Manchester Orthopaedic Clinical Services Ltd

Manchester Orthopaedic Clinical Services

Inspection report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Inspected but not rated
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Summary of findings

Overall summary

This is the first time we have 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. The service managed safety incidents well.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.
- 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.
- 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.
- 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 to plan and manage services and all staff were committed to improving services continually.

However:

- Leaders did not operate effective governance processes for the management of staff recruitment and training. Not all policies and procedures reflected the processes in place. Whilst staff were clear about their roles and accountabilities, there was no formal documented process to demonstrate staff had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders did not have effective systems to manage risk, issues and performance effectively. Staff did not identify and escalate all relevant risks and issues or identify actions to reduce their impact. The service did not have effective systems in place for compliance monitoring and audit of key processes, such as for patient records or staff recruitment and training.
- Mandatory training for non-clinical staff was not always complete and up to date.
- Not all staff had completed the higher level of adult safeguarding training in line with national intercollegiate guidance.
- Records for national early warning scores were not always completed accurately by staff.
- Not all staff had completed their annual appraisals.
- Routine engagement with external stakeholders was not formally documented.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Outpatients	Good 	The main service provided was outpatients. We rated this service as good because it was safe, caring and responsive, although leadership requires improvement. We inspect but do not rate effective for outpatients.
Diagnostic imaging	Good 	Diagnostic imaging is a small proportion of hospital activity. The main service was outpatients. Where arrangements were the same, we have reported findings in the outpatients' section. We rated this service as good because it was safe, caring and responsive, although leadership requires improvement. We inspect but do not rate effective for diagnostic imaging services.

Summary of findings

Contents

Summary of this inspection

Background to Manchester Orthopaedic Clinical Services

Manchester Orthopaedic Clinical Services is an independent health service located in Manchester, Lancashire and provides a limited range of outpatient and diagnostic imaging services for privately funded adult patients.

The service has been registered since February 2014 and has a registered manager in place.

The service is registered to provide the following regulated activities:

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

The service was registered to provide surgical procedures but had not yet carried out any surgical activity since its initial registration.

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

The service provided three outpatient services for patients; spinal nerve block injection procedures, steroid (pain) injections and taking blood samples for patients travelling abroad. The service provided two diagnostic imaging services for patients; nerve conduction studies and X-ray imaging to support spinal nerve block injection procedures. These services were only provided to privately funded patients that had been referred by external organisations under service level agreements. The service did not have any commissioning arrangements for referral or treatment of NHS patients directly with the service. However the spinal nerve block injection procedures were carried out for NHS patients that had been referred by an external independent healthcare provider, who maintained clinical oversight and responsibility for these patients.

Service activity over past 12 months:

- The service had carried out 591 bloods appointments between March 2021 and October 2021.
- The service commenced spinal nerve block procedures since August 2021 and had undertaken treatment and X-ray scans for 13 patients.
- The service had undertaken steroid (pain treatment) injections for two patients during July and August 2021.
- The service had carried out 28 nerve conduction studies procedures between January 2021 and October 2021.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. The inspection was unannounced. We carried out the on-site inspection on 28 October 2021 and 2 November 2021.

This is the first time we inspected this service since its initial registration in February 2014.

During the inspection visit, the inspection team:

Summary of this inspection

- Inspected the outpatients and diagnostic imaging services, including the main premises, the treatment rooms and the theatre areas. .
- spoke with the registered manager, the coordinator (also the director of operations), an orthopaedic consultant and the radiographer.
- looked at the training and recruitment files for 11 staff.
- Spoke with four patients during the inspection and a further five patients by telephone.
- looked at 15 patient records.
- looked at a range of policies, procedures and other documents relating to the running of the service.

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

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Good	Inspected but not rated	Good	Good	Requires Improvement	Good
Diagnostic imaging	Good	Inspected but not rated	Good	Good	Requires Improvement	Good
Overall	Good	Inspected but not rated	Good	Good	Requires Improvement	Good

Good

Outpatients

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

Are Outpatients safe?

Good

This is the first time we have rated this service. We rated safe as good.

Mandatory training

The clinical staff had completed up to date mandatory training in key skills. Mandatory training for non-clinical staff was not always complete and up to date.

The service had a mandatory training policy which detailed the requirements for role-specific mandatory training. The registered manager had overall responsibility for monitoring mandatory training compliance. Mandatory training was mainly provided as e-learning modules.

There were nine staff involved in the outpatient services; three consultants, one operating department practitioner (ODP), three nursing staff, the registered manager (medical director) and the coordinator (director of operations).

The three consultants, ODP and nursing staff worked for the service on a part-time basis under practising privileges or employment contracts. They were required to provide evidence of mandatory training from their substantive NHS employers as part of their recruitment checks. The registered manager told us these individuals were required to provide updated evidence of training completion at least every two years as part of their practicing privilege reviews. The individuals working for the service had only been granted practicing privileges within the last 12 months, therefore were not yet eligible for the two-yearly practicing privilege review.

The registered manager and the coordinator (director of operations) were employed directly by the service. The registered manager was also an orthopaedic consultant and was involved in limited clinical activities (such as taking patient bloods).

We looked at the training records for the registered manager and the seven clinical staff working under contracts. The records showed they had all completed mandatory training in areas such as moving and handling, medicines management, infection prevention and control, basic life support, equality and diversity, mental capacity, information governance, health and safety, fire safety and children and adults safeguarding.

Good

Outpatients

The majority of mandatory training for the clinical staff was up to date and completed within the last 12 months. Records showed all outpatients staff had completed adult life support training. One consultant had completed advanced life support training for adults and the remaining staff had completed either immediate life support or basic life support training (for both adults and children).

We found one staff member (nurse) did not have up to date basic life support training (expired in September 2021). The registered manager provided evidence following the inspection to show this individual had been registered to complete immediate life support training during November 2021.

The coordinator worked in a non-clinical role. Training records showed the coordinator had completed up to date e-learning training in areas such as fire safety, children and adults safeguarding training, infection control, counter fraud, customer care, chaperoning and anaphylaxis.

The records showed the coordinator had also completed e-learning training in a number of topics but this had expired and not been updated. This included equality and diversity training (expired April 2020), information governance (expired April 2020), whistle blowing (expired October 2020) and adult basic life support (expired October 2019).

This meant that whilst the coordinator had completed relevant mandatory training, not all the training was up to date.

Safeguarding

Staff understood how to protect patients from. Staff had training on how to recognise and report abuse and they knew how to apply it. However, not all staff had completed the higher level of adult safeguarding training in line with national intercollegiate guidance.

The service had a policy for safeguarding adults and children, which provided guidance for staff on how to identify and report any safeguarding concerns.

Staff involved in the outpatient services had completed training specific for their role on how to recognise and report abuse. The service did not provide any care and treatment for patients under 18 years of age. However staff were required to complete safeguarding training for adults and children (in case a child accompanied an adult patient).

Records for the seven contracted clinical staff showed five staff had completed relevant adult safeguarding (level three) training and safeguarding children training (to at least level two), in accordance with current intercollegiate guidance for adults and children.

However, we found two nurses had completed adult and children's safeguarding level two training but did not have up to date training in adult safeguarding level three. The registered manager provided evidence following the inspection to show these staff had been registered to complete the level three adult safeguarding training during November 2021.

The coordinator worked in a non-clinical role and had completed children's and adults safeguarding training (level one). The training was in line with current intercollegiate guidance for adults and children.

The registered manager was the safeguarding lead for the service and had completed adult and children's (level four) training. We saw evidence the registered manager had also enrolled to undertake level five safeguarding training during January 2022.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The registered manager was responsible for the review, investigation and external referral for any safeguarding concerns that had been raised by staff. The staff also had access to contact details for the local authority safeguarding team so they could make a direct referral if required.

The service had not reported any safeguarding concerns relating to the outpatient services in the past 12 months.

The registered manager told us that any reported safeguarding incidents would be discussed as part of routine medical advisory committee meetings to identify trends and look for improvements to the services.

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.

The service had an infection prevention and control policy which provided guidance for staff and all the staff involved in the outpatient services had completed mandatory infection prevention and control training.

The service had not reported any healthcare-acquired infections or outbreaks during the past 12 months.

The clinical areas, theatre area, treatment rooms and waiting areas were visibly clean and had suitable furnishings which were clean and well-maintained. Cleaning schedules and daily checklists were in place and up to date, and there were clearly defined roles and responsibilities for cleaning the environment and cleaning and decontaminating equipment. Staff used alcohol wipes and chlorine-based disinfectant to clean and decontaminate surfaces and equipment.

