Devonshire Diagnostic Centre Limited

Devonshire Diagnostic Centre Limited

Inspection report

13-14 Devonshire Street
London
W1G 7AE
Tel:

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

Ratings

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

Summary of findings

Overall summary

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

The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.

Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.

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

The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.

Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

Staff conducted Imaging referral checks, but these checks were not always recorded in a way which was clear or accurately represented when they were conducted or by which member of staff.

The imaging department located at 30 Devonshire Street reported to a separate leadership structure at another registered location provided by HCA International Limited. Some diagnostic imaging staff told us they did not understand why the department was structured the way it was, and they felt the department at 30 Devonshire Street was not part of the wider department

At the time of inspection, only the computerised tomography (CT) department was adapted to meet the needs of children. The recovery areas in the imaging department and outpatient were not child friendly, along with the treatment rooms and other diagnostic rooms. Senior staff told us this was due to the planned refurbishment of the location and these areas would be redesigned with children in mind, but this was not the case at the time of our inspection.

We found that there was no tamper evident seal on the anaphylaxis box kept in the resuscitation trolley used by the physiology team in the basement.

Summary of findings

At the time of inspection, the paediatric service was not undertaking pain audits.

The service did not actively engage with children and young people and their parents.

Summary of findings

Our judgements about each of the main services

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

Summary of findings

Staff conducted Imaging referral checks, but these checks were not always recorded in a way which was clear or accurately represented when they were conducted or by which member of staff.
The imaging department located at 30 Devonshire Street reported to a separate leadership structure at another registered location provided by HCA International Limited. Some diagnostic imaging staff told us they did not understand why the department was structured the way it was, and they felt the department at 30 Devonshire Street was not part of the wider department
We rated this service as good because it was safe, effective, caring, responsive and well-led.

Services for children & young people

Good

This is the first time we have inspected this service. We rated it as good because:
Staff understood how to protect children and young people from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to children and young people, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well.
Staff provided good care and treatment 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 children and young people, advised them and their families on how to lead healthier lives and supported them to make decisions about their care.
Staff treated children and young people with compassion and kindness, took account of their individual needs, and helped them understand their conditions. They provided emotional support to children and young people, families and carers.
The service took account of children and young people's individual needs. People could access the service when they needed it and did not have to wait too long for treatment.
Staff felt respected, supported and valued. Staff were clear about their roles and accountabilities. All staff were committed to improving services continually.
However:
At the time of inspection, only the computerised tomography (CT) department was adapted to meet the needs of children. The recovery areas in the imaging department and outpatient were not child friendly,

Summary of findings

along with the treatment rooms and other diagnostic rooms. Senior staff told us this was due to the planned refurbishment of the location and these areas would be redesigned with children in mind, but this was not the case at the time of our inspection.
We found that there was no tamper evident seal on the anaphylaxis box kept in the resuscitation trolley used by the physiology team in the basement.
At the time of inspection the paediatric service was not undertaking pain audits.
The service did not actively engage with children and young people and their parents.

Outpatients

Good

This was our first time inspecting this service. We rated it as good because:
The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, 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.
The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about

Summary of findings

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:
During our inspection we found one set of resuscitation equipment that was not properly secured with a tamper evident seal in the basement.

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Summary of this inspection

Background to Devonshire Diagnostic Centre Limited

Devonshire Diagnostic Centre is an independent hospital located in London. The service is provided by Devonshire Diagnostic Centre Limited which operates as a partnership between HCA International Limited and a group of medical consultants. The provider and location were a part of the wider HCA network of hospitals and services. Devonshire Diagnostic Centre was located within and shared facilities with the Harley Street Clinic, which was an independent hospital, provided by HCA International Limited, at the time of the inspection there was no differentiation in signage or branding to tell patients they were being seen at Devonshire Diagnostic Centre. The Devonshire Diagnostic Centre had its own website. The outpatient department at Devonshire Diagnostic Centre Limited provided outpatient services in treatment rooms across two sites: 13-19 Devonshire Street which had 19 treatment rooms and 30 Devonshire Street which had 1 treatment room. The outpatient services were limited to procedures undertaken in treatment rooms as all consultations took place in rooms under the registration of a different service. The outpatient department provided services in gynaecology, dermatology, ENT, urology, blood tests and minor surgical procedures, including treatment for kidney stones and varicose veins. The location worked collaboratively with The Portland Hospital for Women and Children for their paediatric services. The diagnostic imaging department and cardiac physiology service consisted of treatment rooms, ultrasound machines, CT scanners, mammography, lithotripsy, DEXA scanner, screening services, one-stop breast clinics and general x-ray located at 13-18 Devonshire Street, 30 Devonshire Street and 86-88 Harley Street. This location was overseen by the governance and leadership team based at The Harley Street Clinic provided by HCA International Limited.

The regulated activities registered for this location are:

Treatment of disease, disorder or injury

Diagnostic and screening procedures

Surgical procedures

Family Planning

There was a registered manager in place at this location since it registered with the CQC. This was the first inspection carried out at this location.

The main service provided by this hospital was diagnostic imaging. Where our findings on diagnostic imaging – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the diagnostic imaging service.

How we carried out this inspection

We conducted an unannounced inspection of this location on the 10 – 11 May 2022. We conducted staff interviews over video conference call on 12 May 2022. During the inspection we spoke with 45 members of staff which included medical, nursing, allied health, managerial and administrative staff. We spoke to 15 patients and visitors. We looked at 25 sets of patient records. We were unable to observe the care and treatment of children or young people using the service during this inspection. The inspection team consisted of a lead inspector, core service inspectors, assistant inspector, specialist advisors and inspection manager. The inspection was overseen by Nicola Wise Head of Hospital Inspections for London.

Summary of this inspection

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

Outstanding practice

We found the following outstanding practice:

Diagnostic Imaging:

The cardiac CT scanning service was led and provided by three level three accredited cardiologists, one level two accredited cardiologist, one cardiothoracic-radiologist, two thoracic radiologists and one vascular radiologist. This provision of consultants for this type of service exceeded professional guidance from the British Society of Cardiovascular Imaging (BSCI) which recommends a radiologist and level two trained cardiologist to lead a similar service. Radiographers rotating to work at the specialised cardiac CT scanner were provided with an in-depth training session and a comprehensive work guide covering scanning protocols, machine operation and specific technical topics. This meant that the service was able to provide quick turnaround times and positive outcomes for patients.

The provider had introduced a quality quiz which was designed to encourage learning and test knowledge of local governance systems on a departmental scale. Staff were encouraged to complete the quiz as the highest scoring department would win a prize. This meant that staff were more engaged with governance and safety processes.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a provider 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:

Diagnostic Imaging

The service should aim to record all referral quality and compliance checks in a clear and accurate manner. (Regulation 17: Good governance)

The service should consider organising the entire imaging department under a single leadership and governance structure. (Regulation 17: Good governance)

Outpatients

The service should ensure that all resuscitation equipment is stored securely with a tamper evident seal. (Regulation 12: safe care and treatment)

Services for children and young people

Summary of this inspection

The service should consider how they adapt the environment of the service for children and young people until the planned refurbishment takes place. (Regulation 12: safe care and treatment)

The service should ensure that the anaphylaxis box kept in the resuscitation trolley used by the physiology team in the basement has tamper evident seal. (Regulation 12: safe care and treatment)

The service should ensure pain audit is implemented. (Regulation 12: safe care and treatment)

The service should ensure to improve patient feedback response rate and actively engage with patients. (Regulation 17: Good governance)

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	Inspected but not rated	Good	Good	Good	Good
Services for children & young people	Good	Good	Insufficient evidence to rate	Good	Good	Good
Outpatients	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Diagnostic imaging

Safe	Good
Effective	Inspected but not rated
Caring	Good
Responsive	Good
Well-led	Good

Are Diagnostic imaging safe?

Good

This was the first time we rated safe at this service. We rated it as good.

Mandatory training

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

Diagnostic imaging and cardiac physiology staff received and kept up to date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and staff. Staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. Managers monitored mandatory training and alerted staff when they needed to update their training. Data showed 96% compliance in staff completing their mandatory training in May 2022.

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.

