derbyshire population it served. Information provided by the service demonstrated that in collaboration with the local Integrated Care Board who commissioned health services, a health needs assessment had been undertaken and identified the predicted continued growth of serious eye conditions largely due to an ageing population and lifestyle factors until 2030 in the local area.

Car parking facilities were available on site and the service was in an area served by public transport links including bus and train services. In addition, free transport was provided for patients travelling more than 10 miles and for those patients unable to make their own way to the service.

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 service was located on a single level meaning that trip hazards for people with reduced vision was minimalised and the pre theatre waiting area was connected to the theatre. Toilets were in proximity to the theatre and were easy to navigate to. They were not around bends or corners, the service was well-lit and easy to navigate to for patients that had reduced vision.

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. A risk assessment was carried out at the pre assessment clinic around the individual risks of each carer tracking the patient and then 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 via text messaging 48 hours prior to the pre-operative appointment and appointment letters were posted. In addition, a telephone call prior to the appointment was made to the patient to establish any changes to 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. Patients that did not attend after confirming on three occasions were issued with a letter signposting them back to the patient. This letter was also sent to the referrer so that the patient could be re-referred in the future.

A patient information board contained information about cataract surgery and what to expect afterwards. This meant that patients could read the board whilst waiting and ask staff questions if they did not understand any of the information. In addition, a patient story booklet was in the reception area of the service and charted a patient journey from start to finish meaning that patients and relatives waiting in the reception area could read about the journey.

Good

Refractive eye surgery

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.

A spare clinical room had been assigned as a prayer room and was available to all staff, patients, and visitors.

Interpretation services including face to face and British Sign Language were available for patients with differing needs. Leaflets could be printed in various languages meaning that patients speaking a language other than English had access to the same information. Information provided by the service demonstrated that Urdu was the most common non English speaking language in the area and during the inspection we saw that literature had already been printed and was available in this language. In addition, Bengali, Chinese, Gujarati, Hindi, Polish and Welsh brochures could be printed. Large print was also available.

Patients living with complex conditions such as dementia and patients with identified neurodiverse conditions, such as autism, were scheduled at the start of the list. They were met by the porter who was the dementia lead for the service and was the first person the patients met. Octopi, which were small, knitted octopus were available for any patient that was feeling anxious. These were thought to be distracting and have a calming effect on patients as they play with the legs of the knitted octopus.

A standard operating procedure was in place setting out the criteria to support patients unable to administer anti-inflammatory eye drops at home after the cataract procedure. Patients of no fixed abode, those with a history of non-compliance or those physically unable to administer their own eye drops were considered for intra operative sub-tenon depot steroid (anti-inflammatory) injections at the time of the cataract surgery meaning they did not require the eye drops once discharged.

A television was installed in the waiting area giving patients and relatives the opportunity for distraction whilst waiting. Patient lockers were provided meaning patient belonging could be kept securely whilst they were undergoing treatment.

A dedicated porter was based at the front of the service and met patients arriving. This member of staff helped patients with mobility problems and signposted patients on where to book into the service. In addition, they provided 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 better than with national standards.

The service monitored waiting times and key targets to ensure that patients could access the right treatment at the right time. At the time of the inspection the mean (average) time from referral to treatment was 13.4 weeks which included a cataract pre assessment list of 24 patients. This was under the national target of 18 week meaning patients were seen quicker than expected. At the time of the inspection no patients had waited more than 18 weeks from referral to treatment and for December 2022 the percentage of performance was 134% (a greater number of patients were treated due to extra clinics and operating theatre slots being scheduled).

Good

Refractive eye surgery

Approximately 24 patients per day were treated at the clinic. The utilisation rate for the service sat between 89 and 93%, between November 2022 and January 2023. Monitoring of this figure helped managers to keep track of appointments and treatments and to make sure that the number of cancelled operations were kept to a minimum by demonstrating the efficiency of the services running.

Managers were able to flex clinics to become an operating list; or an operating list to become a consultation clinic depending on patient need. This that patients were able to access treatment in a timely way and in line with national expectations.

For the week commencing 13 February 2023, 6 patients out of 409 patients were unfit for treatment. All of these patients had been unfit for treatment for less than 6 weeks and were closely monitored by the service.

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.

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed 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.

At the time of the inspection, 5 complaints had been received between October 2022 and March 2023. Managers had investigated the complaints, liaised with the patient and family and feedback to staff involved had been given, all complaints had been resolved and no complaints for the service were outstanding.

Is the service well-led?

Good

The service had not been inspected before. We rated it as good.

Leadership

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

Leaders at the service understood the challenges it faced and were proactive in being visible and approachable. This was supported by the management structure and standardised clinical team structure throughout the wider organisation. Staff that we spoke during the inspection told us that the service operated an open door policy and that staff could raise concerns comfortably.

The service had recognised that although succession planning and development for staff members was good, development for leaders was not as developed as it could be, in that, no formal training had been available historically

to leaders. In response to this the wider organisation had developed an accredited leadership training programme which was due to be rolled out within the 2023/23 financial year to address this identified gap. At the time of the inspection, routes of escalation meant there was a point of contact for specialist support and guidance to leaders for example, the governance lead and complaint drop-in sessions for complex complaints. Hospital managers 'paired' with other hospital managers throughout the wider organisation to support each other and a managers private social media group meant that managers could reach out or share information quickly.

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.

The service had a clear vision for what it wanted to achieve which mirrored that of the wider organisation in support of standardisation of services. Quality, risk management and governance were key areas. Growth and the monitoring of progress of the strategy implementation was embedded as part of the governance performance monitoring structure within the service. Collaboration from integrated care boards for the area meant it was aligned to current healthcare needs.

