

SpaMedica Ltd

# SpaMedica Bromley

## 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?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Good 

# Summary of findings

## Overall summary

We carried out an unannounced inspection of SpaMedica Bromley using our comprehensive methodology on 9th August 2022. This was the first time we inspected the service. We rated it as outstanding for responsive and caring and good for safe, effective and well led:

- 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 treatment records. The service managed safety incidents well and learned lessons from them. Senior managers collected safety information from multiple locations and used it to improve the service.
- Managers and executives monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and had access to good information. Services at the location were available five days a week with patient enquiries and emergency backup provided regionally 24 hours a day. The service engaged well with patients and received good feedback.
- Staff provided very 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 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.
- The service took account of patients' individual needs and made it easy for people to give feedback. People could access the service when they needed it.
- 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 very clear about their roles and accountabilities.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	Outstanding 	We have not previously rated this service. We rated it as outstanding for responsive and caring and good for safe, effective and well led.



# Summary of findings

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# Summary of this inspection

## Background to SpaMedica Bromley

SpaMedica Bromley is an independent hospital operated by SpaMedica Ltd and is one of over 40 locations in England. The hospital provides ophthalmology services (clinical eye care) for NHS patients living in South East London.

The hospital primarily offers day-case cataract surgery, using local anaesthetic, under contract with the NHS. Surgical services also include yttrium aluminium garnet (YAG) laser capsulotomy for posterior capsule opacification (PCO), which is a common complication following cataract surgery.

This will be their first CQC inspection since registration in November 2020. SpaMedica Bromley has a registered manager in post and is registered with the CQC to provide the following regulated activities:

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

The service does not treat children.

The main service we inspected was surgery, which incorporated diagnostic and screening checks of the eyes before and after treatment. We have not reported this aspect separately.

## How we carried out this inspection

This was an unannounced inspection. 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

- The hospital exceeded expectations and outcomes for patients against relevant national standards. For example, the service had not reported any cases of endophthalmitis (a complication of cataract surgery), in the last year.
- Feedback from patients was consistently positive about the way staff treated people.
- The hospital provided free transport for patients who met the criteria and paid for taxis or public transport when this could not be used.






# Our findings

## Overview of ratings

Our ratings for this location are:

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

# Surgery

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

## Are Surgery safe?

Good 

We have not previously inspected the service. We rated it as good because:

### 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, which was comprehensive and met the needs of patients and staff. We saw training management records which indicated staff completed training modules tailored to their roles. The service had a training matrix which identified the required training for each staff group.

Medical staff who worked under practicing privileges were overseen by the medical director who ensured they had received and kept up to date with relevant training.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. Staff said they completed training on recognising and responding to patients with dementia and managers explained that one staff member been trained as a mental health first aider, with another in training. Some staff reported were not aware of these individuals and managers explained that they had addressed this.

Managers monitored mandatory training and alerted staff when they needed to update their training. Overall compliance with mandatory training was 96%, which met the service target of 95% and was reported monthly to senior managers at regional business and quality meetings. All staff we spoke with were up to date with their mandatory training and said they had been given time at work to complete the topics.

### 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 could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. We saw that staff received training specific for their role on how to recognise and report abuse.



## Surgery

This was included in induction and annual mandatory training and staff we spoke with could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. According to records we saw, 97% of staff had received their annual safeguarding training updates.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. There were safeguarding alert posters displayed on clinical noticeboards which clearly described how to make a safeguarding referral and who to inform if they had any concerns.

The registered manager acted as the safeguarding lead for the location and if need be, could obtain advice and supported from national safeguarding leads provided by the corporation.

The safeguarding policy was a corporate policy that was comprehensive and reviewed in January 2022.

Patients we spoke with said they felt safe and were treated respectfully by all staff.

SpaMedica had recruitment pathways and procedures to help ensure that the relevant recruitment checks had been completed for all staff. These included disclosure and barring service (DBS) checks prior to appointment along with occupational health clearance, references and qualification and professional registration checks. We saw documents that indicated these processes had been followed.