Diagnostic imaging and cardiac physiology staff received training specific for their role on how to recognise and report abuse. All staff had received safeguarding level three training for adults and safeguarding level two for children. Staff that worked directly with children had received safeguarding level three training for children. Refer to the children and young person's section of the report for further details about children safeguarding. 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 and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff followed safe procedures for children visiting the service.

Cleanliness, infection control and hygiene

Good

Diagnostic imaging

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

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. The service generally performed well for cleanliness. The service audited general infection control principles and practices, hand hygiene and uniform compliance. The data we saw showed that the diagnostic imaging department and the cardiac physiology service scored between 91% and 100% in all audits for the period of January 2022 to April 2022. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff followed infection control principles including the use of personal protective equipment (PPE). Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. The service conducted regular infection prevention and control committee which had oversight of all infection prevention control issues on a departmental and hospital wide level. At the time of the inspection the service was compliant with all government COVID-19 guidance. Patients that were at risk of infection or patients that were infectious and at risk to others were provided with appointments during quieter periods to minimise the risk to themselves and others. We observed that staff followed best practice guidance in cleaning diagnostic imaging equipment and the environment after patient use. Ultrasound probes were cleaned in accordance with best practice guidance after intimate examinations.

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 and staff responded quickly when called. The design of the environment followed national guidance. Staff carried out daily safety checks of specialist equipment. Emergency resuscitation equipment was in place in all areas and followed national resuscitation council guidelines. Diagnostic imaging equipment had regular quality assurance checks conducted on a daily and weekly basis by radiographer staff and more detailed checks conducted on a monthly and annual basis by medical physics staff. Staff disposed of clinical waste safely in line with national guidance. The service audited insertion of vascular devices, decontamination of medical devices and waste management. Data showed that the diagnostic imaging department and the cardiac physiology service scored 100% in all audits for the period of January 2022 to April 2022. The service had suitable facilities to meet the needs of patients' families. The service had enough suitable equipment to help them to safely care for patients. The service had an asset register and an equipment replacement programme for all high cost diagnostic imaging and cardiac physiology equipment. Service level agreements were in place with the machine manufacturers or specialised third party providers for the maintenance of equipment. Clinical areas where ionising radiation was being used had controlled access and relevant safety signs in line with Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017 and national guidance. The diagnostic imaging department and cardiac physiology service conducted a health and safety audit which looked at a variety of topics including Control of Substances Hazardous to Health Regulations 2002 compliance, medical device regulation compliance and fire safety. The audit results showed the service had between 96% to 100% compliance for the period of January 2022 to April 2022.

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 knew about and dealt with any specific risk issues. Risk assessments were carried out on cardiac patients undergoing physiology and stress tests prior to any procedures being conducted. Patients were not seen without a

consultant cardiologist and cardiac trained nurse present. Staff responded promptly to any sudden deterioration in a patient's health. The service had access to an onsite cardiac arrest team who would aim to stabilise any deteriorating patient and if appropriate for the situation patients were able to be transferred to inpatient care provided by The Harley Street Clinic which was part of the wider HCA network of hospital and services. If The Harley Street Clinic was not an appropriate care setting for the deteriorating patient, they were transferred to the nearest NHS hospital through '999' services. The provider conducted random simulation training events for staff across the hospital to maintain staff readiness and as a method of learning and improvement.

Radiographers conducted identification checks in line with IR(ME)R 2017 and conducted regular "pause and check" audits as recommended by the society of radiographers. Audit results for the period of February 2022 to April 2022 showed compliance between 98% and 100%. The diagnostic imaging department had a service level agreement in place for the support of an external radiation protection advisor and medical physics expert. We saw evidence to show that they attended the service's radiation protection committee on a regular basis. The service had appointed two radiographers to be the radiation protection supervisors. Radiographers ensured patients of childbearing age were checked for pregnancy status before any procedure using ionising radiation was conducted. The service had local rules in line with The Ionising Radiation Regulations (IRR) 2017.

The service had access to mental health liaison and specialist mental health support. Staff completed, or arranged, psychosocial assessments and risk assessments for patients thought to be at risk of self-harm or suicide. 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.

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 diagnostic imaging department and cardiac physiology service had enough allied health professional and nursing staff to keep patients safe. Managers accurately calculated and reviewed the number of staff needed for each shift in accordance with national guidance. The manager could adjust staffing levels daily according to the needs of patients. The service had low and reducing vacancy rates. The service had low turnover rates. The service had a medium level of sickness rates. The service had a medium rate of bank staff use. Managers were working to reduce their use of bank and agency staff and requested staff familiar with the service. Managers made sure all bank and agency staff had a full induction and understood the service.

The service had enough medical staff to keep patients safe. The service had a total of 117 radiologists and 35 cardiologists employed through practising privileges. Cardiac testing including CT and ultrasound were consultant led. The service had access to resident medical officers that specialised in adults or children if a patient needed urgent review.

Records

Staff kept records of patients' care and treatment. Records were up-to-date, stored securely and easily available to all staff providing care.

Good

Diagnostic imaging

Patient notes were a mix of paper and electronic records and all staff could access them easily. Records were stored securely. The service had multiple IT systems for recording patient information such as diagnostic imaging results, physiology testing, blood tests, nursing notes. Staff we spoke with told us that although there were a number of systems they were easily accessible and were appropriate for the service. Staff told us that they would switch to using paper records if an IT system was not working and would upload or transcribe the paper records to the IT systems later. We observed that diagnostic imaging staff checked imaging referrals for IR(ME)R 2017 compliance. However, these checks were not always recorded clearly or accurately, this meant that it was unclear if these checks had been carried out for all diagnostic imaging referrals. Patients were able to request a copy of their diagnostic imaging result and could view them through an electronic portal.

Medicines

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

A safety questionnaire was completed by patients before contrast medium for diagnostic imaging was administered. Patient Group Directions were in place for medicines administered by non-medical staff. Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Staff completed medicines records accurately and kept them up-to-date. Staff stored and managed all medicines and prescribing documents safely. Staff followed national practice to check patients had the correct medicines if needed. Staff learned from safety alerts and incidents to improve practice.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. 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's policy. The service had no never events. A total of 42 incidents were reported from June 2021 to May 2022 out of which 33% were categorised as no harm, 64% were low harm and one incident was moderate harm. There were no IR(ME)R reportable incidents in the 12 months prior the inspection. There were systems in place for radiation related incidents to be escalated to and investigated by a medical physics expert. Managers shared learning about never events with their staff and across the service. Managers shared learning with their staff about never events and incidents that happened elsewhere. Staff reported serious incidents clearly and in line with the service's policy. Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care. There was evidence that changes had been made as a result of feedback. Managers investigated incidents thoroughly. Managers debriefed and supported staff after any serious incident.

Good

Diagnostic imaging

Are Diagnostic imaging effective?

Inspected but not rated

We do not currently rate effective in diagnostic imaging services. However, we found:

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. National guidance was disseminated to local teams by a centralised provider wide team, guidance was then discussed at staff meetings to see if it could be implemented. The diagnostic imaging department and cardiac physiology service had a local audit programme which checked working practices in relation to policies and guidance. Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. Diagnostic reference levels (DRLs) were calculated and displayed on an annual basis by the radiation protection supervisor. The department's DRLs were below the national guidance for the acceptable radiation dose a patient should receive on any specific imaging modality, this meant diagnostic imaging department worked to ensure radiations doses to patients were kept to a minimum. Any increases in radiation doses from any modality were checked and justified by the medical physics expert.

Pain relief

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

Staff assessed patients' pain and gave pain relief in line with individual needs and best practice. Patients received pain relief soon after requesting it. Medical staff prescribed, administered and recorded pain relief accurately.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

Outcomes for patients were positive, consistent and met expectations, such as national standards. Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Managers used information from the audits to improve care and treatment. The cardiac physiology service held regular quality, audit and assurance meetings to discuss echocardiogram results. These discussions were based around recent cases and learnings were used to improve the quality of care provided. Managers shared and made sure staff understood information from the audits.

Managers and staff investigated discrepancies and implemented local changes to improve care and monitored the improvement over time. The diagnostic imaging department took part in the HCA wide Radiology events and learning meetings (REALMS) as suggested by the Royal College of Radiologists. These meetings were designed to anonymously discuss radiological discrepancies alongside examples of excellence in order to recommend learning and improvement.