Staff followed national guidance around managing Covid-19 risks. Any patients and visitors attending the service underwent temperature checks upon entry and were required to wear personal protective equipment, such as masks. The registered manager told us staff maintained appropriate segregation and social distancing to minimise the risk of spread of infection.

The registered manager had also implemented a number of additional measures to minimise the risk of spread of infection. The hand wash taps, hand gel dispensers, paper towel dispensers and waste bins in the clinical areas were all sensor-activated. In addition, the registered manager had installed vinyl panels on the walls in the patient bathroom areas and the main theatre room to allow for easier cleaning and decontamination of surfaces.

Personal protective equipment, such as masks, gloves and aprons, were readily available across all the areas we inspected. Clean linen was stored in a dedicated storage cupboard to minimise risk of contamination from air-borne particulates. There were enough hand wash sinks and hand gels. Staff we saw were compliant with hand hygiene and 'bare below the elbow' guidance.

The registered manager told us they carried out an infection control audit every four months to check compliance against national infection prevention and control guidelines and to monitor the cleanliness of the general environment and equipment. The audit included checks for hand hygiene compliance. The most recent audit was completed in August 2021 and showed the service was compliant with all the indicators covered by the audit.

Good

Outpatients

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.

We found the general environment, theatre areas, treatment rooms and waiting areas across the outpatient services were well maintained, free from clutter and suitable for providing safe care and treatment for patients.

The steroid injection clinics and patient bloods clinics were undertaken in treatment rooms. The spinal nerve block procedures were undertaken in the main theatre area.

There was a planned maintenance schedule in place that listed when equipment (such as blood pressure monitoring machines) were due for servicing. Equipment servicing was overseen by the registered manager through the use of an equipment maintenance log and there was an arrangement with an external maintenance contractor for the service and maintenance of the equipment. All the equipment we saw was clean, well maintained and within the service, calibration and electrical safety test due dates.

We found that single use sterile instruments were stored appropriately and kept within their expiry dates. Staff told us that all items of equipment were readily available and any faulty equipment was repaired or replaced in a timely manner.

There were arrangements in place for the handling, storage and disposal of clinical waste, including sharps. Sharps bins were appropriately stored and labelled correctly. The service used colour-coded mops and waste bags.

The service had an arrangement with an external laboratory service to provide individual packs for patients undertaking blood samples. Each pack included individual vials, labels and packaging associated with the procedure. The blood samples were sent to the external laboratory for analysis and reporting to an external healthcare provider.

The design of the environment followed national guidance. Whilst the service had not yet undertaken any surgical procedures or admitted patients for overnight stay, the registered manager had installed an operating theatre, a recovery area with three bays and two inpatient rooms with en-suite toilet and walk-in shower facilities. Whilst these facilities were not in use at the time of our inspection, they had been maintained to a good standard.

The registered manager had also installed call bells and auxiliary outputs (such as oxygen) in each room. These were not in use at the time of the inspection as the service had not carried out any surgical procedures.

We also saw service and maintenance records for the service and maintenance of air filtration systems for the main theatre room. The service had also recently installed an air expulsion system in the main theatre and the registered manager was in discussions with the installation contractor around the installation meeting service specifications.

The registered manager told us there was an emergency back-up power system in case of power failure and this was serviced on a routine basis. A fire safety risk assessment and servicing of the fire alarms and extinguishers had been completed in May 2021.

The service had one emergency resuscitation trolley that could be used in the treatment rooms and the theatre if required. We saw this was tagged to minimise the risk that items could be tampered with. Emergency resuscitation equipment (including a defibrillator and emergency medicines) were available for both adults and children. The log sheets we looked at were complete and up to date, demonstrating that staff carried out daily checks on emergency equipment.

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

There was an agreed inclusion and exclusion criteria that identified patients that could or could not be admitted for treatment. The inclusion criteria was patients over 18 years of age, patients with an American Society of Anaesthesiologists (ASA) classification of level 1 or 2 and patients with body mass index (BMI) between 30 and 35. The exclusion criteria included patients with ASA level 3 or 4 (complex health needs), patients with bleeding disorders and patients with immunosuppressive drugs and receiving treatment for cancer.

Patients undergoing outpatient procedures were referred to the service by external organisations as part of service level agreements. The referral records included patients personal and contact details and details of the test or procedure required. Patients referred to the service were contacted by the coordinator to arrange a suitable appointment time.

Staff carried out checks such as temperature checks (for Covid-19) and proof of identification on patients upon arrival. Patient attending outpatient appointments were also required to carry out a COVID-19 lateral flow test if they had been vaccinated or Covid-19 *polymerase chain reaction* (*PCR*) test if they had not been vaccinated. We saw evidence of staff collecting this information in the records we reviewed.

As part of the admission process, patients undergoing injection procedures completed health questionnaires prior to their appointment which covered past medical history, allergies and medicines. Pre-admission assessments were completed prior to the procedure which looked at mobility, allergies and possible risk factors. Staff also carried out patient observations (such as blood pressure and heart rate) and used a national early warning scoring system for patient observations during procedures.

Staff used a modified safety checklist, based on the World Health Organization (WHO) checklist for injection procedures. This was to ensure that specific safety checks had been undertaken and equipment and samples were accounted for prior to and following the procedure. We looked at the completed WHO safety checklists for eight patients and found these were complete and up to date.

The registered manager told us they had not carried out an observational audit to check staff compliance with the WHO safety checklist because they had only carried out a limited number of procedures to date. The registered manager told us the completed checklist was checked as part of patient record reviews and they planned to implement a routine observational audit once more procedures had been undertaken.

The registered manager told us they would contact the emergency services if a patient's health deteriorated whilst on site so the patient could be transferred to the nearest acute hospital by ambulance. There had been no instances where a patient's health deteriorated and required urgent transfer to hospital during the past 12 months.

Good

Outpatients

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.

The overall lead for the service was the registered manager, who was also the medical director and nominated individual for the service.

The registered manager was also an orthopaedic consultant and conducted the patient bloods clinics. The coordinator provided administrative support and accompanied the patient during their stay.

The spinal injection procedures were undertaken by an orthopaedic consultant working under practicing privileges. The steroid injection procedures were carried out by an additional orthopaedic consultant working under practicing privileges. The consultants were supported by three nurses and an operating department practitioner (ODP) worked for the service on a part-time basis under practicing privileges or individual contracts.

The registered manager told us they had sufficient numbers of suitably qualified staff to provide timely and safe care and treatment. Patient appointments were planned in advance so staff could be made available to undertake procedures.

The registered manager told us patient appointments would be deferred or cancelled if any staff were unavailable due to leave or sickness. There had been no instances where patient appointments had been cancelled due to staff unavailability in the past 12 months.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care. However, the records for national early warning scores were not always completed accurately by staff.

Patient notes were comprehensive and all staff could access them easily. The service used paper-based and electronic patient records for outpatient procedures.

The paper-based records included patient consent forms, pre-admission assessments, health questionnaires, X-ray images, patient observations, medicine administration records, early warning scores and WHO safety checklist records. Information such as referral letters, discharge letters and any other correspondence were stored electronically.

Records were stored securely. Paper based records were kept in a locked office and electronic records were stored on computers with restricted access.

We looked at the records for eight patients that had undergone spinal nerve block injection procedures and the records for two patients that had undergone steroid (pain) injections. These were all structured, legible, complete and up to date with few omissions or errors.

The patient records prompted staff to record observations and calculate early warning scores. We reviewed eight spinal nerve block injection patient records and found that early warning scores had not been calculated or documented in

four of the eight records. We saw that observations (including blood pressure and heart rate checks) were clearly documented but staff had not completed the early warning score calculation section of the record. We identified this as a documentation error rather than a patient safety concern because the patient observations showed there was no risk identified for these patients.

The registered manager told us they only carried out minor procedures and patient appointments normally lasted approximately 30 minutes therefore they would only document early warning scores if they recognised patient's health deteriorating during their procedure.

Medicines

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

Medicines, including controlled drugs, were securely stored. Staff carried out routine checks on controlled drugs and medicine stocks to ensure that medicines were reconciled correctly. We looked at a sample of controlled drugs and found the stock levels were correct, and the controlled drug registers were completed correctly.

Controlled drugs were stored in a double-locked steel cabinet in the main theatres. The service had an effective system for managing access to the keys for the controlled drugs cabinet. The keys were stored in a locked compartment with key-code access. This was linked to an electronic system that alerted when the key compartment had been accessed and kept an electronic log each time the key was accessed. There was also a visual indicator light on top of the door in the main theatre room that turned on when the controlled drugs cabinet was opened.

