

ASI London I Limited

# OneWelbeck Orthopaedics

## 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?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

## Overall summary

We have not previously inspected this service. We rated it as good because:

1.

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment and managed pain effectively. Managers made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of people and gaps in care in the region. Staff took account of patients' individual needs and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the wider healthcare community to plan and manage services and all staff were committed to improving services continually.

However:

- There was no risk assessment in place to ensure cleaning and decontamination of non-clinical areas, such as the soft furnishings in the waiting area.
- Although individual consultants measured patient outcomes for their patients, the service did not audit care outcomes such as treatment success rates.
- There was no formal audit process in place to assess consistent standards of practice, including use of the WHO checklist for outpatient minor surgery procedures.

# Summary of findings

## Our judgements about each of the main services

Service	Rating	Summary of each main service
Outpatients	Good 	We have not previously inspected outpatients. Please see the main summary.
Diagnostic imaging	Good 	<p>We have not previously inspected diagnostic imaging. Please see the main summary</p> <p>Where arrangements were the same for diagnostic imaging and outpatients, we have reported our findings in the outpatients section.</p> <p>We rated this service as good because it was safe, effective, caring, responsive and well-led.</p>

# Summary of findings

## Contents

### Summary of this inspection

Background to OneWelbeck Orthopaedics	5
Information about OneWelbeck Orthopaedics	5

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### Our findings from this inspection

Overview of ratings	7
Our findings by main service	8

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# Summary of this inspection

## Background to OneWelbeck Orthopaedics

OneWelbeck Orthopaedics is a multidisciplinary outpatient and diagnostics centre operated by ASI London Limited, under the name WelbeckHealth Partners.

The service offers orthopaedic and neurology outpatient care including pain and sports medicine, neurophysiology, orthopaedic therapy, minor surgery, and gastrointestinal (GI) physiotherapy. Diagnostic imaging services included musculoskeletal ultrasound, ultrasound guided injections, standing computed tomography (CT), GI ultrasound, ear, nose and throat (ENT) ultrasound, and incision and drainage. The service offers a dedicated pain clinic as part of 9 specialties. Services are provided from a purpose-built hospital with a range of clinical specialties operated by the provider with separate CQC registrations. Outpatients has 7 consulting rooms and one treatment room, and the diagnostics service has 2 scanning rooms.

The provider operates another diagnostic imaging service in the same building. This has separate CQC registration and is not included in this report, but we refer to it to better provide context and detail of areas such as staffing and governance.

The service provides care and treatment for private patients including those who self-pay and patients seen under insurance arrangements.

The service registered in March 2020 and became operational in May 2020. We have not previously inspected or rated the service. The service is registered to provide:

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

There is a registered manager in post.

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

## How we carried out this inspection

We carried out an unannounced inspection of the service on 31 August 2022 using our comprehensive methodology. We inspected outpatients and diagnostic imaging. The inspection team consisted of a lead inspector and two specialist advisors with support from an inspection manager. During our inspection we spoke with staff, observed care being delivered, and reviewed audits and other clinical records. After our inspection the provider sent us a range of evidence to be considered in our ratings decision.

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

## Outstanding practice

We found the following outstanding practice:

# Summary of this inspection

- The service operated with a continuous focus on developing clinical services in line with demand in London and beyond. Senior teams and committees incorporated a range of clinical and non-clinical professionals and, guided by subject matter experts, planned innovative new services to meet unmet need. This had led to the introduction of a specialist neurology service and a pain management service.

## Areas for improvement

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

- The service should ensure a risk assessment is in place for cleaning and decontamination of non-clinical areas, including soft fabric furniture in the waiting area.
- The service should consider the implementation of clinical audits to better measure the impact of specific types of care on patient outcomes.
- The service should implement an audit process for the World Health Organisation surgical safety checklist.

# 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	Good	Good
Diagnostic imaging	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

# Outpatients

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

## Are Outpatients safe?

Good 

We have not previously inspected outpatients. We rated safe as good.

