

SpaMedica Ltd

SpaMedica Wolverhampton

Inspection report

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Date of inspection visit: 6 July 2022
Date of publication: 17/08/2022

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

We carried out an inspection of SpaMedica Wolverhampton using our comprehensive methodology on the 6 July 2022. The service had not previously been inspected.

We rated it as good overall because it was good in safe, effective, caring, responsive and well led.

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, provided patients with refreshments, 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. Key services were available six days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff 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:

- Basic life support training was not up to date for all staff. However, dates were identified for staff to complete them.
- The utility room floor was marked, and oxygen cylinders were rusty in places. However, following the inspection arrangements were made to replace the utility room floor and any rusty cylinders.
- SpaMedica had a speak up guardian in place, however it was acknowledged this was not well publicised within the location.
- Staff opinion on the visibility of the hospital manager was varied.
- There was no specific training for staff in relation to duty of candour.
- There were no arrangements in place for clinical supervision.

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

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Summary of this inspection

Background to SpaMedica Wolverhampton

SpaMedica Wolverhampton is operated by SpaMedica Ltd. The service offers cataract surgery, YAG Laser Capsulotomy (YAG) and vitrectomy. SpaMedica Wolverhampton is a purpose-built facility which opened in 2019.

The service is registered to provide the following regulated activities:

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

SpaMedica Wolverhampton only treated patients aged 18 or over. All patients were referred to the hospital under the NHS. There was a CQC registered manager in place who was also the nominated individual.

This was the first time we have inspected and rated this service. We inspected this service using our comprehensive inspection methodology. We carried out an unannounced inspection on 6 July 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 and well led.

The main service provided by the hospital was surgery.

How we carried out this inspection

The inspection team consisted of one CQC inspector and a specialist advisor with expertise in eye surgery. An inspection manager supported the inspection team. The inspection was overseen by Sarah Dunnett, Head of Hospital Inspection.

During the inspection we visited all areas of the hospital. We spoke with 14 members of staff including the hospital and area manager and the hospital director. We also spoke with six patients and reviewed eight patient records.

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

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

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

- The service should ensure that all staff are up to date with any mandatory training.
- The service should ensure all staff are aware of the company's speak up guardian and how to contact them.
- The hospital manager should ensure they are visible to staff on a day to day basis.
- The service should ensure staff receive training on duty of candour.
- The service should ensure arrangements are in place for clinical supervision.

Summary of this inspection

- The service should ensure it monitors the condition of the oxygen cylinders and raise any concerns with their contactors.

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

Surgery

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

Are Surgery safe?

Good 

We rated safe as good.

Mandatory training

The service provided mandatory training in key skills to all staff, however not all staff were up to date with their basic life support training. Plans were in place to address this.

There was a comprehensive mandatory training programme with an overall compliance rate of 88% which was only slightly below SpaMedica's target rate of 90%.

Staff completed online and face to face training. Mandatory training modules included moving and handling, resuscitation level one and level two, safeguarding, infection prevention control, fire safety, conflict resolution and health safety and welfare.

Relevant staff received training in intermediate life support (ILS). At the time of the inspection six out of 10 relevant staff had completed this, three staff were booked onto the next intermediate life support training and one member of staff was waiting for the course to be approved. Eight out of 15 (53%) staff were trained in basic life support. The hospital manager provided us with a list of dates in September 2022 when the remaining staff would be completing this.

Staff completed training dementia awareness training. The hospital manager told us they also provided staff with training on supporting patients with learning disabilities and those with mental ill health. Staff could complete this on the e-learning portal.

Managers monitored mandatory training and staff were alerted when they needed to update their training. The company had a training co-ordinator who alerted managers and staff when they needed to complete their training. Staff also received emails alerting them when training was due.

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.

Surgery

Staff received training specific for their role on how to recognise and report abuse. SpaMedica trained staff to level two in safeguarding adults and children. The service's mandatory training schedule included safeguarding.

The hospital manager was the safeguarding lead and was trained to level three in safeguarding adults. Staff within the service had access to the provider's, SpaMedica Ltd, two safeguarding leads, who were trained to level four.

Staff knew how to identify adults and children at risk of, or suffering, significant harm. Staff knew what to do if they had safeguarding concerns and staff had access to safeguarding flow charts, which were visible throughout the building. Electronic safeguarding adult and children's policies were in place and had links to current legislation. The SpaMedica website had a statement on modern slavery.

SpaMedica head office held information on staff Disclosure and Barring Service checks. Leaders were able to access this information and records showed proper checks were in place.

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 and most areas were well maintained.

The service generally performed well for cleanliness. There were infection prevention control related audits in place, including hand hygiene and infection prevention. Results showed a compliance rate of 100% for hand hygiene in May 2022 and infection prevention compliance was 93% in June 2022. Leaders completed audits quarterly and repeated them monthly, if compliance was below 95%.

There was an action plan for infection prevention dated June 2022. The action plan had two identified actions which included raising the wording of a question with the governance team as no single items had been reused and requesting some paperwork from a supplier. The service had an infection prevention control lead. SpaMedica held bimonthly infection prevention control meetings. Meetings were attended by the area manager and attendance was optional for the hospital manager.

