

SpaMedica Ltd

SpaMedica Gloucester

Inspection report

Suite 2, Sanctus House, 1 Olympus Business Park
Quedgeley
Gloucester
GL2 4DH
Tel: 01618380870






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

Ratings

Overall rating for this location

Outstanding 

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

Summary of findings

Overall summary

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided care and treatment based on national guidance and evidence based practice. Managers monitored the effectiveness of the service which consistently achieved good outcomes for patients. Outcomes for patients were significantly better when comparing to the national average. Managers made sure staff were competent in their roles. Staff worked well together for the benefit of patients, provided advice and information on living well and supported them to make decisions about their care. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers. There was a strong patient-centred culture and staff created a welcoming and safe environment for their patients. Patients were overwhelmingly positive about how staff treated them.
- 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 which was consistently positive. 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 	

Summary of findings

Contents

Summary of this inspection

Background to SpaMedica Gloucester

Page

5

Information about SpaMedica Gloucester

5

Our findings from this inspection

Overview of ratings

7

Our findings by main service

8

Summary of this inspection

Background to SpaMedica Gloucester

SpaMedica Gloucester is operated by SpaMedica Ltd. The service offers cataract surgery for NHS funded patients.

In the 12 months before our inspection (October 2021 to September 2022), the service performed 3158 operations.

The clinical services are provided on the first floor of a shared building. The location had two distinct wings, one for assessment and administration, and one which contained the theatre suite.

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

At the time of our inspection the registered manager had been in post for almost 2 years. During our inspection the service was being supported by the area manager and a neighbouring service manager, due to unplanned absence of the registered manager.

This is the first time we have inspected and rated this service. We inspected this service using our comprehensive inspection methodology. We carried out a short notice announced inspection on 01 November 2022.

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.

How we carried out this inspection

The team that inspected the service comprised of a Care Quality Commission (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 Catherine Campbell, Head of Hospital Inspection.

During the inspection we visited all areas of SpaMedica Gloucester. We spoke with 15 members of staff including regional and senior managers, nurses, doctors, optical technicians, optometrists and administrators.

We observed the environment and care provided by staff and spoke with 13 patients. We reviewed 6 patients' records. We also looked at a range of performance data and documents including policies, meeting minutes, audits and action plans.

Summary of this 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

We found the following outstanding practice:

- Feedback from patients was consistently positive about the way staff treated people.
- The service consistently performed better than the national average for posterior capsular rupture rate (an operative complication).
- Referral to treatment times were much better than the England average.
- The service provided a 24-hour, 7 day on call service and managed post-operative complications in house whenever possible, rather than sending patients to an NHS provider.
- Following a research programme in the organisation, patients who were identified as high risk of post-operative infection could be administered a steroid injection on the day of surgery in addition to being provided with eye drops to take home.
- The service ran an accreditation scheme for local opticians to give patients a wider choice of follow up locations.
- We saw how the optometry room had been reconfigured to make the patient central to all the equipment instead of the patient moving from one machine to the next.
- The service 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	Outstanding	Outstanding	Outstanding	Good	Outstanding
Overall	Good	Outstanding	Outstanding	Outstanding	Good	Outstanding



Surgery

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

Are Surgery safe?

Good



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

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up-to-date with their mandatory training. All staff had access to a computer system to undertake electronic learning and a list of mandatory training they were expected to complete. This system showed when staff had completed training. The mandatory training compliance was 99% against a target of 95%.

The mandatory training was comprehensive and met the needs of patients and staff. The training covered a wide range of clinical and non-clinical subjects specific to the specialist needs of the service.

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

Managers monitored mandatory training and alerted staff when they needed to update their training. They reported any reduction in compliance at the monthly hospital team meeting. We saw up-to-date monitoring of compliant and non-compliant staff.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Staff received both level 2 safeguarding adults and level 2 safeguarding children training. The service had a lead for safeguarding who had completed level 3 safeguarding training. Staff also had support from an overall organisational safeguarding lead.

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



Surgery

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns, all staff we spoke with knew to escalate concerns to a senior member of the team when they were unsure. There were safeguarding policies that included information which directed staff on how to respond and report concerns. Staff knew how to access the service's safeguarding policy. We observed that all clinical rooms had relevant information displayed.

