SpaMedica Ltd

SpaMedica Preston

Inspection report

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

Ratings

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

Summary of findings

Overall summary

We have not previously rated this service: We rated it as outstanding because:

The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. However, the service should ensure staff supporting in theatre follow measures to mitigate the risk of cross infection. Staff assessed risks to patients for suitability for treatment, acted on them and kept good care records. Medicines were managed effectively and stored securely. The service managed safety incidents well and learned lessons from them.

Staff worked hard to provided good care and treatment. Outcomes for patients were consistently better than expected when compared with other similar services. Staff offered pain relief when patients needed it. Managers monitored the effectiveness of the service and made sure staff were competent. The service recognised the importance of continuing development of staff skill, competence and knowledge as integral to ensuring safe care. Staff worked well together for the benefit of patients. They kept them informed throughout their treatment and supported them to make decisions about their care and had access to good information.

Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers. Feedback from patients was continually positive.

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's individual needs and preferences were central to the delivery of tailored services. People could access the service when they needed it and did not have to wait long for treatment. Staff worked hard to minimise pressures on the local NHS acute services.

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 and were passionate about the values of 'Every Patient, Every Time, No Excuses' Staff felt respected, supported and valued. They were encouraged to put forward improvement ideas that if adopted were rolled out across the organisation and rewarded for their innovation. 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:

Best practice to prevent cross infection in theatre should be reviewed and monitored.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Surgery	**Outstanding** ☆	See overall summary

Summary of findings

Contents

Summary of this inspection

Background to SpaMedica Preston

SpaMedica Preston is operated by SpaMedica Ltd and has been open since 2018. The hospital carries out cataract surgery, using local anaesthetic and yttrium aluminium garnet (YAG) laser eye treatments for adult patients referred from the NHS.

The hospital is located close to the town centre, in a business park with car parking facilities. The service operates over two floors with a lift for accessibility.

SpaMedica Preston is registered to provide the following regulated activities:

• Diagnostic and screening procedures

• Surgical procedures

• Treatment of disease, disorder or injury

The location had a registered manager in post and has not previously been inspected.

How we carried out this inspection

We carried out this unannounced inspection on 21 and 22 June 2022 using our comprehensive inspection methodology.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the organisation understood and complied with the Mental Capacity Act 2005.

During the inspection, we visited outpatient and surgical areas. We spoke with 14 staff including registered nurses, health care technicians, patient co-ordinators, and senior managers. We also spoke with eight patients using the service.

During our inspection, we reviewed five sets of patient records that covered cataract surgery and yttrium aluminium garnet (YAG) laser. We also reviewed medicines management.

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:

Summary of this inspection

- The hospital consistently achieved better clinical outcomes for patients compared to similar services.
- They had a lower than the national average rate of posterior capsular rupture, which is an operative complication, following cataract surgery.
- The service provided a 24-hour, seven day on call service and managed any post-operative complication in house, whenever possible, rather than sending patients to an NHS provider.
- The service had arranged an external contract with a microbiology laboratory to test and report on suspected endophthalmitis within 24 hrs from receiving a request including out of hours.
- The hospital had its own accreditation (a red, amber, green (RAG) rated system) for surgeons contracted to the services to ensure that patients received a positive experience.
- Patients' video stories were available to view on the website for patients to watch prior to their procedure providing reassurance and information.
- Feedback from patients was continually positive about the way staff treated people.
- Staff carried out a tailored risk assessment at pre-assessment clinic for cataract surgery so patients' post-operative medicine regime could be tailored accordingly. The assessment took account of a range of factors including ethnicity and social factors. The tailored risk assessment had been designed and validated by the medical director following a clinical study which was published in professional journals and being shared at international conferences.
- The service supported patients when it was identified they may find it difficult to comply with post-operative treatment eye drops and offered a one-off steroid injection.
- Staff sponsored a dog for the blind and raised funds through individual and team events.
- The service assisted patients with no means of transport to access treatment at the location by providing complimentary transportation options.
- Following research and trial, the organisation found steroid drops provided better post-operative results compared to the previously used antibiotic drops. The provider was short listed for an innovation award by Public Health England for reducing antibiotic resistance. The research has been published and shared internationally.
- Staff were encouraged and supported to take ideas forward which, if adopted, were implemented across the organisation. Staff were rewarded for their contribution.
- Spamedica had an ophthalmic 'dry lab' training facility to train surgeons using the same standard machines and consumables used in theatre but used synthetic model eyes. It was the only facility in the North West based at one of their sister sites.

Areas for improvement

Action the service SHOULD take to improve:

The service should ensure staff supporting in theatre follow measures to mitigate the risk of cross infection. This was discussed with the hospital manager on inspection and measures were in place for staff to follow. (Regulation 12)

Our findings

Overview of ratings

Our ratings for this location are:

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

Outstanding

Surgery

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

Are Surgery safe?

Good

We have not previously rated safe. We rated it as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training. The provider followed the same mandatory training framework as the NHS. The service had a training matrix which identified the required training for each staff group. Compliance with mandatory training met the service target of 95% (18 out of 19 staff).

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

Mandatory training was comprehensive and met the needs of patients and staff. The service gave staff time to complete training. Staff confirmed training was online and face to face where required such as, basic life support training.

