SpaMedica Ltd

SpaMedica Wakefield

Inspection report

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

Ratings

Overall rating for this location	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Outstanding ☆
Are services responsive to people's needs?	Good ●
Are services well-led?	Good ●

Summary of findings

Overall summary

We rated this service as outstanding because:

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

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	**Outstanding** ☆	We rated this service as outstanding .See the summary above for details: We rated this service as outstanding because it was safe, effective, caring, responsive and well led.

Summary of findings

Contents

Summary of this inspection

Background to SpaMedica Wakefield

SpaMedica Wakefield is operated by SpaMedica Ltd. The service offers cataract surgery and yttrium-aluminium-garnet laser (YAG) capsulotomy services for NHS patients (YAG capsulotomy is a special laser treatment used to improve your vision after cataract surgery).

The service is provided over 2 floors, the ground and first floor. Clinical services are provided on both floors, the ground floor has an operating suite with one theatre providing cataract surgery. The first floor housed the outpatient department, where pre- and post-operative assessments were provided. The service did not treat children.

The service is registered to provide the following regulated activities:

• Diagnostic and screening procedures

• Surgical procedures

• Treatment of disease, disorder and injury

The service is managed by a registered manager supported by an ophthalmic team which consists of :

Ophthalmology consultants

Optometrists

Registered nurses

Health care technicians

Operating department staff

Administration staff.

The current registered manager has been in post since 2017.

This is the second time we have inspected and rated this service. We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 30 November 2021. To get to the heart of the patients' experience we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs and well led.

The main service provided by this hospital was surgery.

Summary of this inspection

How we carried out this inspection

The team that inspected the service comprised of one CQC inspector and a specialist advisor with expertise in eye surgery. The inspection team was supported by an inspection manager. The inspection was overseen by Sarah Dronsfield, Head of Hospital Inspection.

During the inspection we visited all areas of SpaMedica Wakefield. We spoke with 16 members of staff including the registered manager, nurses, doctors, optical technicians, optometrists and administrators. We observed the environment and care provided by patients and spoke with five patients. We reviewed five patients' records. We also looked at a range of performance data and documents including policies, meeting minutes, audits and action plans.

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 consistently performed better than the national average for capsular rupture rate (PCR) which is an operative complication. Measured patient outcomes were consistently better that the royal college of ophthalmology benchmark.
- Referral to treatment times were much better than the England average.
- The service had maintained positive patient outcomes and referral to treatment times despite the Covid-19 pandemic. They had treated 15,703 patients between December 2020 and November 2021.
- The service provided free transport to patients who lived within a set distance from the location.
- Patients stories were available as DVDs or on the website for patients to review prior to their procedure.
- If there was a patient attending with a latex allergy, the air flow system ran overnight to rid the theatre of any latex residue. The patient would be then first on the list for surgery.
- The service had an endophthalmitis box on site in case of an emergency.
- The service provided a 24-hour, seven day on call service and managed any post-operative complication in house, whenever possible, rather than sending patients to an NHS provider.
- Staff made special efforts to care for patients and provide additional help and resources when patients were in need.
- Feedback from people who used the service and those who were close to them was continually positive about the way staff treat people.
- Practices around consent and records are actively monitored and reviewed to improve how people are involved in making decisions about their care and treatment.
- The service ran accreditation evenings for local opticians to enable them to support patients post-operatively in the community.
- The continuing development of the staff's skills, competence and knowledge was recognised as being integral to ensuring high-quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice.

Our findings

Overview of ratings

Our ratings for this location are:

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

Outstanding

Surgery

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

Are Surgery safe?

Good

We rated safe 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. At the time of our inspection 86% of staff had completed and were up to date with their mandatory training. Staff sickness and new starters impacted on these results, however, the results were still over the 85% target set.

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

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia.

Managers monitored mandatory training and alerted staff when they needed to update their training. The service had an electronic system that notified staff of training that was required and linked with staff electronic calendars so they could see when face to face training was to be completed.

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.

All staff were trained to safeguarding level two for adults and children.

