SpaMedica Ltd

# SpaMedica Leicester

**Inspection report**

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

## Ratings

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

# Summary of findings

## Overall summary

This is the first time we inspected this service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They generally managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. The services was open 5 days a week, with on call out of hours.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families, and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- We saw patients waiting in the corridor immediately post surgery and no staff were in this area.
- There were some trip hazards with cables from equipment across the floor, potentially where staff and patients would be walking/moving.

# Summary of findings

## Our judgements about each of the main services

| Service | Rating | Summary of each main service |
| --- | --- | --- |
| Surgery | Good  | We rated it as good see the summary above for details. |

# Summary of findings

## Contents

# Summary of this inspection

## Background to SpaMedica Leicester

SpaMedica Leicester is operated by SpaMedica Ltd, the service provides eye healthcare services to NHS patients including cataract surgery, and optometry services.

SpaMedica Leicester started operating in August 2021, commissioned by NHS organisations to provide ophthalmology services (clinical eye care) for NHS patients.

The service is registered to provide the following regulated activities:

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

All surgery undertaken by the service is adults only, providing day case, ophthalmology surgery under local anaesthesia. There are no overnight patient stays. The ophthalmic team consists of:

- Ophthalmology consultants
- Optometrist
- Registered nurses
- Ophthalmic assistance
- Administration staff

Support services are provided from a central team, this includes NHS commissioning, contract management, finance support, governance and policies, IT systems and marketing.

The location had a registered manager who was currently away from the service, the regional manager was temporary registered as the manager and there was an on-site interim manager who was responsible for the day to day running of the service who was in the process of registering as the manager.

From November 2022 to October 2023, the service undertook 8,546 procedures.

Many of these patients were seen as part of the cataract surgery pathway. The main service provided at this location was surgery with many outpatient appointments being provided as part of the surgical pathway. YAG laser (Yttrium Aluminum Garnett) treatment was also offered. We did not inspect the outpatient services separately as part of this inspection as the main service was surgery.

This was our first inspection of this location.

## How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We carried out the unannounced part of the inspection on 31 October 2023. The team that inspected the service comprised of 2 CQC inspectors. During the inspection visit, the inspection team:

# Summary of this inspection

- Spoke with the registered manager and 13 members of staff, including registered nurses, a consultant, an optometrist, clinical support staff and administration staff.
- Spoke with 9 patients.
- Looked at 5 patient medical records.
- Observed care and treatment provided in the centre.
- Looked at a range of policies, procedures, audit reports, notes and other documents relating to the running of the service.

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

## Outstanding practice

We found the following outstanding practice:

- The service has a dedicated driver and minibus that offered free transport to patients for appointments.

## Areas for improvement

**Action the service SHOULD take to improve:**

- The service should ensure that staff have oversight of post operative patients waiting in the corridor to be discharged. (Regulation 12: Safe care and treatment)
- The service should ensure all equipment is safe and secure to prevent potential trip hazards. (Regulation 15: Premises and equipment)

# Our findings

## Overview of ratings

Our ratings for this location are:

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

Good

# Surgery

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

## Is the service safe?

Good

This was the first time we 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. The service provided mandatory training for staff and monitored completion rates. Staff told us they received reminders to complete mandatory training and were also reminded at staff meetings.

The service provided statutory and mandatory training using a combination of 'face to face' training and e-learning. The mandatory training was comprehensive and met the needs of patients and staff.

Training included modules in fire safety, conflict resolution, equality, diversity and human rights, mental health training which included learning difficulties and dementia, infection prevention and control, basic life support and moving and handling.

Staff had a list of training they would need to complete dependent on their job role. Compliance with mandatory training was 89%, which was below the service target of 92%, this was due to 1 staff member away from the business and 2 new starters in the process of completing training.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. Staff had attended this newly implemented training.

Consultants also had access to the training provided by the service.