## Mandatory training

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

Staff received and kept up to date with their mandatory training. The provider had a training programme of up to 31 modules depending on the individual's role. All staff completed 24 modules, including fire safety, health and safety, and falls prevention. At the time of our inspection, all staff were up to date with required training.

Clinical staff completed training on recognising and responding to patients with mental health needs including dementia, to help them ensure the facility could safely provide care.

The centre director monitored training completion using an electronic system and supported staff to remain up to date. Consultants working under practising privileges completed a separate mandatory training programme that enabled them to work safely in the premises, such as fire safety and urgent patient escalation training.

## Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. All staff were required to maintain safeguarding adults and children training to level 2 as well preventing radicalisation training. At the time of our inspection 100% of staff were up to date. Senior staff completed training to level 3 and a designated safeguarding lead trained to level 4 was available at all times the service was open. This met or exceeded the intercollegiate guidance on safeguarding staff.

The clinical operating officer was the safeguarding lead and the centre director was the first and main point of contact for staff.



# Outpatients

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff said they felt this was embedded in their induction, training, and policies and were confident they knew how to act in someone's best interests.

All staff were trained to act as a chaperone. Patient coordinators offered chaperones to patients in advance of appointments and clinical staff could arrange them as needed on the day of an appointment. This helped to provide safety reassurance for vulnerable patients. The chaperone policy was based on General Medical Council and Royal College of Nursing guidance. Staff had adapted the policy using NHS England guidance to ensure patients who received care through remote channels, such as video consultations.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Staff had access to specialist safeguarding support for issues relating to suspected or disclosed female genital mutilation, forced marriage, honour-based violence, and domestic abuse. The team had established relationships with health personnel in local embassies and worked with them to ensure suspected coercion or trafficking was acted on discreetly and promptly.

The operating board was responsible for safeguarding in this specialty centre and the executive board had overall responsibility for clinical services in the hospital operated by the same provider, which included policies and procedures. The quality assurance and performance improvement (QAPI) committee provided assurance of compliance with the safeguarding policy and guidance by reviewing referrals and monitoring safeguarding activity.

## 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.**

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Staff used clinical disinfectant products between patients and the environment was designed to reduce infection risk. For example, handwashing taps were non-touch and were fitted with integrated hand towel disposal bins.

Staff carried out quarterly infection prevention and control (IPC) audits, supplemented with a comprehensive annual audit. In the previous 12 months staff achieved 100% compliance, which reflected high standards of training and practice. In the same period the service achieved 97% compliance with hand hygiene standards. This did not meet the provider's 100% target although was an average, which reflected 8 months of 100% compliance and 4 months that found between 73% and 99% compliance. Where standards did not meet the target, the centre director used the audit result to address areas for improvement individually with staff.

The service generally performed well for cleanliness. All staff were required to complete IPC training and 100% were up to date with this. Staff completed cleaning checklists in each area. This ensured standardised practice and enabled the centre director to monitor consistency.

Staff followed infection control principles including the use of personal protective equipment (PPE). Guides to the correct use of PPE were displayed in key areas and staff underwent training to ensure they used equipment correctly. During all our observations staff consistently followed best practice in PPE use. Clinical staff were trained in the use of the aseptic non-touch technique (ANTT), a national best practice standard for safe care. We saw staff used this consistently during care and treatment.

# Outpatients

Staff labelled equipment with stickers when they were sanitised and ready for use. We saw this was consistent practice during our inspection.

The chief clinical officer worked at provider level and maintained responsibility for IPC in each service, including orthopaedics.

## 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.**

The design of the environment followed national guidance. The service was compliant with the Department of Health and Social Care (DHSC) Health Building Note (HBN) 00/09 in relation to clinical environment design. However, non clinical areas, such as the waiting area, included soft furnishings. There was no risk assessment in place to ensure cleaning and decontamination processes reduced the risk of contamination.

The service was equipped with self-flushing taps as part of Legionella prevention measures, which reflected good practice and meant water outlets used infrequently remained safe to use at all times. A third party organisation tested the water supply monthly for safety assurance.