The service reported no safeguarding incidents in the 12 months prior to inspection.

Safety was promoted through recruitment procedures and employment checks. Staff had a Disclosure and Barring Service (DBS) check undertaken at the level appropriate to their role. DBS checks help employers make safer recruitment decisions and prevent unsuitable people working with vulnerable groups.

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.

All areas we saw were visibly clean and had suitable furnishings which were clean and well-maintained. This included clinical areas such as outpatient rooms, ward area, diagnostic spaces and operating theatre as well as non-clinical areas such as corridors, reception area, staff room and storage spaces.

The service performed well for cleanliness. General cleaning of the environment was provided under contract by an external company. We saw a comprehensive management of cleaning policy which detailed cleaning responsibilities, practical instructions and a cleaning framework for the monitoring of performance. We saw the housekeeping team on duty throughout the day.

Each area had a cleaning schedule displayed and demonstrated all areas were cleaned regularly.

Staff used records to identify how well the service prevented infections. We saw supplies of personal protective equipment (PPE) items such as disposable aprons and gloves in dispensers on walls and we saw these items being used. 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.

Staff followed infection control principles including the use of PPE.

Staff cleaned equipment after patient contact. We saw staff clean equipment and environment after patient care.

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.



Surgery

Staff worked effectively to prevent, identify and treat surgical site infections. From November 2021 to October 2022, there were no incidences of endophthalmitis. Endophthalmitis is an inflammation of the internal eye tissues, most caused by an infection that is an ophthalmic emergency.

Staff completed hand hygiene and infection prevention and control audits. Audits followed a set schedule and checked compliance against processes that prevented the spread of infections. Infection prevention and control audit data showed that the service had been consistently compliant over the last 12 months. The average infection prevention and control audit compliance rate was 99.1% against a target of 95%.

The provider completed regular water testing for Legionella and bacteriological infections and prioritised high-risk areas to have more regular checks. This included notifying the relevant external agencies if required.

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 building was modern and was located over one ground floor. The flooring was easily cleaned, and equipment and furniture were wipeable. Patients were required to press a buzzer to gain access. Reception staff could see who had arrived as part of the closed circuit TV for security purposes.

Where laser equipment was in use, we saw the room had warning signage non-reflective surfaces and flooring and safety blinds to prevent unintentional damage by laser.

Patients located in the ward area could reach call bells and patients told us staff responded quickly when they pushed their call bells.

Staff carried out daily safety checks of specialist equipment. For example, we looked at records and saw staff carried out daily safety checks of the resuscitation trolley. The contents of the trolley were in-date and the trolley was visibly clean. As part of these checks staff identified a non-core item was not present and despite ordering had been out of stock for several weeks. We raised this with the management team during our inspection and we were informed that the consumable was now in stock and ready for delivery to the site.

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 we looked at 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 clear signage, in the event of fire with extinguishers available and maintained. Staff were required to complete fire training as part of statutory and mandatory training requirements; we saw 100% compliance for this training.

A fire safety audit in April 2022 highlighted an 'excellent management structure' at the premises and a reasonable standard of fire safety had been met.

There was an uninterrupted power supply in case of a power failure. This was primarily for the theatre and refrigerators.



Surgery

Staff disposed of clinical waste safely. The domestic and clinical waste bins were clearly identified and emptied regularly. Bins for sharp items such as needles and hazardous substances were stored safely.

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.

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

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 as part of their treatment plan. Surgery and treatment were carried out under non-invasive local anaesthetic (eye drops).

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 quarterly and the latest audit result was 100%, against a target of 95%.

Staff knew about and dealt with any specific risk issues. A daily meeting, called a huddle, took place where any specific patient risks and plans to mitigate these risks were communicated with the whole team. We saw the huddle included a wide range of staff from the multi-disciplinary team. The safety of patients was the focus of all members of staff and there was a collaborative approach in deciding plans for keeping patients safe.

Staff had access to emergency boxes, such as an endophthalmitis box and a raised intra-ocular pressure box that contained all equipment, medicines and information required to deal with these complications.

Staff shared key information to keep patients safe when handing over their care to others. General practitioners and referring opticians were kept informed about patients’ treatment on discharge. Opticians participating in post-operative follow up were provided with discharge treatment details.