### 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.

Good

# Surgery

Safeguarding training was provided to level 2 in safeguarding adults and children for all staff working within clinics and theatres. Administrative and support staff received level 2 training in safeguarding adults and children. The registered manager had level 3 safeguarding adults and children. There was a safeguarding lead at head office who had safeguarding level 4 training. Staff could access them for support when required. This was in line with national guidance.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. There was a safeguarding lead at the service which staff said they could approach for advice and guidance. We saw there were instructions displayed in clinic rooms and the provider's policy in the staff room supporting staff to identify possible safeguarding concerns.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff explained the provider's safeguarding policy and knew to raise issues with their manager or the provider's dedicated safeguarding team.

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 during their consultation, examination, and surgery.

There were no safeguarding incidents reported in the 12 months prior to our inspection.

Recruitment pathways and procedures were in place to ensure relevant recruitment checks had been completed for all staff. These included a Disclosure and Barring Service (DBS) check, occupational health clearance, references and qualification and professional registration checks.

### Cleanliness, infection control and hygiene

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

Ward areas were visibly clean and had suitable furnishings which were clean and well-maintained. Handwashing facilities were in line with good practice recommendations and available in all clinical areas.

The service had an up-to-date infection prevention and control policy which included information on hand hygiene, use of personal protective equipment (PPE) and decontamination.

All areas, including clinic and theatre areas were visibly clean, tidy and had suitable furnishings which were clean and well-maintained. There were adequate storage facilities, no items were stored on the floor. Storage areas were tidy and free from clutter. Seamless easy-clean floor coverings were used throughout all clinical areas, waiting rooms and toilets. This made cleaning easier and more effective.

Staff used records to identify how well the service prevented infections. Each room displayed a cleaning schedule, and these were signed to indicate when they were completed. All rooms had been cleaned in accordance with their specific schedule.

Staff followed infection control principles including the use of personal protective equipment (PPE). We saw staff wash their hands regularly and wear correct PPE for the tasks being performed. We saw supplies of 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. Infection control audits were carried out quarterly from November 2022 to October 2023 hand hygiene was 98% compliance and infection control was 99% compliance.

Spill kits were available to enable staff to safely clean fluids from floors and worktops.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Wall mounted cleaning logs were present in all rooms. They were signed and dated, and we did not see any gaps in the cleaning logs. We saw equipment was labelled to tell staff it had been cleaned and was safe to use.

Decontamination and sterilisation of equipment was sent to an external company. We saw boxes in the dirty utility room with equipment ready for collection. Clean and sterile equipment was stored in a clean storage area. Some single use items were also used.

Theatre staff wore scrubs that were laundered by an external company; we saw adequate supply of scrubs. Staff would change on arrival to work and before they left work.

Staff worked effectively to prevent, identify, and treat surgical site infections. In the last 12 months no surgical site infections had been reported.

The provider completed regular water testing for legionella, water outlets and sinks were flushed to reduce the risk of legionella build-up and temperature checks were carried out in line with Health and Safety Executive guidance. They had a system to notify 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 service had suitable facilities to meet the needs of patients. The service was in a shared building on the ground floor. There was adequate car parking directly outside.

The building was modern, with the service located on the ground floor. There was an accessible toilet and a wheelchair available if required.

However, we did find equipment with poor cable management that presented potential trip hazards, where staff and patients would be walking/moving. We raised this risk at the time of the inspection. Following our inspection, the provider sent us evidence that they had made this area safe.

Patients could reach call bells and staff responded quickly when called in the pre operating area, however there were no call bells in the post op waiting corridor. This put patients at risk of not receiving support promptly when required. Following our inspection, the service had ordered a call bell for this area.

There was appropriate ventilation in the operating theatre in line with national guidance Health Technical Memorandum 03.01 on specialist ventilation. We were told staff monitor the air flow daily and there was a contract for maintenance, and deep cleaning was carried out quarterly.

Good

# Surgery

There was a television screen in the theatre that streamed the operation live to allow staff in the theatre to understand what was happening and prepare for the next stages.

Staff carried out daily safety checks of specialist equipment. A system of recording daily checks on a white board in the manager's office was being embedded to ensure checks were not overlooked.

The service had suitable facilities to meet the needs of patients' families. There was enough seating in waiting areas for a family member or carer to accompany patients to their appointments. Relatives and carers could help themselves to complementary drinks and biscuits. There was a television and puzzle books in the reception to support families while they waited for their relative receiving care.