Staff completed training on recognising and responding to patients with dementia. They were not currently providing training on learning disability and autism. This will be mandatory under new government requirements from 1 July 2022. Some staff had been trained as mental health first aiders.

Managers monitored mandatory training and alerted staff when they needed to update their training. Training records were held centrally by the human resources department who notified the manager when training was due and completed. The hospital manager ensured staff completed their training with protected time allocated to staff to achieve this.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Staff completed safeguarding training as part of their mandatory training. All staff undertook level one and two adult and children safeguarding training. Managers undertook level three. The clinical governance lead was trained to level four and was the designated safeguarding lead. We saw information throughout the hospital informing staff how to raise a safeguarding concern.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to identify adults at risk of, or suffering, significant harm. Staff knew how to make a safeguarding referral and who to inform if they had concerns and worked with other agencies to protect them. Staff gave several examples of how they did this and how they had worked with community practitioners to ensure patients were safe.

The services compliance with safeguarding training was 100% at April 2022.

The safeguarding policy was a group policy that was comprehensive and reviewed in January 2022. It included information about types of abuse, including modern slavery, domestic violence and stalking.

Cleanliness, infection control and hygiene

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

All areas viewed throughout the hospital were visibly clean, clutter free and had suitable furnishings which were clean and well-maintained. Cleaning schedules were displayed and completed to show daily cleaning occurred. Domestic staff were observed cleaning high touch surfaces such as doors.

The service generally performed well for cleanliness. The infection prevention and control and hand hygiene audits from October 2021 to May 2022 showed 100% compliance.

Staff followed infection control principles including the use of personal protective equipment (PPE). The service followed national guidance for COVID-19. Patients were requested to self-isolate for 10 days prior to their treatment and contacted by phone 48 hours prior to their appointment with additional screening questions. Designated staff greeted visitors and managed secure access to the service. They asked screening questions and recorded patients and visitors' temperatures on arrival. Patients and staff wore mask if it was their personal preference in waiting and treatment rooms. There was infection control information and hand gel throughout the service and staff were observed using it.

Staff cleaned equipment after patient contact and completed cleaning schedules. Wheelchairs for patients, if they required, were cleaned and labelled with 'I am clean' stickers after each use.

The service followed national guidance for the decontamination of reusable medical equipment. An external contractor was employed to decontaminate reusable equipment. The contract was update in April 2022. An immediate clean was undertaken after each procedure by designated staff and labelled for traceability prior to collection by the contractor.

We observed theatre processes and noted theatre staff donned and doffed personal protection equipment following national guidance. However, it was observed there was the potential for cross contamination through incorrect hand hygiene measures when cleaning theatre post operatively. This was raised with the service during the inspection. Audits reviewed showed 100% compliance for hand hygiene overseen by the manager.

Surgery

Staff worked effectively to prevent, identify and treat surgical site infections. The service had an agreement with an external microbiology laboratory to test and report on swabs taken within 24 hours from patients suspected of endophthalmitis, (a rare post-operative infection of the eye). This facilitated quicker detection and treatment. Although this risk is rare it does require detection and treatment.

One incidence of endophthalmitis was reported in a 12 month period June 2021 to June 2022 and appropriate actions were taken to investigate, identify and treat it. Treatment options have been modified to support patients who may not be able to adhere to effective hand hygiene measures when applying drops. A one-off treatment prior to discharge has been introduced and was offered to patients identified at risk, negating the need to apply drops post operatively.

The service had an infection prevention and control lead.

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 bells when seated in the clinical waiting room pre-operatively. No call bells were heard as staff frequently entered the room.

The design of the environment including theatres followed national guidance. The environment was spacious, had appropriate air changes and was airconditioned and the room temperatures monitored.

Staff carried out daily safety checks of specialist equipment. An emergency trolley was kept on each floor and were checked daily and logs signed and dated. The seal was broken weekly with a full check carried out. Equipment was in date and well stocked with an anaphylaxis grab box and blood sugar testing equipment. A COVID-19 grab bag was available on the trollies with appropriate personal protective equipment should staff need to provide pulmonary resuscitation. Portable oxygen cylinders were full and checks in date until 2024.

Service level agreements were in place with external contractors to check the environment and equipment, such as fire extinguisher servicing, fire system testing, gas safety, portable appliance testing (PAT), and speciality equipment. Portable appliances had in date stickers to indicate when they needed testing and were compliant. Data provided showed statutory, general and clinical compliance with servicing and testing.

The service had suitable facilities to meet the needs of patients' and families. Waiting rooms were comfortable with adequate seating which were socially distanced.

The manager told us the service had enough suitable equipment to safely care for patients and could request more equipment when required. Specialist bariatric equipment was provided if identified by the referrer and ordered in advance of a patient's appointment.

Safety huddles included an equipment check for the number of surgeries taking place that day. The store room was well stocked and ordered a month in advance. Stock checked was in date with a rotation process in place to ensure shortest expiry dates used first.

The service followed guidance on the control of substances hazardous to health (COSHH). A secure cupboard was kept within a locked room with information available as required. A health and safety officer for the hospital had oversight of COSHH.