We observed nursing and optometry staff giving verbal instructions for post-operative care and medicine prescriptions to patients. Staff were knowledgeable in answering patient questions about their after care and provided patients with written aftercare information to take home.

Key risks were added to the electronic patient record system, which included patients at high risk of falling.

Shift changes and handovers included all necessary key information to keep patients safe.

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.

The service had enough nursing and support staff to keep patients safe.



Surgery

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with number of patients scheduled for treatment.

The manager could adjust staffing levels daily according to the needs of patients. The staffing rota was completed 3 months in advance. Managers reviewed and planned staffing in accordance with aggregated activity level data from the previous 12 months.

The number of nurses and healthcare assistants matched the planned numbers.

The service had low vacancy rates. We saw the service had increased their patient coordinator establishment and were in the process of recruiting into these additional posts. There were no other vacancies.

The service had low sickness rates. Data showed from November 2021 to October 2022 hours lost due to sickness absence was 1.68% of total employee hours.

The service proactively employed agency nurses to support the provision of competent scrub nursing within the theatre. This was used during periods of staff absence or sickness.

Managers limited their agency staff and requested staff familiar with the service. Agency staff were required to complete the same competency programme as permanent staff, and this was completed through their induction process.

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. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave locum staff a full induction.

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. 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.

Managers could access locums when they needed medical staff to facilitate additional theatre lists to reduce waiting times for patients. Locums had a full induction to the service before they started work.

The service always had a consultant on call during evenings and weekends.

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. Records were kept using a combination of paper and electronic notes.

The service conducted clinical documentation audits. The results showed compliance between 86.5% and 95.3% for the 5 months prior to our inspection. This was against a target of 95%. Themes of the audit showed surgeons not printing their names next to signatures. To improve this, managers had provided staff with stamps containing staff details and full name. We saw these used in the 6 records we reviewed.



Surgery

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely. We saw patient records were stored in locked cabinets in a locked room. Computers used for patients' notes were password protected.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. Staff completed medicines records accurately and kept them up-to-date.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Patients were provided with a discharge bag post-surgery, which contained prescription eye drops and information on how and when to take the drops. Only staff who had completed competencies in the management of medicines dispensed and administered medicines to patients. We saw staff give verbal advice and instruction to patients post operatively before providing written information.

We saw post-operative eye drops were prescribed in accordance with the patient risk factors. This meant patients that were low risk of post-operative eye inflammation had a shorter course of post-operative eye medication.

Topical antibiotics were not used routinely to reduce antibiotic resistance, following service studies supporting the elimination of antibiotic drops after surgery. SpaMedica Gloucester reported no endophthalmitis cases in the last 12 months.

Staff stored and managed all medicines and prescribing documents safely. Medications and prescribing documents were stored in locked cupboards in a locked room. Only staff requiring access to medications had access to this area.

Refrigerator temperatures were monitored, and each fridge has an automated email alert sent out to managers if temperatures went out of range.

Emergency medications were available and stored securely, sealed and checked regularly.

Medicine management audits were completed every quarter and data showed a compliance of 99.1% between October 2021 and September 2022.

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.

Staff knew what incidents to report and how to report them. This included reporting serious incidents, concerns and near misses. Staff we spoke with understood what classified an incident and showed us the electronic reporting system used to document when an incident had occurred.

The service had not reported any never events at this location. A never event is a serious incident or error that should not occur if proper safety procedures are followed.



Surgery

We reviewed the service's reported incidents for the 12 months between November 2021 and October 2022. The 57 incidents were classified as no harm or low harm. The service had clear lines of reporting and themes from incidents fed into various governance committees, such as clinical effectiveness group, infection control committee and medicines management committee.

Managers shared learning with their staff about incidents that happened elsewhere. We saw a shared learning cascade, which detailed key themes of incidents across the whole SpaMedica organisation. Shared learning was also displayed in the staff room and discussed during safety huddles and staff meetings.

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

Staff received feedback from investigation of incidents, both internal and external to the service. Staff told us managers supported them after an incident.

Staff met to discuss the feedback and look at improvements to patient care.

There was evidence that changes had been made as a result of feedback.

