

# Fortius Clinic

## Inspection report

75 King William Street  
London  
EC4N 7BE  
Tel: 020 3195 2442  
www.fortiusclinic.com

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

### Ratings

#### Overall rating for this location

Outstanding 

Are services safe?

Outstanding 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Outstanding 

# Overall summary

This service is rated as Outstanding overall.

The key questions are rated as:

- Are services safe? – Outstanding
- Are services effective? – Good
- Are services caring? – Good
- Are services responsive? – Good
- Are services well-led? – Outstanding

We carried out this comprehensive inspection at Fortius Clinic on 3 October 2019 as part of our inspection programme.

The Chief Operating Officer is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons' who have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury.

Our key findings were:

- The service had comprehensive systems in place to monitor the quality and safety of the service and had a clear vision and strategy to deliver high quality care for patients. There was a clear governance framework in place, underpinned by policies and procedures which were understood and followed by staff.
- Leaders understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- There were clearly defined systems, processes and practices to minimise risks to patient safety and there was a genuinely open culture to reporting and acting on concerns. All staff were involved with the learning from incidents and this learning was also shared with the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- There was a quality improvement programme in place to monitor and improve outcomes for patients, and staff

we spoke with were committed to providing high quality care. There was a regular programme of clinical audits and the findings were discussed in team meetings and shared with appropriate staff.

- People were cared for by staff who had the necessary skills and competencies. All staff were up to date with mandatory training.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. An open culture where patients, their families and staff could raise concerns without fear was evident.
- 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.
- 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.
- Staff kept detailed records of patients' care and treatment. Records were clear, up to date and easily available to all staff providing care.
- Systems and processes were in place to ensure that patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The service had good facilities and was well equipped to treat patients and meet their needs. The design, maintenance and use of facilities, premises and equipment kept people safe.
- The service was responsive to peoples' needs, offering weekend appointments on an as needed basis and the ability to book appointments via a dedicated app which was available to download.

We saw the following outstanding practice:

- Staff described a positive culture and there was a genuinely open and transparent approach to raising concerns and responding to risks. Staff were complimentary about the leadership and felt well supported to develop within their roles.
- The service had implemented a bespoke software solution to ensure that established pathways were followed, and outcomes collected.

# Overall summary

- Staff worked especially hard to make the patient experience as pleasant as possible by responding to the holistic needs of their patients. Staff went above and beyond for their patients.
- Audit processes were embedded within the clinic and the provider's other services and we saw how this drove quality improvement and patient safety.
- There was a continual drive to further improvement with flexibility to redesign service delivery to meet new challenges.
- We saw innovation and a commitment to engage with others to highlight and share best practice.

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

## Background to Fortius Clinic

Fortius Clinic is operated by Fortius London Limited and provides private outpatient consultations, diagnostic scans and interventional radiology services from purpose-built premises at Fortius Clinic, 75 King William Street, London, EC4N 7BE. The service specialises in orthopaedic care and sports injuries with specialists covering knee, foot & ankle, spine, shoulder, elbow, hand & wrist, hip & groin, podiatry and pain conditions. Those staff who are required to register with a professional body were registered with a licence to practice.

Clinic services are available to insured and referred fee paying patients.

Fortius London Limited provides similar services at two other separately registered locations in London as well as surgical procedures at a fourth, separately registered location. None of these locations were inspected during this inspection.

The service has a board of ten directors of which six are clinicians and four are non-clinicians.

The premises at 75 King William Street, consist of a purpose built, two floor clinic located in the heart of The City between Bank and Monument stations. The ground floor houses the main reception, an office and lift lobby. The lower ground floor houses a total of nine consulting rooms, several waiting areas, changing rooms, staff rest area, two treatment rooms and an imaging centre which includes MRI, X-Ray and Ultrasound.

Access to all floors is by steps or a lift.

The service operates from Monday to Friday between 8am and 8pm, and on Saturday mornings between 8.30am and 12.30pm on an as needed basis. The service does not offer out of hours services.