All areas were clean and tidy. An external cleaning company cleaned the hospital each morning and evening. There was a daily staff cleaning checklist which contained the initials of which staff member was responsible for completion of tasks; however, staff did not sign this to say they had completed it; this meant it was not clear if the task had been completed.

Hand gels and sanitising wipes were readily available. Cleaning staff completed schedules in bathrooms and ward areas throughout the location. The hospital manager told us they completed weekly walkarounds to carry out spot checks on cleanliness.

The service ensured standards of cleanliness were in line with professional standards and guidance. For example, there was a clear process for the removal of surgical instruments out of the theatre into the dirty utility area and other instruments were disposable. There was a contract for the provision of decontamination and sterilisation of surgical instruments. Infection prevention control policies were available to all staff on the intranet.

There were processes around COVID-19. Patients signed a form to say no members of their family had COVID-19 symptoms and asked about their vaccination status at pre assessment. There was hand gel available at the entrance and the porter reminded people to gel their hands as they booked in. Staff told us they could access the patients' GP summary to ensure they did not have any infections or infectious diseases.

Surgery

One utility room we visited was not well-maintained. We visited a utility room where staff stored the oxygen cylinders. The floor was marked from the movement of the oxygen cylinders. Following the inspection, the service made arrangements for the floor to be replaced in August 2022. The hospital manager also told us they had discussed the rust on the cylinders with their contractors and arrangements were being made to replace any rusted bottles. The Wolverhampton team were made aware that should a bottle arrive in this condition; they had an arrangement with the contractor to arrange a replacement. A point of contact had also been appointed so future concerns could be raised. Oxygen cylinders were stored securely.

There was an action plan for an environmental audit with actions in place. However, the date section stated immediately but no overall compliance date was recorded. Therefore, we were unable to ascertain the date this took place.

Staff used records to identify how well the service prevented infections. As of the 30 June 2022, the service had a 0% endophthalmitis infection rate. Endophthalmitis is an inflammation of the internal eye tissues, most commonly caused by infection. Staff told us if they suspected a case of endophthalmitis they would send the specimen for analysis.

Staff followed infection control principles including the use of personal protective equipment (PPE). All staff wore personal protective equipment and were bare below the elbow. Staff used good hand hygiene techniques. The service had an infection control lead in place; sharps containers were available in clinical rooms and were not overfull.

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.

Patients could reach call systems. The ward area had call systems next to each chair and patients told us staff explained how to use them. Leaders told us they did not connect the pull chords to the call system due to health and safety reasons.

The design of the environment followed national guidance. Facilities and surgical equipment, including resuscitation equipment, were fit for purpose and staff checked this in line with professional guidance. Resuscitation equipment was available on both floors of the building and staff completed daily checks. Staff kept information on expiry dates and ensured items were in date. There were room temperature logs and resus trollies had tamperproof tags.

Clinical rooms had wash basins for staff to wash their hands between patients. Laminar airflow was in place in theatre and records showed theatre air testing took place every 12 months.

Algorithms were in place for basic life support, anaphylaxis, choking, advanced life support and treatment of hypoglycaemia. Systems were also in place to ensure statutory compliance with legionella testing, lift servicing, fire risk assessment and gas safe.

The service had suitable facilities to meet the needs of patients' families. An intercom system was used on entry to the building, alongside swipe card access for areas requiring additional authorisation. The location was set over two floors, the downstairs floor being for patients attending for surgery. There were spacious reception areas and waiting rooms on both floors and various consultation rooms. Lockers were available for patients use.

Sufficient laser eye protection was in place. There were appropriate warning lights for lasers which were in working order with local rules and risk assessments for staff to follow. Leaders told us SpaMedica had a handpiece coordinator due to it being such a busy site.

Surgery

Staff carried out daily safety checks of specialist equipment. Leaders kept a log of all appliance testing. This included details of the next test due and the result. Leaders ensured contractors tested all equipment within the last twelve months. The service had a maintenance facilities team. Staff could log jobs on a portal and it also showed when equipment services were due.

Staff disposed of clinical waste safely. Staff ensured all waste was bagged up and removed after each surgical procedure. There was a policy for the packaging, handling and delivery of pathology specimens.

Assessing and responding to patient risk

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

Staff completed risk assessments for each patient. Staff completed comprehensive risk assessments for people who used the service. GPs and opticians referred patients to the service. Patients attended a pre-operative assessment before being accepted for surgery. Prior to surgery staff explained all the risks and benefits of the procedure. Patients told us staff explained risks to them, talked through what would happen and put them at ease.

Staff asked patients key questions around risk on the day of surgery to ensure nothing had changed. This included questions around allergies, if there had been any changes to their health or medications, if they had diabetes or had any metal work. Staff double checked with patients that they had the correct eye and marked the area above for surgery.

Staff shared key information to keep patients safe when handing over their care to others. Staff attended daily huddles where they discussed the day's activity, alongside topics such as bank and agency staff on duty, external visitors, staff absences and staff on training. The hospital had a daily handover sheet which had important details such as any clinical concerns, communication needs, if patients needed transport and if they needed an interpreter.

Staff had the option to record patient risks and alerts on the electronic system. For example, risks such as if a patient had an allergy or an alert for patients living with dementia. Staff told us they also had stickers they could place on patient notes.