The service had an arrangement with a local pharmacy provider for the supply and disposal of medicines. We found that medicines were ordered, stored and discarded safely and appropriately. Records for ordering, return and disposal of medicines were maintained by staff and we saw these were complete and up to date.

Medicines required for spinal nerve block procedures were pre-ordered prior to each procedure / list. The service also kept small volumes of medicines such as Metaraminol 0.5mg/ml injection (required for treatment of known complications such as low blood pressure following spinal nerve block procedures).

The service had a medicines fridge but did not have any medicines that required storage at temperatures between 2ºC and 8ºC at the time of the inspection. The registered manager told us they had installed a temperature log so minimum and maximum fridge temperatures could be recorded daily if the fridge was used to store medicines.

The service did not routinely prescribe medicines for patients to take home following their spinal nerve block procedure. Medicines used during surgical procedures and given to patients to take home were prescribed by the consultant that carried out the surgical procedure.

We looked at eight records for patients that had undergone spinal nerve block procedures and the records for two patients that had undergone steroid (pain) injections. The records documented the medicines administered, including batch number, expiry date and dosage administered.

The registered manager carried out routine audits to monitor stock checks and expiry dates. We looked at recent audits over the past three months and these showed there were no concerns identified in relation to medicines management. The registered manager also provided evidence following the inspection that a comprehensive medicines management audit had been scheduled to be undertaken during November 2021.

Good

Outpatients

Incidents

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

There was an incident reporting policy that outlined the process for identifying and reporting incidents. Staff were aware of the process for reporting any identified risks to patients, staff and visitors. All incidents were logged using a paper-based incident reporting form.

There had been no patient deaths, never events, serious incidents or any other incidents reported by the service during the past 12 months.

A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all providers. The event has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.

The registered manager was responsible for overseeing the process for managing and investigating incidents. The registered manager told us any reported incidents would be reviewed and discussed at routine medical advisory committee meetings so shared learning could take place.

The service had a duty of candour policy and staff we spoke with were aware of their responsibilities regarding duty of candour legislation. There had been no incidents reported by the service that met the threshold for implementing the duty of candour.

The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.

The registered manager was aware of their responsibility to report notifiable incidents to the Care Quality Commission (CQC) and other external organisations.

The registered manager had a system in place to ensure safety alerts relating to patient safety, medicines and medical devices were cascaded to staff and responded to in a timely manner.

Safety Thermometer

The service did not use a safety thermometer (or equivalent) to monitor results to improve safety.

The service did not routinely maintain a clinical dashboard for patient safety incidents.

There had been no incidents that had led to patient harm or any patient safety incidents (such as falls with harm) reported by the service during the past 12 months.

Are Outpatients effective?

Good

Outpatients

Inspected but not rated

We inspect but do not rate effective for outpatient services.

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. Guidance from the National Institute of Health and Care Excellence and Royal Colleges underpinned policies and standard operating procedures.

Staff followed national best-practice guidance such as use of the World Health Organization (WHO) checklist and current guidance to minimise Covid-19 risks. We also saw the latest anaphylaxis guidelines written by the resuscitation council (2015) on the emergency equipment trolley.

The service had an equality and diversity policy in place that outlined the processes for equal opportunities including how they ensured they did not discriminate, including on the grounds of protected characteristics under the Equality Act, when making care and treatment decisions.

The registered manager was responsible for monitoring updates to national guidance and oversaw updates for policies and procedures. The majority of clinical care pathways and procedures we looked at referenced national and professional guidance.

Pain relief

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

The service provided spinal nerve block injections and steroid injection procedures specifically for treating patient's pain symptoms.

The registered manager told us staff asked patients if they experienced any pain symptoms during outpatient procedures and would stop the procedure if patients experienced discomfort. Patients with pain symptoms not directly associated with the procedures carried out were advised to speak with their general practitioner (GP) or attend accident and emergency.

Patients undergoing outpatient procedures were provided with information on how to manage minor pain symptoms associated with the procedure.

The patients we spoke with told us they did not experience any pain symptoms during their outpatient procedures.

Patient outcomes

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

Good

Outpatients

The service had registered with the Private Healthcare Information Network (PHIN) but had not submitted any data because the treatment and procedures currently undertaken by the service were not reportable to the network.

The service carried out patient bloods clinics, spinal nerve block injection procedures and steroid injection procedures for patients that were referred to the service by external organisations.

The registered manager told us there was no clinical audit or comparable outcomes data for the spinal nerve block or steroid injection procedures. Patient outcomes were measured through patient satisfaction.

The registered manager told us patients experienced positive outcomes because there had not been any untoward incidents or negative feedback from patients or any concerns raised from the referring organisations.

Competent staff

The service made sure staff were competent for their roles. However, not all staff had completed their annual appraisals.

Newly appointed staff underwent an induction process that included orientation and familiarisation with the provider's policies, procedures and equipment.

The three consultants, three nurses and operating department practitioner were employed under practising privileges or individual contracts. Practicing privileges in the authority granted to a physician or dentist by a hospital governing board to provide patient care in the hospital or clinic. The registered manager oversaw the practicing privileges process and there were no outstanding queries relating to their practising privileges. The practicing privileges and individual contracts were reviewed every two years.

The registered manager told us staff underwent annual appraisal. The three consultants, three nurses and operating department practitioner worked in the NHS in their substantive roles and were required to submit evidence of their annual appraisal as part of their recruitment checks. We saw evidence of appraisals completed within the past 12 months in five of the seven staff files. We found no evidence of a documented appraisal in the records for two nurses.

The registered manager and coordinator worked directly for the service. We saw evidence the registered underwent an annual appraisal within the past 12 months through an independent medical appraiser. However, we found no evidence of a documented appraisal in the coordinator's files.

The registered manager carried out recruitment checks in line with their practicing privileges policy. The records for all staff in the outpatient services showed appropriate recruitment checks had been completed, including identification checks, training and qualification certificates, at least two references, disclosure and barring (DBS) checks and inoculation history.

The records also showed evidence of current registration with professional bodies such as the General Medical Council (GMC) for the consultants, Nursing and Midwifery Council (NMC) for the nursing staff and the Health and Care Professions Council (HCPC) for the operating department practitioner. The records we looked at showed all staff had current registrations and up to date GMC and NMC revalidation. All the consultants were listed on the GMC specialist register.

Good

Outpatients

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. However, routine engagement with external stakeholders was not formally documented.

There was effective communication and multidisciplinary working between staff working in the outpatient services. The staff we spoke with told us they worked well as a team and carried out huddles at the start and end of each clinic to discuss patient needs and to aid learning.

The provider had service level agreements with external organisations in relation to the spinal nerve block injections, steroid injections and the patient bloods services. There were formal service level agreement contracts in place and regular engagement between these services and the registered manager. However, the registered manager told us they had informal discussions and did not maintain formal records of these engagement meetings with external stakeholders.

There were also service level agreements in place with a number of external organisations to support processes such as equipment maintenance and laboratory support.

Seven-day services

Key services were not available seven days a week.

The service provided a limited range of outpatient procedures for privately funded patients. The service mainly operated during weekdays and on Saturdays. Patients could also access some services during weekday evenings.

Health promotion

Staff did not routinely give patients practical support and advice to lead healthier lives.

The service did not provide information promoting healthy lifestyles and support. However, patient information leaflets were given to patients providing advice and support for procedures such as the spinal nerve block injections.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

The service had a consent policy that provided guidance for staff on how to seek verbal informed consent and written consent before providing care and treatment to patients.

We looked at eight records for patients that had undertaken spinal nerve injection procedures and two records for patients that had undergone steroid pain injection treatment. Patient records showed that written and verbal consent had been obtained from patients and that planned care was delivered with their agreement. Consent forms had been signed by patients and showed the risks and benefits were discussed with the patient prior to carrying out outpatient procedures.

Patients undergoing outpatient procedures were referred to the service by external organisations under service level agreements. The service did not directly charge patients for the services provided. However, the fees charged were clearly stated in the referral records.

Good

Outpatients

Services were only available to patients over 18 years of age. Patients with certain mental health conditions were excluded for treatment at the service.

The registered manager told us if a patient that lacked capacity to make their own decisions (such as those living with a learning disability or dementia) was referred to the service, they would carry out an assessment to determine if they could admit the patient and provide safe care and treatment. The registered manager told us this would include consideration for patients being accompanied by a person who can make decisions on behalf of their behalf, such as a carer or an independent mental capacity advocate (IMCA).

The registered manager told us they had not had any instances where patients that lacked capacity to make their own decisions had been referred to the service for outpatients' procedures.

Are Outpatients caring?

Good

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

Compassionate care

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

We observed patients that had blood samples taken by staff during the inspection. Staff were discreet and responsive when caring for patients. Staff took time to interact with patients in a respectful and considerate way. Staff followed policy to keep patient care and treatment confidential.