Staff disposed of clinical waste safely. The service used service level agreements to manage waste streaming, including the storage and disposal of hazardous waste, in line with DHSC Health Technical Memorandum (HTM) 07/01 The Safe Management and Disposal of Healthcare Waste 2013.

The service was compliant with DHSC HTM 07/01 and the Health and Safety Executive Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 in relation to sharps waste. Staff labelled sharps bins on first use, stored them off the floor, and ensured the aperture remained closed. They segregated sharps waste appropriately, such as by using colour-coded bins for cytotoxic waste.

Staff carried out daily safety checks of specialist equipment. Equipment manufacturers carried out annual services on all equipment and staff arranged interim maintenance in the event of a technical problem. The outpatients manager stored comprehensive maintenance records and all items we checked were up to date.

The service had enough suitable equipment to help them to safely care for patients. The department had resuscitation equipment for adults only. This included automatic external defibrillators (AED), airway support equipment, emergency oxygen, and emergency rescue medicines. Signs depicting the location of the equipment were posted throughout the department and staff documented daily and weekly checks on equipment. Staff documented daily, weekly, and monthly stock and safety checks on the equipment.

Fire safety processes were comprehensive and reflected the nature of the service and the environment. For example, the provider delivered different registered services in the building and the fire alarm system was integrated with each floor and clinic. In the orthopaedics service, 2 members of the administration team were trained fire marshals and coordinated alarm responses and evacuations. They liaised with the building's reception and facilities team to support patients and staff in an evacuation using an established protocol.

# Outpatients

The centre was equipped with emergency radios connected to each floor and clinic in the building, which fire marshals were trained to use to coordinate emergencies. The team practised their training and standard operating procedures during a building evacuation in July 2022. They used feedback from the facilities team to improve coordinated communication across the building.

A facilities team was available on site at all times the service was open and provided on-demand support for maintenance.

## Assessing and responding to patient risk

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

Staff responded promptly to any sudden deterioration in a patient's health. They followed established escalation pathways depending on the nature of the problem. The service maintained service level agreements with local hospitals equipped to provide urgent care in the event a patient became unwell while in the clinic. In emergencies, staff contacted 999. Some consultants held admitting rights for a nearby acute independent hospital and arranged urgent transfers where clinically indicated.

There had been one instance of a deteriorating patient in the previous 12 months. Staff documented the care they provided to stabilise the patient in line with provider standard operating procedures. The senior team reviewed staff response and documentation afterwards and found a good standard of work, including consultant attendance, 15-minute checks of vital observations, and liaison with the 999 service. As a result of the incident the senior team implemented a programme of simulations for emergency care including resuscitation exercises.

All staff completed and maintained basic life support (BLS) training and the nurse and healthcare assistant maintained immediate life support (ILS) training. At the time of our inspection all staff were up to date.

The nature of the service meant the risk of sepsis in patients was low. Staff maintained up to date training in the detection of sepsis and the service displayed national guidance in clinical areas as good practice.

We observed good standard of risk assessment during patient care. Staff adapted this based on individual need, which reflected the wide range of treatments provided. For example, during a wound dressing change we saw the nurse carried out a full assessment of the patient's treatment and current recovery before carrying out care.

Staff shared key information to keep patients safe when handing over their care to others. This ensured continuity of care when people moved between services or received care from different staff in this service. For example, a significant proportion of work in outpatients involved caring for patients on a pathway that required diagnostic imaging and surgery. Consultants and surgeons worked closely together to ensure transfers between types of treatment were safe and informed by effective planning.

## Staffing

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

# Outpatients

The service had enough nursing and support staff to keep patients safe. Five substantive staff worked in the service; the centre director, 3 administrators, and 1 registered nurse. A bank healthcare assistant (HCA) provided support. The service was compliant with safe recruitment standards, including obtaining a disclosure barring service (DBS) check for each member of staff.

The centre director monitored staff sickness and turnover. In the previous 12 months, 2 members of staff had left the service. There had been no instances of impact on the service due to sickness in the previous 12 months.