Good

Diagnostic imaging

The imaging department conducted a CT reporting accuracy audit which monitored the accuracy of CT reports and image quality, and to determine the degree of concordance between reports of different radiologists. The reports audited for the period April 2022 did not contain any major issue or error that would have changed the patient's management.

The service helped Sarah Cannon Research Institute which is part of the wider HCA network of hospitals and services in the delivery of research trials by completing a total of 326 Echocardiograms for patients on a clinical trial.

The cardiac physiology service was in process of being accredited by the British Society of Echocardiography (BSE). Physiologist and cardiologist staff working at the service were all accredited as individual health professionals by BSE.

Competent staff

The service made sure staff were competent for their roles. The cardiac scanning service exceeded professional standards for staffing skill mix. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work. The service aimed to ensure the service was run by staff that were considered experts in their field. The cardiac CT scanning service was led and provided by three level three accredited cardiologists, one level two accredited cardiologist, one cardiothoracic-radiologist, two thoracic radiologists and one vascular radiologist. This provision of consultants for this type of service exceeded professional guidance from the British Society of Cardiovascular Imaging (BSCI) which recommends a radiologist and level two trained cardiologist to lead a similar service. Radiographers rotating to work at the specialised cardiac CT scanner were provided with an in-depth training session and a comprehensive work guide covering scanning protocols, machine operation and specific technical topics.

Managers supported staff to develop through yearly, constructive appraisals of their work. The diagnostic imaging department and the cardiac physiology service had identified leads who supported the learning and development needs of staff. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers made sure staff received any specialist training for their role. All staff we spoke with told us that they felt supported in relation to their learning and educational needs. Radiographer staff were provided with internal and external training to allow them to be competent in working on all imaging modalities. Managers made sure staff attended team meetings or had access to full notes when they could not attend.

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 team (MDT) meetings to discuss patients and improve their care. Radiologist staff attended a variety of HCA wide MDT meetings which took place at different HCA locations. Cardiac physiologist staff attended cardiac MDT meetings to support learning and development of non-medical staff. Patients could see all the health professionals involved in their care at one-stop clinics. Staff worked across health care disciplines and with other agencies when required to care for patients.

Good

Diagnostic imaging

Seven-day services

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

The service was available Monday to Friday, on-call support was available for diagnostic imaging out of hours and on weekends. Staff could call for support from doctors and other disciplines, including mental health services.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in patient areas. Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Staff 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. When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. Staff made sure patients consented to treatment based on all the information available. Staff could describe and knew how to access policies on Mental Capacity Act and Deprivation of Liberty Safeguards. .

Are Diagnostic imaging caring?

Good

This is the first time we rated caring at this service. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients said staff treated them well and with kindness. Staff followed policy to keep patient care and treatment confidential. 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 understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. The service had a chaperone policy and the service was advertised to patients. The service conducted a regular patient feedback survey, results showed most patients had a positive experience at the service with results ranging from 85% to 100% in the reporting period of May 2021 to April 2022. All patients surveyed in the reporting period agreed they were treated with care and compassion.

Good

Diagnostic imaging

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 understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment. Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff supported patients to make advanced decisions about their care. Staff supported patients to make informed decisions about their care. Patients gave positive feedback about the service. Patients that were required to self-pay for services were provided with written instructions on fees and payment methods. Support was available to patients who wished to discuss payment.

Are Diagnostic imaging responsive?

Good

This is the first time we rated responsiveness at this service. We rated it as good.

Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met the changing needs of the local population. International patients were facilitated by a dedicated liaison team run by the provider which helped this patient group throughout their treatment by providing services such as translation, help with paperwork, accommodation etc. Facilities and premises were appropriate for the services being delivered. Staff could access emergency mental health support for patients with mental health problems, learning disabilities and dementia. The service had systems to help care for patients in need of additional support or specialist intervention. Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted. The service had a 10% did not attend (DNA) rate, with 70% of those patients being rebooked. There was an on-call service to see patients out of hours or on the weekend if needed. Patients that were administered contrast medium were given a 24 hour phone number to contact for support with any possible side effects. The service relieved pressure on other locations run by the provider when they could treat patients in a day.

Good

Diagnostic imaging

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.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The service had information leaflets available in languages spoken by the patients and local community. Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Patients were given a choice of food and drink to meet their cultural and religious preferences. Patients had access to chaplaincy services that catered towards a wide range of religious beliefs. There was no multi-faith space available on-site for patients to pray or meditate in, however staff told us patients were welcome to use any dedicated space at other locations run by the provider which were within walking distance, alternatively staff were able to provide patients with a room where they would not be disturbed.

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. Diagnostic Imaging and Cardiac physiology patients were able to choose appointment dates and times that suited their needs best. We saw evidence to show that all patients were either seen on their chosen appointment or within 48 hours of a referral being made. Staff accommodated same-day slots whenever possible. Patients were able to utilise a same day walk-in service for general x-ray and ultrasound. In the period of January 2022 to April 2022 between 91% to 97% of patients were seen within 15 minutes of their appointment time, between 2% to 8% of patients were seen within 30 minutes of their appointment time and 1% of patients were seen beyond 30 minutes of their appointment time. The service had a 48-hour turnaround target for imaging reports. Audit results for the period of January 2022 to March 2022 showed 95% compliance within 24hrs and 98% compliance within 48hrs. All cardiac CT and breast ultrasound reports were within 24hrs throughout this timeframe. Reports outside of the target were due to specific radiologists being requested to report the image. Managers worked to keep the number of cancelled appointments to a minimum. If patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance.

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The service escalated complaints to the Independent Healthcare Sector Complaints Adjudication Service (ISCAS) if a patient was dissatisfied with the service's response to a complaint. The service followed the ISCAS code of complaint management. There was a total of 12

Good

Diagnostic imaging

complaints related to diagnostic imaging in the period of April 2021 to April 2022, out of these nine were formal and three were informal. No complaints were escalated to ISCAS. Managers shared feedback from complaints with staff and learning was used to improve the service. Staff could give examples of how they used patient feedback to improve daily practice.

Are Diagnostic imaging well-led?

Good

This is the first time we rated well-led at this service. We rated it as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles. However, parts of the imaging department reported to a separate leadership structure and staff were unsure as to why the department was structured this way.

Devonshire Diagnostic Centre was a part of the wider HCA network of hospitals and services. This location was overseen by the governance and leadership team based at The Harley Street Clinic provided by HCA International Limited. Some areas of the imaging department registered to Devonshire Diagnostic Centre were based at 30 Devonshire Street, this part of the imaging department is also part of the Princess Grace Hospital provided by HCA International Limited. The imaging department based at 30 Devonshire Street had its own imaging manager and reported to the Princess Grace Hospital leadership and governance teams. Some staff told us they did not understand why the department was structured this way and they did not feel the department based at 30 Devonshire Street was part of the department based at the other Devonshire Diagnostic Centre buildings.

There was a clear management structure which was made available to staff. The imaging service manager and cardiac non-invasive and respiratory service manager reported to the chief operating officer. Senior provider-wide leaders were frequent visitors to the site and were easily accessible to local staff. The registered manager and senior clinical staff had a very strong joint understanding of the day-to-day issues at the service. Staff spoke positively of senior leaders and those leaders expressed confidence in the people who they managed. Staff were supported to develop into senior roles, with several examples of successful internal promotion apparent during our inspection.

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.

Devonshire Diagnostic Centre had a clear vision for what it wanted to achieve and a strategy to turn it into action. Devonshire Diagnostic Centre's strategy aligned with the HCA corporate 2022 growth strategy. The diagnostic imaging

department and cardiac physiology service had individual departmental goals which aligned to the Devonshire Diagnostic Centre and HCA corporate strategies. Progress against departmental goals were discussed regularly in meetings between service leads and the chief operating officer. The service had a high cost equipment replacement programme which outlined the life cycle of imaging and physiology equipment and replacement strategy.