The consultation and treatment rooms and theatre area had privacy screens and discussions with patients were held in private in order to keep patient care and treatment confidential.

We spoke with four patients that had undergone outpatients' procedures during the inspection. They all said they thought staff treated them well and with kindness and gave us positive feedback about ways in which staff showed them respect and ensured that their dignity was maintained. The comments received included: "good environment, friendly staff" and "very happy with my procedure".

Staff sought feedback from patients about the quality of the service provided through feedback surveys that were given to patients after they had undergone care and treatment. We looked at the survey responses for 32 patients and they all showed patients were positive about the care and the treatment they received.

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. The staff we spoke with 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

The patients we spoke with told us the staff were calm, reassuring and supportive and helped them to relax prior to undergoing their outpatient procedure. The comments received included: “I felt nervous and the staff helped me relax” and “staff made me feel comfortable”.

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 also supported patients to make informed decisions about their care.

The patients we spoke with told us they were kept informed about their treatment and staff were clear at explaining their treatment to them in a way they could understand. They told us the risks and benefits of their treatment or procedure were clearly explained to them so they could make an informed decision.

Patients gave positive feedback about the service. They also spoke positively about the verbal information and support they received from staff before, during and after their treatment or procedure.

Are Outpatients responsive?

Good

This is the first time we have rated this service. We rated responsive as good.

Service delivery to meet the needs of local people

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

The service provided a limited range of outpatient services. At the time of the inspection there were only three outpatient services provided for adult patients; spinal nerve block injection procedures, taking blood samples and orthopaedic joint nerve block injection procedures.

These services were only provided to privately funded patients that had been referred by external organisations under service level agreements. The registered manager told us they did not provide care and treatment for any other privately funded or NHS patients apart from patients referred through these external organisations.

The service had sufficient capacity to meet the needs of the patients they saw. All patients were booked in advance so services and appropriate staffing could be planned prior to patients attending their appointment.

The service routinely operated between 9am to 5pm during weekdays and some Saturdays.

Staff contacted patients following their referral to the service and appointments were arranged based on patient’s individual preferences. Staff also provided patients with information about attending their appointment (such as Covid-19 protocols) and information leaflets about their specific treatment or procedure.

Good

Outpatients

Facilities and premises were appropriate for the services being delivered. The environment for patients was comfortable with sufficient waiting areas and treatment rooms that enabled segregation and allowed for privacy and dignity to be maintained. The seating area in the waiting room was clean and comfortable with individual chairs. All areas we saw were furnished to a good standard.

Meeting people's individual needs

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

Patients were booked in for appointments in advance, this meant any additional needs could be met by staff. For example, patients were given the option of a chaperone to join them at their appointments. Patients were asked prior to their appointment, by letter if they required a chaperone. There were signs clearly explaining the chaperone process in the patient waiting area.

The service had information leaflets available for patients. However, the leaflets we saw were only available in English. Staff and patients could get help from interpreters when needed.

The outpatient services were provided on the ground floor of the premises and were easily accessible, including for people with a disability or wheelchair users.

Records showed the three staff involved in diagnostic imaging services had all completed equality and diversity training.

The service's admission criteria excluded patients with complex medical conditions, patients with mental ill health, patients with body mass index (BMI) greater than 35 and patients under 18 years of age.

The registered manager told us if a patient that lacked capacity to make their own decisions (such as those living with a learning disability or dementia) was referred to the service, they would carry out an assessment to determine if they could admit the patient and provide safe care and treatment. The registered manager told us this would include consideration for patients being accompanied by a carer or other reasonable adjustments, such as adjusting appointment times to accommodate specific patient needs.

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.

Patients received access to the service and test results in a timely way.

The service only admitted privately funded adult patients that had been referred by external organisations under service level agreements.

The registered manager told us they reviewed the initial referral to determine if their inclusion criteria had been met and the patient could be admitted for care and treatment.

The coordinator (director of operations) contacted the patient to arrange a suitable appointment time. The provider offered a six-day service so patients could access care and treatment at a time that suited them. For example, we saw that the service offered patients evening appointments or early morning appointments for those who preferred these times.

There was no waiting list for appointments and patients could be seen promptly. Most patients underwent outpatient procedures within two weeks of their initial referral. All outpatient procedures were carried out in one single day case visit. Patients attending outpatient clinics were given staggered appointment times so they did not experience any waits between arrival and treatment.

There had been no instances where patients were called for any follow up appointments. The staff and patients we spoke with told us the outpatient procedures normally took approximately 30 minutes from admission to discharge.

The patient records we looked at included discharge summaries detailing the treatment undertaken and any medicines prescribed. Discharged patients were given a summary of the treatment or procedure carried out, so that they could share the information with their general practitioner (GP). Discharge letters were also sent electronically to the referring organisation.

Discharged patients were provided with information and contact numbers for the consultant who had performed the procedure in case they had any problems or complications after their treatment or procedure. The registered manager told us there had not been any instances where patients had required any follow up support or treatment during the past 12 months.

We spoke with four patients and they did not highlight any issues in relation to admission and waiting times. They all told us they were seen at their specified appointment time with minimal waiting upon arrival.

The service had carried out 591 bloods appointments between March 2021 and October 2021. The service commenced spinal nerve block procedures since August 2021 and had undertaken treatment for 13 patients. The service had also undertaken steroid (pain treatment) injections for two patients during July and August 2021.

The registered manager told us they had not experienced any instances where any appointments had been delayed or cancelled and no instances where patients did not attend their appointment. The registered manager told us they would report any patients that did not attend their appointment to the referring organisation, who would contact the patient and submit a new patient referral request if a rebooking was required.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received.

Information describing how to raise complaints about the service was displayed. The patients we spoke with also told us they had been given information leaflets detailing how to complain or raise concerns.

The provider had a complaints policy which provided guidance on how to manage and respond to complaints about the service. The complaints policy stated that patient complaints would be acknowledged and responded to within 28 working days.

Where patients were not satisfied with the response to their complaint, they were given information on how to escalate their concerns within the service or to the Independent Sector Complaints Adjudication Service (ISCAS).

Good

Outpatients

Staff understood the policy on complaints and knew how to handle them. The registered manager had the overall duty to manage complaint investigations and responses.

The service had not received any formal or informal complaints during the past 12 months. The registered manager told us that information about complaints would be discussed as part of routine medical advisory committee meetings to identify trends and look for improvements to the services.

Are Outpatients well-led?

Requires Improvement

This is the first time we have rated this service. We rated well-led as requires improvement.

Leadership

Leaders understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

The outpatient service was overseen by the registered manager who was also an experienced consultant orthopaedic surgeon.

We saw the registered manager was well supported and empowered by members of the Medical Advisory Committee to develop and make changes to the service if it was necessary and within their scope of practice.

We spoke with the coordinator and one of the consultants working under practicing privileges. They told us the registered manager was visible and approachable. They also told us the registered manager encouraged an open-door policy that promoted close working relationships.

Vision and Strategy

The service did not have a clearly defined vision but had a strategy for what it wanted to achieve.

The provider's vision was to "provide high standard of care by establishing systems and processes in place at The Manchester clinic".

The provider's corporate strategy listed objectives around collaboration with stakeholders, recruitment and digitisation.

The registered manager told us the objectives were planned for implementation over the next year and progress would be monitored as part of medical advisory committee meetings. We spoke with the coordinator and one of the consultants working under practicing privileges, who understood and were able to describe the provider's vision and 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. The service had an open culture where patients, their families and staff could raise concerns without fear.

Good

Outpatients

We found the culture across the service was open and transparent. Staff we spoke with said they felt valued and enjoyed working for the service.

We spoke with the coordinator and one of the consultants working under practicing privileges. They told us they received good support and could raise concerns if they needed to and were confident these would be addressed appropriately.

Governance

Leaders did not operate effective governance processes for the management of staff recruitment and training. Not all policies and procedures reflected the processes in place. Whilst staff were clear about their roles and accountabilities, there was no formal documented process to demonstrate staff had regular opportunities to meet, discuss and learn from the performance of the service.

The service had a range of policies, procedures, risk assessments and quality monitoring processes in relation to outpatients' services. The registered manager told us they reviewed and updated these on a regular basis.

The service had a clinical governance policy which outlined the process for governance, risk management and quality monitoring. The service also had policies in place for key processes such as staff recruitment, practicing privileges, mandatory training, management of complaints, incidents management and safeguarding processes.