### 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.**

Clinical and waiting areas were visibly clean and had suitable furnishings which were clean and well-maintained. All staff had received mandatory training in infection prevention and control (IPC) and we saw that all areas were cleaned to a high standard and had suitable furnishings which were clean and well-maintained. Flooring and chairs were made from easy clean materials.

Staff used records to identify how well the service prevented infections. Cleaning records were up-to-date and indicated that areas were cleaned regularly. Cleaning staff were employed by a contractor and permanently allocate to the hospital. We observed staff the cleaning high touch surfaces and other area such as change rooms during the day. The registered manager stated that specialist contractors were engaged to perform regular deep cleansing including aspects such as 'high areas' and air conditioning filters.

Staff followed infection control principles including the use of personal protective equipment (PPE).

We saw ample supplies of PPE items such as disposable aprons and gloves in dispensers on walls and we saw these items being used. There were hand washing guidance posters prominently displayed in each room. Antimicrobial hand-rub dispensers were mounted on the walls at strategic points in each room as well as at the reception desk. Spill kits had been provided to assist staff safely clean any fluids from floors or work tops.

We observed staff cleaning equipment after patient contact, and we saw that cleaning equipment and consumables were colour-coded and purpose-built trolley used to help prevent cross-contamination.





# Surgery

An external contractor was employed to decontaminate reusable equipment. Staff explained that an immediate clean was undertaken after each procedure by designated staff. Items were labelled for traceability prior to collection by the contractor.

Clinical waste was correctly separated in colour-coded bins.

## Environment and equipment

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

The design of the environment followed national guidance. The service occupied two floors of an office complex and shared facilities such as car parking and lift access with the other tenants.

Clinical facilities in the hospital included an operating theatre along with diagnostic and consulting rooms sited on the ground and first floors. These were connected by a wheelchair accessible lift and stairs were also available.

Theatre suite lighting, ventilation, equipment and surgical consumables met national standards. Staff carried out daily safety checks of specialist equipment.

Storage areas appeared visibly clean and well-organised. Non-public areas such as store cupboards were secured by keypad locks to control access.

Fire safety equipment and safety evacuation signs were located at key points and we saw fire evacuation aids situated on the upper floor. An independent fire safety risk assessment had been completed within the last 12 months.

External contractors were used to check the environment and equipment, such as fire extinguisher servicing, fire system testing, gas safety and portable appliance testing. We checked a selection of electrical devices and saw they were labelled with the dates of the most recent test which provided a visual check that they had been examined to ensure they were safe to use.

Staff carried out daily safety checks of specialist equipment. SpaMedica managers had equipment service and calibration records that matched identification labels placed the items. Managers explained that equipment records, and inventories were maintained with the support of corporate services who also managed the servicing contracts on behalf of the hospital.

The service disposed of clinical waste safely. Waste was correctly separated, and clinical waste disposed of appropriately.

## Assessing and responding to patient risk

**The practitioner completed and updated risk assessments for each patient and removed or minimised risks. They knew what to do when there was an emergency.**

Clinicians, staff and managers described how the service assessed clients, confirmed their suitability for surgery and selected suitable replacement lenses. We saw examples of completed risk assessments in the patient records we reviewed.

Patients were informed of risks and benefits of the procedures performed and these were document in the patients' notes. Staff shared key information to keep patients safe when handing over their care to others.



# Surgery

All patients had a preoperative clinical assessment including a medical questionnaire and check that they could lie flat and keep still for 10 minutes, which was required for the procedure. Patients underwent a range of eye tests carried out by healthcare technicians. An optometrist risk assessment was completed with the patient that as part of their treatment plan. Surgery and treatment were carried out under non-invasive local anaesthetic (eye drops).

The hospital followed an adapted World Health Organisation (WHO) five steps to safer surgery checklists, which was observed in use in theatre and completed in records reviewed. Audits reviewed from the service showed 100% compliance for surgical safety.

Shift changes and handovers included all necessary key information to keep patients safe. Safety huddles were conducted each morning and risks were identified such as allergies or patients with similar names. The lead nurse and registered manager gave updates and shared learning from other areas of the organisation, which were recorded on the daily huddle sheets.

General practitioners and referring opticians were kept informed about patients' treatment and on discharge. Opticians participating in post-operative follow up were provided with discharge treatment details.