The registered manager was the safeguarding lead for the hospital and was trained to level three for safeguarding adults and children. There was a safeguarding lead within the organisation who was safeguarding level four trained who staff could access for support and advice if required.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff told us about specific patient concerns that they had identified and escalated appropriately. The computer system had an easy to access safeguarding icon linking to details to swiftly report concerns.

The service demonstrated safe recruitment procedures and employment checks. Staff had disclosure and barring service (DBS) checks before starting work. These checks support employers to prevent unsuitable people from working with vulnerable patients.

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

Cleanliness, infection control and hygiene

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

Staff had access to an up to date infection control policy to help control infection risk. Additional protocols were in place in response to the COVID-19 pandemic. There were visible adaptations for the arrival of staff, patients and visitors at the hospital to limit the risk of cross infection, for example temperature checks upon arrival.

All areas were visibly clean and had suitable furnishings which were clean and well-maintained. Cleaning records were up to date and demonstrated that all areas were cleaned regularly in line with hospital policy. Managers did a daily walk and round and a documented spot check inspection for cleanliness.

The service performed well for cleanliness. Infection prevention and control audit data showed that the service was between 96% and 100% compliance in the three months prior to inspection.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff washed their hands and used hand gel between patients. Hand hygiene audit showed 100% compliance over the 12 months prior to our inspection.

We observed staff cleaning equipment after patient contact.

All reusable equipment was decontaminated off site. There was a service level agreement in place with an accredited decontamination service. Clean and dirty equipment was managed well and there was no cross contamination of equipment.

Staff worked effectively to prevent, identify and treat post-surgery infections. Data showed that there had been no cases of endophthalmitis (inflammation of the internal eye tissue) or infection in 12 months prior to our inspection. Patients at higher risk of infection were identified during pre-assessment and alternative after care treatment was put in place to reduce the risk of infection.

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 daily safety checks of specialist equipment and these were completed as per hospital policy.

There was a regular maintenance programme in place for specialist equipment. An external maintenance provider attended the clinic to service and safety check equipment. All the equipment checked had been serviced and safety checked within the required timeframe.

The service had enough suitable equipment to help them to safely care for patients. The theatre had an airflow system in place that was checked and maintained in line with hospital policy to maintain air quality in theatre.

There was resuscitation equipment available for use in a patient emergency. Staff completed daily checks of stock and tamper prevention seals were fitted to each trolley. The service had an endophthalmitis box on site in case of an ophthalmology emergency.

Staff disposed of clinical waste safely. Waste was separated with colour coded bags for general and clinical waste. Sharps bins were assembled correctly and not overfilled. These were disposed of in line with national guidance. The appropriate controls were in place for substances hazardous to health (COSHH). Cleaning equipment was stored securely in locked cupboards

Assessing and responding to patient risk

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

Staff completed risk assessments for each patient on arrival or admission, using a recognised tool, and reviewed this regularly, including after any incident. All patients referred to the service attended a pre assessment appointment. Risk assessments were carried out for patients which included falls, mobility, dementia and anxiety. Patients were also assessed to check that they could tolerate lying flat during the procedure.

Staff knew about and dealt with any specific risk issues that were identified. A full medical history was taken at pre assessment including allergies. From our observations and review of records, this was all completed, and appropriate actions taken. If there was a patient attending with a latex allergy, the air flow system ran overnight to rid the theatre of any latex residue. The patient would be then first on the list for surgery.

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

The service used an adapted “five steps to safer surgery” World Health Organisation (WHO) surgical safety checklist. Theatre staff completed safety checks before, during and after surgery. WHO check list compliance was audited and for the three months prior to inspection, there was a 100% compliance rate.

Staff shared key information to keep patients safe when handing over their care to others. All information was collated on the electronic patient record and discharge letters were produced as the patients were discharged from care back to their referring community optometrist or GP as appropriate.

In the event of a patient requiring an emergency transfer whilst undergoing care, this would be via a 999-emergency paramedic call and transfer. All registered health care professionals were resuscitation intermediate life support (ILS) trained with all other staff being basic life support (BLS) trained. There was a resuscitation policy in place and the necessary resuscitation equipment, with regular mock scenarios practiced.