We looked at a selection of policies and procedures and that most reflected national guidelines. However, we found that a number of policies did not reflect current staff practice. For example, the safeguarding adults' policy (November 2021) and mandatory training policy (January 2021) stated that all clinical staff required training to safeguarding level two. This did not reflect current staff practice as our discussions with the registered manager and review of staff records showed most staff had completed adults safeguarding level three training, in line with current intercollegiate guidance. We also found the safeguarding adults' policy did not make any reference to current guidance; Intercollegiate Document "Adult Safeguarding: Roles and Competencies for Health Care Staff" (2018).

The recruitment and selection policy (May 2021) listed the recruitment checks required for staff, including qualifications, disclosure and barring checks. However, the policy did not include a requirement for requesting any references as part of the recruitment checks, in accordance with regulatory requirements for fit and proper persons employed. The policy did not reflect current staff practice as the recruitment records we looked at included at least two references.

The registered manager carried out recruitment checks in line with their recruitment policy and practicing privileges policy. The recruitment files records were mainly kept in paper-based files.

We were not assured the service had effective governance systems in place for the management of staff recruitment and training records. We found during the inspection that several recruitment records for staff working in the outpatient services were not present in the paper-based staff files, such as evidence of training and appraisal. The registered manager took considerable time to locate some of these records as they were not all present in the staff files at the time of the inspection. The registered manager told us some of these records had been retained electronically (such as in emails) and was able to provide evidence of these documents following the inspection. However, this showed that staff recruitment and training files were not always properly maintained or reviewed. We also found examples where individuals had missing or incomplete records, such as three staff with no evidence of appraisal and three staff with incomplete safeguarding training.

Good

Outpatients

The registered manager (medical director) and the coordinator (director of operations) were listed as the company directors for the service. We saw evidence that additional checks had been carried out to confirm they were of good character as well as checks to confirm there were no concerns around past criminal or financial irregularities, in line with the regulatory requirements for fit and proper person; directors. However, the service did not have a formal policy or process outlining the process for the recruitment and appointment of company directors.

The registered manager told us discussions around workforce, performance, governance and key risks took place as part of routine medical advisory committee (MAC) meetings, which were held every three to four months.

We looked at the MAC agenda and meeting minutes for January 2021, March 2021 and July 2021. Whilst the meetings showed some discussions around operational governance and operational performance monitoring took place, the agenda and meeting minutes did not make any reference to key processes such as clinical governance, audit and quality monitoring and risk management.

The registered manager told us they had routine informal discussions with staff working in the outpatient services to discuss governance and performance. However there were no formal documented meetings where governance, risk and performance were reviewed and discussed.

Management of risk, issues and performance

Leaders did not have effective systems to manage risk, issues and performance effectively. Staff did not identify and escalate all relevant risks and issues or identify actions to reduce their impact. The service did not have effective systems in place for compliance monitoring and audit of key processes, such as for patient records or staff recruitment and training.

The service had a risk management policy and a risk continuity plan, which was a register of key risks to the service including risks around staff, premises, equipment and financial performance. The registered manager told us they maintained the risk continuity plan and reviewed risks to the service on a routine basis.

The medical advisory committee agenda and meeting minutes for January 2021, March 2021 and July 2021 did not make any reference to the audit and quality monitoring, risk continuity plan or management of risks around the outpatient services.

We found evidence of routine quality monitoring and audit of processes such as for infection control processes and medicines management. However, we found shortfalls in staff recruitment and training records, such as incomplete recruitment files as well as expired training and lack of appraisal records for some staff. We also found the service did not carry out formal patient record audits or peer audits to verify patient records were accurate and up date.

The service had indemnity insurance arrangements in place and the provider's indemnity covered for contracted staff (such as the radiographer) who did not have their own individual professional indemnity insurance.

Information Management

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

Good

Outpatients

The provider offered a limited range of outpatient services for a small number of patients. The service did not have any performance dashboards or reports. However, the registered manager told us they collated and analysed information on performance to look for improvements.

There were systems in place for the safe storage, circulation and management of electronic and paper-based records such as patient records, audit records and meeting minutes. Patient records were accessible for staff and could be easily retrieved. Electronic records were stored on computers with controlled access.

We found some information, such as staff training and recruitment records were not well maintained and easily retrieved.

The registered manager had plans to improve this as part of the provider's strategic objective around digitisation. The service had agreed a service level agreement in November 2021 with an external IT service provider for the implementation of an electronic quality management system. This IT platform would allow for storage and management of policies and procedures, electronic risk registers, the electronic reporting of incidents and complaints and electronic audit forms, such as for infection prevention and control audits.

Staff involved in the outpatient services had completed information governance training as part of their mandatory training. The registered manager was information governance lead and was responsible for reporting to the *Information Commissioner's* Office (*ICO*). The registered manager confirmed there had been no reported data breaches.

Staff could access information such as policies and procedures in paper and electronic format. The policies we looked at were version-controlled, up to date and had periodic review dates.

Engagement

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

Staff routinely engaged with patients during their outpatient appointments to gain feedback about the services. This was done formally through routine patient feedback surveys and through informal feedback from patients. The survey feedback showed patients were positive about the care and treatment they received.

Patient responses were collated and reviewed by the registered manager to look for improvements to the service. The registered manager had made improvements to heating arrangements following feedback from patients in a survey carried out in March 2021.

Staff engagement took place through daily discussions and routine correspondence. The staff we spoke with told us they received good support and regular communication from the registered manager.

The registered manager told us they had routine informal engagement and discussions around performance and improvement with external organisations with which the provider had service level agreements in place.

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.

Good

Outpatients

Staff told us the service had a positive culture that was focused on learning and improving services. The staff we spoke with were able to provide examples of improvements that the service had implemented over the past 12 months.

The service provided a limited range of outpatient procedures and the service planned to expand the business over the next few years. The registered manager had updated the facilities and equipment to reduce risks around covid-19.

The theatre areas had been updated and the registered manager had installed patient recovery areas even though the service had not yet undertaken any surgical procedures. The registered manager told us they had placed bids but had not yet been successful in receiving for NHS commissioning contracts for surgical procedures.

The service had plans to implement an electronic quality management system to improve compliance with governance and quality monitoring processes.

Good

Diagnostic imaging

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

Are Diagnostic imaging safe?

Good

This is the first time we have rated this service. We rated safe as good.

Mandatory training

The clinical staff had completed up to date mandatory training in key skills. Mandatory training for non-clinical staff was not always complete and up to date.

There were three staff involved in the diagnostic imaging services; the coordinator (director of operations), the radiographer and the clinical neurophysiologist.

The radiographer and clinical neurophysiologist worked for the service on a part-time basis under practising privileges contracts. They were required to provide evidence of mandatory training from their substantive employers as part of their recruitment checks.

Records showed both individuals had completed mandatory training in areas such as moving and handling, infection prevention and control, basic life support, equality and diversity, information governance, health and safety, fire safety and children and adults safeguarding.

The training was up to date and completed within the last 12 months and the radiographer and clinical neurophysiologist were both required to provide updated evidence of training completion at least every two years as part of their practicing privilege reviews.

The coordinator (director of operations) was employed directly by the service and worked in a non-clinical role. Training records showed the coordinator had completed up to date e-learning training in areas such as fire safety, children and adults safeguarding training, infection control, counter fraud, customer care, chaperoning and anaphylaxis.

The records showed the coordinator had also completed e-learning training in a number of topics but this had expired and not been updated. This included equality and diversity training (expired April 2020), information governance (expired April 2020), whistle blowing (expired October 2020) and adult basic life support (expired October 2019).

This meant that whilst the coordinator had completed relevant mandatory training, not all the training was up to date.

Good

Diagnostic imaging

For our detailed findings on mandatory training, please see the safe section in the outpatients' report.

Safeguarding

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

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The registered manager was the safeguarding lead for the service and was responsible for the review, investigation and external referral for any safeguarding concerns that had been raised by staff. The staff also had access to contact details for the local authority safeguarding team so they could make a direct referral if required.

The service did not provide any care and treatment for patients under 18 years of age. However staff were required to complete safeguarding training for adults and children.

Staff involved in the diagnostic imaging services had completed training specific for their role on how to recognise and report abuse. The radiographer had completed adult safeguarding training (level two) and children's safeguarding training (level three). The clinical neurophysiologist had completed adult safeguarding training (level three) and children's safeguarding training (level two). The coordinator worked in a non-clinical role and had completed children's and adults safeguarding training (level one). The training was in line with current intercollegiate guidance for adults and children.

The service had not reported any safeguarding concerns relating to the diagnostic imaging services in the past 12 months.

For our detailed findings on safeguarding, please see the safe section in the outpatients' report.

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.

The service had an infection prevention and control policy which provided guidance for staff and all the staff involved in diagnostic imaging services had completed mandatory infection prevention and control training.