Culture

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

Staff we met were welcoming, friendly and helpful. Staff expressed positive job satisfaction and it was clear from talking to staff that there was a good working relationship between different staffing groups. Staff felt supported in their work and said there were opportunities to develop their skills and competencies, which senior staff encouraged. Training and development of staff was a key feature of the service's strategy over the next year. We observed good team working amongst staff of all levels. Staff felt confident raising concerns to managers and appropriate action would be taken. Staff had access to mental health first aiders and Freedom to Speak Up champions across the hospital and wider HCA network, to support staff wellbeing and raising patient safety concerns confidentially.

There was a hospital wide initiative to promote a customer service culture which would focus on providing high quality care and service to patients. Staff were expected to attend specialised customer service training as part of "Project 5 Star".

Governance

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

There was a clear governance structure in place. We saw an overall schematic of how this governance system operated with its attendant committee structure. There was an executive board with committees that covered medical governance, clinical governance, information governance and patient safety, quality and risk. There was strong guidance on the scope and responsibilities of each committee and how they interacted with each other.

The Medical Advisory Committee (MAC) advised on matters such as the granting of practising privileges, scope of consultant practice, patient outcomes, clinical standards and implementing new and emerging professional guidance. The MAC ensured there was a process for overseeing and verifying doctor revalidation, continuing practice development and reviewing practising privileges.

The corporate HCA wide Radiation Protection Framework was revised in January 2022 with the introduction of Radiation User Groups (RUGs) which were held quarterly to provide assurance to the local Radiation Protection Committee. Two meetings of the new RUGs had been conducted at the time of the inspection. The hospital's diagnostic department reported into the diagnostic RUG and the non-ionising ultrasound and laser RUG which in turn reported to the Harley Street Clinic radiation protection committee which reported to the corporate radiation protection committee.

There was a legal agreement in place with HCA International Limited to provide all services for Devonshire Diagnostic Centre Limited.

Good

Diagnostic imaging

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.

There was an overall provider level risk register which included all risks to the service. All recorded risks were graded according to severity and controls were documented, with actions required before the next review date. All actions were assigned to a responsible individual. Risks were regularly reviewed. The service had plans to cope with unexpected events, including adverse reactions during procedures. There was a risk management policy and the service undertook risk assessments, for example control of substances hazardous to health (COSHH) risk assessments. The health and safety representative and service leads carried out regular walkarounds to ensure there were no new environmental risks.

An annual audit program ensured performance was monitored and managed consistently. Diagnostic imaging and cardiac physiology staff participated in local audits, with the resulting information shared amongst staff to promote improvement.

Departmental performance was reported to the board on a quarterly basis. Reporting was based on monthly performance targets across all imaging and physiology modalities.

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.

Most of the information systems that the provider operated were digital. There was a comprehensive information governance policy and framework in place which was aligned with relevant legislation. The information systems were secure. There was a clear strategy to further improve integration and utilisation of the IT software systems. Information governance training was part of the annual mandatory training requirement for all staff working at the service.

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.

We saw evidence, through surveys and feedback questionnaires, that the department engaged with patients and that changes were made when necessary. There was also the involvement of patients following complaints or incidents and an active patient experience committee.

HCA carried out staff surveys twice a year. The provider and location were included in the staff survey as part of the Harley Street Clinic, the provider was unable to provide staff survey results which were solely regarding Devonshire Diagnostic Centre Imaging department as staff worked dually over two separately registered locations. Specific results for the cardiac physiology service and the Cardiac CT scanner was available. Results from these surveys showed the top concern for staff was staffing and resources. We saw actions taken in response to the staff feedback.

Good

Diagnostic imaging

The service ensured regular communication through various channels with staff, conducted an employee appreciation week where various complimentary gifts and refreshments were distributed, and the service had an awards system to recognise colleagues who went above and beyond. The service had access to a HCA wide recognition platform where senior leaders were able to award staff reward points in a recognition scheme, these points were able to be used to purchase goods and services.

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.

Improvement and innovation were driven at a provider wide level and staff we spoke with were passionate about driving improvement and felt positive about working in an environment which promoted innovation. Staff said they were encouraged to present ways to work which improved the patient experience.

The provider had introduced a quality quiz which was designed to encourage learning and test knowledge of local governance systems on a departmental scale. Staff were encouraged to complete the quiz as the highest scoring department would win a prize.

The number and expertise of the medical staff leading the cardiac CT scanning service exceeded professional guidance, this meant that the service was able to provide quick turnaround times and positive outcomes for patients.

Good

Services for children & young people

Safe	Good
Effective	Good
Caring	Insufficient evidence to rate
Responsive	Good
Well-led	Good

Are Services for children & young people safe?

Good

This was the first time we rated safe at this service. We rated it as good

Mandatory training

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

Staff received and kept up to date with their mandatory training. The mandatory training was comprehensive and met the needs of children, young people and staff. The compliance rate with mandatory training modules stood at 100%.

All staff received sepsis training. Managers monitored mandatory training and alerted staff when they needed to update their training.

Safeguarding

Staff understood how to protect children, young people and their families 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.

Clinical staff received training specific for their role on how to recognise and report abuse. National guidance specifies all clinical staff working closely with children and young people should receive training in level three safeguarding. Data provided demonstrated that 100% of paediatric clinical staff in the outpatient department had completed level three safeguarding children training and level two safeguarding adult training. In the outpatient department, 100% of other clinical staff had completed safeguarding children level two training and 87% of staff had completed level three safeguarding children training against the hospital target of 95%. In the diagnostic and imaging department 100% of staff had completed level three safeguarding children training and level two safeguarding adult training. Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. There were dedicated leads for safeguarding and an individual on shift with a level four safeguarding qualification during the operational hours. In the 12 months prior to our inspection, the service had made no child safeguarding referrals.

Good

Services for children & young people

The service had a policy in place for chaperoning children and young people and staff received training in this.

Staff followed safe procedures for children visiting the treatment and diagnostic rooms. There were dedicated days and sessions for children and young people at each of the locations, however where possible the service would be flexible to meet the needs of children and young People.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect children, young people, their families, themselves and others from infection. They kept equipment and the premises visibly clean.

All areas were visibly clean and had suitable furnishings which were clean and well-maintained. Cleaning records were up to date and demonstrated all areas were cleaned regularly. Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. The hospital used “I am clean” stickers to indicate when patient equipment had last been cleaned and was ready for use by another patient.

Staff followed infection control principles including the use of personal protective equipment (PPE). In all areas we visited we observed staff had access to adequate quantities and types of PPE. Throughout the hospital, there was sufficient access to hand washing sinks and equipment washing sinks, soap, and alcohol gel hand rub. Distraction toys in the computerised tomography (CT) department were wiped clean after each patient use.

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.

Staff carried out daily safety checks of specialist equipment. An external company maintained and serviced equipment through an annual contract. During our inspection, we saw resuscitation trolleys were available in all the areas we inspected and contained emergency equipment and medicine, available and fit for purpose, for all age ranges of children and young people. The resuscitation trolleys throughout the service contained both adult and paediatric medication, with a risk assessment in place to ensure this was managed. However, we found that there was no tamper evident seal on the anaphylaxis box kept in the resuscitation trolley in the basement used by the physiology team.

The service had enough suitable equipment to help them safely care for children and young people. Equipment had electronic service testing stickers clearly visible, indicating to staff when equipment had last been serviced and that it remained appropriate to use.

There were two treatment rooms and a recovery area in the basement level of 16-18 Devonshire Diagnostic Centre which was used for paediatric patients.

Staff disposed of clinical waste safely. The service had arrangements in place for the handling, storage and disposal of domestic and clinical waste and sharps. We saw clinical and non-clinical waste was segregated into colour coded bags and sharp objects were deposited in sharps bins.

Assessing and responding to patient risk

Good

Services for children & young people

Staff completed and updated risk assessments for each child and young person and removed or minimised risks. Staff identified and quickly acted upon children and young people at risk of deterioration.

Staff used a nationally recognised tool to identify children or young people at risk of deterioration and had the knowledge of how to escalate concerns if required.

The service had an inclusion and exclusion criteria outlining the criteria for their outpatients and diagnostic paediatric patients.

For any outpatient treatments, for example, removal of moles; a paediatric nurse was always available. For diagnostic cardiac computerised tomography (CT) scans a paediatric nurse would accompany the patient from The Portland Hospital for Women and Children. We saw examples where appointments were cancelled if a paediatric nurse was not available, which meant that the care provided was in line with best practice.