The service had enough suitable equipment to help them to safely care for patients. The contents of the resuscitation trolley were in-date and the trolly was visibly clean.

Staff disposed of clinical waste safely. The domestic and clinical waste bins were clearly identified and emptied regularly.

The sharps bins were stored safely and labelled correctly; bins we saw were not over filled.

Hazardous cleaning products were stored in line with the Control of Substances Hazardous to Health (COSHH) Regulations 2002.

There was clear signage about what to do in the event of fire, fire extinguishers were available and maintained. Fire extinguishers had in date service checks and there were signs pointing out fire exits throughout the service. Staff were required to complete fire training as part of statutory and mandatory training requirements, we saw 100% compliance.

### Assessing and responding to patient risk

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

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. The service provided ambulatory care where no general anaesthesia or sedation was used. All treatment was carried out as a day surgery admission under local anaesthetic. The service had clear guidelines for assessment of patients for surgery. Staff completed assessments for each patient at their first outpatient appointment. Checks were made to ensure the patient was suitable to undergo surgery. Patients who did not meet the criteria were referred back to the referrer or local NHS hospital for onward referral. All patients attended a pre-operative assessment prior to surgery to ensure they were fit enough for surgery.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately Patients had to be medically fit for surgery before the service could deliver treatment and so deterioration was rare. However, appropriate equipment, training, and protocols were in place.

All staff were trained in basic life support (BLS). Registered healthcare professionals were trained in immediate life support (ILS). Surgeons were trained in BLS. The service ensured a staff member with ILS was always on duty. If a patient deteriorated the service would commence emergency treatment and dial 999 for assistance. The service had an up-to-date policy on the cardiopulmonary resuscitation of patients which included actions to take in the event of a patient deteriorating.

Good

# Surgery

We saw the compliance for BLS was 88% with 2 staff outstanding and 1 booked on training and ILS training was 100%.

World Health Organisation (WHO) checklists were completed in line with the National Patient Safety Agency and surgical safety including the completion of safety checklists. We reviewed 5 patient records and saw WHO checklists were completed correctly. We observed the WHO checklist being completed correctly on 1 patient during surgery. The WHO checklists were audited quarterly, we saw compliance was 96% from December 2022 to September 2023.

We saw patients waiting in the corridor immediately post-surgery and no staff were visible in this area. One patient told us they felt 'a bit shaky' immediately following surgery and were left alone in this area. We observed a patient enter this area looking disorientated and lost. There was no call bell in this area. On another occasion an elderly patient who needed support to walk was supported by a nurse to sit in this area and brought a cup of tea. The nurse left the patient alone in this area with a potential risk of not receiving support if they tried to mobilise or spilt their hot tea. We raised these risks at the time of the inspection. Following our inspection, the provider had plans to install a call bell in this area and had increased staffing numbers on theatre days to ensure oversight of patients in this waiting area.

The service had recently implemented lead roles for mental health, dementia and learning disabilities. Staff could approach the leads for prompt expert guidance and advice. Staff who had undertaken these roles were new and undergoing training.

The service operated a 24-hour hotline for patients following discharge. Patients were advised to ring the hotline if they required advice or support.

Staff shared key information to keep patients safe when handing over their care to others. Information relating to individuals who had received treatment at the service was passed on to their GP and optician to ensure information was shared. Post operative and follow up appointments were generally carried out by local opticians, but the service also offered appointments to patients and would follow up care if required. We saw a patient was offered an appointment the following week as the surgery was more complex than anticipated. Patients were also given a number to call out of hours if they required this.

### Nurse 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, staff a full induction.**

The service had enough nursing and support staff to keep patients safe. Staffing levels reflected demand on the service and known treatment support needs. The organisation had agreed minimum staffing for the service and surgery would only proceed when the standard staffing levels and skill-mix was confirmed. The manager could adjust staffing levels daily according to the needs of patients.

All theatre lists were pre-planned so the number of staff required for each shift could be pre-determined. Surgery was always consultant led. As a minimum there were 2 registered nurses and 2 optical assistants, this was in line with guidance from the Association for Perioperative Practice. The registered manager advised us that if there were not enough staff the list would not go ahead.