The service had values which included safety, integrity, kindness and transparency. Managers displayed these visually on the walls. Staff demonstrated these values within their behaviours displayed at the time of the inspection.

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 that we spoke with during the inspection felt supported and respected. The service strived to ensure workforce equality by regularly celebrating and focusing on diversity. International woman's day, St Patricks day, Christmas and Diwali were all celebrated within the service. In addition, team building activities such as bake-off challenges, Macmillian Cancer Support coffee mornings, charity runs and a collection for Ukraine meant that staff felt both empowered and valued in the service whilst supporting the community within which it existed.

The service had been awarded the ‘investors in people’ gold award 2021 to 2024, this was an accredited award given to organisation who invest in their staff with training and development, positive leadership and creating a good place to work.

Whistle blowing and freedom to speak up initiatives were in place within the service. A speak up guardian was part of the wider organisation, contact details for this person were listed on the staff intranet site meaning staff could easily access them.

The service had an employee assist programme in place which staff could access anonymously. This service provided counselling, debt advice and access to discount and benefits. In addition, mental health first aiders were in place within the service.

Duty of candour was embedded within the service, being taught on induction as well as part of the annual mandatory training and staff were open and transparent about things that went wrong. Staff routinely reported incidents and feedback from incidents and complaints focused upon learning and prevention rather than blame.

Good

Refractive eye surgery

Governance

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

The governance framework within the service and wider organisation meant that staff at all levels were clear about their roles and accountabilities and that information could interact appropriately. The framework consisted of overarching board level oversight including a medical advisory committee and was underpinned by various committees, groups and meetings. Infection control, medicine management, information governance, operational team meetings and hospital morning huddles ranged from daily to monthly and meant that the correct people had oversight of the key issues, themes, and challenges.

The medical advisory committee 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.

Meeting minutes from the clinical governance committee on the 10 January 2023 demonstrated that actions from previous meetings were monitored. The minute taker embedded electronic database links *e* within the meeting minutes which meant that historical meeting documents could be reviewed at any stage by those needing to. An update to the emergency grab bags and the use of "what 3 words" had been signed off in January 2023 and a complaint training module for managers had also been added. Standing agenda items, such as a clinical governance report considered incidents, near misses, central alerting system alerts, infection prevention and control and safeguarding suggested an effective governance system was in place.

A monthly staff team meeting was held within the service. The February 2023 meeting minutes demonstrated that resus council guidelines, new policies, procedures and standard operating procedures, incidents, complaints, safeguarding, human resource updates and morning safety huddle themes were all standing agenda items.

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.

The service had systems in place to identify and manage risks. At the time of the inspection, 9 risks were listed on the risk register for the service. These risks were reviewed at a monthly national operational meeting, and all were assigned to a lead, had actions to reduce the risk and review dates clearly set out. Identified risks to the service ranged from shortage of supplies, slip, trips and falls to a risk to patient confidentiality from being overheard between consulting rooms. This risk we saw had last been reviewed in November 2022 and was due for further review in March 2023.

A business continuity plan was available electronically meaning all staff could easily access it in The event of an incident occurring. It 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 plans in place based on the results of the checks. This ranged from delaying a list for a short period of time to cancelling an entire list for the day. At the time of the inspection no list 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.

Good

Refractive eye 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.

Information was used to monitor quality, operations, and finance. 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.

Staff had access to the information they needed and had opportunity to provide feedback 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. Staff could send information securely via email and a firewall to protect the information technology infrastructure was in place.

Engagement

Leaders and staff actively and openly engaged with patients and staff to manage services.

People's views and experiences were gathered by the service in various forms including patient satisfaction and feedback surveys, NHS reviews and written feedback. Information publicly available demonstrated that the service engaged with service users providing feedback electronically by responding to their comments and feedback as well as featuring the reviews as part of the team meetings. One comment from August 2022 said how the service had "changed my life". The performance dashboard for the service in February 2023 demonstrated an overall patient satisfaction score of 95% however, it did not show how many patients this related to.

A visit from a visually impaired service user and their guide dog in October 2022 enabled the service to understand some of the challenges faced on a day-to-day basis by patients accessing the service.

Daily huddles and regular team meetings meant that the service was able engage with staff and an annual employee survey meant that staff had the opportunity to feedback on how they felt the service was performing. The January 2022 staff survey provided by the service had just 2 respondents and results of the January 2023 survey were not available at the time of the inspection.

Staff were actively engaged so that their views were reflected in the planning and delivery of services and in shaping the culture including those with a protected characteristic. Reasonable adjustments were made for people requiring them such as those with disabilities or caring responsibilities, important religious dates were embraced and celebrated for example, the wider organisation had created an information leaflet to educate staff, patients and visitors on Ramadan and how to support colleagues observing the fasting period. Pride (the promotion of dignity, equality, and increased visibility of lesbian, gay, bisexual, and transgender people as a social group[RC1]) month was celebrated which included no excuse for abuse signs and rainbow decorations across the service.

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.

Good

Refractive eye surgery

The service was committed to continually learning and improving its services. Following patient feedback, the registered general nurses and healthcare technicians carried out their pre assessment diagnostic and health checks in the same room rather than separately, which they had done previously. This meant fewer moves for the patients who were predominantly from an older patient demographic and also less time spent at the service.

The service had recognised that a number of its patients were unable to confirm personal details, specifically date of birth due to immigration processes adopted by the UK Government. This historically had resulted in several operations being cancelled. From this, the service had introduced a process of identification which included photograph identification in addition to personal detail confirmation. Meaning that if the patient was unable to confirm the correct date of birth the photograph could be checked.

[RC1]Look at this