A dedicated yttrium aluminium garnet (YAG) laser treatment room was available that followed local rules with no windows or mirrors and a lockable door so people could not enter once the laser was in use. PPE such as goggles were available in the room. The manager reported the service had a laser protection advisor (LPA) and a laser protection supervisor (LPS). We reviewed the service local rules policy.

Staff disposed of clinical waste safely and sharps bins were appropriately managed. Clinical waste bins were identifiable with the correct colour coded bag which were emptied throughout the day. A separate locked building stored clinical waste and staff could describe the process for disposal. A contracted service level agreement with a waste management company was in place and additional collection could be requested where there had been increased waste due to additional clinical activity.

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

The service did not follow a nationally recognised tool to identify deteriorating patients such as NEWS2 scoring (National Early Warning Score), a widely accepted national early warning indicator for detecting and tracking patient deterioration and can be useful tool in pre-empting some medical emergencies. The service had a rationale documented for this as it did not fit with the type of treatment undertaken for this type of services. They had a resuscitation policy responding and escalating patients presenting with a medical emergency such as cardiopulmonary resuscitation of adults. The service had a single escalation policy which was to call 999 and transfer the patient to an acute NHS hospital. Staff undertook scenario training and could describe what they would do in an emergency.

An emergency grab box was available should a patient present with endophthalmitis and require urgent treatment including out of hours. The box was stocked and medicines were in date.

Staff completed risk assessments for each patient on admission and reviewed this regularly, including after any incident. We observed risk assessments had been fully completed in patient records including COVID-19, falls risk assessments, co-morbidities and medications. Staff explained how they would mitigate those risks such as one to one support if a patient at risk of falls was unaccompanied. Patients with diabetes would follow a different post-operative treatment regime. The service had a comprehensive pre assessment (PAC) inclusion and exclusion guidance document to support staff in their assessments.

All patients undergoing treatment had a preoperative clinical assessment including a medical questionnaire which asked if patients could lie down flat and keep still for up to 20 minutes which was required for the procedure. Where patients could not do this, they were referred to an acute NHS hospital for their surgery. All patients underwent a range of eye tests and diagnostics were carried out by healthcare technicians. An optometrist risk assessment was completed with the patient that informed the personalised treatment plan. Surgery and treatment were carried out under non-invasive local anaesthetic.

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

The service did not have 24-hour access to mental health liaison and specialist mental health support (if staff were concerned about a patient's mental health) but knew what referral mechanisms were in place such as, the duty mental health team and notifying the patients general practitioner. Some staff were also trained mental health first aiders.

Outstanding ☆

Surgery

Staff shared key information to keep patients safe when handing over their care to others. Shift changes and handovers included all necessary key information to keep patients safe. Safety huddles were conducted each morning before clinical activity and we observed risks were identified such as allergies and same or similar patient names. The lead nurse and a manager gave updates and shared learning which were recorded on the daily huddle sheets.

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

Staffing

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

The service had enough staff to keep patients safe.

Managers accurately calculated and reviewed the number and grade of staff needed for each shift in accordance with national guidance.

The manager could adjust staffing levels daily according to the needs of patients and the number of staff matched the planned numbers. Staff told us shifts were always covered. Data showed bank and agency staff were deployed to cover shifts when required.

The manger told us staff could work across different hospital sites as staffing rotas were organised so there was resilience to fill shifts in case of sickness during the week. The service used bank and agency staff who were familiar with the service and had the right skills and signed off as competent. The service was looking to introduce an on-call system for weekend cover as there was less resilience at weekends if needed. If staffing shortfalls could not be covered safely the manager told us the list would be reduced but this would be a last resort.

The service had four vacant posts at 21 June 2022 but were actively recruiting. Two new starters had completed induction and training. Data provided did not indicate if this was an increasing or decreasing trend.

The service had a 17% turnover rate of staff from 01 June 2021 to 31 May 2022. This was partly due to internal staff progression. Data provided did not indicate if this was an increasing or decreasing trend.

The service had a low sickness rate from 01 June 2021 to 31 May 2022. Data provided showed it to be 1.6% but did not indicate if this was an increasing or decreasing trend.

Medical staffing

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

The service had enough medical staff to keep patients safe. Surgeons and retinal consultants worked for the service under practising privileges. These were reviewed by the medical director to ensure the appropriate practising privileges were completed. Practising privileges is a well-established process in independent healthcare where a medical practitioner is granted permission to work in an independent hospital or clinic.

Outstanding ☆

Surgery

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.

We reviewed five patient records who had undergone cataract and YAG procedures. Patient notes were a combination of paper and electronic record (e-record). We found them to be comprehensive and staff told us they could access them easily. We reviewed five patient paper and corresponding e-records records which were completed fully with risk assessments, consent, allergies, dates and signatures. Paper records were stored securely in a locked cupboard. E-records were password protected and staff secured screens when not in use.

Managers conducted regular audits of patient records and clinical documentation. The most recent audit in April 2022 showed 96.8% compliance. Managers had identified the reasons for non-compliance and taken action to address these.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely.

Staff administered topical and local anaesthesia to the eye only using drops.

Staff prescribed drops using patient specific directions (PSD). These were administered by health care technicians who recorded on the paper PSD.