Two optometrists were employed, and they mainly managed the pre-operative and post operative assessments, emergency post operative assessments, YAG laser pre-assessment and YAG laser treatment.

Managers limited their use of bank staff and used regular staff familiar with the service. All staff, including bank staff had a period of induction, and supervision where required, on commencing work at the service.

Nursing staff had completed their Nursing and Midwifery Council re-validation checks and updates to develop their competencies.

The service regularly reviewed staff absence and recruitment and retention information. At the time of our inspection there were no vacancies.

### 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. There were 6 consultant ophthalmologists working at this site. We reviewed these records and found all were registered with the general medical council and had up to date DBS and indemnity insurance.

All ophthalmic surgeons worked for the service under practising privileges. 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. Practising privileges were overseen by the corporate medical director.

Assessments of applications for medical staff were carried out by the central medical advisory committee (MAC). Consultants generally had fixed days when they would work at the service and activity was split between outpatients and surgery.

The service had a consultant on call during evenings and weekends, 365 days a year.

### 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. We reviewed 5 patient records. They contained patient's consent forms, pre-operative assessment, procedure records and discharge information. We found consent was completed, notes were legible, signed and dated by staff. Where patients were undergoing cataract surgery the cataract care pathway was completed in full in line with the WHO safety recommendations. All labels for lenses and equipment sets were attached.

Records were stored securely in lockable cabinets in the administrative office, only authorised staff had access to them. Patients' records were passed between staff and departments safely and not left unattended. Some patient records and tests were available electronically. Computer systems were password protected.

Clinical documentation audits were carried out quarterly from November 2022 to October 2023 and there was a 97% compliance.

Good

# Surgery

## 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. Temperatures were recorded to ensure medicines were stored within the required temperature range. Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were stored securely. A system was in place so only registered nurses could access these drugs.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Patients were provided with a discharge bag following their 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. Staff give verbal advice and instruction to patients post-operatively before providing written information. To minimise delays for patients requiring medicines to take home, pre-packs of frequently used medicines were available.

Staff stored and managed all medicines and prescribing documents safely. Medicines management audits were carried out quarterly from November 2022 to October 2023 showed a 100% compliance. Emergency medicines were available and were stored securely, sealed, and checked regularly.

Fridge temperatures were monitored electronically, and staff checked to ensure these were within the required range. We saw evidence these were monitored and recorded daily when the building was open.

Staff completed medicines records accurately and kept them up to date. We viewed 5 patient records where medicines had been prescribed and saw that all medicines prescribed were signed for by a consultant. Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Patients were given verbal and written advice when discharged.

Optical assistants were trained to dispense eye drops to patients and completed specific competencies for this role. These were given under a patient specific directive and consultants reviewed and signed these for the daily theatre list. They also prepared drugs and eye drops to take home, which were checked by the registered nurse or consultant prior to dispensing.

## 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.**

Staff knew what incidents to report and how to report them. The service used compliance software to report and record all incidents. All staff we spoke with were familiar with this software and were comfortable using it to report incidents. The service had a policy for incident reporting which outlined the expectations for staff in the event of an incident.

From November 2022 to October 2023, the service had reported 49 incidents. No serious incidents or never events had occurred during this time. Incident rates were compared to other SpaMedica locations nationally and monitored for trends and themes. Themes included medication errors, slips trips and falls and documentations. The service had installed a light outside and painted the kerb yellow following a fall outside the building.

Good

# Surgery

Leaders described a good reporting culture amongst staff and staff felt happy to raise concerns. Learning included improving communication and refresher training for staff

Patient safety alerts were shared with staff from the central team to the area and hospital managers and cascaded at team meetings.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if things went wrong. All staff we spoke with were clear in their understanding of the duty of candour and felt the service was open and honest.

## Is the service effective?

Good

This was the first time we inspected the service. We rated it as good.

### Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service followed National Institute for Health and Care Excellence (NICE) guidelines and the Royal College of Ophthalmologists standards. 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. Policies were monitored at a corporate level to ensure consistency amongst each SpaMedica services.