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. Themes and trends were reviewed with any learning shared through morning huddles, monthly team meetings and written literature such as posters and communications folders.

Are Surgery effective?

Outstanding



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

Evidence-based care and treatment

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

Staff 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 standards. There were policies and standard operating procedures in place to support practice on the organisation's intranet that was accessible to all staff.

The service's cataract surgery checklist was adapted from the world health organisation's surgical safety checklist. This checklist was first published in 2008 in order to increase the safety of patients undergoing surgery. We observed theatre staff during operative procedures adhering to this checklist.

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



Surgery

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

At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. We saw staff discuss the holistic needs of their patients ahead of treatment and plan care accordingly.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods. The service made adjustments for patients' religious, cultural and other needs.

Staff made sure patients had enough to eat and drink including those with specialist nutrition and hydration needs. Drink facilities were available in the waiting areas, and we saw staff frequently offer hot and cold drinks to patients and their relatives.

Patients were provided with information prior to their appointments, which highlighted the requirement to bring a packed lunch if their appointment time was to run over a mealtime. Staff told us should appointments run unexpectedly late, they provided food for patients from the local shop.

As the eye surgery was completed under local anaesthetic, patients were not required to withhold from eating or drinking 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.

Staff prescribed, administered and recorded pain relief accurately. Pain relief was given in the form of oral medicines and topical anaesthesia.

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

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

Management of pain was monitored by the service through a patient satisfaction survey. From 1 January 2022 to 31 October 2022 of 2380 survey responses, 93% reported their pain was managed.

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 and other monitoring activities such as reviews of services, benchmarking and peer reviews. Managers and staff used the results to improve patient outcomes.



Surgery

SpaMedica Ltd submitted data to the Royal College of Ophthalmologists National Ophthalmology database audit. Data received showed the service at Gloucester had a significantly lower operative complication rate (posterior capsule rupture rate) of 0.83% compared to a national average of 1.1% and worked towards an organisational stretch target of 0.5%.

Outcomes for patients were positive, consistent and met expectations, such as national standards. The service had no re-admission within 28 days following surgery or unplanned returns to theatre in the 12 months prior to inspection. Data showed the service had no cases of endophthalmitis within the 12 months prior to inspection.

The service monitored other outcomes such as visual acuity against the agreed driving standard (greater than 6/12). The service had consistently achieved a target of 95% of patients meeting this standard post-surgery from January 2022 to October 2022.

The service collated and reviewed comparative complications and infection rates for individual

surgeons. Any issues were addressed immediately.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. The hospital carried out audits in line with the organisations audit schedule. We saw there was a clear escalation process for when audit results did not meet the expected target, and associated action plans to improve when this did occur.

The service offered a SpaMedica Accredited partner programme to their local community optometrists. This meant patients could access follow up appointments in at a location more local to them.

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 had oversight of staff competency via a skills matrix that indicated who had been trained and deemed competent for certain roles and responsibilities.

Managers gave all new staff a full induction tailored to their role before they started work. We reviewed staff records and spoke with 2 members of staff who had joined the organisation in 2022. They told us their induction was thorough and provided all the training they needed to fulfil their roles. The induction process included face to face mandatory training and new staff were on probation for 6 months with reviews conducted at 1, 3 and 6 months.

Managers supported staff to develop through yearly, constructive appraisals of their work. Most staff had an up-to-date annual appraisal, 1 staff member had on overdue appraisal due to absence and managers had a plan to complete this.

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

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.



Surgery

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff we spoke with told us that there had been improvements to the amount of development opportunities and career progression. This they were thankful for. Managers told us of new lead roles that were being implemented to increase development opportunities and skill progression for staff. There were also opportunities for intravitreal injections, infection prevention and control lead specialist roles, dementia champions and leadership programmes.

Managers made sure staff received any specialist training required for their role.

Managers identified poor staff performance promptly and supported staff to improve. Surgeons within the organisation had a quarterly performance review completed by the medical director, this looked at a range of clinical outcomes and staff behaviours.

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. A daily meeting, called a huddle, took place where any specific patient risks and plans to mitigate these risks were communicated with the whole team. We saw the huddle included a wide range of staff from the multi-disciplinary team. The safety of patients was the focus of all members of staff and there was a collaborative approach in deciding plans for keeping patients safe. The huddles also reviewed the holistic needs of each patient and we saw communication of each role and responsibilities for each patient's care.