Leaders told us how resuscitation scenarios took place every six months which a company came out to complete. The last resuscitation scenario at the service took place in April 2022

Patient medical records included a pre cataract medical questionnaire. Staff asked questions around lifestyle, previous eye conditions and medical history. For example, if the patient had high blood pressure, allergies and if they could lie flat for 30 minutes. Staff fitted patients with wristbands which contained relevant patient information.

On the day of the inspection one patient was unable to continue with the surgery as they were unable to lie flat or tolerate the face covering. Leaders told us that patients were risk assessed to see if they could lie flat prior to surgery; however, this relied on the patient disclosing this to staff. We reviewed the electronic incident reporting system for the last three months and found there had not been any other similar incidents. SpaMedica had a working group in relation to slips, trips and falls.

Information provided to patients included post-surgery symptoms and when they needed to call the hospital immediately. For example, if they experienced excessive pain, increasing redness of the eye or increasing deterioration of vision. The information also included a list of complications.

Surgery

The service had 24-hour access to an emergency helpline. SpaMedica had an emergency helpline number for patients. The helpline number was available 24 hours per day, 365 days per year for emergencies and from 8am to 6pm Monday to Friday for general enquiries.

Staff knew about and dealt with any specific risk issues. Telephones had a tannoy system for staff to call other staff for help in case of emergency. If an emergency happened, staff told us they would telephone 999 and declare there was not a doctor on site. There was a list of first aiders on display as well as details of the nearest first aid box.

Staff told us that if a patient became unwell whilst downstairs there was no couches available for them to lie down on. There were couches available upstairs.

The service had processes in place to identify and arrange treatment for patients who required complex surgery. The electronic records system calculated a risk stratification score based on individual needs and patient ocular pathology. The process allowed that any patient with a greater risk of posterior capsular rupture (PCR), was listed on the complex list rather than the routine one. Staff completed complex surgical lists every two weeks, this meant that leaders could ensure that the correct team were in place to deal with any complications should they arise. There was a standard operating procedure for complex cataract listing patients.

Resuscitation scenarios took place every six months which an external company came out to complete. The last resuscitation scenario at the service took place in April 2022.

The cardiopulmonary resuscitation of adult's policy clearly described the process to follow when staff witnessed a patient or member of staff collapse.

Staff completed an adapted five steps to safer surgery World Health Organisation (WHO) surgical safety checklist. We reviewed eight patient records and staff completed these consistently. We saw that WHO documentation was considered within the action plan for clinical documentation.

There was a pre assessment (PAC) guidance document. The guidance set out various medical conditions, allergies and provided guidance such as how long a patient should wait after a medical event, or if the condition meant the surgery could go ahead as normal.

The hospital had a red endophthalmitis emergency box that contained everything staff needed to respond to a complication. Additionally, there was an endophthalmitis checklist and policy.

Medical and Nurse staffing

The service had enough nursing and 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 bank and agency staff a full induction.

On the day of the inspection we found there were enough nursing and medical staff to keep patients safe. Leaders planned staffing levels and skill mix so that people received safe care and treatment at all times.

Managers accurately calculated and reviewed the number of nursing and medical staff in accordance with national guidance. The hospital had a standard operating procedure (SOP) for clinical safe staffing levels. The SOP detailed the required staffing levels in operating theatre, pre-assessment, post-operative clinic and for the various other treatments available.

Surgery

The service had low and/or reducing vacancy rates. At the time of the inspection the service did not have any vacancies. SpaMedica Wolverhampton's overall staff turnover rate from 1 July 2021 to 30 June 2022 was 31%. The hospital manager told us this was reflective of the organisation's turnover rates. Each person was offered an exit interview with the HR business partner. The hospital manager told us themes and trends were monitored and that exit interview data from June 2021 to June 2022, showed 77% of staff said they would return to work at the service.

Managers could adjust staffing levels daily according to the needs of patients. SpMedica's policy was that reduced staffing levels would be implemented in cases of no clinical activity.

Managers limited their use of bank and agency staff and requested staff familiar with the service. Bank and agency staff completed the same full induction process as permanent staff.

The service had enough medical staff to keep patients safe. Surgeons worked under practicing privileges. The location had a named Laser Protection Advisor and a list of certified laser assistants.

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. Peoples individual care records, including clinical data was written and managed in a way that kept people safe.

Records were stored securely. Staff used a mixture of paper and electronic records. All information needed to deliver safe care and treatment was available to staff in a timely and accessible way, including any test and results, care and risk assessments.

We reviewed eight patient records and found staff stored them securely, they were legible and up to date. Once staff had completed the paper records, staff sent them for scanning electronically.

Staff shared information needed for ongoing care appropriately with the patient's GP. For example, we saw when a person was not able to have surgery as expected, staff had kept the GP updated. Patients' records contained all relevant patient information, including details from any pre-operative assessments.

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. A private company supplied the service with medicines and a pharmacy lead was in place.

Fridge temperatures were checked internally and recorded on a paper record. Managers were alerted if fridge temperatures went out of range. Staff completed training on medicines management awareness and disposal.