The centre director manager could adjust staffing levels according to the needs of patients. For example, they had recruited the bank HCA to ensure the expanding service had clinical support.

All consultants worked under practising privileges, with 27 individuals approved to provide care. Consultants working under practising privileges undertook an adapted induction that included safety procedures in the building, access to policies, and escalation processes for patient deterioration.

The centre director met substantive and bank staff monthly to discuss needs. They met consultants working under practising privileges as needed to ensure the safe provision of care. Divisional directors and the medical director ensured consultants were compliant with expected standards and offered support on demand.

Consultants led specialist clinics with support from the registered nurse and HCA. Consultants worked substantively for other healthcare providers and delivered care and treatment under practising privileges with agreed time commitments to this centre. The medical director monitored annual appraisals for each consultant and liaised with their responsible officer in the event of a concern. Records showed 99% of consultants had a documented and checked appraisal in the previous year. The service did not allow consultants to provide care without a recent appraisal.

A single point of contact consultant lead was always available when the service was open and provided consultants with on-demand support and guidance, such as with navigating external referral pathways and accessing specialist services for patients.

Nine neurologists worked in orthopaedics under practising privilege arrangements and provided services such as electromyography (EMG) and nerve pain management. Neurologists worked under the same arrangements and governance as orthopaedic consultants.

## 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 a hybrid system of electronic and paper. The provider required a standardised set of information for each patient, which individual consultants then adapted based on their treatment plans and onward care referrals.

Patients accessed their records, including treatment details and discharge letters, using a digital app. This provided secured, encrypted access to medical information on demand. The clinical records system was integrated with the app, which meant patients could access consultation records and test results as soon as they were finalised.

# Outpatients

The service had undertaken a clinic letter improvement process to build more consistency into patient records completed by consultants. The centre director audited a sample of records in September 2022 to benchmark progress and found 97% compliance against 15 expected standards.

When patients transferred to a new team, there were no delays in staff accessing their records. Medical secretaries ensured referrals and shared documentation was processed in a timely manner when care was shared with other providers.

Records were stored securely with restricted access and back-up systems in place in the event of a systems failure.

## Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Staff stored and managed medicines and prescribing documents in line with the provider's policy. The nurse was responsible for stock management and carried out a full monthly audit. Staff prioritised medicines soon to expire for use first and ordered replacements in advance.

Consultants reviewed patients' medicines on referral to the service and provided specific advice to patients as part of new care and treatment.

The service contracted an external pharmacy to manage medicine ordering, delivery, and documentation. A pharmacist carried out a periodic audit of medicines, including a review of patient's medicines charts and errors.

All medicines were stored in line with manufacturer guidelines and were within their expiry date. Staff carried out daily temperature checks of ambient and refrigerated storage and knew about the provider's policy in the event safe storage temperature was exceeded.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

## Incidents

**The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.**

Staff raised concerns and reported incidents and near misses in line with the provider's policy. They knew what incidents to report and how to report them. Staff used an electronic incident reporting system, which senior staff used to track, investigate, and progress learning from incidents.

Staff knew how to report serious incidents clearly and in line with the service's policy. The service reported no never events or incidents that met the criteria of the national serious incident framework in the previous 12 months.

# Outpatients

Staff understood the duty of candour. They described how they were open and transparent and would give patients and families a full explanation if things went wrong. There had been no incidents that triggered the duty of candour in the previous 12 months.

Staff reported 11 incidents in the previous 12 months. The senior team categorised the incidents into six different areas, four of which had more than one occurrence. For example, three incidents related to administrative errors and three related to a failed appointment. The team identified and documented learning in each case, such as more interaction with patients when clinics were running late. Staff monitored incidents for the level of harm they caused to those involved. In all cases in the previous 12 months incidents resulted in no or low harm.

The centre director monitored national safety alerts regarding medical devices and medicines and used the provider's electronic system to disseminate changes in practice to staff. They supplemented this with weekly updates to the whole team.

Staff discussed incidents in the daily huddle and said they worked within a 'blame-free' culture of learning that encouraged them to report issues and near misses.