Outstanding ☆

Surgery

Nurse staffing

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

Managers accurately calculated and reviewed the number and grade of nurses and ancillary staff needed for each shift in accordance with national guidance. There was a standard staffing model in place which was regularly reviewed. The service held weekly activity meetings to assess and plan in line with activity.

The manager could adjust staffing levels daily according to the needs of patients. Hospital managers liaised across the region to support and plan staffing. At the time of inspection, there was only one nurse vacancy.

The number of actual nurses matched the planned numbers. The organisation had agreed minimum staffing for the hospital and could only proceed when the standard of skill-mix was confirmed. Staff confirmed this. They told us that if a full team was not available then a list would be cancelled or adjusted, although this very rarely happened.

Managers limited their use of bank and agency staff and requested staff familiar with the service and offered long term bookings to ensure stability in the work force. All bank and agency staff had a full induction and understood the service.

Medical staffing

The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

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

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. The service used a mixture of electronic and paper based notes. Patient details were collected and stored on the organisation's electronic records system. This included information following pre-assessment, theatre, discharge and post-operative care. Paper records were maintained for consent, demographics, copy of biometry, outcome forms and referrals. All scans could be viewed electronically. Biometry scans could be viewed electronically as well as printing of hard copies if required at the hospital.

The service conducted monthly clinical documentations audits. The results showed compliance between 84% to 94% for the three months prior to our inspection. There was an action plan in place to improve compliance. We reviewed records for nine patients and found they had been completed correctly.

Records were stored securely.

Medicines

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

Outstanding ☆

Surgery

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.

There was a medicines management policy in place with supporting procedures accessible by all staff

The service used topical and local anaesthesia to the eye only. Drops were prescribed using patient specific directions (PSD). These were administered by health care technicians who recorded on the paper PSD. The service also had PGDs in place. A patient group direction (PGD) is a written instruction that includes the administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. The medicines, in cupboards and fridges, were all within their expiry dates. The temperature of the clinical fridges and storage rooms was monitored and recorded accurately, including the maximum and minimum ranges. The service had a digital temperature monitoring application that alerted when the temperature was out of range and would also provide accurate data about how long the temperature had been out of range. The manager told us that this meant they could escalate accurate information to the pharmacy team in order to provide advice regarding any action to be taken.

The service stored diazepam to be available for patients who were identified as anxious prior to surgery. It was stored correctly, and records were completed for checking and administration. The prescribing of diazepam was included on the prescription chart with other medicines given following PSDs. This was the only medicine stored as a controlled drug.

Staff reviewed patients' medicines and provided specific advice to patients and carers about their medicines. During discharge patients were given clear verbal instructions about the administration of their eye drops. They were also provided with written instructions and a table that they could use to record when they had administered the drops to help them follow the correct post-operative regime.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

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.

Incidents and near misses were recorded on an electronic reporting system. In the reporting period of November 2020 to October 2021, there were no never events and 14 serious incidents. Never events are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systematic barriers are available as at a national level and should have been implemented by all healthcare providers.

Staff raised concerns and reported incidents and near misses in line with provider policy. Staff told us that they were encouraged to report incidents and felt confident to do so. They knew what incidents to report and how to report them.

Managers shared learning with their staff about incidents that happened elsewhere. There was a weekly update provided by the group chief executive which shared learning from incidents. Immediate learning was shared at the daily staff huddle attended by all staff at the beginning of each day.

Outstanding ☆

Surgery

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if things went wrong. There was a duty of candour policy. (The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person).

There was evidence that changes had been made as a result of feedback. For example, a patient fell on the stairs and sustained an injury. This patient had insisted they did not wish to use the lift. As a result, patients were always directed to the lift or supervised if they wished to walk. Signage in the hospital was also improved to direct patients to the lift.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. The service used a root cause analysis approach for investigations of incidents and the manager had received training to complete these. Themes and trends were reviewed with any learning shared through clinical governance, medical advisory (MAC) and health & safety committees.