Staff kept controlled drugs in a locked cabinet and only authorised staff had the code. Two registered nurses recorded and signed controlled drugs. Staff checked all medicines weekly. We checked the medicines and found they were all up to date. Patient group directions (PGDs) were in place for relevant medicines, such as eye drops. There was a medicines management policy which was in date and included details around the use of patient group directions, storage of medicines, medicine errors and controlled drugs.

Surgery

Staff completed medicines records accurately and kept them up to date. We reviewed eight medication records and found they were prescribed in line with relevant legislation. Staff recorded patient allergies in patient records.

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. There was an electronic incident recording system. A policy was in place for the management and reporting of clinical risk, incidents and near misses. All staff completed training on how to log an incident and there was incident investigation training which two staff had completed.

Managers shared learning with their staff. Monthly staff meeting minutes showed that leaders discussed incidents as well as lessons learned. Staff were able to give examples of learning as a result of incidents.

Leaders told us they submitted all root cause analysis to a policy committee. The committee then reviewed these, identified themes and trends and shared these out in the sharing lessons document. SpaMedica sharing learnings document had details of incidents, root causes and what staff needed to be mindful of; this was shared within the hospital and with area managers each month. The expectation was that the information was cascaded through the team to support and promote shared learning.

We reviewed the SpaMedica Clinical Governance Report from May 2022 and saw details of incidents were discussed and split into categories such as falls, safeguarding and medicines incidents. Lessons learnt from root cause analysis were also shared bi-monthly at SpaMedica clinical governance meetings.

Staff learned from safety alerts and incidents to improve practice. The service was registered with the Medicines and Healthcare products Regulatory Agency to ensure they received access to urgent safety guidance and alerts. We reviewed the SpaMedica clinical governance report (May 2022) and saw this listed recent national safety alerts and if they were applicable to SpaMedica.

Leaders were open and transparent and gave patients and families a full explanation if and when things went wrong. The hospital had one never event in March 2021. The hospital manager had completed a root cause analysis as a result. The analysis had a detailed chronology of events, summary, conclusions and an action plan. Within the document there was evidence that duty of candour had taken place and that staff had apologised to the patient. The incident was shared with the medical director, the director of clinical services and the area manager. It was also shared via clinical governance and medical advisory committee meetings.

Not all staff were aware of what was meant by duty of candour. We asked to see the training details of how many staff had received training around duty of candour, however, leaders told us they did not provide any specific training on this. The hospital manager told us duty of candour was enshrined within policy, a duty of candour letter template and was a standard prompt in root cause analysis and 72-hour reports.

Are Surgery effective?

Surgery

Good 

We rated effective 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. Policies and standard operating procedures were in place. All policies were up to date, version controlled and contained links to national guidelines. Staff were able to access policies online. Governance systems were in place to ensure the service implemented and monitored national guidelines.

The service had a comprehensive audit programme and leaders completed audits quarterly, repeating them monthly if the scores fell below 95%. The audits programme included clinical documentation, consent, infection control, laser safety, surgical safety and medicine management. Areas which fell below target in June 2022 included infection prevention (93%) and clinical documentation (89%). Leaders had devised action plans in relation to these. Clinical audit outcomes were shared in the clinical governance reports to the clinical governance committee.

Patient records showed tracking and traceability for cataract surgery which included numbers of devices used, batch numbers and expiry dates. This meant staff were able to track and trace items, should there be any future concerns.

Nutrition and hydration

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

The service had refreshments such as tea, coffee and water available in waiting areas. As patients only visited the service for a short period of time the service did not routinely offer patients food. Staff told us they would provide toast if someone needed it and were conscious some patients may be diabetic.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain.

The service ensured patients underwent surgical procedures without experiencing discomfort or pain. Patients' pain levels were checked and advice given regarding pain relief following their procedure. Patients were given written information on types of pain that would require immediate contact with SpaMedicas' emergency number, such as a severe frontal headache and throbbing pain on or around the operated eye. The hospital kept a dashboard to record patient pain scores.

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 had been accredited under relevant clinical accreditation schemes.

Surgery

The service participated in relevant national clinical audits. SpaMedica supported the Royal College of Ophthalmologists (RCOphth) National Ophthalmology Database (NOD) audits which enabled cataract providers to benchmark against the performance of their peers nationally.

Outcomes for patients were positive, consistent and met expectations. The national standards posterior capsular rate (PCR) at the service was low, it was 0.14% between July 2021 and June 2022. Posterior capsular rupture (PCR) is the most common complication during cataract surgery and is accepted as a marker of surgical skill.

Managers routinely collected and monitored information about the outcomes of peoples care and treatment. Leaders told us they measured patient outcomes in a variety of ways including activity at the hospital, clinical audits, clinical outcomes, visual acuity outcomes. The service measured visual acuity outcomes. Results showed, between July 2021 and June 2022, 97% of patients felt an improvement post operatively.

Patient satisfaction feedback showed that out of 3390 responses, between July 2021 and June 2022, 51% of patients strongly agreed and 48% of patients agreed that they were happy with the outcome of their treatment.

The hospital had arranged for peer reviews of the service bi-annually. The reports were designed to share good practice amongst colleagues. We reviewed a report from a peer reviewer from another SpaMedica site which took place in June 2022. We reviewed the report and found it was organised into CQC domains and had examples for improvement as well as good practice. Once completed the process was that the clinical governance team reviewed the peer review and shared it with the area managers to complete any action plans.