The service had a service level agreement with a pharmacy to manage, audit and provide prelabelled and prescribed drops to patients at discharge. Data provided from the last external December 2021 audit showed the service was 95.7% compliant. All three actions identified had been completed. Local anaesthetic and eyedrops were prescribed and administered by staff using patient specific directions following their personal assessment plan. Surgeons prescribed specific eye medications where required. Local microbiology protocols for the prescribing and administering of antibiotics were followed. Research was undertaken by the medical director and piloted the use of anti-inflammatory eye drops rather than routine antibiotic treatment. The service had arrangements for microbiological detection of potential endophthalmitis within 24 hours to ensure the appropriate administration of antibiotic if required.

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

Staff stored and managed all medicines and prescribing documents safely. Only designated staff had access to the locked medicine room and all stock including controlled drugs were logged, signed and dated when used. Controlled drugs were checked weekly and the record log was fully completed. External arrangements were in place to remove expired stock and destroyed unused controlled drugs if required. The service had a medicines discharge policy. Medicines checked were in date with a rotation system to mitigate medicines going out of date.

Medicine fridge temperatures were clearly displayed and recorded. An alert system notified the manager if fridges went out of range so immediate measure could be taken to preserve medication.

Outstanding ☆

Surgery

Staff followed national practice to check patients had the correct medicines when they were treated and discharged. Post operatively we observed patients were seen by staff to ensure they understood how to administer their drops and the importance of hand hygiene. They were given important discharge advise, a booklet and a 24 hour contact number which one patient said was “put on their speed dial by the nurse for easy access.”

Where pre-labelling of eye drops had been identified as incorrect these were detected by staff due to their checking procedures. Whilst these incidents remained low data provided showed they were reported and reviewed. This was being monitored by managers and senior leaders but the incidence reported was very low.

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. Staff raised concerns and reported incidents and near misses in line with the service policy. Staff reported a supportive environment of incident reporting, gave examples and were confident to do so.

The service had no never events at this location within the last 12 months.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. This was logged in incident reporting with actions taken and evidenced in letters sent to patients following complaints.

Managers shared learning with their staff about never events that happened across hospital sites and staff received feedback from investigation of incidents, both internal and external to the service. Information was shared at team meetings, safety huddles and email. Where individual feedback was required this was conducted in appraisals. Staff confirmed learning was shared.

Incident data reviewed from January to March 2022 showed incidents reported were reviewed by the clinical governance team with actions and lessons recorded and updated until approved for completion. All incidents were reported as no or low harm and many demonstrated staff had managed them according to company policy.

National safety alerts were managed by a designated clinical lead. There were no current safety alerts relevant to the service recorded.

Managers investigated incidents thoroughly using a root cause analysis method. These were reviewed by the senior leadership team committee for oversight.

Are Surgery effective?

Outstanding ☆

We have not previously rated effective. We rated it as outstanding.

Outstanding ☆

Surgery

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service had a range of policies and standard operating procedures to support staff and clinicians. We reviewed a sample of policies and guidelines and found all were within their dates of review and complete. The service followed the Royal College of Ophthalmologist standards.

At handover meetings, staff referred to the psychological and emotional needs of patients and those who required additional support during their treatment. For example, patients anxious about their procedure were offered a prescribed anti-anxiolytic medication if required.

Any amendments to the patient pathway were reviewed at board level, through clinical effectiveness and operational meetings. When agreed they were then piloted and evaluated before cascading via area and hospital managers and to all staff within relevant departments.

The organisation was committed to a holistic view for the care for patients and recognised the impact of surgery on patients' daily living activities.

Following research by the medical director, an injection during surgery, could be given as an alternative to eye drops post discharge for patients identified with difficulty complying with an eyedrop regime.

SpaMedica had an ophthalmic 'dry lab' training facility to train surgeons using the same standard machines and consumables used in theatre but used synthetic model eyes. It was the only facility in the North West based at one of their sister sites.

Nutrition and hydration

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

Self-service drinks and snack were available to patients and their accompanying companion or relative during their treatment day visit. Patients were not required to be nil by mouth for these procedures.

Pain relief

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

We observed and patients confirmed pain relief was discussed and offered post operatively. The discharge record showed patients pain relief had been discussed. Preoperative pain relief to numb the eye was said to still provide pain relief post operatively. Patients were given advice and supporting information on what to expect and how to manage potential discomfort once home.

Staff prescribed, administered and recorded pain relief accurately under patient specific directives (PSD)s as required.

Outstanding ☆

Surgery

Patient outcomes

Staff were actively engaged in activities to monitor and improve the effectiveness of care and treatment. They used the findings to make improvements and achieved consistently good outcomes for patients. Opportunities to participate in national benchmarking were proactively pursued.

The service participated in relevant national clinical audits for ophthalmology such as the National Ophthalmology Database Audit (NODA) for cataract surgery.

Outcomes for patients were positive, consistent and exceeded expectations, against similar service standards. Posterior capsular rupture rates (PCR) the service were reported at 0.48% compared to the national NODA reported rates of 1.10% in 2020.

Data provided from June 2021 to June 2022 average outcomes for patient visual acuity following surgery for both eyes better than 6/12 was 96% which was consistently better than overall NODA rates at 0.90%.

The service had a low expected risk of readmission with only one readmission in the previous 12 months.

Managers used information from the audits to improve care and treatment. Managers benchmarked outcomes against other hospitals in the group and improvement was checked and monitored through governance and oversight meetings.