Staff worked across health care disciplines and with other agencies when required to care for patients. The service networked with other provider sites regionally.

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.

Seven-day services

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

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

The hospital was open 5 days a week, with additional telephone support provided by SpaMedica 24 hours a day, 7 days a week. Outside of normal working hours, there was an out of hours on call service. There were teams of staff allocated on a rota system in case of an ophthalmic emergency. There was also a senior manager on call rota to support hospital staff.

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.

Health promotion

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

The service had relevant information promoting healthy lifestyles. We saw information displayed in waiting areas signposting patients to local groups, with a focus on sight loss specific exercise groups and living well with sight loss.



Surgery

The service's website included information for patients regarding eye health that included wearing sunglasses, hygiene, medicines and environment.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. The organisation had a consent policy within review date and included guidance staff could follow. The provider had a mental capacity and deprivation of liberty policy available to staff via a policy management software library, which held all the provider's policies and procedures.

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. Before the procedure, patients received written information by post.

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 as all patients consented prior to their treatment.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act and Mental Capacity Act 2005, and they knew who to contact for advice.

Are Surgery caring?



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

Compassionate care

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

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. We observed positive interactions between staff and patients across the entire patient journey. Staff introduced themselves and their role and communicated effectively with their patients.



Surgery

Patients said staff treated them well and with kindness. We spoke with 11 patients and all spoke positively of the staff. Staff were described as friendly, knowledgeable and considerate. Of the 11 patients we spoke with, 2 patients explained that they had been very anxious about their operation, but the staff had made them feel at ease with their calm and informative manner.

Patient feedback was positive. We saw a display board with many thank you cards and letters from patients who had used the service. Staff showed us a piece of artwork that had been created by a former patient as a token of thanks. A patient told us how staff 'fell over themselves to make sure they were comfortable.'

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 and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. As part of the daily huddle, we saw the lead clinician discuss with the team each patient's needs. Time was taken to understand what individual preparation was required. We saw staff highlight patients with pre-existing conditions that made lying flat uncomfortable, and plan how they would accommodate this.

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

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. Staff provided reassurance and comfort to patients at all stages of the patient pathway. Managers had listened to feedback from patients and implemented activities to support anxiety management. Staff gave patients the option of having a staff member in theatre specifically for support, even if it was simply to hold their hand.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff understood their patient population well and understood that for many of their patients who were socially isolated, face to face interaction was an important part of their treatment. Staff made sure they created a friendly environment where patients felt comfortable to talk with those around them. We saw patients in conversation with other patients.

Staff had information and training to support people living with dementia. Staff we spoke with said they valued this training as it had given them insight into how a patient might feel and the practical solutions to support 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.



Surgery

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Staff told us they had access to communication aids for patients with hearing difficulties and use of a translation service. Staff told us they would use face to face translators for any treatment or procedures.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients were encouraged to give feedback via an online feedback form, but also sought instant feedback via a paper feedback card displayed in the reception area. This feedback was cascaded out to the staff monthly and used to share and compare across SpaMedica sites.

Patients gave positive feedback about the service. Feedback from people who used the service and those close to them was continually positive about how staff treated people. The service conducted regular patient surveys. All of the 2708 patients between January 2022 and October 2022 were happy with their treatment outcome and rate the hospital and facilities as good quality.

Are Surgery responsive?

Outstanding



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

Service delivery to meet the needs of local people

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

Managers planned and organised services so they met the needs of the local population. The service worked closely within the Integrated Care System (ICS) and planned and developed services to meet the needs of the local population. The service offered surgical eye services to NHS patients working within ICS contracts. Patients were referred by their GP or optometrist.

SpaMedica Gloucester was originally set up as an outpatient clinic site to support the access of patients receiving treatment at the Bristol site. In response to increasing local demand for onsite treatment, the Gloucester site expanded services to provide surgical procedures.