We carried out this inspection on 10 October 2019 and before visiting, we looked at a range of information that we hold about the service and information submitted by the service in response to our provider information request.

During our visit we interviewed clinical and non-clinical staff, observed practice and reviewed documents.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore, formed the framework for the areas we looked at during the inspection.

## Are services safe?

We found that this service was **outstanding** in providing safe services because:

- Staff and consultant clinicians showed a consistent focus on patient safety and there was 100% compliance with mandatory training.
- There was a generally expressed view that safety was a high priority in the planning of services; it was key to the monitoring of performance and was given prominence in the day to day delivery of care.
- We saw examples of robust systems and processes and through the Quality Dashboard we were able to see in action clear evidence of a comprehensive and effective governance framework.
- Staff were confident in reporting incidents. Open and transparent communication was evident among staff and we saw many examples of learning based on a thorough analysis and investigation of things that go wrong.
- The number of recorded incidents in outpatients and diagnostic imaging demonstrated a good reporting culture which gave assurance that reporting was open and transparent and that safety checks were diligently carried out.

### **Safety systems and processes.**

#### **The service had clear systems to keep people safe and safeguarded from abuse.**

- The service had easily accessible policies and procedures, located within a bespoke intranet which made accessing information very easy for staff and consultants.
- Staff and consultants were able to easily demonstrate how to report an incident via an incident reporting platform that the provider had implemented.
- All incidents and complaints were reviewed and investigated thoroughly via various quality meetings, including a quality group, a quality committee and the Board. We saw evidence of how learning from incidents and complaints had been embedded throughout the service to improve safety.
- We were told that after several incidents were reported in relation to the pathology provider, a meeting was held to discuss a resolution to the various issues. The pathology provider became actively engaged in the incident reporting process, took on board the comments and concerns, and made changes to their internal processes. This has resulted in any further

incidents being automatically investigated at their end, with follow up actions undertaken and reported back to the service. This has significantly improved the relationship with the provider and reduced the number of pathology related incidents.

- Learning and safety messages were cascaded to staff via monthly newsletters and regular quality bulletins on the intranet. Posters were displayed in staff areas highlighting improvements and where to find up to date information.
- The service demonstrated a clear safety track record, with up to date risk assessments including a significant health and safety assessment which ensured that all risk areas were identified and an action plan of areas for improvement had been completed.
- All staff, regardless of whether they were patient facing or not, were trained in safeguarding for children and adults as part of mandatory training. There was full awareness of who the service leads were for safeguarding.
- The service had a chaperone policy and offered chaperones to all patients. Information relating to this was clearly visible via signage in all waiting areas and consultation rooms. The service demonstrated that chaperone training had been undertaken by a variety of staff members, thus ensuring a chaperone would always be available to a patient or consultant.
- The premises were well maintained, and this was evidenced by up to date maintenance and service contracts. Steps were taken by the provider to undertake repairs out of hours to ensure no disruption to patients during clinic hours. We saw that contracts were in place for the regular and safe removal of all clinical and non-clinical waste.
- There was an effective system to oversee and manage infection prevention and control (IPC) with a service lead and a named doctor, both of whom were involved in ensuring that IPC was managed and communicated effectively throughout the service. We saw that an external IPC assessment had been undertaken and that all improvement actions had been completed.
- The service had an employment check policy which ensured that enhanced Disclosure and Barring Service (DBS) checks were undertaken on all members of staff, whether patient facing, or office based. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles

## Are services safe?

where they may have contact with children or adults who may be vulnerable). DBS checks were undertaken every 3 years and a procedure for compliance checks reminders was in place.