The service undertook regular audits to measure the outcomes of surgery and used benchmarking data to compare practice. These were discussed at various meeting and information shared with staff.

The service used National Safety Standards for Invasive Procedures (NatSSIPS). NHS England recommends use of NatSSIPS as best practice to improve patient care and safety. There was information and audits relating to NatSSIPS, which showed good compliance. However, not all staff were aware of this information.

### Nutrition and hydration

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

The service provided treatment under local anaesthetic so there was no restriction on diet or fluids before surgery.

Staff made sure patients had enough to eat and drink. Water coolers and facilities to make hot drinks were available in-patient waiting areas. Biscuits were available for patients to help themselves. We saw staff making drinks for patients and regularly checking that patients had enough to eat and drink.

### Pain relief

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

Good

# Surgery

Staff prescribed, administered, and recorded pain relief accurately. Patients undergoing ophthalmic surgery were given a local anaesthesia via eye drops to stop the nerves in the eye sending pain signals to the brain during the operation and reduce discomfort. This meant patients were fully conscious and responsive before, during and after the procedure. We observed patients and staff discussing pain during surgery and pre and post-surgery.

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.

### 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. Managers and staff used the results to improve patients' outcomes. All staff were actively engaged in activities to monitor and improve quality and outcomes.

The service participated in relevant national clinical audits. They submitted data to the National Ophthalmology Database Audit (NODA) run by the Royal College of Ophthalmologists. NODA measures the outcomes of cataract surgery. Outcomes showed the service was within the expected ranges.

Data provided from November 2022 to October 2023 showed 97% of patients had improved visual acuity following surgery.

Managers used information from the audits to improve care and treatment. Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Managers shared and made sure staff understood information from the audits and actions were followed, such as ordering a bigger storage box for equipment in theatre.

### 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. Several checks were carried out by the organisation before staff commenced employment. We saw a database which demonstrated when each individual employee had completed a clear Disclosure and Barring Service (DBS) check, references had been taken and checks on qualifications had been made. For consultants this also included general medical council membership, indemnity insurance and revalidation and appraisal dates. For nursing staff information collected included DBS issue number, references and nursing and midwifery council pin numbers.

Managers provided a full induction to all new staff tailored to their role. All staff underwent a 6-month probationary period when they started working within the service. Staff were expected to have an oversight of all areas of the service and spent time in each part of the service as part of their induction. Staff had to pass competency assessments in their area of work, this included using the equipment. Staff told us they felt their induction was comprehensive and they had been well supported. We saw 100% of staff had an appraisal in the last 12 months.

Good

# Surgery

Staff were given the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff had access to training that was additional to mandatory training. This included training staff in the safe management of medicines. Two health care technicians told us they were supported to apply for the provider's clinical apprenticeship scheme to increase their clinical knowledge and professional development.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Staff received email copies of minutes and copies of the most recent meeting notes were available in staff break rooms.

The service had newly implemented champions for certain roles such as infection prevention and control, diversity, and dementia. These roles were to raise awareness in a specific topic, carry out audits and be a role model.

Staff who undertook YAG (Yttrium Aluminium Garnet) laser procedures (treating cloudiness after cataract treatment) were trained to use this equipment. The service had dedicated laser supervisors to ensure safety of the equipment and the environment. Laser safety audits were carried out quarterly from November 2022 to October 2023 they were 100% compliance.

### Multidisciplinary working

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

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff worked effectively with referring partners such as community opticians and shared information to ensure continuity of care. GPs and opticians were contacted to share information about patients and their treatment with the provider to ensure all agencies could care for patients safely and effectively.

We observed positive communication taking place amongst staff and staff told us they worked well together and felt part of a team.

### Seven-day services

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

The service was provided 7 days a week.

Patients had access to a helpline that was open 24 hours a day, 7 days a week and staff could contact consultants for advice. This included access to staff to deal with an ophthalmic emergency. There was also a senior manager on call to support hospital staff.

### Health promotion

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

The service supported national priorities to improve the populations health. We saw posters with information in different languages and helplines available in the waiting room.