Competent staff

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

Managers supported staff to develop through annual appraisals of their work. Arrangements were in place for supporting and managing staff to deliver effective care and treatment. All staff were up to date with their probation reviews and appraisals.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The service ensured that surgeons only carried out surgery they were trained to perform. SpaMedica had a practising privileges policy which specified that in accepting practicing privileges the medical practitioners agreed to practice only in specified categories.

We reviewed the slides from the central regional meeting in February 2022, and found each surgeon was rated on their performance and their performance such as outcomes discussed. Leaders told us if they became aware a particular surgeon had a high complication rate, they would alert the medical director. The hospital had a dry laboratory on site to be utilised for surgeon training and to support training for medical retina services.

Managers identified poor staff performance promptly and supported staff to improve. Leaders were able to give an example of when they had identified poor performance. In such instance's managers would speak to the member of staff to identify if they needed additional training and would also look at more formal processes if necessary. Leaders told us patient satisfaction was one of the ways the service monitored surgical performance. We saw managers implement conduct management plans when necessary.

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

Surgery

At the time of our inspection there were no arrangements for clinical supervision. During the interview with the senior leaders they told us they had recognised this, and ongoing discussions were in process.

Managers gave all new staff a full induction tailored to their role before they started work. We reviewed several staff files and saw staff signed to say they had read the policy list. Files contained induction checklists for registration numbers, details of any training completed and a comprehensive competency document which included admitting laser patients, dilating the eye, marking the eye and taking a patient blood pressure. It also contained details of annual appraisals, performance reviews, competencies reviews and developmental goals.

Staff told us how, when they started to work at the hospital, they completed a patient journey. This involved going through each step of the patient's journey to help them understand the process. Staff also told us how they had the opportunity to be trained to work in all clinics, so they were multiskilled and able to rotate across hospital areas.

Multidisciplinary working

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Staff took part in multidisciplinary team meetings and staff from different areas of the hospital met each morning in a daily huddle where they discussed lists for the day. Leaders audited the huddle for quality.

The multidisciplinary team worked well together from the moment the patient arrived in reception. The area manager worked closely with the hospital manager and attended additional meetings with staff from other SpaMedica sites so they could share information.

Staff worked across health care disciplines and with other agencies when required to care for patients. Staff told us how they had been working towards building good relationships with GP's.

Seven-day services

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

The services' opening hours for were from 8am to 6pm Monday to Saturday. However, opening hours could vary depending on when staff finished the lists. There was the option to open the hospital out of hours if it was need in an emergency situation.

An emergency helpline was available for patients needing support. The national call centre was staffed from 8am to 6pm Monday to Saturday.

Health promotion

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

The service had relevant information promoting healthy lifestyles. Staff devised a notice board in the waiting area with various helpline numbers such as Diabetes UK and the Samaritans. Patient notes had detailed medical questionnaires which had various lifestyle questions.

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.

Surgery

Staff understood when to assess whether a patient had the capacity to make decisions about their care. The hospital had a Mental Capacity Assessment Act policy. The policy stipulated that obtaining consent was the responsibility of the Optometrist and that as a result they received additional consent training and competency assessment in the consent process during their initial induction process, to support the assessment of capacity.

We reviewed the training records of the optometrists and saw they had all completed additional training on explaining and consenting to primary angle closure (PAC) in addition to completing competencies on gaining consent. Staff competencies around consent included having a good understanding of the Mental Capacity Act 2005 and its main principles.

Staff understood the relevant consent and decision-making requirements of legislation or where they could find this information. SpaMedica had an NHS Ophthalmic treatment centre cataract consent form, the statement of health professional statement included details of possible complications.

Staff clearly recorded consent in the patients' records. Processes were in place to ensure staff took consent. We reviewed eight patient records and saw staff had recorded patient consent appropriately. Patients in ward areas told us they had consented to the treatment they were about to receive. Staff offered patients a copy of their consent form.

Managers monitored consent processes. Leaders audited consent as part of SpaMedica's audit schedule. The service scored 97% on the most recent consent audit in May 2022. Staff identified translation needs were at the preoperative stage, this meant they could arrange translation services in time to support the consent process.

Are Surgery caring?

Good 

We rated caring as good.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity.

Patients said staff treated them well and with kindness. Staff responded in a compassionate, timely and appropriate way when people experienced physical pain, discomfort or stress. One patient told us how it was the second time they had surgery at the hospital and how the last time they had attended they were really anxious; however, staff had put them at ease. Staff were caring and compassionate.

Staff took the time to interact with people who used the service and those close to them in a respectful and considerate way. Staff showed an encouraging, sensitive, supportive attitude.

SpaMedica had a privacy and dignity policy. Staff followed policy to keep patient care and treatment confidential. Staff ensured that people's privacy and dignity needs were always respected. Staff ensured doors were closed when they treated patients.

Emotional support

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

Surgery

Staff gave patients and those close to them help, emotional support and advice when they needed it.

Staff supported patients who became distressed in an open environment. Staff told us if a person was nervous, they could make arrangements for them to visit the hospital beforehand if needed. There were lots of quiet areas patients could utilise if they did not wish to sit in busier waiting areas. Patients could bring a relative with them if they wished.