Are Surgery effective?

Outstanding ☆

We rated effective as outstanding.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service followed the Royal College of Ophthalmologists (RCOphth) standards. There were policies and standard operating procedures in place to support practice on the organisation's intranet that was accessible to all staff.

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

The service carried out quarterly clinical audits that covered key topics. Any audits that were less than 95% compliant, had actions identified, and the audit was repeated one month later. There was good compliance for the completion of these audits and actions plans were in place to address issues of poor compliance.

Nutrition and hydration

Staff gave patients enough to drink to meet their needs.

Water dispensers were available in waiting areas that patients could use.

Hot drinks were available from a machine. Staff offered patients a drink whilst they were waiting for their appointment. Most patients only attended the hospital for a short period, therefore food was not routinely provided.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way when needed.

Outstanding ☆

Surgery

Staff assessed patients' pain and comfort throughout their procedure. Data collated from a patient questionnaire was used to assess and scrutinise how well pain was managed. 99% of patients reported mild or no pain in 2021.

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

Patient outcomes

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

The service participated in relevant national clinical audits. Data was submitted to the national ophthalmic data base audit. Outcomes for patients were positive, consistent and exceeded expectations, such as national standards. The posterior capsular rupture rate (PCR) which is an operative complication was 0.42% for 2021. This was significantly better than the UK national average which was 1.5%. Other outcomes monitored were the visual acuity outcome which was 96.14% compared to the royal college of ophthalmology benchmark of 95%.

Managers and staff used the results to improve patients' outcomes. Outcomes were benchmarked across the organisation, as well as externally, that identified good practice and areas for support and focus.

Managers and staff conducted a comprehensive programme of repeated audits to check improvement over time and used information from the audits to improve care and treatment. Managers shared and made sure staff understood information from the audits.

The service collated and reviewed comparative complication and infection rates for individual surgeons. Any issues were addressed immediately.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The service maintained a skills matrix that indicated staff who had been trained and deemed competent for certain roles and responsibilities. Newly appointed surgeons had a period of supervised practice under a lead surgeon.

There was a dedicated central educational team who were responsible for monitoring compliance with training and providing competency-based education sessions. There was a leadership programme for managers and staff completed competency training specific to their roles.

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

Managers supported staff to develop through yearly, constructive appraisals of their work. 100% of staff had an appraisal in the previous 12 months. The appraisal was followed up with a six month review.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. To develop staff skills and aid job satisfaction, some health care technicians were being trained to scrub in during theatres via an 18 month training programme. Many staff were multi-skilled. We met a staff member who had commenced their career in Wakefield as a theatre runner but had since trained as a theatre coordinator able to lead team briefings. They were also trained in diagnostics and pre and post-operative care.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. They made sure staff received any specialist training for their role.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Team members were only considered 'in the numbers' once they were deemed competent to ensure clinical quality and patient care was of the highest standard.

The service monitored quarterly comparative complications, infection rates and patient bedside manner for surgeons using a red, amber, green (RAG) rating tool.

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Multi-disciplinary daily morning huddles and debriefs were held in the hospital led by the clinical lead on the day to plan and review the day's activities collectively. There was a theatre huddle at the start of each theatre list involving the entire team. The huddles were audited to check consistency and compliance.

Staff worked across health care disciplines and with other agencies when required to care for patients. Spamedica Wakefield networked with other Spamedica services across the county. The hospital managers had their own national meetings to benchmark, share ideas and good practice. There was effective working between all staff at the location with good teamwork. The service worked well with external stakeholders including commissioners and GPs as well as private optometry services.

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

Seven-day services

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

The service was open Monday to Saturday and dependent on the demands for the service, additional surgical lists could be planned for the weekends.

There was an emergency helpline available 24 hours a day, seven days a week. Patients were informed verbally about the helpline and in writing in their discharge information. An on-call team were available to provide advice for patients when required.

The national call centre was staffed from 8am to 6pm Monday to Saturday.