We were informed that there were dedicated slots on specific days for paediatric patients and only paediatric patients would be in the department at that time.

All staff in the outpatient and diagnostic imaging department including bank paediatric nurses were trained in paediatric basic life support (PBLS) or paediatric intermediate life support (PILS). Resident medical officer (RMO) cover for paediatric cardiology tests where a European paediatric advanced life support (EPALS) RMO cover was required for example, for exercise tolerance testing, this was arranged by The Portland Hospital for Women and Children, through regular bank or agency RMOs.

Staff completed risk assessments for each child and young person prior to their arrival, using a recognised tool, and reviewed this regularly, including after any incident. The service audited compliance with the World Health Organisation (WHO) Five steps to safer surgery, including the surgical safety checklist. Between May 2021 and April 2022, the audits showed compliance ranged between 85% and 100%.

The diagnostic imaging department had a dedicated paediatric pathway for computerised tomography with The Portland Hospital for Women and Children for congenital cardiac scans. These children travelled between the two sites. The service had completed a risk assessment and standard operating procedure to manage this risk and ensure safe patient transfer took place with staff trained in the appropriate level of life support.

Staffing

The service had systems in place to ensure enough staff with the right qualifications, skills, training and experience were available to keep children, young people and their families 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 medical, allied health professionals, nursing and support staff to keep children and young people safe.

The service did not employ any permanent paediatric nurses. The service used two regular bank paediatric nurses that were booked for any minor procedure in the treatment rooms. A paediatric nurse would accompany patients from The Portland Hospital for Women and Children for computerised tomography (CT) scans or any diagnostic imaging appointments.

Good

Services for children & young people

Senior leaders told us that they were in the process of recruiting a paediatric nurse, jointly with The Portland Hospital for Women and Children, to work on both sites.

The hospital worked with consultants under a practising privileges arrangement and was able to demonstrate this process was robust, with strong medical governance arrangements. The granting of practising privileges is an established process whereby a medical practitioner is granted permission to work within an independent service. All outpatient minor procedures, cardiac CTs and ultrasounds were consultant led.

Managers accurately calculated and reviewed the number and grade of clinical staff needed. Managers made sure all bank and agency staff had a full induction and understood the service.

Please refer to the outpatient and diagnostic and imaging report for staff turnover, vacancy rate and further details.

Records

Staff kept detailed records of children and young people's care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive, and all staff could access them easily. Records were stored securely. All notes in outpatient and diagnostic and imaging were electronic.

We reviewed eight patient records in the outpatient department and found all of them had an adequate diagnosis and treatment plan documented and were signed. The notes were legible and comprehensive. The service carried out monthly audits of documentation across the service and any issues were identified with appropriate actions taken to improve compliance.

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. The service had access to an onsite pharmacy for advice on medicines. Due to the nature of the service, the outpatient department only used local anaesthetic. Staff told us that these were mainly used for paediatric patients. Staff stored and managed local anaesthetics safely. Local anaesthetics stored in a refrigerator seen during the inspection were found to be in date.

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 children, young people and their families 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 used the service's incident reporting system to report incidents. Staff told us they felt confident to report incidents and knew how to escalate concerns. In the 12 months prior to our inspection, there was no incident related to children and young people reported. Senior leaders told us how they would investigate any incident reported as a serious incident (SI) with a root cause analysis investigation undertaken.

Good

Services for children & young people

Staff were able to tell us about incidents such as communication errors that had occurred in other areas and staff training provided as a result and processes put into place to remedy this.

Staff understood duty of candour. They were open and transparent and understood their responsibility to give children, young people and their families a full explanation if and when things went wrong. In the 12 months prior to our inspection, there was no incident meeting the threshold of duty of candour to be applied.

Are Services for children & young people effective?

Good

This is the first time we rated effective at this service. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidenced-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. We reviewed a sample of policies and guidelines related to children and young people and found they were easily accessible to staff, were approved and were within their review date. The selection of clinical policies all referenced relevant National Institute for Health and Care Excellence (NICE) and Royal College guidelines.

Nutrition and hydration

The service provided nutrition and hydration.

Patients had access to hot and cold beverages at all times in waiting areas. Biscuits or sandwiches could be obtained for patients if required.

Pain relief

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

Staff assessed children and young people's pain using a recognised tool and gave pain relief in line with individual needs and best practice. Staff had access to pictorial aids for children to communicate pain levels and the effectiveness of pain relief. Staff prescribed, administered and recorded pain relief accurately. Patients' records showed the level of pain was assessed regularly. At the time of the inspection, the service did not carry out any pain audit. Managers informed us that a pain audit tool has been developed and awaiting approval from the governance committee. Patients were asked about their pain in the hospital's patient survey, with any issues identified and acted upon.

Good

Services for children & young people

There were no play specialists employed by the service. Staff told us that a play specialist could be arranged from The Portland Hospital for Women and Children to assist children in preparing for procedures, if required. Distraction and relaxation techniques were used to help children manage any pain. Staff applied topical anaesthetic cream or local anaesthetic to children and young people prior to minor procedures to relieve any pain and discomfort during the procedure.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for children and young people.

Between May 2021 and April 2022, there were 579 paediatric patients seen, including 446 treatment procedures, 59 non-invasive cardiology tests, 43 cardiac CT scans, 24 x-rays, six ultrasounds and one ultrasound and x-ray.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time, with an audit and effectiveness committee to monitor completion and compliance. Managers used information from the audits to improve care and treatment. Managers shared and made sure staff understood information from the audits.

Please refer to the outpatient and diagnostic and imaging report for further details.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of children, young people and their families. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff were positive about career development and training opportunities in the hospital.

At the time of the inspection, 40% of staff had completed paediatric intermediate life support (PILS) recertification. We saw evidence that all remaining staff were booked to complete PILS recertification by end of May 2022.

Managers gave all new staff a full induction tailored to their role before they started work. The service had an induction programme in place for all newly recruited staff, including a supernumerary period that enabled staff to be familiarised with the service's systems and processes. New staff were positive about their experiences of starting work at the service and the induction process.

Managers supported staff to develop through yearly, constructive appraisals of their work. Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit children, young people and their families. They supported each other to provide good care.

Good

Services for children & young people

Staff held regular and effective multidisciplinary meetings to discuss children and young people and improve their care. These meetings were attended by a variety of staff, with input from specialists where indicated. Staff worked across health care disciplines and with other agencies when required to care for children, young people and their families. Most staff told us they enjoyed working with their colleagues and were complimentary about the support they received from one another.

Seven-day services

Key services were available to support timely patient care.

The outpatient services were available between 8am to 8pm Monday to Friday. The diagnostic imaging services were available between 8am to 6pm. Children and young people were seen on specific days for any minor procedures and there were dedicated slots for cardiac CT scans on Friday mornings and Monday afternoons, to ensure that the right staffing cover was available. The service had access to an onsite pharmacy during operational hours.

Health promotion

Staff gave children, young people and their families practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support across the service. For example, there was a health promotion stand with QR codes (a machine-readable code used to easily access websites on a smartphone) to access information about using inhalers, healthy eating, staying safe in the sun and keeping families active.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported children, young people and their families to make informed decisions about their care and treatment. They knew how to support children, young people and their families who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff understood how and when to assess whether a child or young person had the capacity to make decisions about their care. The hospital had a consent policy that took account of relevant legislation and guidance, which was accessible by all staff. Staff understood Gillick Competence and Fraser Guidelines and supported children who wished to make decisions about their treatment. All records we reviewed demonstrated staff clearly recorded consent. The service carried out a bi-annual consent audit. Between September 2021 and February 2022, the audit showed 100% compliance.

When children, young people or their families could not give consent, staff made decisions in their best interest, taking into account their wishes, culture and traditions.

Are Services for children & young people caring?

Insufficient evidence to rate

We did not rate caring as there was not sufficient evidence to rate.

Compassionate care

Good

Services for children & young people

Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff understood how to be discreet and responsive when caring for children, young people and their families. Staff followed policies to keep care and treatment confidential. We observed that facilities were designed to ensure privacy and dignity for patients while receiving care. Staff told us how they took time to interact with children, young people and their families in a respectful and considerate way.