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. Patients told us how staff took the time to explain things to them. Staff were able to give an example of how they had ensured an anxious patient was first on the list, this meant they did not need to wait long for staff to be seen. We observed staff reassuring patients. For patients who were very anxious staff could provide a mild sedative.

The company website had patient stories from previous SpaMedica patients to provide words of reassurance. Staff told us how they recognised the importance of displaying empathy and providing patients with reassurance.

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. SpaMedica Wolverhampton provided patients with information at each stage of the journey. Patients had lots of opportunity to ask staff questions from the pre-operative stage to discharge. Patients told us staff had kept them informed using the telephone and letter.

Information in written format was available as well as a website where patients could find out a wealth of information including quality results, getting a referral, eyecare and various FAQ's.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Staff talked to patients in a clear manner and gave clear explanations about treatment in a way that was easy to understand and without the use of jargon.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Feedback was continually positive. We reviewed the feedback from patients and saw patient comments included; *"everyone was so kind and helpful"* and *from 1st arrival all staff were very pleasant, helpful and well informed*.

SpaMedica's patient survey results showed 96% of patients were likely to recommend the service to others.

Are Surgery responsive?

Good 

We rated responsive as good.

Service delivery to meet the needs of local people

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

Surgery

Managers planned and organised services, so they met the needs of the local population. The hospital liaised with local clinical commissioning groups (CCG) and planned and developed services to meet the needs of the local population. The hospital accepted referrals from patients' GPs or optometrists. Services were offered to NHS patients under CCG contracts.

The service completed emergency lists for vitreo-retinal surgery. This was shared with other SpaMedica locations. Leaders told us how if needed, they would open the hospital up out of hours. There was a security firm who would open the building and stay until the end of surgery.

Staff at the hospital ensured all patients had all necessary information and clear explanations of what to expect before the day of surgery. Patients we spoke with told us staff had explained to them what to expect when they came for their appointment.

Facilities and premises were appropriate for the services being delivered. The hospital had appropriate facilities delivered over two floors and had clear signage in place. This hospital had lots of consultation rooms, waiting areas and a theatre area. Bariatric wheelchairs were available and there was a theatre bed with a weight limit of 25 stone.

At the time of the inspection the ramp outside the front entrance was still requiring additional work and had been assigned to contractors. Whilst the work was in progress staff used the side door as an accessible entrance. The hospital porter identified any patients who required this entrance and escorted them into the building.

There were evacuation chairs at the top of the stairs for patients requiring support to get down the stairs in an emergency situation. There was also an emergency voice communication system.

There was a notice board in the waiting area with photographs of staff members; such as the hospital and area manager. The hospital car park was covered by CCTV and had an intercom system.

The waiting area consisted of several chairs each, with a screen in between. The area where patients waited for surgery did not have a television and was very quiet.

The service offered a free transport service for patients. The transport service was for patients who lived 10 miles away or over. The hospital employed porters whose role included greeting patients, supporting them through the booking in process and helping them to access refreshments.

Managers ensured that patients who did not attend appointments were contacted. SpaMedica's policy was that where it was necessary to reschedule appointments, staff made up to three attempts to contact the patient to agree a new time and date. If after three attempts, it had not been possible to contact the patient, staff made a fixed appointment and sent it in the post.

Care coordinators told us the main bookings team dealt with a lot of cancellations; however, the team at the service could rebook theatre appointments.

Staff could list patients as temporarily unfit. This was where a patient was not classed as fit to undertake surgery for a short period of time. This could be due to short term illness, raised blood pressure or other short-term conditions. This meant that patients did not need to go through the whole process of joining the waiting list again.

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.

The service had sufficient parking available. The building had wide corridors and doorways; there were disabled toilets available with call bells and handrails. A lift was also available. SpaMedica had a website where patients could view a video about the service, and it explained the whole surgical process and the building layout.

The service had information leaflets available in languages spoken by the patients and local community. Staff were able to order leaflets in other languages if needed. Patients could go on the SpaMedica website and order brochures on cataracts, age related macular degeneration (AMD) or YAG laser capsulotomy. The information leaflets were also available for patients at the hospital. The hospital had a language identifier in place if staff needed to identify what language the patient spoke.

There were pathways for age related macular degeneration (AMD), primary angle closure (PAC), YAG laser capsulotomy and theatres. Staff had the option to record if a patient was living with dementia or a learning disability on the electronic system to make sure all staff were aware. There was a dementia lead within the hospital and there was a dementia policy. The policy contained links to NHS guidance, details on the different types of dementia in addition to staff roles and responsibilities.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service accessed an interpreter service for those patients who needed it, including British Sign Language interpreters. We reviewed patient records and saw interpreters were both considered and used.

Staff had access to communication aids to help patients become partners in their care and treatment. There was a hearing loop system available for those with a hearing impairment. Staff showed us a set of pictorial cards they had for patients who needed them. The cards had information relating to pre and post-operative processes, including pictures of equipment and waiting areas; preadmission rooms, wrist bands.