Outstanding ☆

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. They used agreed personalised measures that limit patients' liberty.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. The organisation had a consent policy that was within the date of review and included guidance for staff to follow. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The service had a two-stage consent process by obtaining written consent at pre-assessment which was re-confirmed on the day of the procedure by the surgeon.

Staff made sure patients consented to treatment based on all the information available. Prior to the procedure, patients received written information in the post. Staff obtained verbal and written consent from patients before providing care.

Staff clearly recorded consent in the patients' records. The service audited this as part of its clinical documentation audit. There was a compliance rate of 100% for collecting consent information for the three months prior to our inspection.

Are Surgery caring?

Outstanding ☆

We rated caring as outstanding.

Compassionate care

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

Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff made special efforts to help patients. Patients we spoke to said staff treated them well and with kindness. Staff interacted with patients and saw that they were kind and caring. All staff introduced themselves at each stage of a procedure and were observed asking the patients questions about how they were tolerating treatments throughout.

Staff followed policy to keep patient care and treatment confidential. Discussions with patients took place in consulting rooms to ensure privacy and confidentiality.

Staff understood and respected the individual needs of each patient. They showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs and patients living with dementia.

During heavy snow, two patients managed to attend for surgery. However, as roads became impassable, these patients became stranded in Wakefield. A manager contacted a hotel across the road from the hospital to arrange and provide overnight accommodation and food until the weather improved.

Outstanding ☆

Surgery

A patient had attended for a surgical appointment accompanied by their partner. It transpired that the patient was too unwell to undergo the procedure on that day. The couple were subsequently observed having difficulty driving out of the hospital car park. Staff stepped in to help and arranged for a driver to take them home. Their car was collected by relatives at a later time.

Emotional support

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

Staff provided reassurance and comfort to patients both in private consultations and during the surgical procedure. Staff were calm and supportive providing extra time to these patients. There was an option to have someone hold your hand in theatre if a patient was particularly nervous.

Patients were provided with the organisation's "patient stories" DVD where previous patients described their experience to help relieve anxiety. Videos were also available on the organisation's website.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Due to the COVID-19 pandemic for many patients their appointment at the hospital was the first time they had left their homes.

A patient employed as a driver was exceptionally anxious about surgery. They decided not to have surgery on the day due to their fears. However, a manager took time to discuss and converse with them to allay their worries. Although they had missed their initial appointment, staff were able to slot them into an afternoon session. Without the surgery, the patient would not have been able to continue to work at their regular job.

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. Staff respected patient choices and delivered their care with an individualised person centred approach.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Patients told us that they received information in a manner that they understood before and after the procedure. If an appointment or procedure was taking longer than planned, administrative staff telephoned waiting relatives to keep them updated to appease any potential concerns.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Feedback from people who used the service and those who were close to them was continually positive about the way staff treated people. The service conducted regular patient surveys and over 99% of patients would recommend the service.100% of patients felt reassured by the service and treatment provided.

Patients told us that they were happy with the service and the caring and supportive approach of the staff. There were many examples of positive feedback including 'Thank you so much for taking care of me from arriving to seeing the nurse and then the operation, everyone has been truly wonderful and so kind and the surgeon has been fantastic with me, thank you so much to everyone' and 'Fabulous, please pass on my thanks to the surgeon who was lovely and very kind and caring and in fact everyone has been so kind' .

Outstanding ☆

Surgery

Are Surgery responsive?

Good

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. The service worked closely with the local clinical commissioning groups (CCG's) and planned and developed services to meet the needs of the local population. The service offered surgical eye services to NHS patients working within CCG contracts. Patients were referred by their GP or optometrist.

The service treated adult patients only, over the age of 18 years and only elective patients according to the parameters set by their local commissioners.

The service was routinely open six days per week, although extra lists were added when there was an increased demand. Managers were keen not to keep patients waiting for appointments so actively contacted patients when slots became unexpectedly available.

The service had optometrists who were accredited to provide post-operative care. Patients could choose to have their post-operative follow up with one of these services if it was more convenient

The service had systems to help care for patients in need of additional support or specialist intervention. All cases were elective, and patients were pre assessed before surgery. Patients with specific needs such as learning disabilities, mental capacity or physical disabilities were identified at pre assessment. Patients whose more complex needs could not be met by the service were referred on to a provider that could safely meet their specific requirements.