## Are Outpatients effective?

Inspected but not rated 

We do not currently rate effective for outpatients.

## 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.**

The centre director maintained up-to-date policies and standard operating procedures that enabled staff to plan and deliver high quality care according to best practice and national guidance. The provider had a digital tracking system to document changes in policies and standard operating procedures. All staff had access to this, and the centre director ensured staff maintained an up to date awareness. The system alerted each member of staff to a new policy or policy change, which ensured continuous access.

The centre director had oversight of an audit plan that included 13 rolling audits to ensure care and service standards were benchmarked and evidence-based.

The quality assessment and performance improvement (QAPI) programme team continually monitored national and international guidance, including from the National Institute of Health and Care Excellence (NICE) and the World Health Organisation (WHO). However, there was no formal audit process in place to assess consistent standards of practice, including auditing of use of the WHO checklist for outpatient minor surgery procedures. Records were completed to a good standard and provided assurance of consistent practice.

## Pain relief

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

# Outpatients

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. The service provided consultants with a pain policy that established the thresholds they should use to assess pain and decide when to intervene, such as with pain medicine or a referral to a specialist. This was an appropriate system based on the long-term care needs of patients with orthopaedic conditions.

Consultants prescribed, administered and recorded pain relief accurately. They asked patients about comfort and pain during sessions. They supported patients with pain-relieving rehabilitation exercises and contacted appropriate clinicians where prescribed pain relief was needed.

Neurologists were in the process of establishing a dedicated pain management clinic. This would form part of the service's core offer and the clinic director was working with their team to build the scope of care provision.

The provider had commissioned an external subject matter expert to complete a review of pain management for patients. The provider said they would consider the results of the report to influence policy change.

Patients told us they felt staff managed their pain effectively. One patient said they appreciated the time staff had taken to talk to them about pain in their wound care appointment.

## Patient outcomes

**While individual consultants monitored the effectiveness of care and treatment, the service did not have an overview of this.**

Outcomes for patients were positive, consistent and met expectations, such as national standards. Individual consultants measured patient outcomes for their patients although the service did not audit care outcomes such as treatment success rates. However, there were no unplanned readmissions for minor surgery in the previous 12 months, no unplanned transfers out, and the specialist pain service was building a strong foundation in the regional health system.

The service had standard operating procedures for unplanned transfers to other departments or services. For example, consultants liaised with colleagues elsewhere in the hospital to arrange unplanned care or rapid specialist referrals. Consultants from each discipline reviewed the patient to ensure transfers and referrals were appropriate.

Consultants planned follow-up care after minor surgery based on individual needs. Care plans were individualised, which meant consultants could see patients in this service or at another facility based on on-going treatment needs.

A patient records audit in September 2022 identified a need for improvement in the consistency of documenting follow-up needs and care plans. For example, the audit found staff documented follow up requirements or plan in 86% of cases.

## Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.

# Outpatients

Managers gave all new staff a full induction tailored to their role before they started work. Consultants working under practising privileges undertook a modified induction that enabled them to access IT systems and ensured they understood local safety and emergency procedures.

Managers supported staff to develop through yearly, constructive appraisals of their work. Most consultants also worked in the NHS and underwent appraisal there. Where an appraisal did not incorporate independent practice, the provider required consultants to source a new appraisal that covered clinical services delivered at this hospital.

The provider and senior staff supported the learning and development needs of staff. Staff we spoke with said they were pleased with the opportunities for progression, such as the ability for administration staff to complete healthcare assistant training.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge, including working in other clinical specialties in the hospital.

A member of staff had trained as a mental health first aid responder and was available to staff and patients for on-demand support. They worked alongside three colleagues in the building with this training.

## Multidisciplinary working

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

The nature of the service meant patient care was specific to each individual, which sometimes involved care delivered by a single consultant on a one-off basis or as part of a care pathway at another clinic.

Where patients received care as part of a wider pathway, staff coordinated multidisciplinary meetings to meet individual needs. For example, the service had expanded to include a specialist neurology and pain management service and a full range of diagnostic imaging services were available on site in addition to the ultrasound and standing CT services offered in house in outpatients.