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. Patients had timely access to initial assessment, test results, diagnosis and treatment. Referrals were via the patient's optician or GP. Leaders told us it was very rare that they would cancel surgical lists. On the day of the inspection some patients told us they did feel there was a lot of waiting at the hospital. There were no noticeboards displaying waiting times. The care coordinator told us they would verbally let people know if they were running behind.

Processes were in place to reschedule any cancelled appointments. When staff cancelled procedures, patients were rebooked for surgery as soon as possible and staff communicated the reasons for any cancellations to patients. Staff reported cancelled treatments to the clinical governance committee and shared data in a clinical governance report. Cancelled operations were recorded on the electronic incident recording system.

Surgery

Managers and staff worked to make sure that patients did not stay longer than they needed to. On the day of the inspection we observed staff working hard to ensure they saw patients on time. There was a clear patient flow in place. The hospital had a visible patient journey board, named your theatre journey, in waiting areas for patients beginning their journey through theatre. The board detailed each stage of the process from being greeted by the reception team to being given a discharge pack.

Managers monitored waiting times and made sure patients could access emergency services when needed; they received treatment within agreed timeframes and national targets. The average waiting time from referral to treatment from July 2021 to April 2022 was seven weeks; this met the hospitals' target of 18 weeks. Feedback from patients regarding if their waiting times had been acceptable for each of their appointments showed 58% agreed and 38% of patients strongly agreed.

Staff planned patients discharge carefully, particularly for those with complex mental health and social care needs. Staff asked patients if they had arrangements to get home safely following surgery. The hospital process was that patients were seen by a nurse following their surgery and provided with post-operative information, any medicines and details of the emergency helpline.

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. Patients told us they knew how to make a complaint, but they did not have any reason to do so.

The service clearly displayed information about how to raise a concern in patient areas. There was a complaints procedure leaflet available. The leaflet set out who to make a complaint to, what to expect, who to complain to and timescales to expect. There was a complaints policy and staff knew where to access this.

Managers investigated complaints and identified themes. We reviewed a sample of complaints responses and found responses included actions and summarised findings. Leaders told us they were a member of the Independent Sector Complaints Adjudication Service (ISCAS).

Managers shared feedback from complaints with staff and learning was used to improve the service. We reviewed staff meeting minutes and noted that complaints and learning from complaints were discussed. Complaints, themes and processes and lessons learnt were also discussed at the clinical governance meetings and reported in the clinical governance report.

Staff could give examples of how they used patient feedback to improve daily practice. We heard of several examples of how patient feedback had been used to improve daily practice and saw improvements were made as a result, for example the patient journey board.

Surgery

Are Surgery well-led?

Good 

We rated well-led as good.

Leadership

Leaders understood and managed the priorities and issues the service faced. However, staff opinion on the visibility of the hospital manager was varied.

There were clear organisational and management structures and management structure charts were available to review. SpaMedica Wolverhampton had a hospital director in post as well as an area and hospital manager. The area manager covered four other SpaMedica locations.

The hospital manager was new to the role but not new to SpaMedica and was applying to become the registered manager with CQC. A CQC registered manager was in place, and was also the nominated individual. The area manager was working closely with the hospital manager to support them into their role and was visiting the hospital every week.

The hospital manager told us they had an open-door policy and attended regular staff meetings. They told us they did not always attend daily huddles but completed a weekly walk about.

Staff opinion on the visibility of the hospital manager was varied. Some staff told us how they felt leaders were visible, approachable and supportive, whilst others told us they felt the hospital manager would benefit from spending more time alongside staff in patient areas, and how they did not feel they were visible, supportive and did not check on their welfare. They also told us they did not feel the hospital manager understood the day to day pressures they faced and spoke of low staff morale.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.

There was a clear vision and a set of values. SpaMedica's vision and values were clearly visible on the organisation's website. These included "*the patient is at the heart of everything we do, and we focus on the three objectives to achieve the very best we can be-Patient Safety, Excellent Care and Patient Satisfaction*". SpaMedica values included safety, integrity and transparency.

We reviewed SpaMedica board strategy overview and saw this was based on five key concepts including growth, quality, leadership, governance and infrastructure. The growth concept concentrated on the continued expansion of SpaMedica to meet the growth in demand for the service within the wider economy.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service provided opportunities for career development. SpaMedica had a speak up guardian in place, however this was not well known to staff.

Surgery

Staff told us how they felt colleagues were welcoming, how they enjoyed their job and that they felt able to suggest improvements or raise concerns. They stated they felt privileged to work at SpaMedica Wolverhampton.

We saw staff working well together to deliver good patient care. Staff told us how they received rewards such as wine and chocolates and had food provided every few months. Other staff told us how they would like to see more celebration days at the service, for example; to celebrate nurse's day. SpaMedica also had a who's your hero award when staff could nominate colleagues who went the extra mile.

Leaders addressed any behaviours and performance that was inconsistent with the vision and values regardless of seniority and were able to give examples of this.

Senior leaders told us that SpaMedica had a speak up guardian in place. However, this was not well known or publicised within the service. This meant it may not have been as easy for staff to raise concerns without fear of retribution.

There were mechanisms to provide staff with appraisals and opportunities for staff to discuss career development. Staff spoke of how they had opportunities to work in all different areas which supported their development.