Staff understood and respected the personal, cultural, social and religious needs of children, young people and their families and how they may relate to care needs. Staff we spoke with provided examples of how they adapted care and treatment to individual patient needs, such as arranging appointments around school holidays.

Emotional support

Staff provided emotional support to children, young people and their families to minimise their distress. They understood children and young people's personal, cultural and religious needs.

Staff gave children, young people and their families help, emotional support and advice when they needed it. During our inspection, we were unable to observe any interaction and speak with any parents as no children and young people were attending the service. Staff told us that they allocated additional time for any anxious or nervous patients. A play specialist was available from The Portland Hospital for Women and Children if required.

Understanding and involvement of patients and those close to them

Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centered approach.

Staff made sure children, young people and their families understood their care and treatment and were supported to make informed decisions about their care.

Staff told us how they talked with children, young people and their families in a way they could understand, using communication aids where necessary. Written information leaflets were available for patients about a range of treatments, including costs.

Children, young people and their families could give feedback on the service and their treatment. There was an age-appropriate patient feedback questionnaire. However, in the last 12 months, no questionnaire was completed. The service captured informal feedback from children and young people and parents, which was all positive.

Are Services for children & young people responsive?

Good

This is the first time we rated responsiveness at this service. We rated it as good.

Service delivery to meet the needs of local people

Good

Services for children & young people

The service plan and provide care in a way that met the needs of patients. The service worked with others in the wider system and local organisations to plan care.

All appointments and diagnostic imaging were pre-booked and planned in advance. A range of clinics managed by another London HCA provider were held in outpatient departments to facilitate patient choice.

Not all facilities and premises were appropriate for the services being delivered. At the time of inspection, only the CT scan area and a small part in the main waiting area were adapted to meet the needs of the children. The recovery areas in the outpatient and imaging department were not child friendly, along with the treatment rooms. Senior staff told us this was due to the planned refurbishment of the service and these areas would be redesigned with children in mind, but this was not the case at the time of our inspection. There was an action plan for this.

Meeting people's individual needs

The service was inclusive and took some account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help children, young people and their families access services. They coordinated care with other services and providers.

Staff made sure children and young people living with learning disabilities and long-term conditions received the necessary care to meet all their needs. Staff told us that if there was a need then they had access to communication aids to help children, young people and their families become partners in their care and treatment from their neighbouring London HCA hospital, The Portland Hospital for Women and Children. Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss.

Distraction aids such as bubbles, sticker books and a starlight machine were available in the CT scan department. Staff told us the CT scanner had a colour changing function and the team used this to gain a rapport with the child by asking them what colour they would like the CT scanner to be and to make the process more fun and interactive. When appropriate, the team also gave paediatric patients a sticker and certificate after the scan, so patients would feel happy and positive about their experience. However, there were no distraction boxes in the treatment rooms or other diagnostic and imaging areas.

Not all areas were designed to meet the needs of children, young people and their families. At the time of inspection, there was a small area within the main waiting area that was decorated accordingly for younger children. However, across the rest of the service, not many facilities were available for children and young people. There was no play specialist. Staff told us that if there was a need then a play specialist would be arranged in advance to accompany patients via The Portland Hospital for Women and Children.

Managers made sure staff, children, young people and their families could get help from interpreters or signers when needed. The service was signed up for a telephone interpretation service which was available during operational hours. The service worked collaboratively with The Portland Hospital for Women and Children international office to arrange interpreters.

The diagnostic and imaging services offered two dedicated paediatric lists a week for congenital cardiac scans to ensure no adult patients were in the CT scan department. Each scan slot was 45 minutes, meaning there were no time constraints on the patient and a relaxed calm environment was offered to paediatric patients.

Access and flow

Good

Services for children & young people

People could access the service when they needed it and received the right care promptly.

Between May 2021 and April 2022, there were 579 paediatric patients seen, including 446 treatment procedures, 59 non-invasive cardiology test, 43 cardiac CT scans, 24 x-rays, six ultrasounds and one ultrasound and x-ray.

The service did not specifically collect waiting time audit data for outpatient services as children were able to be seen and treated in accordance with their personal circumstances. Children were seen by appointment only and the team demonstrated they met key performance indicators for these appointments. The service collected waiting time audit data for diagnostic and imaging. Between October 2021 and April 2022, 100% of children were seen within 15 minutes of arrival in the department. Patients were made aware of any delays in the waiting areas.

In the 12 months prior to our inspection, the service reported five outpatient appointments were cancelled for non-clinical reasons. The reasons included the non-availability of a paediatric nurse in all five cases. All these patients were rebooked appropriately.

The service audited the did not attend (DNA) rate. Between May 2021 and April 2022, the DNA rate was 14% (41) for diagnostic and imaging and 2% (9) for the outpatient department. Managers ensured that children, young people and their families who did not attend appointments were contacted and offered another appointment.

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 clearly displayed information about how to raise a concern in patient areas. Between February 2021 and January 2022, there were two formal complaints involving children and young people. Staff knew how to acknowledge complaints and children, young people and their families received feedback from managers after the investigation into their complaints.

Managers investigated and shared feedback from complaints with staff and learning was used to improve the service. Staff could give examples of how they used patient feedback to improve daily practice. This included the billing office to ensure accurate invoices were billed to the patient.

The service was signed up to an independent review service for the resolution of formal complaints, but no complaints had been escalated to them for review in the 12 months prior to inspection.

Are Services for children & young people well-led?

Good

This is the first time we rated well-led at this service. We rated it as good.

For leadership, governance, management of risk, issues and performance, and information management please see the outpatient and diagnostic and imaging services report.

Good

Services for children & young people

Vision and strategy

The service's strategy aligned with the corporate strategy: '2022 growth strategy and the seven pillars'. The key initiatives included within the paediatric service development plans were; formalising paediatric waiting area in number 17 Devonshire Street ground floor reception area, reviewing staffing requirements to support paediatric services and liaising with The Portland Hospital for Women and Children to ensure adequate staffing cover in place, reviewing paediatric resuscitation pathways and to ensure a regular programme of testing and simulation were in place, health & safety review, including lock-down procedures and reviewing paediatric activity and implementation of a rotational paediatric nurse post.

Culture

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

Most staff we spoke with were positive about the service and told us they were respected, supported, and valued. There were freedom to speak up champions within the service to support staff to raise concerns. Staff we spoke with were aware of the freedom to speak up champions and how to contact them.

Patients we spoke with during our inspection told us they felt able to raise any concerns with staff.

Engagement

Leaders did not actively engage with patients. They collaborated with partner organisations to help improve services for patients.

Patients were asked to complete a provider feedback questionnaire about their experience. Patients were also able to provide feedback via email. However, in the last 12 months, no questionnaire was completed. Managers told us that actions were taken to enhance the response rate. For example, paediatric feedback questionnaires were placed in all areas in patient pathway, front of house, nursing and diagnostic teams were reminded to flag paediatric visits to the outpatient matron and imaging manager, clinical teams to update paediatric attendance tracker and note whether paediatric questionnaire was offered during visits, implement iPads to enhance response rate and a child-sized post box was placed in the waiting area to promote engagement and response rate. However, we were not assured that the provider actively sought feedback from children and young people and their parents.

We saw examples of collaborative working with The Portland Hospital for Women and Children, in developing a pathway for cardiac computerised tomography for paediatric patients.

Please refer to the outpatient and diagnostic and imaging report for further details about staff engagement.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

Good

Services for children & young people

Senior leaders took immediate action in response to issues identified during the course of this inspection visit. Staff were committed and passionate about improving the service they provided.

Good

Outpatients

Safe	Good
Effective	Inspected but not rated
Caring	Good
Responsive	Good
Well-led	Good

Are Outpatients safe?

Good

This was the first time we rated safe at this service. We rated it as good.

Mandatory training

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

Nursing staff received and kept up-to-date with their mandatory training. Compliance for nursing staff was 95%. The target for all mandatory training was 90%.

The mandatory training was comprehensive and met the needs of patients and staff. This training included basic life support, infection control, and privacy and safety.