Managers shared and made sure staff understood information from the audits. Information provided for the service showed they had performed consistently well over a 12 month period scoring on average over their target of 95%. Where safety huddle recoding scores were consistently below 95% the manager acted and shared information and audits in team meeting to improve this to 100%.

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. The service recognised the importance of continuing development of staff skill, competence and knowledge as integral to ensuring safe care and actively encouraged and supported it.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. A central education team monitored compliance with competency based training and the manager had an online training matrix.

Managers gave all new staff a full induction tailored to their role before they started work. New staff reported they had been supported and were not expected to undertake work alone until they felt confident.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff told us they had annual appraisal meetings and six-monthly catch-up meeting with the manager when they could discuss training needs and opportunities which were tailored to meet their needs. Staff records showed appraisals and competencies, depending on role, were completed.

Clinical educators supported the learning and development needs of staff. The manager said they ran courses continually and staff could access training videos for ophthalmology. There were several quality improvement projects done locally which we reviewed, created by the clinical trained staff and delivered during training session.

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

Outstanding ☆

Surgery

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Healthcare technicians (HCT) had the opportunity to train to undertake YAG admissions and instil eyedrops. They could also train to undertake post-operative cataract discharges where pre-ordered and labelled eye drops from pharmacy were provided to patients at discharge.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge and managers made sure staff received any specialist training for their role. A pilot was being undertaken at the service for a healthcare technician to complete a level five apprenticeship as an assistant practitioner to undertake additional duties such as scrubbing for theatre. Staff spoke very positively about the support they received for continuous professional development. The service told us they liked to progress staff within the service which staff confirmed.

Managers identified poor staff and performance promptly and supported staff to improve. Despite practicing privileges surgeons were monitored and also supported to improve where this was required.

Surgeons were trialled at the service on a reduced list to ensure competencies and evaluate them. Surgeons were rated red amber green across a range of outcomes for patients including timeliness of appointments and patient experience which was overseen by the medical director.

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. We observed a safety huddle that takes place daily with all members of surgical team attending. The manager monitored the effectiveness of the huddles through audits ensuring they were completed fully.

Staff worked across health care disciplines and with other agencies when required to care for patients. Patients could be seen across other SpaMedica sites if this was their preference as they had a central recording system. Staff worked effectively with referring partners such as general practitioners (GP) and community optician. Staff shared information with the patients GP and referring optometrist to ensure continuity of care.

Seven-day services

Key services were available seven days a week to support timely patient care and relieved pressure on local acute services.

The service was open Monday to Saturday 8am to 6pm and had a 24 hour help line out of hours. In an emergency, patients could be seen and treated at one of the designated hospitals in the group relieving pressure on local NHS providers. Patients were provided with the national helpline and number information reinforced in a discharge booklet.

Health promotion

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

The service promoted a healthy lifestyle such as ‘7 steps to a healthier heart’. Colourful display boards in patient areas promoted wellness and information about dementia with signposting information. The service participated in a scheme to promote a telephone befriending service for people who were visually impaired if they were at risk of isolation and loneliness.

Outstanding ☆

Surgery

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff we spoke to understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff followed a two stage consent process pre-operatively and on the day of surgery.

Staff made sure and we observed patients consented to treatment based on all the information available and clearly recorded consent in the patients' records and the discussions had taken place.

When patients could not give consent, staff made decisions in their best interest, considering patients' wishes, culture and traditions. Patients who could not consent fully and comply with treatment would be reviewed against the services exclusion criteria triaged and referred to an appropriate NHS provider if required.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. 10 of 12 (83%) staff had completed their training. Two new staff had started but not completed their training.

Staff understood the relevant consent and decision-making requirements of legislation and guidance. They followed the groups consent policy to obtain consent. Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act.

Are Surgery caring?

Outstanding ☆

We have not previously rated caring. We rated it as outstanding.

Compassionate care

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

The organisation was committed to a holistic view for the care of patients.

Identification of a high risk of uveitis (inflammation of the eye) following surgery, was identified across the organisation in certain ethnic minorities. A trial to tailor treatment to reduce the incidence of uveitis was piloted at the service because of the diverse ethnic population and showed a significant reduction in cases.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed patients being greeted in a friendly manner on arrival and escorted outside to waiting relatives following discharge.

Outstanding ☆

Surgery

Patients said staff treated them well and with kindness and feedback was consistently positive. Patients reported “everybody was so nice”. We saw evidence of thank you cards on notice boards and treats left for staff by patients for the care they had received.

Staff followed policy to keep patient care and treatment confidential and no records were left unattended. Patients were seen in consulting rooms to maintain privacy and confidentiality.

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

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff spoke about how they supported people without a fixed address and accessing treatment compliance. The service had a prayer room.

Emotional support

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

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

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Staff gave examples when this had occurred and how they had supported patients.

Staff understood the emotional and social impact that a person’s care, treatment or condition had on their wellbeing and on those close to them. Staff were passionate about the impact they could make on improving a person’s vision and referred to it often during discussion with inspectors. They reported being proud to come to work each day because they saw the positive impact they made.