Consultants worked for a wide range of other organisations and in other settings and used this as a resource for the benefit of patients. For example, consultants referred patients to other specialist clinicians at short notice and facilitated access, such as by arranging same-day appointments for consultations or tests.

Patients could see all the health professionals involved in their care during a single appointment. The orthopaedics service included five outpatient specialties, a fracture clinic, and five diagnostic specialties. Staff used a pathway system of standard operating procedures to ensure patients could see other professionals as part of care and treatment. This included referrals to physiotherapy services on site and to clinical specialists in other services operated by the provider in the medical centre.

The registered nurse and bank healthcare assistant formed the substantive clinical team. They worked with consultants across different disciplines to provide flexible support based on individual need. This meant patients were assured of consistent levels of multidisciplinary practice. We saw this worked well in practice with coordinated, effective communication between various staff during a wound assessment clinic.

## Seven-day services

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



# Outpatients

The service operated Monday to Friday from 8am to 6pm with extended evening opening to 8pm on Wednesdays. Outside of these hours, existing patients had contact details and arrangements for urgent queries.

## Health promotion

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

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

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle. We saw this worked well in practice, such as in long term pain management.

Staff took care to provide patients with useful information they could understand and not to duplicate or contradict information from others involved in their care. For example, staff maintained an oversight of all aspects of a patient's care to enable them to provide single point of contact guidance.

Staff proactively provided patients with health advice and guidance. The service provided a diverse range of care and treatment and staff tailored health information to individual needs. For example, during a discharge appointment the consultant provided information on using adaptive footwear to help the patient regain their usual balance and gait over time.

## 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 or were experiencing mental ill health.**

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Consultants followed national guidance for cooling off periods prior to minor surgery and documented consent based on the type of procedure that took place.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff understood local escalation processes in the event a patient could not consent to care. Where staff found a patient did not have the capacity to understand their planned treatment or to consent, for instance to minor surgery, they worked with patients to establish the most effective way to proceed.

Clinical staff completed consent and Mental Capacity Act (2005) training. At the time of our inspection, all staff were up to date.

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

The provider had integrated Mental Health Act and safeguarding policies, which enabled staff to assess circumstances and situations for the benefit of patients using the most effective approach.

## Are Outpatients caring?

# Outpatients

Good 

We have not previously inspected outpatients. 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.**

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. In the previous 12 months, 99% of patients who provided feedback said staff had made them feel welcome. In the same period, 99% of patients said their consultant had treated them with courtesy and respect. 98% of patients said they were given enough privacy to discuss their condition and needs.

Compassionate care was embedded in the ethos and culture of the service and patients said staff treated them well and with kindness. Staff spoke enthusiastically about their standards of care and the work across the service to make sure patients were welcomed, cared for, and received consistent standards of kindness. There was a clear passion and enthusiasm amongst all staff we spoke with to deliver a genuinely compassionate service.

Staff recognised that many patients sought reassurance about their treatment and progress but did not ask this directly. We saw staff were intuitive and adept in such circumstances and were skilled in predicting needs and questions. For example, administration staff who manned the reception desk described how they identified patients who were nervous or anxious and made sure they spent time reassuring them. They offered private waiting areas if this would help reduce a patient's worries.

Staff followed policy to keep patient care and treatment confidential and demonstrated attention to detail with each patient's comfort level. For example, we observed staff greet patients discreetly and ask how they wish to be addressed.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they related to care needs. Senior staff provided reflection opportunities for staff after supervision or observations. This was part of a strategy to maintain focus on patient satisfaction and standards of care.

Patients told us they were happy with the service. One patient said they were pleased with the coordination between different clinical services in the building and felt their care had been seamless. Another patient said they appreciated the time staff gave them to discuss their post-operative recovery and looking after their health.

## Emotional support

**Staff provided emotional support to patients 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.

Making patients feel comfortable and recognising when emotional support might be needed was part of the service's customer experience standards. Staff were demonstrably invested in this standard and told us how they worked to meet patients' needs.