The provider website included patient stories that could be viewed at home. Alternatively, free DVDs were available for patients to take home and watch prior to their planned 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.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. There were six 'dementia champions' available at the hospital. These staff had undergone extra training to promote the needs of people living with dementia.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Information leaflets were available in large print and there was a hearing loop installed for hearing impaired patients.

The service had information leaflets available in languages spoken by the patients and local community. Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed.

To be suitable for surgery patients needed to be able to lie flat and still for 15 minutes. Many patients were anxious about this so the trolley test was devised. At the assessment stage, patients were given the opportunity to lie on a bed and were timed to check their suitability. This quick and simple test, alleviated patient anxiety and helped to prevent cancellations.

Free patient transport was offered within a 10 to 30 mile range of the hospital with patients' safety to travel risk assessed individually. Drivers collected patients from their home with a reminder the day before of the expected time.

Patients were offered an appointment within a couple of weeks from the date of their optical assessment. However, if people needed to defer due to holidays, work commitments or religious festivals then this was readily accommodated.

We were told of an elderly patient who had an appointment for treatment at a different hospital many miles away but arrived in Wakefield for early morning surgery in error. Instead of turning this patient away, staff arranged for the procedure to be performed in Wakefield on that day.

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.

Referrals were received by phone and patients were contacted within 48 hours to book an appointment for a pre-assessment clinic.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and target. 93% of patients referred directly to the service were seen within the 18 week referral to treatment time. Patients that waited over 18 weeks were patients that had previously been on waiting lists with another provider or patients affected by the Covid-19 pandemic.

Managers and staff worked to make sure that patients did not stay longer than they needed to. There were processes in place to ensure that patients were seen and treated in a timely manner.

Managers worked to keep the number of cancelled appointments to a minimum. Following confirmation of their appointment, patients were sent out written details of their appointment and what to expect, this was then followed up by a telephone call reminder 48 hours prior to their attendance.

The service had a standard operating policy for the management of patients who did not attend their appointments this included contacting the patient and their next of kin and sending a letter out with a further appointment

Staff planned patients' discharge carefully, particularly for those with complex mental health and social care needs. In the discharge room a registered nurse provided the patient with discharge information and guidance both verbally and in writing.

Outstanding ☆

Surgery

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. There was a complaints policy and information was displayed about how to raise a concern in patient areas. A patient complaints leaflets was available in reception areas that advised the patient of the ways in which they could provide feedback or submit a complaint.

Staff understood the policy on complaints and knew how to handle them. In the 12 months prior to our inspection the service received 15 complaints. There were no themes identified to the complaints, however, each complaint had an action plan including a timeline and if there were lessons to be learnt this was also documented.

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

Managers shared feedback from complaints with staff and learning was used to improve the service.

Are Surgery well-led?

Good

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

Staff told us that there was good local, regional and national leadership within the organisation. Leaders were well respected, approachable and supportive. Leaders were passionate about the service and worked well with staff to deliver the best possible outcome for their patients.

Leaders held regular staff meeting and staff told us that they felt that their views were heard and valued.

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

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.

Outstanding ☆

Surgery

The organisation's vision and strategic objectives were 'every patient, every time. no excuses, no exceptions'. They focused on various objectives to achieve and improve. Visions and values displayed on the staff notice board were safety, integrity, kindness and transparency.

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

The organisation's strategic overview focused on growth, quality, leadership, governance and developing the infrastructure.

Staff were committed to upholding the vision and values and managers spoke openly about the corporate strategic aims.

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 said that they were very proud of the service they delivered and described their colleagues as supportive. All staff told us they had good working relationships with their colleagues.

Staff were patient focused, and the culture was focused on the needs and experiences of people who used the services. Several members of staff told us they were proud of the care they gave to patients and told us they felt the service was patient centred. We observed positive working relationships and engagement with patients.