Understanding and involvement of patients and those close to them

Staff provided person centred support to 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 and talked with patients, families and carers in a way they could understand, using communication aids where necessary. The service provided ‘patient stories’ to prepare new patients for their procedures and to alleviate concerns and anxiety through DVD’s they could watch at home or on the service website. Comprehensive booklets were also available throughout the patient’s treatment journey. We saw in patient records conversations were recorded and communication aids were available where needed. Staff said they were supported by managers and staffing to give enough time to speak to patients and family.

The service worked hard to give patients and their families the opportunity to give feedback on the service and treatment including, the surgeon who treated them and translator services if this was provided. Opticians reviewing patients post operatively were also asked to gather this feedback which allowed patients another opportunity to give feedback. This ensured every single contact with the patient was as good as it could be.

Outstanding ☆

Surgery

The service monitored performance of surgeons using a red, amber and green (RAG) rating system that included patient feedback.

Patients gave positive feedback about the service. Patients said the service was “excellent”, “brilliant”, and that they had been kept well informed throughout their treatment. One patient said, “everything the service had done had been outstanding”. Patient feedback monitored by the service showed a significant range of positive feedback but did not provide percentages for comparison.

Are Surgery responsive?

Outstanding ☆

We have not previously rated responsive. We rated it as outstanding.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served and to ensure flexibility choice and continuity of care. It took innovative approaches to provide person-centred pathways and working. It also worked with others in the wider system and local organisations to plan care.

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

Facilities and premises were appropriate for the services being delivered. The service had ample free car parking facilities and was accessible on the first floor with a second floor serviced by a lift. Disabled toilets were provided. The service design was mirrored across all SpaMedica hospital sites to minimise the need for orientation when patients and staff visited the other sites where required. Self-service drinks and snacks were available. Staff also offered additional food and drink where this supported the needs of the patient.

The service had systems to help care for patients in need of additional support or specialist intervention such as bariatric patients if notified in advance. Exclusion criteria was in place for patients requiring significant support or a general anaesthetic to undergo treatment if lying flat for 10 minutes could not be achieved. However, a complex theatre list was in place to support more complex patients. This was a reduced list to allow more time in theatre to support people.

A central booking system was in place to manage patient referrals and managers monitored and took action to minimise missed appointments and ensured patients who did not attend appointments were contacted. Patients were contacted prior to their appointment to minimise missed appointments. A testing kit was available for patients receiving blood thinning treatment to prevent cancellation of surgery on the day if they did not have a current blood test result.

The service relieved pressure on other NHS departments when they could treat post-operative complications and emergencies. Four additional appointments were kept per day should patients require emergency follow up during clinic hours. Access to partner SpaMedica Hospitals out of hours was available if requiring a return to theatre.

Outstanding ☆

Surgery

Meeting people's individual needs

The service was inclusive and proactively 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 removed transport barriers for patients to access treatment by providing transport using their own mini buses and drivers for patients would have difficulty accessing the service.

Staff supported and made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet their needs.

Each patient was assessed at their first appointment with patients' partners in their care. We were given examples of personalised care and treatment such as, offering clear drapes during surgery if the patient had claustrophobia and tailoring post-operative medication regimes for certain groups of patients proven to be more effective. For patients living with a learning disability or autistic spectrum disorder, they were offered additional visits, with those close to them, to help with preparations. Patients identified needing a quieter environment, could be accommodated in quiet rooms. Patient records and huddle meetings identified patients who may require additional support and assistance and reasonable adjustments were made. No current visiting restrictions were in place.

There was a dementia lead for the service and dementia friendly clocks, calendars and pictures of staff were visible in public areas. Some staff had undertaken dementia friends training and information about the Alzheimer's society was displayed in reception. Staff told us they rarely had patients who were significantly affected by learning disabilities and would use 'This is me' document if the patient presented with it. Staff could explain and share experiences of how they supported patients living with dementia and learning disabilities. The manager had created a learning disability booklet which was to be rolled out across the other hospital sites and were looking at providing twiddle muffs. Twiddle muffs are knitted or crocheted bands with items attached so patients living with the advanced stages of dementia can occupy their hands during their hospital stay or visit.

Patients who required additional support had a chaperone or relative with them throughout their appointment. Safety huddles highlighted those requiring a chaperone or had communication needs and was also recorded in patient notes.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss and had access to communication aids to help patients become partners in their care and treatment. Staff told us what assistive technology they used on available Ipads and understood the needs of those with a visual impairment due to the nature of the patients presenting. A loop system was available to support those with a hearing impairment and British sign language if booked in advance.

The service had information leaflets available in languages spoken by the patients of the local community and in larger print upon request. Managers made sure staff, patients, loved ones and carers could get help from interpreters when needed. We observed interpreter requirements were arranged and noted in records. Staff and patients could provide feedback on the service they received from the interpreter which was reviewed by managers. There were also information videos available including patient stories. In addition, there was a walk-through film of the hospital.

Outstanding ☆

Surgery

The majority of patients attending the service from the local area were white British. Information about macular degeneration had been produced in yellow and black signage which was said to support visibility for those affected by macular degeneration. There were information boards supported by images along the clinical corridors so patients could follow their treatment pathway. The service organised for an eye charity to speak to patients and their family about macular degeneration.