The service had not reported any healthcare-acquired infections or outbreaks during the past 12 months.

The clinical areas, treatment rooms and waiting areas were visibly clean and had suitable furnishings which were clean and well-maintained. Cleaning schedules and daily checklists were in place and up to date, and there were clearly defined roles and responsibilities for cleaning the environment and cleaning and decontaminating equipment. Staff used alcohol wipes and chlorine-based disinfectant to clean and decontaminate surfaces and equipment.

Staff followed national guidance around managing Covid-19 risks. Any patients and visitors attending the service underwent temperature checks upon entry and were required to wear personal protective equipment, such as masks. The registered manager told us staff maintained appropriate segregation and social distancing to minimise the risk of spread of infection.

Good

Diagnostic imaging

Personal protective equipment, such as masks, gloves and aprons, were readily available across all the areas we inspected. Clean linen was stored in a dedicated storage cupboard to minimise risk of contamination from air-borne particulates. There were enough hand wash sinks and hand gels. Staff we saw were compliant with hand hygiene and 'bare below the elbow' guidance.

The registered manager carried out an infection control audit every four months to check compliance against national infection prevention and control guidelines and to monitor the cleanliness of the general environment and equipment. The audit included checks for hand hygiene compliance. The most recent infection control audit was completed in August 2021 and showed the service was compliant with all the indicators covered by the audit.

For our detailed findings on cleanliness, infection control and hygiene, please see the safe section in the outpatients' report.

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.

We found the general environment, treatment rooms and waiting areas across the diagnostic imaging services were well maintained, free from clutter and suitable for providing safe care and treatment for patients.

The nerve conduction study procedures were undertaken in a designated treatment room. Log sheets showed the nerve conduction equipment was cleaned and decontaminated before and after patient use. Staff used single use pads disposable pads to minimise the risk of cross-contamination.

The radiographer only provided X-rays using an image intensifier during spinal nerve block procedures undertaken in the main theatre area. The image intensifier was located in the main theatre and was key-operated. There was a system in place for safe storage and controlled access to the image intensifier keys.

The service also had a separate dedicated X-ray room; however this had been decommissioned and not used since 2017. The registered manager told us they did not have any plans to use this facility in the near future but would ensure relevant safety testing and certification would be completed if this was commissioned for use.

There was a planned maintenance schedule in place that listed when equipment (such as the nerve conduction studies equipment and the image intensifier) were due for servicing. Equipment servicing was overseen by the registered manager through the use of an equipment maintenance log and there was an arrangement with an external maintenance contractor for the service and maintenance of the equipment. All the equipment we saw was clean, well maintained and within the service, calibration and electrical safety test due dates.

We found that single use sterile instruments were stored appropriately and kept within their expiry dates. Staff told us that all items of equipment were readily available and any faulty equipment was repaired or replaced in a timely manner.

There were arrangements in place for the handling, storage and disposal of clinical waste, including sharps. Sharps bins were appropriately stored and labelled correctly. The service used colour-coded mops and waste bags.

The service had one emergency resuscitation trolley and we saw this was tagged to minimise the risk that items could be tampered with. Emergency resuscitation equipment (including a defibrillator and emergency medicines) were available for both adults and children. The log sheets we looked at were complete and up to date, demonstrating that staff carried out daily checks on emergency equipment.

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

Patients undertaking nerve conduction diagnostic procedures were referred to the service by external organisations as part of service level agreements. The referral record included patients personal and contact details and details of the test required (e.g. nerve conduction for upper or lower limb).

The service had an inclusion and exclusion criteria that identified patients that could or could not be admitted for treatment. The inclusion criteria was patients over 18 years of age, patients with an American Society of Anaesthesiologists (ASA) classification of level 1 or 2 and patients with body mass index (BMI) between 30 and 35. The exclusion criteria included patients with ASA level 3 or 4 (complex health needs), patients with bleeding disorders and patients with immunosuppressive drugs and receiving treatment for cancer.

Patients that were accepted for treatment were generally fit and healthy with a low risk of developing complications during or after diagnostic treatment.

Staff carried out checks such as temperature checks (for Covid-19) and proof of identification on patients upon arrival. Staff also spoke with the patients to confirm they were happy and able to undergo the nerve conduction procedure. Staff monitored patients following the nerve conduction study procedure and patients were discharged if no concerns were identified. The registered manager told us there were no additional tests or assessments required for this procedure.

Risk assessments had been completed for fluoroscopy and the risk assessments addressed occupational safety to radiographer, staff and also to patients. Local rules for radiation were available and these were reviewed with staff during team briefs prior to commencing X-ray procedures.

The radiographer was the designated radiation protection supervisor (RPS) and the service had an external radiation protection advisor (RPA). The radiation protection advisor carried out a review at least every three years and was oversaw processes such as calibration of equipment, risk assessments and dose assessment and recording. The most recent review had been completed in May 2021.

An external report on diagnostic reference levels (DRLs) in November 2021 for exposure levels for the 13 spinal nerve block patients to date showed the exposure levels were within national recommended levels.

There were signs and warning lights outside controlled areas where radiation was used to make it clear when it was safe to enter. Staff wore dosimeters so that managers knew how much radiation the staff had been exposed to. Diagnostic imaging staff also used lead aprons to protect themselves against radiation exposure.

The registered manager told us they would contact the emergency services if a patient's health deteriorated whilst on site so the patient could be transferred to the nearest acute hospital by ambulance. There had been no instances where a patient's health deteriorated and required urgent transfer to hospital during the past 12 months.

Good

Diagnostic imaging

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.

The overall lead for the service was the registered manager, who was also the medical director and nominated individual for the service.

The nerve conduction study procedures were undertaken by the clinical neurophysiologist. The X-ray imaging procedures were undertaken by the radiographer. Both individuals worked for the service on a part-time basis under practicing privileges.

They were supported by the director of operations, who acted as a coordinator and provided non-clinical administrative support.

Patient appointments were planned in advance so staff could be made available to undertake procedures. The registered manager told us patient appointments would be deferred or cancelled if any staff were unavailable due to leave or sickness. There had been no instances where patient appointments had been cancelled due to staff unavailability in the past 12 months.

Records

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

Patient notes were comprehensive and all staff could access them easily. The service used paper-based and electronic patient records for nerve conduction study procedures. Patient consent forms were paper-based and information such as referral letters, diagnostic test reports and any other correspondence were stored electronically.

We looked at the records for five patients that had undergone nerve conduction study procedures. These were structured, legible, complete and up to date with no omissions and errors.

The X-ray images (for spinal nerve block procedures) were kept in paper-based patient records. We looked at the records for eight patients and each of these contained X-ray images that were stamped with date, time and dosing details.

Records were stored securely. Paper based records were kept in a locked office and electronic records were stored on computers with restricted access.

Medicines

The service did not use medicines.

There were no medicines used in the diagnostic and imaging services.

For our detailed findings on records, please see the safe section in the outpatients' report.

Good

Diagnostic imaging

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.

There was an incident reporting policy that outlined the process for identifying and reporting incidents. Staff were aware of the process for reporting any identified risks to patients, staff and visitors. All incidents were logged using a paper-based incident reporting form.

There had been no patient deaths, never events, serious incidents or any other incidents reported by the service during the past 12 months.

A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all providers. The event has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.

The registered manager was responsible for oversseeing the process for managing and investigating incidents. The registered manager told us any reported incidents would be reviewed and discussed at routine medical advisory committee meetings so shared learning could take place.

For our detailed findings on incidents, please see the safe section in the outpatients' report.

Safety Thermometer

The service did not use a safety thermometer (or equivalent) to monitor results to improve safety.

The service did not maintain a clinical dashboard for patient safety incidents.

There had been no incidents that had led to patient harm or any patient safety incidents (such as falls with harm) reported by the service during the past 12 months.

Are Diagnostic imaging effective?

Inspected but not rated

We inspect but do not rate effective for diagnostic imaging services.

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.

Good

Diagnostic imaging

Patients received care according to national guidelines such as National Institute for Health and Clinical Excellence (NICE), the Royal College of Radiologists and the Royal College of Radiographers.

Care pathways and clinical policies were benchmarked against national guidelines, such as the Ionising Radiation (Medical Exposure) Regulations. IR(ME)R requirements.

The radiographer (also the radiation protection supervisor) shared updated policies, local rules and changes to practice with staff as part of team briefs prior to commencing X-ray imaging procedures.

Pain relief

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

The service only provided limited non-invasive diagnostic procedures and did not routinely provide treatment specifically for pain symptoms.