Facilities and premises were appropriate for the services being delivered. The environment had been adapted to support patients living with dementia, including clear signage on all entry/exits points and toilet facilities. Staff provided anxiety fiddle balls for anxious patients and told us they wanted to expand this further by working with local crafts people in providing single use crochet fiddle blankets. Fiddle balls and fiddle blankets are handheld item that encourage fidgeting and rhythmic, repetitive motion to calm anxiety.

Managers ensured that patients who did not attend appointments were contacted. Appointments missed either through service or patient cancellation or did not attend were monitored by managers. The service had documented workflows for staff to follow should a patient cancel, be cancelled or not show up. This included a 48 hour reminder call to the patient to minimise missed appointments.



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. Staff had undergone extra training to promote the needs of people living with dementia.

The service was designed to be fully accessible to wheelchair users and people with physical disabilities. All areas we saw were wheelchair accessible, and the service provided accessible parking spaces located at the entrance of the building. We saw the optometry room had been redesigned to allow the patient to be central to all diagnostic equipment. This meant patients did not have to move from one piece of diagnostic equipment to another, instead each piece of diagnostic equipment was moved to the patient. The change in this environment set up was to support a patient group that had frailty and mobility factors.

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. Where patient requirements could not be met by the service, they were referred onto another location that could safely meet their needs.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. 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.

Patients cultural and religious needs were considered, including provision of religious dietary requirements, allocation of a prayer room during religious festivals and seeking dispensation from usual prayer practise to support post-operative recovery.

Staff had access to communication aids to help patients become partners in their care and treatment.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The service tracked patient progress at key points of the surgical pathway and reported their data monthly to the senior management team. Between October 2021 and August 2022, patients waited an average of 4.74 weeks to be seen by the service against an NHS target of 18 weeks.

The service monitored patients waiting longer than 18 weeks for treatment. SpaMedica Gloucester reported 12 patients on their long wait list. All cases had been reviewed, 2 cases were due patient choice and 10 were complex cases requiring treatment at other sites. SpaMedica Gloucester maintained oversight of patients requiring treatment through other sites until complete.

Managers worked to keep the number of cancelled appointments and operations to a minimum.



Surgery

When patients had their appointments or operations cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance.

Staff supported patients when they were referred or transferred between services.

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 3158 procedures undertaken over the last year, there had been 9 formal complaints at SpaMedica Gloucester. Of these complaints, 5 were partially upheld and 4 were not upheld. No complaints had been referred to the ombudsman. Of the 5 complaints partially upheld, themes included, communication and clinical outcomes.

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 additional seating in the waiting area had been implemented following patient comments regarding accommodating a relative or carer when attending the service. We also saw that an 'old frames' collection box was situated in the reception for donation of glasses to charitable causes.

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.

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.



Surgery

There was a clear management structure with defined lines of responsibility and accountability. At the time of inspection the registered manager was on an extended period of leave. In this interim, the service was directly supported by the regional manager and regional director. Additional support was also provided by a neighbouring service manager.

Staff told us there was good local, regional and national leadership within the organisation. Leaders were well respected, approachable and supportive. Staff were positive about their managers, however some staff told us they were not always afforded autonomy within their roles. In a staff survey from January 2022, there were no negative responses when asked whether their managers demonstrated strong leadership skills.

Staff of all grades were seen to be active and engaged in team discussions and showed professional confidence to address staff senior to their role.

Managers supported staff to develop their skills and take on more senior roles. The leadership team demonstrated an understanding of the wider ophthalmic surgical care sector both in their region and nationally. Leaders understood the importance of their workforce to the success of the service and had invested in staff education and development programmes. New lead roles had been implemented in recognition that staff wanted more opportunity to develop and be exposed to management and leadership responsibilities.

Leaders held regular staff meetings and staff told us they felt their views were heard and valued. Staff told us they enjoyed working at the service and we saw a supportive and collaborative team.

Vision and Strategy

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

The organisation had a very clear mission statement 'every patient, every time: no exception, no excuses.'

We saw the organisation continued to expand to meet the sustained growth in demand of service users.

Staff we spoke with could tell in their own words the vision of the service and could recount the SpaMedica values. These values of 'safety', 'integrity', 'kindness' and 'transparency' were visible on branded literature for both patients and staff. During inspection all staff to patient interactions, without exception, demonstrated the service values.

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.