Managers monitored mandatory training and alerted staff when they needed to update their training weekly. Staff told us the training was mostly delivered via e-learning but that some modules such as intermediate life support, basic life support and moving and handling were face to face. Managers told us staff did not routinely receive protected time to complete the e-learning but were able to complete their training during off peak times at the service. The lead nurse told us that some staff found it easier to do the training at home in which case, staff would receive the time back or get paid overtime. Staff told us they received reminders when a module was due for renewal.

Senior managers told us consultants with practising privileges at the hospital completed mandatory training at their employing NHS hospital. The practising privileges were reviewed annually through a HCA centralised process with the hospital CEO providing oversight, consultants had to update their validation, mandatory training and competency records, otherwise privileges would be suspended.

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.

The chief nurse was the safeguarding lead for the service and had completed level four safeguarding training. The hospital target for completion of safeguarding training was 95%. All staff received safeguarding adults level 2 training and compliance was 100%. All clinical staff additionally received level 3 safeguarding training in adults and children and hospital data showed compliance to be 94% and 87% respectively. Nursing staff received training specific for their role on how to recognise and report abuse.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Safeguarding policies and procedures were in place. These were available electronically for staff to refer to.

Staff knew how to identify adults at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral following the safeguarding referral flowchart and who to inform if they had concerns.

There was a chaperone policy and we saw signs throughout the outpatient clinic advising patients how to access a chaperone should they wish to do so.

Cleanliness, infection control and hygiene

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

All clinical areas we visited were visibly clean and had suitable furnishings which were clean and well-maintained. The centre had an internal cleaning service with a weekly cleaning schedule for each room which logged the tasks that needed to be completed, the days completed and a signature. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

The service generally performed well for cleanliness. Audits showed performance in April 2022 was 100% for all audits except for Infection Prevention Control (IPC) Principles and Practices which was a monthly audit of standard infection control precautions and general environment relating to the infection control and the built environment which had achieved 96%. Audits included an explanation when a score was below the target 100% and action taken to address this.

Staff followed infection control principles including the use of personal protective equipment (PPE), cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. A member of staff was allocated each day with the responsibility to ensure cleanliness of equipment.

Policies and protocols for the prevention and control of infection were in place and all staff attending clinical areas adhered to “bare below the elbow” guidelines. There were sufficient hand washing facilities including basin, hand wash, hand gels and moisturiser and we observed staff being compliant with the recommended hand hygiene practices.

The service had preventative measures for COVID19 in place which included requiring that all staff took a lateral flow test daily and wore masks. Patients took a lateral flow test before arrival, had their temperature taken at the door, questions asked during pre-screening to check for symptoms, and were encouraged to wear masks.

Environment and equipment

Good

Outpatients

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

The outpatients department within Devonshire Diagnostic Centre Limited was spread over two sites with the majority of facilities in 13-19 Devonshire Street and one treatment room in 30 Devonshire Street. There was a total of 20 treatment rooms in the service and no consultation rooms as these were registered under different services. 13-19 Devonshire Street contained multiple providers and locations and Devonshire Diagnostic Centre Limited treatment rooms were spread across the site rather than being located in a single area.

There were working emergency call bells in every clinic room and toilet. Patients could reach call bells in the recovery area and staff responded quickly when called.

The design of the environment followed national guidance. The service had suitable facilities to meet the needs of patients' families. Patient waiting areas were clean with sufficient seating for patients and relatives. All clinical areas seen in the outpatients, radiotherapy and diagnostic departments were visibly clean and tidy.

Staff carried out daily safety checks of specialist equipment. The service had enough suitable equipment to help them to safely care for patients.

Staff disposed of clinical waste safely.

Emergency resuscitation equipment was in place in all areas of 13-19 Devonshire Street and followed national resuscitation council guidelines. Trolleys we reviewed were checked on a daily and weekly schedule and most had their seals intact; trolleys that were asked to be opened had all the required equipment and medication valid and in-date. However, one trolley we checked was not sealed.

Due to the limited space available in outpatient's upper floors, the use of resuscitation bags was in place. The bags were stored on a specific floor in each building and this was signposted to on each floor. There was a policy and the situation was risk assessed and mitigated by allocating a member of the resuscitation team at the daily huddle to transport the bags when needed.

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

All eligible staff had completed their Basic Life Support (BLS) competency assessment and Paediatric Basic Life Support (PBLS). Staff in non-patient facing roles had completed a modified version of BLS for no patient interaction. 88% of staff had completed Intermediate Life Support recertification at the time of inspection.

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident. Staff knew about and dealt with any specific risk issues.

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.

Good

Outpatients

Staff responded promptly to any sudden deterioration in a patient's health. Alarms were located in all rooms that would call a dedicated resuscitation team based in the building in the event of a medical emergency. Crash bags containing resuscitation equipment were located on each floor with a resuscitation trolley in the basement of each building and a defibrillator on the 3rd floor of each building. Staff told us they would call 999 in the event of a medical emergency. The service conducted simulation training to aid in the learning, development and readiness of staff for deteriorating patient events.

Nurse staffing

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

The service had enough nursing and support staff to keep patients safe. The number of nurses and healthcare assistants matched the planned numbers.

Service leads accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance and planned clinics. The service lead could adjust staffing levels daily according to the needs of patients.

Data showed the vacancy rate amongst nursing staff at the service was 13% with four vacancies at the time of inspection. Data showed sickness rates below 10%.

The service had moderate turnover rates. Data showed the turnover rate for nursing staff at the service was 31% with eight nursing staff having left the service in the last 12 months. Of these eight staff, all eight had left voluntarily and we were told by managers this was often due to opportunities for promotion within other services under the same umbrella organisation.

The service had reducing rates of bank and agency nurses. Managers limited their use of bank and agency staff and requested staff familiar with the service. Managers made sure all bank and agency staff had a full induction and understood the service.

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.

There were 529 consultants with practising privileges attending the hospital, however not all of them regularly saw patients in outpatient clinics. Although we requested it, we were not provided information regarding the number of consultants who worked in the outpatients' clinic.

Practising privileges were processed centrally by HCA with the CEO and medical advisory committee (MAC) providing oversight, with privileges being reviewed annually.

Staff told us that clinics were rarely cancelled but were rearranged for the following week on those rare occasions.

Records

Good

Outpatients

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive and all staff could access them easily. We reviewed 10 sets of patient records in the outpatients department. All contained details of past medical history, allergies, infection control, medicines.

Records were stored securely. The hospital used an electronic patient record system (EPR). Service leads told us there was a plan to mitigate the risk in case of disruption to the electronic patient record system through the use of paper forms and that these would then be uploaded to the system once it was restored.

Consultants also kept records using a separate (EPR). Service leaders told us that although they could not access this directly and had to do so through consultants' secretaries, there had never been any issues with access when required.

When patients transferred to a new team within the outpatient department, there were no delays in staff accessing their records. However, when patients were transferred to a new team within an inpatient department at another hospital under the Harley Street Clinic, a different electronic record system was used there and this did not communicate with the outpatient EPR.

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 reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. There was a co-located pharmacy within the building that provided medicine support under HCA to the different services located there. The co-located pharmacy was available via telephone to offer advice to patients on dispensed medicines once patients had returned home.

Staff completed medicines records accurately and kept them up-to-date. These were recorded on the electronic record system.

Staff stored and managed all medicines and prescribing documents safely. Oversight of this was held by an onsite pharmacy team. Medicines were marked if they needed temperature controlled storage and there was an electronic system in place to monitor drug fridges across the department which alerted the pharmacy team if a fridge required attention. Prescription pads were stored securely and usage was tracked.

No controlled drugs were stored in the outpatients department. When a controlled drug was prescribed, a member of staff would collect the drug from the on-site pharmacy.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. 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.

Good

Outpatients

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's HCA Corporate Incident and Serious Incident Management Policy. There were 46 incidents reported for outpatients between May 2021 and April 2022. Of these, 42 were classified as no harm and 4 were low harm.

The service had no never events. Managers shared learning with their staff about never events and incidents that happened in other HCA locations.

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.

Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Managers debriefed and supported staff after any serious incident.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care.

Are Outpatients effective?

Inspected but not rated

We do not currently rate effective in outpatients services. However, we found:

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 protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Policies and procedures followed recognisable and approved guidelines such as the National Institute for Health and Care Excellence (NICE).