We observed nursing and optometry staff giving post-operative and medication instructions to patients using patient advice leaflets. Patients departed with a relative or carer and wore a protective eye shield.

The service had a deteriorating patient policy in accord with national guidance. Staff we spoke with knew what to do in an emergency and we saw that staff had completed mandatory training in basic life support or emergency first aid.

A fully-equipped resuscitation trolley was located in a central area of the hospital. We saw that emergency equipment items were checked weekly and recorded on log sheets, which were collected by the management team and audited.

All surgical procedures were elective, and both the host hospital and service staff had on-call managers and clinicians who could be reached by phone. SpaMedica operated a 24 hour call centre which patients were invited to phone if they had any concerns at any stage.

We tested the after-hours patient enquiries line and found we could access emergency clinical advice.

There were arrangements for patients to see an on-call specialist at another SpaMedica hospital in the region. Managers and clinicians stated that there were no unplanned returns to theatre or transfers to hospital in the last year.

## Staffing

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

The manager could adjust staffing levels daily according to the needs of patients. On the day of surgery, patients were managed by the team consultants, optometrists and nursing staff, along with technicians and reception colleagues.

There were sufficient staff on the day of our inspection, however we saw the results of the last staff survey that indicated this had been an area of concern. Managers explained the survey results had just arrived and they were actively responding to the issues raised.



# Surgery

The manager used an electronic staffing tool provided by the corporation to plan weekly staffing levels, which were adjusted to match activity forecasts. The forecasts were published by the corporation six weeks in advance.

The registered manager was supported by a lead optometrist and reception supervisor. Any leave or absences were covered from within the team, or if need be by locum staff or others diverted from other SpaMedica locations in the area.

Managers made sure all bank and agency staff had a full induction and understood the service. Staff told us shifts were always covered. Data showed bank and agency staff were deployed to cover shifts when required.

The registered manager stated that staff turnover and sickness rates were within corporate targets.

## Records

**Detailed records of patients' care and treatment were kept safe. Records were clear, up to date, stored securely and easily accessible.**

Patient notes were comprehensive and could be accessed easily. We checked a sample of six recent records and found all to be accurate and complete. Patient notes were a combination of paper and electronic records.

SpaMedica managed the distribution of discharge letters back to each patient's GP.

Records were stored and archived securely. Records were stored and archived securely using electronic files. Paper records were stored securely in a locked cupboard and the electronic records were password protected. We observed staff maintaining the confidentiality of appointment and enquiry records. Computer screens were not kept 'unlocked' or left unattended.

Staff had completed record keeping and information governance awareness as part of induction and mandatory training.

## 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. We observed optometry staff following processes to administer medicines safely. Staff completed medicines records accurately and kept them up-to-date.

Staff prescribed drops using patient specific directions (PSD). These were administered by specially trained health care technicians and recorded correctly.

A pharmacy was contracted to manage, audit and provide pre-labelled and prescribed drops to patients on discharge. Surgeons prescribed specific eye medications where required. Local microbiology protocols for the prescribing and administering of antibiotics were followed.

The service had arrangements for microbiological detection of potential endophthalmitis within 24 hours to ensure the appropriate administration of antibiotic if required.

Staff completed medicines records and allergies were recorded. 100% of staff had completed medicines management training.



## Surgery

Staff stored and managed all medicines and prescribing documents safely. We saw that medicines were stored securely in temperature-controlled refrigerators that were monitored electronically. Designated staff had access to the locked medicine room and all stock including controlled drugs were logged, signed and dated when used. Controlled drugs were checked weekly and the record log was fully completed. There were arrangements were to remove expired stock and destroyed unused controlled drugs if required. The service had a medicines discharge policy. Medicines checked were in date.

Medicine fridge temperatures were clearly displayed and recorded. An electronic alert system automatically notified the registered manager if any refrigerators went out of range.

Post operatively we observed patients were seen by staff to ensure they understood how to administer their drops and the importance of hand hygiene.

We saw quality bulletins on staff notice board and staff confirmed that they were briefed on safety alerts and incidents to improve practice.

### Incidents

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

There were three clinical complications reported since January 2021 but, none were classified as serious incidents or adverse events. The service had not reported any never events at this location.