We spoke with a range of staff during our visit, including members of the leadership team, managerial staff, doctors, nurses, healthcare technicians, optometrists and administrative staff. Without exception, staff we spoke with felt valued and told us they enjoyed working at the service.

There was strong collaboration, team-working and support across the service with a common focus on improving the quality and sustainability of patient's experiences. During our inspection, staff were happy and friendly, which created a relaxed caring atmosphere.



Surgery

Staff spoke highly of their colleagues, with most stating their team was one of the best aspects of their job. Staff worked to support each other both clinically and socially, and we saw they had recently implemented a 'share cupboard' located in their staff room, in response to the current cost of living crisis.

Any service staff could nominate other employees for a patient/office hero award each quarter to recognise somebody who goes above and beyond. At the end of the year a patient/office hero of the year was chosen and awarded a weekend break and an extra day's holiday.

The service offered staff peer to peer recognition through pre-printed cards to acknowledge and celebrate great work. They also had a length of service recognition scheme to celebrate staff commitment. Staff received cards signed by the executive team, certificates and gift vouchers depending on their length of service.

There were embedded mechanisms for providing all staff at every level with the development they needed. These included high-quality appraisal and career development conversations, and personal development and career enhancement through individualised educational and training plans.

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 service had a strong governance structure that supported the flow of information from frontline staff to senior managers.

Leaders operated effective governance processes, throughout the service and with partner organisations. The service had a clear governance process to continually improve the quality of service provided. Staff understood their roles and responsibilities in relation to governance. Governance arrangements were clear and appropriate to the size of the service.

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. Monthly staff meetings were held and communicated to the area manager meetings. We reviewed meeting minutes and saw these meetings had a clear structure. Staff had access to minutes of meetings when they were unable to attend. Across the various meetings, a broad range of governance and operational matters were covered.

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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care. They had plans to cope with unexpected events.

The management were committed and passionate about patient care and providing a high-quality service. They understood the challenges the service faced in particular staffing, competency of new staff and facility risks outside of the service control. Senior managers described these main risks to the service, which we noted were on the risk register. Mitigating actions and a responsible person in charge of the risk had been clearly noted, along with review dates.

Risks across the organisation were discussed quarterly as part of the integrated quality and performance report. Data was displayed in a format that aligned with the Care Quality Commission's key lines of enquiry. The data was up to date and displayed trends over time.



Surgery

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

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 rated system.

There was a business continuity plan that was applicable to the location.

Information Management

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

The service used a combination of electronic and paper patient records, with most of the information being stored electronically. Access to electronic records was restricted and password protected, and paper records were stored in a locked environment to avoid confidential patient information being accessed by unauthorised people. Staff told us patient information was easily accessible. Consent for the sharing of patient information across healthcare specialities was documented.

The service completed regular audits about their information governance processes and performed well in all aspects of the audit.

We saw a 'live dashboard' of performance which was accessible to senior managers. Key performance indicators were displayed for review and managers could see other locations for internal benchmarking and comparison.

There were arrangements to submit notifications and data to the relevant external bodies, including the Care Quality Commission and Clinical Commissioning Groups. The organisation submitted 100% of data to the National Ophthalmology Database Audit.

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.

The organisation's website included information about upcoming community events such as conferences. There were videos of patient who shared their experience at the service as well as a video of the journey through the hospital for the pre assessment clinic and the day of surgery. Patient leaflets, about procedures were available to request via the website.

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

Staff feedback was encouraged through staff surveys and forums where concerns could be escalated to senior leaders. Staff received updates via the organisation's intranet, weekly emails, monthly newsletters and quarterly team meetings.

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



Surgery

Learning, continuous improvement and innovation

They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

The service was committed to improving services by learning when things went well or not so well and promoted training and innovation.

Managers shared recent research projects trialled within SpaMedica sites then rolled out at the Gloucester site. This included recent research into how social deprivation and ethnicity impacts cataract surgery outcomes and post-operative care and implementation of a point of care finger prick testing of international normalised ratio (INR). This meant 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 Royal College of Ophthalmologists). This reduced the burden on the NHS and streamlined the pathway for the patients.

We also saw how a member of staff at the Gloucester site had developed the content of a patient leaflet to support correct application of eye drops.