The registered manager told us staff asked patients if they experienced any pain symptoms during diagnostic procedures and would stop the procedure if patients experienced discomfort. Patients with pain symptoms not directly associated with the procedures carried out were advised to speak with their general practitioner (GP) or attend accident and emergency.

Patients undergoing nerve conduction study procedures were provided with information on how to manage minor pain symptoms associated with the procedure.

The patients we spoke with told us they did not experience any pain symptoms during the nerve conduction study procedures.

Patient outcomes

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

The service carried out sensory and motor nerve conduction studies and electromyography (EMG) to measure the electrical activity of muscles and nerves. Patients were referred to the service by an external organisation and the test results were provided to the referring organisation. The test was primarily carried out to support patient's personal injury claims.

The registered manager told us there was no clinical audit or comparable outcomes data for the nerve conductions study procedures. Patient outcomes were measured through patient satisfaction.

The registered manager told us patients experienced positive outcomes because there had not been any untoward incidents or negative feedback from patients or any concerns raised from the referring organisation.

Competent staff

The service made sure staff were competent for their roles. Managers appraised clinical staff's work performance. There was no evidence routine appraisals had been undertaken for non-clinical staff.

Good

Diagnostic imaging

Newly appointed staff underwent an induction process. The radiographer started working for the service during August 2021 and told us the induction including orientation and familiarisation with the provider's policies, procedures and equipment.

The registered manager told us staff underwent annual appraisal. Records showed the radiographer and clinical neurophysiologist had undergone appraisal during the past 12 months. However, the registered manager could not confirm if the coordinator (director of operations) had completed their appraisal and we found no evidence of a documented appraisal in the coordinator's files.

The radiographer and clinical neurophysiologist were employed under practising privileges (authority granted to a physician or dentist by a hospital governing board to provide patient care in the hospital or clinic). The registered manager oversaw the practicing privileges process and there were no outstanding queries relating to their practising privileges. The practicing privileges were reviewed every two years.

The registered manager carried out recruitment checks in line with their practicing privileges policy and the records for the radiographer and clinical neurophysiologist included identification checks, training and qualification certificates, appraisal, at least two references, disclosure and barring (DBS) checks and inoculation history.

The records also showed evidence of current registration with professional bodies such as the general medical council (GMC) for the clinical neurophysiologist and the health and care professions council (HCPC) for the radiographer.

For our detailed findings on competent staff, please see the effective section in the outpatients' report.

Multidisciplinary working

Healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

There was effective communication and multidisciplinary working between staff working in the diagnostic imaging services. The staff we spoke with told us they worked well as a team and carried out huddles at the start and end of each diagnostic test procedure to discuss patient needs and to aid learning.

The provider had service level agreements with two external organisations in relation to the nerve conduction studies and there was regular engagement between these services and the registered manager.

The service also had a service level agreement with an external healthcare provider for spinal nerve block injections, which included X-ray (fluoroscopy) diagnostic imaging as part of the process.

For our detailed findings on multidisciplinary working, please see the effective section in the outpatients' report.

Seven-day services

Key services were not available seven days a week.

The service provided a limited range of diagnostic imaging procedures for privately funded patients. The service mainly operated during weekdays and on Saturdays. Patients could also access services during weekday evenings.

Health promotion

Staff did not routinely give patients practical support and advice to lead healthier lives.

Good

Diagnostic imaging

The service did not provide information promoting healthy lifestyles and support. However, patient information leaflets were given to patients providing advice and support for procedures such as nerve conduction studies.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

The service had a consent policy that provided guidance for staff on how to seek verbal informed consent and written consent before providing care and treatment to patients.

We looked at eight records for patients that had undertaken X-ray (fluoroscopy) as part of their spinal nerve injection procedure and five records for patients that had undergone nerve conduction studies. Patient records showed that written and verbal consent had been obtained from patients and that planned care was delivered with their agreement. Consent forms had been signed by patients and showed the risks and benefits were discussed with the patient prior to carrying out diagnostic procedures.

Patients undergoing diagnostic imaging procedures were referred to the service by external organisations under service level agreements. The service did not directly charge patients for the services provided. However, the fees charged were clearly stated in the referral records.

Services were only available to patients over 18 years of age. Patients with certain mental health conditions were excluded for treatment at the service.

The registered manager told us they had not had any instances where patients that lacked capacity to make their own decisions had been referred to the service for diagnostic imaging procedures. The registered manager acknowledged that the specific nature of services they provided meant it was unlikely that a patient that lacked capacity (such as those living with dementia, a learning disability or mental ill health) would be referred to the service for diagnostic imaging procedures.

Are Diagnostic imaging caring?

Good

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

Compassionate care

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

There were no diagnostic imaging procedures taking place on the days of the inspection so we were unable to observe patient care and treatment. However, the staff we spoke with were caring and focused on providing safe patient care and treatment.

Good

Diagnostic imaging

Staff told us they were discreet and responsive when caring for patients. The consultation and treatment rooms had privacy screens and discussions with patients were held in private in order to keep patient care and treatment confidential.

We spoke with five patients that had undergone nerve conduction diagnostic studies at the service by telephone call as part of the inspection. They all said they thought staff were kind and caring and gave us positive feedback about ways in which staff showed them respect and ensured that their dignity was maintained. The comments received included: "staff were friendly and polite", "the staff were polite and accommodating" and "staff were brilliant, polite and did everything right".

Staff sought feedback from patients about the quality of the service provided through feedback surveys that were given to patients after they had undergone care and treatment. We looked at the survey responses for 32 patients and they all showed patients were positive about the care and the treatment they received.

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

The patients we spoke with told us the staff were calm, reassuring and supportive and helped them to relax prior to undergoing their diagnostic procedure. Patients commented that a member of staff met them on arrival and accompanied them before and after their procedure; this helped to reassure them and calm their nerves.

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 also supported patients to make informed decisions about their care.

The patients we spoke with told us they were kept informed about their treatment and staff were clear at explaining their treatment to them in a way they could understand. They told us the risks and benefits of their procedure were clearly explained to them so they could make an informed decision.

Patients gave positive feedback about the service. They also spoke positively about the verbal information and support they received from staff before, during and after their procedure.

Are Diagnostic imaging responsive?

Good

This is the first time we have rated this service. We rated responsive as good.

Good

Diagnostic imaging

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 other organisations to plan care.

The service provided a limited range of diagnostic imaging services. At the time of the inspection there were only two diagnostic imaging services provided for patients; nerve conduction studies and X-ray imaging to support spinal nerve block injection procedures.

These two services were only provided to privately funded patients that had been referred by external organisations under service level agreements. The registered manager told us they did not provide care and treatment for any other privately funded or NHS patients apart from patients referred through these external organisations.

The service had sufficient capacity to meet the needs of the patients they saw. All patients were booked in advance so services and appropriate staffing could be planned prior to patients attending their appointment.

The service routinely operated between 9am to 5pm during weekdays and some Saturdays. The service also offered some evening appointments for patients undertaking nerve conduction studies in order to accommodate patient preferences for appointment times.

Facilities and premises were appropriate for the services being delivered. The environment for patients was comfortable with sufficient waiting areas and treatment rooms that enabled segregation and allowed for privacy and dignity to be maintained. All areas we saw were furnished to a good standard.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff were aware of reasonable adjustments that could be made to help patients access services.

The service had information leaflets available for patients. However, the leaflets we saw were only available in English. Staff and patients could get help from interpreters when needed. The service offered a chaperone service if requested by patients.

The diagnostic imaging services were provided on the ground floor of the premises and were easily accessible, including for disabled or wheelchair users.

Records showed the three staff involved in diagnostic imaging services had all completed equality and diversity training.

The service's admission criteria excluded patients with complex medical conditions, patients with mental ill health, patients with body mass index (BMI) greater than 35 and patients under 18 years of age.

The registered manager told us if a patient that lacked capacity to make their own decisions (such as those living with a learning disability or dementia) was referred to the service, they would carry out an assessment to determine if they could admit the patient and provide safe care and treatment. The registered manager told us this would include consideration for patients being accompanied by a carer or other reasonable adjustments, such as adjusting appointment times to accommodate specific patient needs.

Good

Diagnostic imaging

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.

The service only admitted privately funded adult patients that had been referred by external organisations under service level agreements.

The registered manager told us they reviewed the initial referral to determine if their inclusion criteria had been met and the patient could be admitted for care and treatment.

The coordinator (director of operations) contacted the patient to arrange a suitable appointment time. The registered manager told us patients were given appointments based on their preference. There was no waiting list for appointments and patients could be seen promptly. Most patients underwent diagnostic procedures within two weeks of their initial referral. The diagnostic imaging procedures were carried out in one single day case visit.