Staff knew what incidents to report and how to report them. Managers stated that all incidents were investigated. Patient safety and operational incidents were discussed at the governance meeting to help identify root cause and risk mitigation. Any data incidents were reviewed at the information governance committee.

Within SpaMedica, learning from incidents or near-misses was facilitated through operational management group meetings as well as via the company intranet, corporate bulletins and a monthly governance newsletter.

Senior managers met monthly to discuss complaints and complementary feedback to help make improvements to patient care.

Managers understood their obligations under Duty of Candour (DoC). This statutory duty, under the Health and Social Care Act (Regulated Activities Regulations 2014) requires providers of health and social care services to notify patients (or other relevant persons) of certain safety incidents and provide them with reasonable support.

### Are Surgery effective?

Good



We have not previously inspected the service. We rated it as good because:



# Surgery

## 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 had a range of policies, protocols and standard operating procedures to support the delivery of services.

There were standardised pathways based on guidance issued by the Royal College of Ophthalmology. Other sources of guidance included the NHS and National Institute for Health and Care Excellence (NICE).

The service undertook regular audits to measure the outcomes of surgery and used benchmarking data to compare practice.

## Nutrition and hydration

**Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods. The service adjusted for patients' religious, cultural and other needs.**

Drinks facilities were available in the waiting areas on both floors. Staff gave patients enough food and drink to meet their needs.

As the eye surgery was undertaken under local anaesthetic, patients were not required to abstain from drinking or eating before the procedure.

## Pain relief

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

Eye drops containing local anaesthetic were provided and used pre-operative assessments and during the surgical procedure.

Patients were also given eye-drops to use at home after discharge.

## 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.

The service participated in relevant audits and gathered data to benchmark against other similar locations. SpaMedica managers described how they compared performance internally across their locations and also benchmarked patient outcomes with national patient outcome rates using the such as the National Ophthalmology Database Audit (NODA) for cataract surgery. Managers stated that rates for endophthalmitis, a complication of cataract surgery were “significantly lower than the national Average”. There had been no cases reported in the last year.



# Surgery

Managers carried out a comprehensive programme of repeated audits to check improvement over time and used information from the audits to improve care and treatment. A regular programme of internal audits was undertaken as part of the quality assurance strategy.

These aspects were also reported to the NHS commissioners. Outcomes for patients were consistent and met expectations. For example, post-operative uveitis (eye inflammation) ranged between 6.5 – 12%, which was similar to other hospitals in the group.

## 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.

Managers gave all new staff a full induction tailored to their role before they started work. Staff we spoke with described how they received a full induction tailored to their role. A central education team monitored compliance with competency based training and managers had access to online training records.

Managers supported staff to develop through yearly appraisals of their work. Appraisal compliance at this location was 100% and staff confirmed they had annual appraisal meetings when they could discuss training needs and opportunities. Staff records showed appraisals and competency checks (relevant to job roles) had been completed.

Clinical educators supported the learning and development needs of staff. The registered manager said they ran courses continually and staff could access training videos for ophthalmology.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Healthcare technicians (HCT) had the opportunity to train to undertake yttrium aluminium garnet laser (YAG) admissions and instil eyedrops which were pre-ordered and labelled.

Managers identified poor staff and performance promptly and supported staff to improve. Despite practicing privileges surgeons were monitored and also supported to improve where this was required. Senior managers explained that surgeons were trialled at the service on a reduced list to ensure competencies and evaluate them. Surgeons were rated red amber green across a range of outcomes for patients including timeliness of appointments and patient experience which was overseen by the medical director.

## Multidisciplinary working

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

We saw evidence that all responsible for delivering care worked closely together to benefit patients. Staff held regular multidisciplinary meetings to discuss patients and improve their care.

Managers and staff described the ways they worked across health care disciplines and with other agencies when required to care for patients. Information was shared with GPs. Patients could be seen across other SpaMedica sites if this was their preference as they had a central recording system. The service shared information with the patients GP and referring optometrist to ensure continuity of care.



## Surgery

### Seven-day services

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

The hospital was open Monday – Saturday from 8.00 am to 6.00 pm, with additional telephone support provided by SpaMedica 24 hours a day, seven days a week.