### Risks to patients.

#### There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed with staffing levels being routinely discussed at team meetings and one to one's. New staff were actively encouraged to shadow colleagues.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- The service had a deteriorating patient policy which all staff and consultants were aware of. Members of staff at each location had received training in immediate life support (ILS) and where there was a higher risk of patients requiring medical attention, staff were advanced life support (ALS) trained. We saw that regular simulation training events took place to ensure staff were always prepared, that policies were up to date and relevant, and that learning was evidenced from any incidents.
- Pre-operative assessments were carried out for every patient requiring a surgical procedure. Where any pre-existing conditions or possible complications were found, we were told that they were discussed in detail with the Consultant and Anaesthetist.
- Emergency equipment was available at each site. We saw evidence that all equipment was tested and checked daily. "Grab-bags" with key emergency equipment and procedures were clearly located, enabling staff to quickly respond to any eventuality.
- The service had a comprehensive Business Continuity Policy, copies of which were kept electronically online and in the "Grab-bags". The registered manager and Head of Quality and Risk had both undertaken training courses on how to plan for, and deal with, incidents that might affect business continuity.
- The provider had full indemnity arrangements in place for all employed staff. Consultants were required to provide the service with current personal indemnity arrangements and we saw evidence of this.

- We saw evidence that electrical equipment was checked to ensure it was safe to use and was in good working order. Maintenance agreements for all equipment were in place with one maintenance provider which enabled staff to easily liaise with the servicing organisation to quickly resolve issues. Details of all maintenance agreements were recorded in a database to ensure that maintenance agreements did not expire.
- The service used electronic patient records with in-coming paper documentation being scanned immediately onto the record, and then destroyed. We inspected several patient records and found the information contained within to be well documented.

### Information to deliver safe care and treatment

#### Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available and accessible. Regular audits of the management of records were undertaken and we saw a comprehensive Information Governance and Confidentiality Policy.
- The service communicated with the patient's GP regarding all treatment and advice given and this was clearly documented within the patient record.

### Safe and appropriate use of medicines

#### The service had reliable systems for appropriate and safe handling of medicines.

- The service had a Management of Medicines policy which documented appropriate and safe handling of medicines and prescriptions and which was followed in practice. The consultants prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Regular medicines management meetings took place to ensure continued compliance.

### Track record on safety

#### The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. Risk assessments were documented for each area, and we saw from minutes of team meetings that each department took ownership for risk.

## Are services safe?

- The service monitored and reviewed activity which helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. A full and current risk register was in place and was monitored and reviewed at relevant meetings.

### **Lessons learned, and improvements made**

#### **The service learned and made improvements when things went wrong.**

- Staff were aware of and complied with the requirements of the Duty of Candour. The service encouraged a culture of openness and honesty with all staff being encouraged to report incidents. Feedback and learning was fed back throughout the service generally, and individually to those staff members who had reported the incident.
- All staff understood what constituted a serious incident or significant event. The service had protocols to give affected people reasonable support, truthful information and a verbal and written apology, when incidents arose.
- We were told that following a phishing email incident, two email accounts within the service were found to be affected. The situation was very quickly contained, and no patient identifiable information was found to be compromised. This led to a review of the internal IT data security measures, which had already been assessed to be acceptable and safe. However, a further review was taken of all in house systems (including those holding no patient identifiable data) which led to the creation of an enhanced IT Road Map. This is now a rolling programme of improvement across the service and has led to a more efficient use of IT equipment, a consistent way of working, greater scrutiny of internal data protection protocols, and greater awareness of the importance of data security across the organisation. We saw that regularly security awareness training was being undertaken, and users “tested” with spoof emails.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

# Are services effective?

We found that this service was **good** in providing effective services because:

- We saw that an inclusive and holistic approach to planning, delivering and monitoring care and treatment was in place. Established pathways were followed, and outcomes collected via the use of a bespoke system called SCORES. The name was unique and specific to the service and its description as the Study of Clinical Outcomes Recording and Evaluation System was conceived by Fortius. The overall system:
  - imported data from the service's Patient Management System,
  - collected and retained information from the patient,
  - collected and retained information from the consultant,
  - collated all the data into a dedicated database that then allowed further scrutiny and analysis by the service
- We saw that the data obtained showed a good record of improvement in patient outcomes and an endorsement of good clinical practice
- Technology was widely used in the collection and sharing of information. Training and documentary compliance was handled through accessible portals which ensured that staff, consultants and the organisation remained up to date.
- The approach to service provision extended across the whole group from appointment planning, follow-up and treatment to recovery and outcomes. A patient focused service was visible and involved consultants, Fortius management and staff.
- Weekly multi-disciplinary team meetings provided a collaborative approach to learning and to the management of complex cases.
- There was a culture of continuous improvement which was evidenced in the approach to performance management and in the company's core values which were understood by all the staff.

## Effective needs assessment, care and treatment

### The provider had systems to keep up to date with current evidence-based practice.

- Consultants we spoke with demonstrated how they assessed needs and how they used evidence-based care practice. Delivery of care was closely monitored, with care pathways being discussed in appropriate meetings.

- The service delivered orthopaedic, musculoskeletal (MSK) and sports medicine with care being undertaken by specialists. The service did not offer "generalist" orthopaedic clinics. For example, if a patient presents with a knee concern, they were seen and treated by a knee specialist.
- All consultants were compliant with the services mandatory training requirements – compliance was evidenced via an online platform which ensured that all consultants were always up to date with training.
- Patient's clinical needs and ongoing needs were fully assessed during consultation. Where appropriate, ongoing referral or consultations could be made in-house with the patient's GP being fully informed following consultation and/or treatment plans.
- Because most patients had been referred by their GP, a relevant clinical history was usually available in advance of consultation but if patients had self-referred then a full medical history was taken during the consultation.
- We saw no evidence of discrimination when making care and treatment decisions.

## Monitoring care and treatment

### The service was actively involved in quality improvement activity.

- We saw that the data obtained from SCORES showed a good record of improvement in patient outcomes and an endorsement of good clinical practice. We were told that a quality improvement audit of single stage revision anterior cruciate ligament (ACL) reconstruction procedures in SCORES had demonstrated good clinical and patient reported outcomes. This procedure had commonly been performed in two stages, therefore sharing this knowledge and experience had reduced the patient morbidity and recovery time, been more convenient for them and reduced health care costs.
- Patient outcomes were routinely monitored, and the service actively encouraged patient feedback.
- The service had re-launched their complaints process as "4C's" to ensure they captured complaints, compliments, concerns and comments. This was in response to some patients raising issues but not wanting to make a full complaint. We saw evidence of where comments and concerns had been acted upon.

## Effective staffing



# Are services effective?

## **Staff had the skills, knowledge and experience to carry out their roles.**

- Effective recruitment processes were in place with staff being recruited based on their knowledge and skills, as evidenced in the employment checks policy, and staff records. Staff were compliant with mandatory training, and where appropriate, further training was undertaken
- All staff had received an appraisal during the last 12 months with training sessions undertaken to ensure the appraisal process had become a two-way process.
- The consultants had the skills, knowledge and experience to carry out their role. They were peer nominated, and decisions were taken at Board level to ensure they had the necessary skills and experience to ensure a consistent approach to quality. All documentation was provided prior to commencement of employment and we saw several certificates which demonstrated relevant and up to date knowledge and these were recorded on a bespoke compliance recording software platform.
- All consultants were registered with the General Medical Council (GMC).

## **Coordinating patient care and information sharing**

### **The clinician worked well with other organisations, to deliver effective care and treatment.**

- Before providing treatment, the consultants at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. All history and relevant previous results were easily accessible via the electronic patient record.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service. This was evidenced in the electronic patient record. The service had a consent policy, which was discussed and audited regularly with evidence of this being seen in audit reports and minutes of various quality and team meetings.