At the time of the most recent staff survey, only six out of 26 staff at SpaMedica Wolverhampton chose to take part. Leaders told us this was similar across the organisation. Plans were in place for the area manager and human resources to visit the site and carry out a pre-planned meeting with the team to see if there was anything staff wished to discuss.

In response to the staff survey, changes had been made including pay, increasing board visibility and tweaks in staff recognition. Survey results within the service showed that 100% of staff agreed the team they were in worked well together. Other results have not been shared within the report due to the low staff participation; meaning it was not representative of the location as a whole.

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.

All levels of governance and management functioned effectively and interacted with each other appropriately. Staff were clear about their roles and understood who they were accountable to.

There was a clinical governance committee in place that met bi-monthly, in addition to a medical advisory committee (MAC) who met every three months. A terms of reference document was in place for the clinical governance committee, the document explained the functions, constitution and proceedings of the group.

The service had a dashboard to monitor clinical outcomes. Managers monitored individual surgical performance which meant issues could be identified and responded to appropriately in a timely way.

Arrangements were in place to ensure all surgery carried out was monitored and reviewed. There was a programme of clinical audit which was discussed in the clinical governance committee, alongside areas such as audit themes, cancelled treatments, incidents, safeguarding and complaints.

Surgery

Various other meetings took place which were attended by the area manager, with information being cascaded to the hospital manager, and then to staff. Regular staff meetings took place within the service. The meetings were minuted so staff could read them if they were not able to attend. The hospital manager attended the bi-monthly operational meetings.

The SpaMedica practicing privileges policy set out the organisations requirements and included detail such as eligibility and maintenance, registration with GMC and appraisal. The MAC discussed topics such as the clinical governance report, consultants and medical updates, and COVID-19.

Management of risk, issues and performance

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

There was a systematic programme of clinical and internal audit to monitor quality and operational processes with actions identified when improvement was identified.

There were robust arrangements for identifying, recording and managing risks and mitigating actions. We reviewed the locations risk register and noted risks were colour coded in accordance with level of risk, had controls and were kept updated. One staff member told us how their personal situation had been risk assessed and how they no longer worked in high risk areas.

At the time of the inspection there were two risks identified as high risk including the risk of failure of IT equipment and problems with the building fabric. The risk register was monitored and maintained by the hospital manager. This was then overseen by the area manager.

There was a backup generator to ensure that should the power fail mid treatment the patient's treatment was not compromised. The location kept a record of compliance with servicing such as the intruder alarm, CCTV servicing, air conditioning and lift servicing.

There was a business continuity plan dated April 2022. The plan contained information on the plan activation, incident management, business continuity and recovery and resumption.

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.

SpaMedica had a website where patients could find out information about the service, look at FAQ' and listen to patient stories. The website also had an area which explained all about privacy and how they used patient's information.

The contact details of the information commissioner's office was available for patients who wished to gain independent advice on matters relating to data protection. SpaMedica had an information security policy in place.

The service submitted information to external organisations such as the National Ophthalmology Database. This meant the service was able to benchmark themselves across other similar organisations.

Surgery

Patient information was stored securely. Once paper records were completed, they were sent off to be scanned electronically. Computers were password protected to ensure no unauthorised access.

Engagement

Leaders and staff actively and openly engaged with patients and staff, to plan and manage services. They collaborated with partner organisations to help improve services for patients.

SpaMedica Wolverhampton sought opinions of staff and patients through staff and patient surveys. We heard examples of changes being made as a result of patient and staff feedback including the patient journey board and implementing a spreadsheet to monitor patients on the temporarily unfit list.

Senior leaders shared information in newsletters. We saw a weekly update email from the chief operating officer around changes. For example, resuscitation changes, policy updates and vacancies.

There was an IN SIGHT newsletter which had important messages to be shared including going above and beyond, staff benefits, new starters and celebrating long service. There was also the feel-good Friday newsletter celebrating good news stories.

Learning, continuous improvement and innovation

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

Following an incident when a patient with a known latex allergy was incorrectly scheduled in the middle of a surgical list the SpaMedica systems team developed a weekly report that showed any surgical patients specified as having a latex allergy. The report highlighted latex allergies to the clinical team to ensure patients were scheduled as first on the list and that appropriate preparations were made.

Due to the recognition that a significant number of patients in Wolverhampton had the same or similar names, the system team (following feedback) had created a report that was generated daily which showed patients on the clinical list who had the same or similar names. This highlighted to the clinical team the need to be extra vigilant.

Staff told us how they had been working hard to reduce the temporarily unfit list; to help with this they had been keeping in closer contact with the patients and working closely with the patient co-ordinator to gather information from the patients GP. A spreadsheet had been implemented to ensure staff were kept up to date with this. SpaMedica had been awarded investors in people gold status.

The hospital had a patient journey board visible named your theatre journey in waiting areas for patients beginning their journey through theatre. The board detailed each stage of the process from being greeted by the care coordinator on reception to being given a discharge pack.

The hospital had a dry laboratory on site to be utilised for surgeon training and to support training for medical retina services. The team at Wolverhampton were in the process of sponsoring a guide dog.

Staff had designed a noticeboard around the CQC key lines of enquiry. Staff populated the notice boards to show the delivery of care to patients. The notice board was displayed in the waiting room of the hospital.