The organisation had an incentive reward scheme, a recognition scheme and during certain months, provided snacks to staff as a thank you. There was a 'going home' checklist that suggested staff did actions such as 'took a moment to think about the day', thought about things that had gone well and then advised that staff switched their attention to home and recharging after work.

A staff survey was undertaken every February. As a result of this, the organisation had a timeline of activities responding to employee feedback to celebrate what they did well and how they could improve. There were staff forums to also capture feedback and measure how they performed.

Governance

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

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

There was a medical advisory committee (MAC) which met quarterly with responsibility for surgeon performance and surgery specific matters. The service monitored individual consultant files, checking registration with the General Medical Council (GMC), professional indemnity and appraisals. The MAC reviewed the monitoring processes with a responsible officer on the MAC.

A clinical governance meeting was held bimonthly. We reviewed three sets of meeting minutes and saw that they were well attended by the representatives from the senior leadership team, hospital managers and clinical leads. Agenda items included clinical governance, quality, risk, compliance and audit. All levels of governance and management worked effectively together.

Significant incidents and themes were reported and discussed at the organisation's national clinical governance and clinical effectiveness bimonthly meetings, medical advisory and health and safety committees.

There was a robust programme for internal audit to monitor compliance with policies and processes. Audits were completed monthly, quarterly and annually as per the providers audit schedule. Results were monitored by the local, regional and national management team. Results were shared at relevant meetings including the hospital team meetings and clinical governance meetings.

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

Management of risk, issues and performance

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

There was a clear and effective process for identifying, recording and managing risk. There was a local risk register that was reviewed and updated by the hospital and area managers. Risks had been identified with control measures in to help reduce any risk and review dates.

Senior managers were committed to providing quality care for patients. Surgical performance was monitored quarterly using a dashboard that included outcomes of surgery and bedside manner on a red, amber, green (RAG) rated system. Consultants who operated at the location were rated green.

The service had a business continuity plan that reflected actions to take in response to untoward events effecting service delivery such as IT issues or severe weather.

The company collated patient outcomes and submitted data to national audit to benchmark their performance against other service providers. The data provided showed that they met or exceeded the performance targets for all indicators. In addition, the senior team planned services and used resources effectively to ensure they met referral to treatment times which were much better than the national average.

Information Management

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

Patient details were maintained initially using a combination of paper and electronic systems. Following discharge, paper records were scanned onto the electronic systems. These were backed up in case of accidental failure and loss of data.

The service submitted 100% of their data to benchmark and monitor their clinical outcomes nationally.

Outstanding ☆

Surgery

SpaMedica had invested significantly in their IT infrastructure to improve the accessibility of patient records and the performance of both the central contact centre and the administration team. This had also included a staff intranet and development of their website to improve the resources and information available to staff and patients.

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.

Staff feedback was encouraged through staff surveys and forums where concerns could be escalated to senior leaders.

The organisation encouraged and gave patients the opportunity to feedback about their care and experience.

Education evenings and events for community optometrists were held to improve continued care and cross provider engagement to support ongoing patient care in the community.

Staff received updates via the organisation's intranet, weekly emails, monthly newsletters and quarterly team meetings.

The provider conducted a patient feedback programme, which included feedback for patient booklets. SpaMedica booklets were adapted as a result of this engagement with patients to improve how information was shared.

Learning, continuous improvement and innovation

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

The medical director had carried out research into social deprivation and the impact it is has on cataracts. This was presented at ophthalmic conferences and was published in a national journal for the medical profession.

The service had been short listed for a national antibiotic guardianship award for supporting the appropriate use of antibiotics for cataract surgery.

The provider had four digital dry labs throughout England and pop up dry labs that enabled ophthalmology trainees to learn and practice cataract surgery. The dry labs were also used by surgeons to perfect techniques and practice using the providers standard instruments.

The service had implemented a point of care finger prick testing of international normalised ratio (INR) at all SpaMedica sites. Patients did not need to go to the warfarin clinic or require a district nurse to check their INR seven days prior to surgery (as per RCOPhth). This reduced the burden on the NHS and streamlined the pathway for the patients.