## **Supporting patients to live healthier lives**

### **The clinician was consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.**

- Where appropriate, the consultants gave people advice, so they could self-care.
- The consultants supported patients to live healthy lives wherever possible. If self-care was an option, we saw, via the patient record, that it was actively encouraged. Where this was not an option, referral to further practitioners was evidenced. Where interventional treatment was deemed necessary this was based on it representing the best course of action in dealing with the underlying condition, or if it was the quickest route to recovery.
- Risk factors were identified and highlighted to patients with appropriate consent being sought and recorded.
- Where patients' needs could not be met by the service, the consultants redirected them to the appropriate service for their needs.

## **Consent to care and treatment**

### **The service obtained consent to care and treatment in line with legislation and guidance.**

- The consultants understood the requirements of legislation and guidance when considering consent and decision making.
- The consultants supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Patients were always given time to think about the intended procedure if interventional treatment was the preferred option.
- The service monitored the process for seeking consent appropriately by producing audit reports summarising the consent process, and action plans for improvement where appropriate. We saw evidence in meeting minutes to show discussions regarding consent taking place at all levels within the service.

## Are services caring?

We found that this service was **good** in providing caring services because:

- Results of patient satisfaction surveys were positive with many examples of high satisfaction rates with the care and attention received from all staff and consultants.
- There was a strong visible culture of care and compassion shown by all staff.
- We saw appointment confirmation letters that contained clear information about what to expect and which requested information on their general health and specific condition. The website provided an information relevant to patients.
- Additional services were available including translation and chaperone services.

### Kindness, respect and compassion

- The consultants treated patients with kindness, respect and compassion. We saw patient surveys and patient testimonials on the website which evidenced this.
- The consultants understood patients' personal, cultural, social and religious needs. Interpreter services were available if required; multicultural staff were able to assist with interpretation and when female patients required a female doctor, this was met wherever possible. Where it wasn't possible a chaperone was still offered and made available.
- The service gave patients timely support and information and we saw evidenced examples of where they were able to provide patients with same day information following a consultation. All diagnostic scans were available to take away immediately following a scan. Radiology reports were usually made available to the patient within 24 hours. Patients were offered a variety of information leaflets in advance of consultation and during their time in clinic – a variety of which was evidenced during the inspection.
- We received 25 Care Quality Commission comment cards from patients and all were wholly positive about the service experienced.
- Consultation room doors were closed during consultations; conversations taking place in the waiting area could not be overheard. The service also ensured that quiet rooms were available for patients to call their insurer or make any other calls as required.
- Staff cared for patients with compassion. The patient feedback and CQC comment cards frequently mentioned compassion from all staff and consultants.

- Feedback from patients also confirmed that staff treated them well and with kindness.

### Involvement in decisions about care and treatment

#### Staff ensured patients and those close to them were fully involved in decisions about their care and treatment.

- The service's website provided patients with information about the range of treatments available including costs. It explained the patient journey from initial appointment to how a decision is made to have surgery. There were videos on the website featuring consultants, and patients recounting their experiences.
- Staff worked especially hard to make the patient experience as pleasant as possible. The consultants ensured patients were fully consulted and had realistic expectations before they agreed to perform any surgery. They prepared a detailed presentation for each patient's planned surgery, which they went through during the consultation. Patients were encouraged to ask questions and could contact the consultant or staff at any time.
- We saw that several patient complaints related to where patients had scans and interventions (e.g. blood tests) which resulted in them receiving an unexpected invoice despite the registration forms (which were signed by the patient) clearly stating that diagnostic tests and scans were not included in the consultation fee. The service therefore introduced a consent form specific to the outpatient environment which ensured that patients were fully informed of the nature of the test/scan and any associated cost. It also resulted in a much wider understanding of the importance of consent, duty of candour and the importance of patients being fully involved in their treatment.

### Privacy and Dignity

- The service respected and promoted patients' privacy and dignity. Dignity shorts had been sourced for hip and knee examinations to provide enhanced privacy and dignity arrangements for patients. The service was currently exploring further options for dignity vests for shoulder patients.