### 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.**

Good

# Surgery

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff did not assume patients lacked capacity to make decisions based on a particular medical condition or disability. They worked with relatives and carers to make best interest decisions and get joint consent for patients who lacked capacity to make decisions about their health care on their own.

The service had an up-to-date consent and mental capacity policy which included information on general consent and the Mental Capacity Act 2005 (MCA). Compliance with MCA training was 100%.

Staff could describe and knew how to access policies and get accurate advice on MCA and Deprivation of Liberty Safeguards (DoLS).

Staff received and kept up to date with training in the MCA and DoLS. This training was delivered as part of the safeguarding adults training modules. Staff had access to relevant policies on their computer system and guidance was available in each clinical area.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to treatment based on all the information available. They provided information on the potential risks, intended benefits and alternative options before each treatment. We reviewed the records of 5 patients who had been for surgery and found consent had been recorded appropriately.

Consent audits were carried out quarterly. From November 2022 to October 2023 the compliance was 99.5%.

## Is the service caring?

Good

This was the first time we inspected the service. We rated it as good.

### Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. All staff introduced themselves to patients and gave information about their role in their treatment.

Patients said staff treated them well and with kindness. One patient said, “I was offered a drink as soon as I arrived”. Another said, “All the staff walking past are asking if I'm okay”. We saw staff discussing a patient’s individual needs with the manager and respected their privacy and dignity.

Staff followed policy to keep patient care and treatment confidential. Discussions with patients took place in consulting rooms to ensure privacy and confidentiality. We saw doors were closed when treatment and conversations occurred. We witnessed staff knocking on doors before entering a room and staff introduced themselves.

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

Good

# Surgery

### 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. To reduce anxiety, they offered patients the opportunity to have a pre-treatment visit to view the hospital and meet the staff. Patients could have their relative, carer or hospital chaperone stay with them throughout their treatment.

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. We saw staff providing emotional support and guidance to a patient who had recently lost a loved one and was arranging their treatment to suit their needs.

Staff understood their patient population well and worked to create a friendly environment where patients felt comfortable to talk with those around them. On several occasions we saw patients in the waiting areas talking and socially interacting.

### 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. Information booklets and videos were given to patients so they could make informed decisions about their treatment.

Staff talked with patients, families, and carers in a way they could understand, using communication aids where necessary. Staff had access to interpreting services when needed and information was available in different languages. Staff told us British sign language interpreters had attended the service to support patients who were deaf or had hearing difficulties.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Feedback cards were available in reception and waiting areas for patients, their relatives, and carers. Every patient was given a feedback card at the end of their treatment pathway asking them to rate their satisfaction with the service, their treatment, the staff and with the level of pre-operative information they were given about cataract surgery.

Patients gave positive feedback about the service in various ways such as via NHS friends and family or on the day of surgery. Patients who responded stated they had a positive experience. From October 2022 to October 2023, 100% of patients were happy with the outcome of their treatment and would recommend the hospital.

## Is the service responsive?

Good

This was the first time we inspected the service. We rated it as good.

### Service delivery to meet the needs of local people.

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

Good

# Surgery

Managers planned and organised services so they met the needs of the local population. The service offered surgical eye services to NHS patients. Patients were referred by their GP or optometrist. Training was provided for community optometrists so patients could be seen by them for post-surgery follow up care rather than having to travel back to the hospital.

The organisation managed patient referrals on an electronic patient administration system. Patients could choose to attend the service including a time and day suitable for them.

Facilities and premises were appropriate for the services being delivered. There was a car park with disabled parking located close to the hospital entrance.

The service had systems to help care for patients in need of additional support or specialist intervention. All staff received training in providing support to people with dementia and there was a dementia lead.

Managers monitored and took action to minimise missed appointments. If clinics were cancelled patients were contacted and rebooked for new appointments as soon as possible, this could be within a few days.

Managers ensured that patients who did not attend (DNA) appointments were contacted by the reception team and offered further appointments. DNA rates from November 2022 to October 2023 were 0.4%.

## Meeting people's individual needs

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

The service was fully accessible to patients with limited mobility and wheelchair users. There were disabled parking bays, accessible toilets, and a lift if required. A wheelchair was available on site for patients who needed it.