The outpatients department conducted monthly environmental inspection audits.

Staff meetings were held to share information and promote shared learning. Additional meetings were held when national guidance was updated and this included a review of relevant policy to incorporate changes.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other needs.

Good

Outpatients

Staff made sure patients had enough to eat and drink following minor surgery. Including those with specialist nutrition and hydration needs and catering staff accommodated patients' religious, cultural and other needs.

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Patients received pain relief soon after requesting it. This was supported by the onsite pharmacy team.

Staff prescribed, administered and recorded pain relief accurately. This was recorded in the electronic record system.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

Outcomes for patients were positive, consistent and met expectations, such as national standards.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Regular meetings were held to ensure staff understood the information from the audits and how to improve future care, audits included sharps handling and disposal, clinical environment and infection control.

Managers used information from the audits to improve care and treatment. Action plans were developed if an audit result fell below the target level to ensure service improvement. Improvement was checked and monitored.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers and staff told us performance and practice were continually assessed during annual appraisals and supported nursing staff to develop through regular, constructive clinical supervision of their work. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers identified poor staff performance promptly and supported staff to improve.

Managers gave all new staff a full induction tailored to their role before they started work. All staff received an induction book with important information, such as policies and guidelines. New starters had a two week supernumerary period. Competencies of new staff were signed off within these two weeks if appropriate. However, some staff may take longer where observation of practice was needed for sign off, depending on the procedure.

Good

Outpatients

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers made sure staff received any specialist training for their role. Staff we spoke with confirmed they were encouraged to undertake continual professional development and were given opportunities to develop their skills.

Medical consultants with practising privileges had their appraisals and revalidation undertaken by their designated body for revalidation and a copy of this was provided to the hospital.

Multidisciplinary working

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

Patients could see all the health professionals involved in their care at one-stop clinics. This involved patients moving between different services registered at the same location, however from a patient perspective these transitions were seamless.

There was an effective multidisciplinary team working environment within the outpatient service. Staff worked closely across teams to ensure a smooth patient journey. Nursing staff told us they had good working relationships with the consultants who were accessible.

Seven-day services

Key services were available to support timely patient care.

Seven day a week outpatient services were not provided. The outpatient service was provided Monday to Friday from 8am to 9pm.

The pharmacy operated Monday to Friday from 9am to 5pm. There was a pharmacist on call for requirements outside of normal working hours who could be contacted. The pharmacy team told us they would prepare in advance for outpatient clinics using a weekly order form.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in patient areas.

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.

Good

Outpatients

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff could describe and knew how to access policies on Mental Capacity Act and Deprivation of Liberty Safeguards. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to treatment based on all the information available and clearly recorded consent in the patients' records. We reviewed 10 patient records and found consent had been recorded in all 10.

Nursing staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Data showed completion of this training to be 100%.

Are Outpatients caring?

Good

This is the first time we rated caring at this service. We rated it as good.

Compassionate care

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

Patients said staff treated them well and with kindness. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patient experience surveys conducted by the service showed routine positive feedback between May 2021 and April 2022.

Staff were discreet and responsive when caring for patients. Staff followed policy to keep patient care and treatment confidential. The environment in treatment rooms allowed for confidential conversations and we observed that curtains were drawn and doors were closed when patients were having their treatment.

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

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients reported that if they had concerns, they were given time to ask questions. 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.

Good

Outpatients

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. Staff told us how they supported patients who had been given bad news about their condition and offered them sufficient time and space to come to terms with the information they were given.

We observed chaperone posters throughout the service including in each outpatient treatment room. Staff told us the allocation each day ensured each consultant had a chaperone.

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 and could make informed decisions. Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Patients told us they were given time to understand the treatment options available to them and make decisions.

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

Cost of treatment was discussed during consultations prior to any treatment and at the time of booking. Blood test forms had been updated to include their individual cost following feedback from patients.

Are Outpatients responsive?

Good

This is the first time we rated responsiveness at this service. We rated it as good.

Service delivery to meet the needs of local people

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

Managers planned and organised services so they met the changing needs of the local population. The service minimised the number of times patients needed to attend the hospital, by ensuring patients had access to the required staff and tests on one occasion. Facilities and premises were appropriate for the services being delivered.

Patients told us they received clear instructions over the telephone when booking appointments. The service had systems to help care for patients in need of additional support or specialist intervention.

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.

Good

Outpatients

Staff told us they made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. However, staff said that these types of patients were rare. Staff understood the policy on meeting the information and communication needs of patients with a disability or sensory loss.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed.

Patients were given a choice of food and drink to meet their cultural and religious preferences.

Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted. Data showed that there were 430 appointments that patients did not attend (DNA) in the period between May 2021 and April 2022 which made up 2% of all DDCL adult outpatient appointments. Of these 430 all were contacted in line with the services DNA flow chart and 336 were rebooked.

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.

Managers worked to keep the number of cancelled treatments to a minimum. When patients had their treatments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance. Managers told us cancellations were rare and this was supported by patient feedback we collected.

Managers monitored that patient moves between services were kept to a minimum. Patients told us that moves between consultation and treatment under different services were seamless. Staff supported patients when they were referred or transferred between services.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas and on their website. Staff understood the policy on complaints and knew how to handle them. Data received following the inspection showed that in the period of April 2021 to April 2022 there were 80 complaints with 34 being formal. Of these 80 complaints, three were referred to HCA's President/CEO for internal review and resolution.

Managers investigated complaints and identified themes. Managers shared feedback from complaints with staff and learning was used to improve the service. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Staff could give examples of how they used patient feedback to improve daily practice.

Good

Outpatients

Themes from complaints were centered around front of house staff and finances. Action taken in response to complaints included work to improve patient experience named Project 5*, electronic registration and increased transparency on finances with prices now being shown on blood test request forms.

Are Outpatients well-led?

Good

This is the first time we rated well-led at this service. We rated it as good.

Leadership

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

Outpatient staff we spoke with told us that the senior leadership team were approachable and visible with frequent walk-arounds and an open door policy.

All of the outpatient staff we spoke with told us they felt supported and listened to by their line manager. Staff told us they felt valued and spoke positively about the nursing leadership. Staff felt encouraged to challenge where appropriate.

Outpatient staff told us they felt supported to develop their careers within their role. This included one example of a member of staff that had progressed from a bank nurse to senior sister with support from the service including funding for a relevant master's degree.

For further information please refer to the Diagnostic Imaging section of this report.

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.

Outpatient staff we spoke with were committed to providing good care to their patients and demonstrated awareness of the values of the service.

For further information please refer to the Diagnostic Imaging section of this report.

Culture

Good

Outpatients

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

We found an inclusive working culture within the outpatient department. Staff we spoke with described the culture as 'team orientated', and 'friendly' with many referring to the colleagues they worked with as an important highlight of their job. We found highly dedicated staff who were positive, knowledgeable and passionate about their work.

Outpatient staff we spoke with told us they felt cared for, respected and listened to by their peers and managers. Staff we spoke with told us they felt able to challenge unsafe practice and report them to the manager. Staff told us they received debriefs where necessary although staff also said they rarely had difficult encounters with patients.

For further information please refer to the Diagnostic Imaging section of this report.

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 outpatient department had team meetings which took place monthly, a recording of this was made available to staff who were unable to attend. We reviewed the March 2022 meeting which showed staff received updates regarding learning from incidents and complaints, patient experience, the business, training, and clinical effectiveness.

For further information please refer to the Diagnostic Imaging section of this report.

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.

The service provided a risk register which covered multiple HCA locations and included broad risks with generic actions. We requested the service level risk register and found risks were logged appropriately and included a date of last review, risk analysis, further action taken and details of who owned the risk. The only existing outpatient risk related to cleanliness and we were told by the matron that recent action had been taken to address this and that the impact was in the process of being measured before removing the risk from the risk register.

For further information please refer to the Diagnostic Imaging section of this report.

Information Management

Good

Outpatients

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.

For further information please refer to the Diagnostic Imaging section of this report.

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.

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

For further information please refer to the Diagnostic Imaging section of this report.

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.

For further information please refer to the Diagnostic Imaging section of this report.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.