Patients attending the service on the day of their appointment were met by the director of operations, who acted as a coordinator and accompanied the patients before and after their diagnostic procedure.

There had been no instances where patients were called for any follow up appointments. The staff and patients we spoke with told us the nerve conduction studies procedures normally took approximately 30 minutes from admission to discharge.

The service did not routinely provide these test results directly to the patient or to other health care professionals such as the patient's general practitioner (GP). The nerve conduction study test reports were sent electronically to the referring organisation, who then shared the report findings with the patient.

We spoke with five patients and they did not highlight any issues in relation to admission and waiting times. They all told us they were seen at their specified appointment time with minimal waiting upon arrival.

The service had carried out 28 nerve conduction studies procedures between January 2021 and October 2021. The service commenced spinal nerve block procedures since August 2021 and had undertaken treatment and X-ray scans for 13 patients.

The registered manager told us they had not experience any instances where any appointments had been delayed or cancelled and no instances where patients did not attend their appointment. The registered manager told us they would report any patients that did not attend their appointment to the referring organisation, who would contact the patient and submit a new patient referral request if a rebooking was required.

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.

Information describing how to raise complaints about the service was displayed. The patients we spoke with also told us they had been given information on how to complain or raise concerns.

Good

Diagnostic imaging

The provider had a complaints policy which provided guidance on how to manage and respond to complaints about the service. Staff understood the policy on complaints and knew how to handle them.

The diagnostic imaging services had not received any formal or informal complaints during the past 12 months.

For our detailed findings on complaints, please see the responsive section in the outpatients' report.

Are Diagnostic imaging well-led?

Requires Improvement

This is the first time we have rated this service. We rated well-led as requires improvement.

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.

The overall lead for the service was the registered manager, who was also the medical director and nominated individual for the service.

The nerve conduction study procedures were overseen by the clinical neurophysiologist. The X-ray imaging procedures were overseen by the radiographer, who was also the designated radiation protection supervisor.

They were supported by the director of operations, who acted as a coordinator and provided non-clinical administrative support.

Staff told us they understood their reporting structures clearly and the radiographer and director of operations told us they received good support from the registered manager.

Vision and Strategy

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

The provider's vision was to "provide high standard of care by establishing systems and processes in place at The Manchester clinic".

The provider's corporate strategy listed objectives around collaboration with stakeholders, recruitment and digitisation.

The registered manager told us the objectives were planned for implementation over the next year and progress would be monitored as part of medical advisory committee meetings. We spoke with the radiographer, who understood and was able to describe the provider's vision and strategy.

Good

Diagnostic imaging

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. The service had an open culture where patients and staff could raise concerns without fear.

We spoke with the registered manager, the coordinator (director of operations) and the radiographer during the inspection. They all told us they were highly motivated and positive about their work. They told us there was a friendly, safety-focused and open culture and that they received good support.

Governance

Leaders did not operate effective governance processes for the management of staff recruitment and training. Whilst staff were clear about their roles and accountabilities, there was no formal documented process to demonstrate staff had regular opportunities to meet, discuss and learn from the performance of the service.

The service had a range of policies, procedures, risk assessments, local rules and quality monitoring processes in relation to radiation protection and compliance with Ionising Radiation (Medical Exposure) Regulations. IR(ME)R requirements. The radiographer (radiation protection supervisor) and the registered manager told us they reviewed and updated these on a regular basis.

The registered manager told us discussions around workforce, performance, governance and key risks took place as part of routine medical advisory committee (MAC) meetings, which were held every three to four months.

We looked at the MAC agenda and meeting minutes for January 2021, March 2021 and July 2021. Whilst the meetings showed some discussions around governance and performance monitoring took place, the agenda and meeting minutes did not make any reference to diagnostic imaging processes, such as the X-ray imaging or nerve conduction studies. The radiographer and the clinical neurophysiologist had also not attended any of the medical advisory committee meetings.

The registered manager told us they had routine informal discussions with the clinical neurophysiologist and the radiographer to discuss governance and performance. However there were no formal documented meetings where governance, risk and performance of diagnostic imaging services were reviewed and discussed.

The radiographer and clinical neurophysiologist worked under practicing privileges. The coordinator (director of operations) was directly employed by the service. The registered manager carried out recruitment checks in line with their recruitment policy and practicing privileges policy. The recruitment files records were mainly kept in paper-based files.

We were not assured the service had effective governance systems in place for the management of staff recruitment and training records. We found during the inspection that several recruitment records for the radiographer, coordinator and clinical neurophysiologist were not present in the paper-based staff files, such as evidence of training and appraisal. The registered manager took considerable time to locate some of these records as they were not all present in the staff files at the time of the inspection. The registered manager told us some of these records had been retained electronically (such as in emails) and was able to provide evidence of these documents following the inspection. However, this showed that staff recruitment and training files were not always properly maintained or reviewed.

For our detailed findings on governance please see the well-led section in the outpatients' report.

Good

Diagnostic imaging

Management of risk, issues and performance

Leaders did not have effective systems to manage risk, issues and performance effectively. Staff did not identify and escalate all relevant risks and issues or identify actions to reduce their impact. The service did not have effective systems in place for compliance monitoring and audit of key processes, such as for patient records or staff recruitment and training.

The service had a risk management policy and a risk continuity plan, which was a register of key risks to the service including risks around staff, premises, equipment and financial performance. The registered manager told us they maintained the risk continuity plan and reviewed risks to the service on a routine basis.

Whilst we saw evidence of risk assessments for processes such as for radiation protection, the risk continuity plan did not make any reference to any risks associated with the diagnostic imaging services. The medical advisory committee agenda and meeting minutes for January 2021, March 2021 and July 2021 did not make any reference to the risk continuity plan or management of risks around the diagnostic imaging services.

We found evidence of routine quality monitoring and audit of processes such as for radiation protection, infection control and medicines management. However, we found shortfalls in staff recruitment and training records, such as incomplete recruitment files as well as expired training and lack of appraisal records for the coordinator (director of operations). We also found the service did not carry out formal patient record audits or peer audits to verify patient records were accurate and up date.

The service had indemnity insurance arrangements in place and the provider's indemnity covered for contracted staff (such as the radiographer) who did not have their own individual professional indemnity insurance.

For our detailed findings on management of risks, issues and performance, please see the well-led section in the outpatients' report.

Information Management

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

The provider offered a limited range of diagnostic imaging services for a small number of patients. The service did not have any performance dashboards or reports. However, the registered manager told us they collated and analysed information on performance to look for improvements.

There were systems in place for the safe storage, circulation and management of electronic and paper-based records such as patient records, audit records and meeting minutes. Patient records were accessible for staff and could be easily retrieved. Electronic records were stored on computers with controlled access.

Staff could access information such as policies and procedures in paper and electronic format. The policies we looked at were version-controlled, up to date and had periodic review dates.

The registered manager confirmed there had been no reported data breaches relating to the diagnostic imaging services.

Good

Diagnostic imaging

For our detailed findings on information management, please see the well-led section in the outpatients' report.

Engagement

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

Staff routinely engaged with patients during their diagnostic imaging procedures to gain feedback about the services. This was done formally through routine patient feedback surveys and through informal feedback from patients. The survey feedback showed patients were positive about the care and treatment they received.

Patient responses were collated and reviewed by the registered manager to look for improvements to the service. The registered manager had made improvements to heating arrangements following feedback from patients in a survey carried out in March 2021.

Staff engagement took place through daily discussions and routine correspondence. The staff we spoke with told us they received good support and regular communication from the registered manager.

The registered manager told us they had routine engagement and discussions around performance and improvement with external organisations with which the provider had service level agreements in place.

For our detailed findings on engagement, please see the well-led section in the outpatients' 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.

Staff told us the service had a positive culture that was focussed on learning and improving services.

The radiographer told us they received good support and encouragement from the registered manager to implement best practice guidance relating to Ionising Radiation (Medical Exposure) Regulations. IR(ME)R requirements.

The registered manager told us the service currently provided limited diagnostic imaging services and they planned to sustain the existing services provided and steadily increase the numbers of patients that received the services they provided.

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.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service must ensure that effective governance systems are implemented, including a structure of governance meetings that incorporate all staff and diagnostic imaging processes. **Regulation 17 (2) (a).**

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service must ensure that policies and procedures are reflective of staff practice and current best practice guidance. **Regulation 17 (2) (a).**

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service must ensure that there is an effective system for quality monitoring and audit, including for staff recruitment and training processes. **Regulation 17 (2) (a).**

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

The service must ensure there are affective systems in place for the management of risks, including risks associated with all outpatients and diagnostic imaging processes. **Regulation 17 (2) (b).**