Staff had access to communication aids to help patients become partners in their care and treatment. 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 if needed. The service had access to an interpretation service. If the need for an interpreter was highlighted prior to appointments staff arranged for a face-to-face interpreter. If people's interpretation needs were not known prior to attending staff could access interpreters over the phone. As well as spoken interpretation, the service had access to British Sign Language interpreters. There was a hearing loop in reception.

We saw staff providing emotional support and guidance to a patient and adjusting appointments to suit their needs.

Patients could request a chaperone to accompany them to their appointments.

Patients were day cases who did not require overnight stays and they were provided with light refreshments such as biscuits, tea, coffee, and water.

## 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.**

Good

# Surgery

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets.

The waiting times for NHS patients were within the required 18-week referral to treatment time (RTT) target. From November 2022 to October 2023 the service completed 8,546 procedures, the majority were cataracts. The average RTT for the last 12 months was 3.3 weeks, which was below the national target of 18 weeks.

The service monitored waiting times and ensured no one waited too long for treatment. Referral could be made directly from a GP or an optician. Appointment times were flexible, and we saw patients were given a choice of dates and times.

Surgery times were staggered so patients did not have to wait too long before they were seen, and the waiting area did not become crowded. On the day of our inspection for a short time appointments were running between 30 minutes and 60 minutes late. Patients were informed and a notice was displayed.

There was a comprehensive pre-operative assessment to prepare the patients for surgery, reduce risks and complications. This ensured the patients were fit for surgery and reduced delays to their treatment pathway.

### Learning from complaints and concerns

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

Patients, relatives, and carers knew how to complain or raise concerns. The service clearly displayed information about how to give feedback in patient areas. The corporate website contained information about how to make a complaint, and requested people ring the national call centre in the first instance. Information about referring a complaint to the Parliamentary and Health Service Ombudsman for patients receiving NHS care was also available on the website.

Any concerns or complaints raised informally were monitored for themes and trends. Staff understood the policy on complaints and knew how to handle them. All staff we spoke with were comfortable in handling complaints and were able to advise what action they would take. All staff were familiar with the duty of candour and stated they were honest and open with patients.

Managers investigated complaints and identified themes. From November 2022 to October 2023, the service had received 4 complaints.

Managers shared feedback from complaints with staff, we saw learning included improving communication and reassurance to the patient during surgery. We saw information about complaints was discussed at the staff meetings.

## Is the service well-led?

Good

This was the first time we inspected the service. We rated it as good.

Good

# Surgery

## Leadership

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

There was effective leadership at all levels. Leaders demonstrated the required levels of experience, integrity, capacity, and capability needed to manage and lead the service. Leaders understood the challenges to quality and sustainability and took proactive action to address them. Managers demonstrated leadership and professionalism.

At the time of our inspection the substantive registered manager was away from the business, the area manager was the current registered manager. There was an interim hospital manager who was in the process of registering as the manager.

The service was led on a day-to-day basis by the hospital manager who was based full-time within the service. The area manager supported the hospital manager and attended the service twice a week. When the hospital manager was not on site one of the nurses would be in charge, management training was being planned to include management of staff, handling of complaints, managing challenging behaviour and delegation of task to develop staff skills.

The central team supported functions such as human resources, finances, contracts, and marketing. There was corporate lead for clinical governance, infection control and theatre quality that staff could access for information and support. There were opportunities to develop management, mentoring and coaching skills.

Staff spoke highly of the interim hospital manager and appreciated some changes that had been implemented. Staff told us managers were accessible, visible, and approachable. There appeared to be a cohesive working relationship between leaders in the service.

## 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.**

The service had a clear vision and strategy. These were focused on delivering safe, high quality, patient centred eyecare in the community offering patients greater choice, flexibility, and reduced waiting times. The strategies were set out as

- Growth
- Quality
- Leadership
- Governance
- Infrastructure

With values of

- Safety
- Integrity
- Kindness
- Transparency

We saw the strategy and values was publicly displayed within the service. Staff we spoke with were committed to providing safe care and improving patient experience.