# Are services responsive to people's needs?

We found that this service was **good** in providing responsive services because:

- All appointments were specialty focused and based on the needs of the patient's individual condition and needs. There were specialist clinics including tendinopathy, bone health, pain and joint replacement.
- Clinics were planned so that there was daily availability across every specialty and next day or same day appointments were offered if required.
- Appointment booking was available via multiple channels – phone, website, app.
- Outpatients and imaging teams work closely together to offer patients a one-stop service. Multiple same day appointments were also offered.
- Target turnaround on the reporting of images was less than 24 hours, with same day turnaround on scans completed before 5pm and the following day for those completed after 5pm. We saw evidence of 98% compliance.
- The service was a member of The Independent Sector Complaints Adjudication Service (ISCAS) which provides independent adjudication on complaints about ISCAS subscribers and we saw that complaints management met agreed deadlines and in accordance with ISCAS principles. We saw evidence of listening and acting, and comprehensive investigations.

## Responding to and meeting people's needs

### The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The service understood the needs of their patients and improved services in response to those needs. Full information was available on the website prior to attending appointment and if the service was contacted in advance of an appointment, the appropriate consultant would then contact the patient. We saw evidence of instances where the radiographer had contacted patients, in advance of their appointments, to provide reassurance regarding MRI scans.
- Appointment times were available from 8am to 8pm during the week and from 8:30 am to 12:30pm on Saturday. The service was flexible in relation to times of appointments, making the service more accessible to those patients who worked or relied on relatives for

transport by opening for emergencies and at the request of patients. We saw evidence of where the service had been opened for single patients on a weekend.

- The facilities were purpose built in existing premises and were appropriate for the services delivered.

## Timely access to the service

### Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment and treatment. The service was able to offer access to treatment, almost immediately, once a referral had been made. Patients were also offered same day service for diagnostic scans.
- Waiting times, delays and cancellations were minimal and managed appropriately. We saw evidence of patient feedback which showed positive responses in relation to waiting times.
- Patients with the most urgent needs had their care and treatment prioritised with the service opened on a weekend for urgent MRI scans.

### The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available in each waiting room. These explained the complaints process to patients, and where to find further information on how to make a complaint or raise a concern.
- Questionnaires were handed to every patient during registration and they were informed that their feedback was important to the service. All patient survey responses were reviewed by the Quality Group, Quality Committee and the Board. If a staff member was singled out by name, they were rewarded and recognised. If negative feedback was identifiable, the registered manager and/or Medical Director dealt with this directly by speaking to the staff member/consultant involved. The service had recently re-launched its complaints process by labelling it as "4 C's" – complaints, compliments, concerns and comments with all feedback logged. We saw that learning had been made from 4C's and changes made to service as a result.

## Are services responsive to people's needs?

- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint. The service was a member of The Independent Sector Complaints Adjudication Service (ISCAS) which provides independent adjudication on complaints about ISCAS subscribers. We saw evidence that they demonstrate this to patients via posters and leaflets. The service had undertaken formal training on how to manage complaints and had liaised with ISCAS regarding handling of complaints and best practice techniques.
- The service demonstrated how they acted upon all complaints, and how they worked closely with consultants to resolve complaints quickly and satisfactorily. Evidence was seen regarding how complaints were managed and reviewed through various levels of the organisation, up to and including Board Level.