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 consistently better than national standards.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The service had a standard operating procedure for the Management of the pre assessment clinic (PAC) diary, temporary unfit waiting list and the 30+ week waiters. Following attendance at pre assessment clinic, if the patient was not fit for surgery, or there were unanswered questions about the patient's health the patient was placed in the "PAC diary". This is a SharePoint document that was used at each site. This document allowed staff to create patient entries and track their fitness for surgery. Following pre-assessment clinic if the patients was deemed as unfit, they were added to the temporary unfit waiting list so the patient was not booked for surgery. Patients were added to the temporary unfit waiting list if they become unwell and need to cancel their surgery. The Manager had oversight of the list and individual plans were created for each patient. The temporary unfit waiting list was reviewed weekly by contacting patients to update their status, bring their surgery forward or escalated accordingly.

The service had a referral to treatment time of less than three to four weeks. The national target was 18 weeks.

Managers and staff worked to make sure patients did not stay longer than they needed to and kept to appointment times where this was possible. No extra procedures were added to the list and surgeons were encouraged to start on time. Some patients had to wait longer for their pre-operative drops to take effect due to specific characteristic. When speaking to patients in the preoperative lounge no one had been waiting longer than was expected.

Managers worked to keep the number of cancelled appointments and operations to a minimum and made sure they were rearranged as soon as possible and within national targets and guidance. Staff contacted patients who had failed to attend to re-book or refer back to the NHS hospital. The GP was informed of any changes.

The transport service ensured that patients arrived in a timely manner for their appointments avoiding cancellations and delays in clinics and surgery.

Managers and staff planned patients' discharge early at pre assessment. This included those who were in vulnerable circumstances or who had complex needs. All patients had a discharge consultation with a registered nurse after their procedure. There was a dedicated post-operative discharge team following up patients. If a patient failed to attend for post-operative follow up with their designated optician this would be recorded on the central recording system and followed up. We observed a discharge consultation and saw patients were given appropriate guidance and information both verbally and in writing. Staff made sure patients were safe to leave and travel home. The service had two minibuses that was booked for patients requiring transport to and from their appointment.

Outstanding ☆

Surgery

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. Patients said they knew how to do this from the information booklets provided.

The service clearly displayed information about how to raise a concern in patient areas. The complaints procedure was displayed and how to complain in information booklets. Feedback forms were accessible at reception when checking in and out of the service. There were also opportunities to leave feedback online.

Staff understood the policy on complaints and gave us examples how to handle them.

Managers investigated complaints and identified themes. We reviewed four complaints in the last twelve months and how they were investigated had acted on. The service followed the company complaints procedure and wrote to patients with a full review of their findings and apology where this was required. There was clear governance oversight of complaints.

Managers shared feedback from complaints with staff through monthly team meetings, emails and safety huddles and learning was used to improve the service such as ensuring out of hours clinicians contact details are updated.

Are Surgery well-led?

Good

We have not previously rated well-led. We rated it as good.

Leadership

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

There was an organisational structure with a chief executive, chief operating officer, medical director and head of clinical services. These were supported by other senior managers that included infection, prevention and control leads, regional directors and an advanced nurse practitioner. These supported area managers and location hospital managers. The hospital manager was the CQC registered manager. Senior leaders routinely visited the location when support was needed and staff said they were visible and approachable.

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

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

Outstanding ☆

Surgery

The organisation supported managers in their roles and managers new to their roles had mentorship from an operational development manager. The manager at the service had been promoted from within the organisation and reported being well supported.

Staff said managers and leaders were visible and approachable with contact details displayed in the staff room.

Vision and Strategy

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

Vision and values were displayed on the providers website.

The service followed the SpaMedica vision of 'every patient, every time: no exception, no excuses'. Staff were passionate about 'every patient, every time: no exception, no excuses' and were able to relate it to how they put patients at the centre of the delivery of care and treatment.

The strategy for SpaMedica covered five main areas which were growth, quality, leadership, governance and infrastructure and the focus was on three main objectives, patient's safety, excellent care and patient satisfaction. Leaders said one of their main strategies was improving quality of life and the ability to treat people locally.

The SpaMedica vision and values were communicated to staff through team and governance meetings.

The organisation was expanding and opening new services in other areas to provide a wider choice and accessibility for local communities and patients.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

All staff we spoke with enjoyed working at the location and for the organisation. There was good teamwork across all staff roles and we were shared examples of staff supporting each other.

The organisation supported staff to progress within the organisation and increase their competencies and staff confirmed this. The manager at the service had been promoted from within the organisation to area manager and the hospital manager had been promoted to become the new registered manager. Both reported being well supported.

Staff were encouraged to raise any concerns and said they were listened to. Conflict resolution was part of mandatory training with 95% of staff having completed all their mandatory training.

Senior managers told us the results of the staff survey had been shared. The staff survey was not site specific. Managers listening to staff opinion' had improved by 48% in the latest across site staff survey and senior leaders were taking action to address seven themes identified, one of which was to launch a wellbeing hub.

Outstanding ☆

Surgery

Governance

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

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

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

The organisation had an independent Responsible Officer who sits outside the organisation and supported the medical director as a 'critical friend'.

The clinical governance meetings and clinical effectiveness meetings were held bi-monthly. We reviewed the governance report meetings for March 2022 and May 2022 and noted these were comprehensive and reflected what managers had told us. Learning from serious incidents across the organisation were discussed at the clinical effectiveness meetings and then cascaded to SpaMedica hospitals.