Good

# Surgery

**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.**

Managers supported an open and honest culture by leading by example and promoting the service's values. All staff we spoke with felt supported, respected, and valued. The culture was centred on safety and the needs and experience of patients. Staff told us they felt proud to work in the organisation. The culture encouraged openness and honesty at all levels within the organisation. Staff told us they felt able to raise concerns and they were listened to by the leaders of the service.

The service encouraged feedback from patients and their carers and reviewed these and shared any comments and learning with staff.

The service provided opportunities for career development. Courses available included, apprenticeships, management bite size sessions, coaching and mentoring and role specific. Staff could discuss their learning needs during their one-to-one discussions with managers.

The service provided a prayer room for staff which was also used for some storage. The manager was currently gathering staff ideas on redesigning space to accommodate everyone's needs.

All managers and staff worked collaboratively to improve care, treatment outcomes, quality and patients experience throughout the entire service.

## Governance

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

There were effective structures, processes, and systems of accountability to support the delivery of the strategy and good quality, sustainable services. There was an integrated governance framework which the service was aligned to. These included the medical advisory committee (MAC), clinical governance, medicines management, health and safety, regional meetings, and local meetings.

All levels of governance and management worked effectively together. We saw minutes of hospital managers meeting meetings and the MAC which included information on waiting times, human resources, audits, incidents, and equipment.

The local governance structure included daily safety huddles and the beginning and the end of the day and monthly staff meetings. We saw minutes from the monthly staff meeting displayed on the staff notice board, which included information on incidents, complaints, and audits.

## Management of risk, issues and performance

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.**

Good

# Surgery

Systems were used to monitor and manage performance. The service had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service.

Performance and risks were discussed at all levels within the governance system. A systematic programme of clinical and internal audit was undertaken to monitor quality, operational processes, and systems to identify where action should be taken. Records showed audits were discussed at various management and staff meetings.

There were arrangements for identifying, recording, and managing risks, issues and monitoring mitigating actions. The service had a risk register which used a tool to identify the impact of the risk on the service and assigned a level of risk. Examples of risks included falls, serious infections, and medication errors. The risk register included mitigations and was regularly reviewed by leads as part of the governance structure.

The service had a business continuity plan that could operate in the event of an unexpected disruption to the service.

### 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.**

Staff had sufficient access to information and challenged it when necessary. There were clear service performance measures, which were reported and monitored. The information used in reporting, performance management and delivering quality care was consistently accurate, valid, reliable, timely and relevant.

The service had an electronic quality management system, which monitored the performance of the service through data collection on all aspects of the service including incidents, complaints, mandatory training, and audits. Integrated reporting supported effective decision making. All staff had access, with secure logins, to the organisation's intranet to gain information relating to policies, procedures, national guidance, and e-learning. All staff were able to demonstrate the use of the system and retrieve information. Staff knew to log out of computers when they were left unattended.

There were arrangements to ensure data or notifications were submitted to external bodies as required. The service had arrangements and policies to ensure the availability, integrity, and confidentiality of identifiable data. Records and data management systems were in line with data security standards. The service provided information governance training for staff.

### 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 service engaged well with patients, staff, and local organisations to ensure people's views and experiences were gathered and acted upon to improve services. Complaints had been reviewed by service leaders and responses given to patients.

Good

# Surgery

Patient feedback was sought through different ways including feedback from the NHS Friends and Family and questionnaire on the day. Most of the feedback was positive, and results and comments were shared with staff. Following feedback from patients the service had implemented 'crosswords' to occupy patients whilst waiting, the kerb outside was painted yellow to highlight this to patients and amendments to patient's letters about the address were added when some patients couldn't find the centre.

Staff feedback was sought via a staff survey, staff said they were proud to work for the organisation and were happy with the interim manager who was supportive and had listened to their concerns and suggestions. We saw an action plan which included improvements in maintenance and outside lights and support for the community. On the day of the inspection there was a cake stall at the hospital for a local charity to support the community.

### 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.**

There was a focus on continuous improvement and quality. Leaders were responsive to any concerns raised and performance issues and sought to learn from them and improve services. Local engagement teams continuously sought feedback from patients to improve services.