SpaMedica offered separate contact numbers for administrative enquiries such as appointments and clinical concerns. Patients were provided with the national helpline and number information reinforced in a discharge booklet.

The hospital did not provide emergency care or treatment but had arrangements with another SpaMedica site for specialist care if needed.

### 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 day unit.

We saw poster and leaflet displays that demonstrated the service had relevant information promoting healthy lifestyles 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. 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. Patient records showed that staff gained consent from patients for their care and treatment in line with legislation and guidance.

Clinical staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and knew who to contact for advice.

Staff received consent training as part of induction and received mandatory training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

We reviewed completed consent forms and found these were completed fully.

## Are Surgery caring?



We have not previously inspected the service. We rated it as outstanding because:

### Compassionate care

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



## Surgery

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients praised all aspects of the care they had received.

Patients said staff treated them well and with kindness. We spoke with a sample of surgical patients on the day of our inspection. They described a positive experience and said staff treated them well and with kindness. Staff followed policy to keep patient care and treatment confidential.

We saw evidence of thank you cards on notice boards sent by patients for the care they had received. In addition, comments made to us were similar to the results shown in patient surveys we checked from January to August as well as feedback published on public websites such as NHS Choices.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. Staff were able to give examples of how they had supported people who were experiencing high levels of anxiety. Staff had information and training to support people living with dementia and some staff were dementia friends trained.

### Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients praised the way they felt staff took time to interact with them and answer questions.

Staff provided information about charities which supported people with eye conditions and disease.

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.

### 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. Interactions we observed indicated that staff talked with patients in a way they could understand, using communication aids where necessary.

We saw that telephone contact details were included on the discharge instructions for patients to ring should they have any clinical concerns. This was available out of hours for patients to call should this be necessary.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients gave positive feedback about the service.

## Are Surgery responsive?



We have not previously inspected the service. We rated it as outstanding because:





# Surgery

## Service delivery to meet the needs of local people

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

The service was commissioned by the NHS to provide cataract surgery to the local adult population. Managers planned and organised services to meet the needs of the local population and took account of their individual needs tailoring their care and treatment as identified at their preoperative assessment.

Facilities and premises were appropriate for the services being delivered.

The service scheduled operations three days a week and provided the option for patients to choose a day to suit their needs or, for example, when a relative was available to assist with travel arrangements and support.

A central booking system was in place to manage patient referrals and managers monitored and took action to minimise missed appointments and ensured patients who did not attend appointments were contacted. Patients were contacted prior to their appointment to minimise missed appointments. This included phone and text reminders prior to the appointment as well as follow-up contact, should a patient not attend.

## 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.**

SpaMedica and hospital staff explained how they provided patient-centred care that was aimed at the specific needs of each individual patient. For example, at the initial booking information was sought from the patient to determine any needs such as hearing loss.

The hospital location was designed to offer access to those with limited vision or mobility. We noted dementia-friendly décor in use and interpretation and translation services were available through a contracted service provider. This service included help for people who communicated using British Sign Language (BSL). As patients were only seen following referral and appointment the service was in a position to book these services in advance.

Rooms, corridors and toilets were spacious enough to accommodate people using wheelchairs. We saw that large-font signs were used throughout to assist people living with vision loss.

We saw leaflets to help staff signpost people to local support services and eye disease charities. Written information and advice about eye conditions and treatments were available for patients on the SpaMedica website.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. There were information boards with interpreter contact information and a key code for a large selection of languages.

Patients were offered an appointment within a couple of weeks from the date of their optical assessment. The service was able to offer appointment dates and times to suit the needs of the patient.

The service offered free patient transport. Patients' were risk assessed at the pre-assessment stage to see if they met the patient transport eligibility criteria. Patients were taken to and from their appointments.



# Surgery

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

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

## 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.**

SpaMedica managers monitored waiting times and made sure patients could access services when needed and received treatment within the timeframes set by the NHS commissioner. The service tracked patient progress at key points of the surgical pathway and reported their data monthly to senior management team and NHS commissioners.