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

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

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

Surgeon outcomes (clinical and patient reported outcomes) were reviewed on a quarterly basis at the clinical governance meeting and the medical advisory committee (MAC). Practicing privileges were reviewed and discussed regularly at MAC and ad hoc if a specific concern was raised. All surgeons had a GMC responsible officer and provide their appraisal outcome to SpaMedica annually.

There was a practising privileges policy and process in place to recruit and assess the suitability of consultants to practice at SpaMedica. This was overseen by the medical director and chief operating officer. New consultants were approved by the medical advisory committee after a period of supervised practice.

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.

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

The organisation had a group business continuity plan. However, the service did not have a permanent separate business continuity site named and would liaise with other SpaMedica hospitals in the Merseyside region if temporary relocation of activity was required.

Surgeons were interviewed and trialled by the medical director who monitored their performance using a red, amber, green, (RAG) rate system. Staff and patients provided feedback which contributed to the RAG rating and was reviewed at board level.

The organisation had a sharing lessons document which was circulated from the central governance team and covered all events across the country, incidents, key learning and what needed to be done to avoid in the future. This was sent weekly to the service. There was also external governance who could look at all incidents and learning as a critical friend to provide external assurances.

A new quarterly meeting chaired by the medical director started in March 2022 to look at root, cause and analysis of incidents (RCAs) to support hospital managers and identify trends and themes.

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

The organisation had developed a peer review programme which included hospital managers reviewing another location bi-annually to ensure standardisation and sharing any good practices. The service has not yet had a peer review.

Information Management

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

The organisation had a 'live dashboard' of performance across locations. Senior managers analysed the data in the dashboard to benchmark across other locations.

Patient records were a combination of paper and a centralised electronic patient record system.

Organisational policies and guidelines were stored electronically so staff could easily access them with personalised log in details to maintain confidentiality and security.

Any safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and the Central Alerting System (CAS) were received by the director of clinical services and clinical governance lead and cascaded to the appropriate hospitals or departmental managers.

There was a process to submit statutory notifications to the CQC and we received a notification following an incident.

The organisation was one of the first independent service of its type to submit to National Ophthalmology Database Audit (NODA) and could be benchmarked nationally.

The statutory and mandatory training included modules on data security awareness and data protection, with 95% of staff having completed this.

Engagement

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

Staff were empowered to speak up and said they were listened to. There was a staff forum across the region with representation from each service where staff could raise issues and ask questions. Concerns and issues could be addressed at this level or could be escalated to national level.

The manager and staff engaged with relevant local charities and raised money to donate. Links with the Macular Degeneration and Alzheimer's society charities were established and provide information and advice to patients using the service. The service had also introduced a free phone number with a telephone befriending service for people who were visually impaired. The service had approached 'Guide dogs UK' to sponsor a guide dog and had subscribed to a monthly sponsorship to support research for guides dogs. Staff were extremely proud of their adopted guide dog and spoke about it openly with pictures of the dog's journey and progress.

The website had a section specifically for health professional referrals and information.

There was a weekly bulletin so staff could share news and achievements and locations held events to share with colleagues that included pizza and donuts.

Learning, continuous improvement and innovation

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

The organisation was committed to continually learning and improving services to benefit patients not only at local services but in the field of ophthalmology. The medical director and staff were passionate about patient outcomes and a positive patient experience.

Staff were encouraged to report incidents via the electronic reporting system even minor incidents to identify potential themes or issues to improve processes. All incidents were reviewed by the hospital director and escalated where required.

The senior leadership team and staff shared a wide range of innovation and research within the organisation that were improving outcomes for the organisation and patients.

Identification of a high risk of uveitis (inflammation of the eye) following surgery, was identified across the organisation in certain ethnic minorities. A trial to tailor treatment to reduce the incidence of uveitis was piloted at the service because of the diverse ethnic population and showed a significant reduction in cases. Following review, it was adopted across all SpaMedica services. The research and results of this pilot has been published and presented internationally by the medical director.

Outstanding ☆

Surgery

Following research and trail the organisation changed to steroid drops from antibiotic drops post operatively as they found they provided better results and were short listed for an innovation award by Public Health England for reducing antibiotic resistance.

The manager said staff were encouraged and supported to take ides forward which if adopted were implement across the organisation. For example, a safety huddle guide for new staff had been developed and implemented by nurses at the service. Staff are rewarded as a thank you and highlighted in the 'Feel Good Friday' bulletin for any innovative practice and sharing positive news.

A pilot was being undertaken at the service for one health care assistant undertaking a level 5 apprenticeship to take on additional responsibilities such as scrubbing in theatre as an Assistant Practitioner.

The organisation was collaborating with a leading university developing artificial intelligence to improve lens selection and refraction outcomes by providing the data.

The provider has introduced a RAG rating of surgeons under practicing privileges that gave the patient and staff the opportunity to feed back as the question "would you have this surgeon operating on your Mum or Dad?" Community opticians also ask again at the patient's post-operative check-up. Surgeons who are not meeting the standard are offered support to improve.

The medical director has published a paper in the British Medical Journal how they support surgeons to improve and develop.