# Are services well-led?

We found that this service was **outstanding** in providing well-led services because:

- Senior consultant clinicians and managers worked effectively together to provide strong and inspirational leadership of the organisation and its services.
- We saw evidence in meeting minutes and conversations with staff, of an awareness of priorities and plans, a collective advocacy of the company's core values and a culture of continuous improvement.
- An established system of governance underpinned the delivery of high-quality services and its purpose was well understood across the organisation.
- The service had a quality dashboard which was used in all meetings from board through committees and into team meetings. We were told that this enabled performance management and helped to drive improvement.
- We saw examples of information sharing and cross company communication – quarterly quality conferences, monthly newsletters, staff meetings, MDT meetings.
- The culture of constructive engagement across the service was visible and strong. There was a unity of purpose about how everyone went about their jobs, an understanding of the overall vision and direction and a sense of togetherness and team work.
- Investment in innovation and process improvement was evidenced in the study of clinical outcomes reporting and evaluation system, integrated governance system and consultant dashboards

## Leadership capacity and capability

### Leaders had the capacity and skills to deliver high-quality, sustainable care.

- We saw that the vision and values of the service was embedded within the culture of the organisation. The governance framework was implicit in supporting the delivery of care and was evident from Board level right through to team meeting level. Staff were aware of all elements of quality, and this was demonstrated during conversations and evidenced throughout documentation.
- Quality underpinned the core of their vision, and their values “Stronger together; making it happen; personalised service” were in evidence across the organisation.

- From evidence provided it was shown that both clinical and non-clinical staff were equally responsible for quality – with quality leadership roles being undertaken by both clinical and non-clinical staff.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The service had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service. A revised approach to staff appraisals had significantly improved planning for future leadership. In house and external courses had been undertaken by various members of staff, and a structured approach to leadership and development was evidenced.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

## Vision and strategy

### The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- The service planned its services to meet the needs of service users. We were told that the patient journey was consistently reviewed to ensure it remained appropriate, relevant and of a high quality.
- Learning was evident from incident reporting, risk management and complaints, and the service was able to demonstrate how it constantly strived for improvement.
- The service had a vision to deliver high quality care and promote good outcomes for patients and this was demonstrated by documentation and through conversations with staff and consultants.

## Culture

### The service had a culture of high-quality sustainable care.

- The service focused on the needs of patients with staff stating they felt respected, supported and valued. They were proud to work in the clinic.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

## Are services well-led?

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included annual appraisals.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance Arrangements

#### **There were clear responsibilities, roles and systems of accountability to support good governance and management.**

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities.
- The organisation had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- There was a focus on continuous learning and improvement.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- Quality and sustainability were discussed in relevant meetings where all staff had enough access to information.
- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The Chief Operating Officer had oversight of safety alerts, incidents, and complaints.
- The provider had plans in place and had trained staff for major incidents.

### Managing risks, issues and performance

#### **There were clear and effective processes for managing risks, issues and performance.**

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

- There were arrangements in place for identifying, recording and managing risk both locally and across the service. For example, staff undertook a variety of daily, weekly and monthly checks to monitor the safety of the clinic.
- The service had processes to manage current and future performance. The registered manager had oversight of safety alerts, incidents, and complaints.

### Appropriate and accurate information

#### **The service acted on appropriate and accurate information.**

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where staff had enough access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The service was registered with The Information Commissioner's Office

### Engagement with patients, the public, staff and external partners

#### **The service involved patients, the public, staff and external partners to support high-quality sustainable services.**

- The service encouraged and heard views and concerns from patients and staff and acted on them to shape services and culture.
- We were told of the system in place to give feedback and we saw examples of this which were all positive in content.
- The service was transparent, collaborative and open with stakeholders about performance and was aware of its obligations as regards the duty of candour.

### Continuous improvement and innovation

## Are services well-led?

### **There were systems and processes for learning, continuous improvement and innovation.**

- There was a focus on continuous learning and improvement.
- One of the service's core values was "maintaining excellence" and we were told that this meant maintaining a focus on continuous learning and improvement, innovative thinking, making changes in systems and processes to improve patient care and experience, streamlining ways of working and improving the working environment for their staff. We saw how the development of a bespoke fully integrated management information system allowed them to:
  - collect information from various other systems,
  - avoid a dependency culture in relationships with software suppliers
  - collate clinical information in the SCORES system and provide an analytical capability of that data,
  - have a central database for the reporting of information and for consultants and staff to be able to use online, real-time dashboards.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.