The service used standardised procedures throughout the patient journey, starting at how the appointment lists were managed. For example, patients who were temporarily unfit were placed on a waiting list that was carefully monitored and reported at weekly business governance meetings. This was called a 'PAC diary'.

The service had a referral to treatment time of less than three to four weeks. The national target was 18 weeks. If there was a cancellation, patients could be brought in sooner than their booked appointment if they consented.

Managers worked to keep the number of cancelled appointments to a minimum. Following confirmation of their appointment, patients were sent out written details of their appointment and an information pack about what to expect from the service.

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

## 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.**

The service clearly displayed information about how to raise a concern in patient areas. Staff we spoke with understood the policy on complaints and knew how to handle them.

SpaMedica had a complaints policy which was in date and reviewed on an annual basis.

Staff were supported with their investigations and the complaint process from governance managers who were regionally based. When the service received a formal complaint an acknowledgment of the complaint was sent within three days and a response was sent to the patient within 20 days.

With 4332 procedures undertaken over the last year, there had been 9 formal complaints at SpaMedica Bromley. Of these complaints, one was upheld, six were partially upheld and two were not upheld. No complaints had been referred to the ombudsman. Four of the complaints related to clinical outcomes, three about communication and two about consultant attitude.



# Surgery

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

Complaints were dealt with effectively and managers shared feedback from complaints with staff and learning was used to improve the service. For example, we saw shared learning about minimising patient falls that had occurred elsewhere in the organisation. These had been attributed to patients experiencing changed vision from eyedrops and we saw posters reminding staff to tell patients not to use stairs if they had drops in their eyes.

Staff received mandatory training on complaints handling, customer service and duty of candour.

Patients were able to provide feedback through a patient survey and NHS choices.

## Are Surgery well-led?

Good



We have not previously inspected the service. We rated it as good because:

### Leadership of the service

**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 corporate organisational structure supported by other senior managers that included infection, prevention and control leads, regional directors and an advanced nurse practitioner.

These supported area managers and location hospital managers, who acted at the CQC registered manager.

The organisation had a centralised human resources team who monitored compliance with the Fit and Proper Person Requirement (FPPR) of the Health and Social Care Act. This regulation ensures leaders have the essential skills and competencies to manage an organisation.

We reviewed a sample of staff files and found all documentation to ensure the employment of fit and proper persons, including disclosure and barring services, were checked and recorded.

The organisation supported managers in their roles and managers new to their roles had mentorship from an operational development manager. Staff said managers and leaders were visible and approachable with contact details displayed in the staff room.

### 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.**



# Surgery

Vision and values were displayed on notice boards in the hospitals and also on the corporate website. The SpaMedica vision was: 'every patient, every time: no exception, no excuses.'

Managers and staff spoke about the vision in positive terms and were able to relate it to how they put patients at the centre of the delivery of care and treatment.

The strategy for SpaMedica covered five main areas of activity, which were 'growth, quality, leadership, governance and infrastructure' as well as the focus on three main objectives: 'patient's safety, excellent care and patient satisfaction'.

The SpaMedica vision and values were communicated to staff through team and governance meetings and understanding was measured using staff surveys. The organisation was expanding and opening new services in other areas to provide a wider choice and accessibility for local communities and patients.

## 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 and managers told us that employee surveys were also completed in order to help monitor the culture within SpaMedica.

There were high levels of staff satisfaction across all staff groups. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff felt respected, supported and valued. For example, in the last staff survey (January 2022), all respondents either agreed or agreed strongly with the statement: 'I can deliver the care I aspire to'.

The service promoted equality and diversity in daily work and had an open culture where patients their visitors and staff could raise concerns without fear.

Staff informed us they felt confident to raise concerns with the leadership and felt listened to. They were updated on all organisational service developments.

SpaMedica had a nominated Freedom to Speak Up Guardian and an associated whistleblowing policy and equality and diversity training was included in the mandatory training matrix for employees. In the last staff survey (January 2022), none of the staff reported experiencing discrimination at work by peers or managers.

## 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 organisation had a clear governance structure that identified areas of responsibility. There was a commitment to ensuring relevant information discussed at board level was disseminated through to local hospitals. This occurred via area managers who had weekly meetings with the senior team.

There was a medical advisory committee that had quarterly meetings and reported to the board.

Clinical governance meetings and clinical effectiveness meetings were held bi-monthly.



## Surgery

The organisation had service level agreements in place (SLA) with third party organisations. Some of which included medicines provision, decontamination of surgical instruments and waste management.

The organisation had a contract with a laser protection advisor (LPA) who had completed local rules for staff trained to operate the yttrium aluminium garnet laser (YAG). We observed local rules were in place and implemented which operating staff were required read and sign.

Any patient transferred to an acute organisation in an emergency situation or through patient choice, had care discussed directly with the receiving clinician to expedite any treatment they may require. If a referral was required to an Acute Organisation (for patients excluded from SpaMedica treatment due to existing conditions) direct referral was undertaken without the need patients to go back to the original referrer.

Practising privileges were reviewed and discussed regularly at MAC and ad hoc if a specific concern was raised. All surgeons had a GMC responsible officer and provide their appraisal outcome to SpaMedica annually. There was a practising privileges policy and process in place to recruit and assess the suitability of consultants to practice at SpaMedica. This was overseen by the medical director and chief operating officer. New consultants were approved by the medical advisory committee after a period of supervised practice.

We reviewed minutes from SpaMedica governance and business meetings that indicated there was an effective governance framework and good oversight of the hospital activities undertaken.

### Management of risks, 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.**

SpaMedica operated formal risk management processes to ensure risks were identified and mitigation measures put in place. We saw that any incident or complaint was recorded on the provider's electronic governance recording database.

Managers could identify the three top local risks at the service and had strategies in place to mitigate them. There was oversight by the senior leadership team of all local and combined risk registers. These were reviewed and control measures were in place.

There was also evidence of risks, issues and performance being discussed at quality management committees and meetings.

The risk register showed 12 items graded according to severity. Controls to ensure the risks were managed were also described on the risk register that was in spreadsheet form. The scoring system had numerators between one and twenty, with twenty describing the highest level of risk.

The registered manager had oversight of the service's risks and understood the challenge of risks in terms of quality, improvements, and performance.

Organisational audits took place at all locations monthly and were aligned to Care Quality Commission key lines of enquiry. Action plans were included for any audits below expected targets.



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The organisation had developed a peer review programme which included hospital managers reviewing another location bi-annually to ensure standardisation and sharing any good practices.

## Information management

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

The information systems were integrated and secure.

The service had a data protection policy and had implemented a data retention policy which outlined the purpose for processing personal data and retention periods and disposal methods.

Information security was managed in line with national guidance. There was an information governance committee that was responsible for information security.

The management system used for the collection and review of corporate and management information was a bespoke database package that was used at all the provider's locations.

There was also an electronic human resources system that was used as a database for all grades of staff, including clinicians.

Any safety alerts were received by the director of clinical services and clinical governance lead and cascaded to the appropriate hospitals or departmental managers. There was a process to submit statutory notifications to the CQC and we received a notification following an incident.

## 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 had regular engagement with the registered manager at team meetings and via email or instant messaging. Staff told us they felt fully involved in the day-to-day running of the service.

The service encouraged patients to provide feedback using survey forms provided as well as social media reviews or directly by phone or email.

We saw positive examples of feedback that was consistent with comments made by patients to us.

There were consistently high levels of constructive engagement with patients and staff. Staff engagement within the team was encouraged and participation and contribution to team discussions had been established as a way of working following.

SpaMedica held a 'company day' periodically, where all senior managers, clinic and support staff from across the company met in an off-site environment. The last event had been 'online' due to pandemic restrictions, but staff told us that earlier meetings were held in conference facilities and topics at these events had included: defining vision & values, organisational structural changes and employee survey results.



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## Learning, continuous improvement and innovation

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

Staff told us that the regional optometrist lead arranged attendance at conferences for learning for optometrists at the service.

Senior managers described how the research had been undertaken by the medical director in the use of anti-inflammatory eye drops rather than routine antibiotic treatment.

Senior managers stated that SpaMedica was one of the first independent service of its type to submit to National Ophthalmology Database Audit (NODA) and could be benchmarked nationally.