# Outpatients

All staff we spoke with demonstrated a sensitive, caring approach to providing patients with emotional support. For example, reception staff discussed how they supported patients who arrived in an anxious or distressed state, such as by providing a drink, a talk to distract them, and a private waiting area.

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. During the pandemic staff offered some clinics remotely using videoconferencing software. They ensured support and escalation processes were in place in the event a patient needed additional help and facilitated carers or family members to join the call if the patient was vulnerable or had additional needs.

Staff were positive, encouraging, and empowering in the delivery of their care. We saw consultants were enthusiastic in working with patients in finding coordinated solutions to address their health needs.

## 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. Feedback from patients indicated this was consistent.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff encouraged feedback using a survey, which patients accessed through the service's app or by using a QR code. Staff provided printed copies of the survey on request, which improved access options.

Staff supported patients to make informed decisions about their care and checked this worked in practice by asking patients about it in the feedback survey. Results from the previous 12 months showed staff consistently involved patients in their care. For example, 84% of patients said staff had discussed medicine side effects with them before they left the clinic. In the same period an average of 53% of patients said staff had told them who to contact if they were worried about their condition after an appointment.

In the patient survey, 98% of respondents said consultants answered their questions satisfactorily, gave them enough time to ask questions, and showed understanding when assessing their needs. In the same survey 93% of patients said the nursing team explained things in an understandable way.

Patients gave positive feedback about the service. Staff monitored patient feedback through the digital app patients used to manage their care. Staff sent each patient a link to the portal after each appointment as part of a strategy to maintain a continual understanding of their feedback. Feedback was consistently good and in the previous 12 months, 93% of patients said they would recommend the service and 95% said they would recommend the consultant.

We observed staff provided patients with clear instructions for the next stages of care, including for discharge. This included information about what to expect in their recovery and what to do if something unexpected happened. Staff made sure this information was available in the digital app, which provided patients with on-demand access.

# Outpatients

## Are Outpatients responsive?

Good 

We have not previously inspected outpatients. We rated responsive as good.

### Service delivery to meet the needs of people

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

Managers planned and organised services, so they met changing demand. Patient coordinators worked with consultants to facilitate access to specialties on the same day to reduce the number of repeat visits patients needed to make. The nursing team supported this by providing guidance and advice about post-treatment care such as wound management and pain relief.

Facilities and premises were appropriate for the services being delivered. All areas were accessible step-free from the street and the clinic had accessible toilets, baby-changing facilities, and quiet waiting areas.

The service had systems to help care for patients in need of additional support or specialist intervention. Staff were proactive in arranging ad-hoc or urgent care for patients, such as if recovery or on-going needs were outside the scope expected.

The service developed clinical specialties and care pathways in response to demand. The senior team worked with colleagues across the provider's specialties and the wider sector to identify gaps in provision. This led to the implementation of an expanded neurology service, a specialist pain management service and consultant-led services for 8 other specialties, including podiatry, sports medicine, and rheumatology. A nurse-led PRP clinic for tennis elbow had recently been implemented in response to demand and supplemented the wider orthopaedic range of services.

### 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.**

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet their needs. The service was not equipped to provide care to patients who could not consent to care or who could not understand their condition and care plan. In such cases, consultants and the substantive team sought alternative care for the patient with other organisations.

The service had improved the bookings and pre-clinic administration process. For example, they included more detailed treatment and planning information in the patient's record accessed by a digital app and ensured other formats were available on demand, such as printed records.

Staff worked with other professionals involved with care to meet individual needs. For example, patients could choose to leave independent care, in which case staff referred them to NHS services. Similarly, if a patient was unable to fund on-going independent care, staff referred them to their registered NHS GP in order to secure continuing care.

# Outpatients

Staff arranged translation services, including for British Sign Language, in advance based on information provided by the patient or the referrer. Staff had access to on-demand telephone translation services where translation needs were not known beforehand.

Staff recognised that many patients travelled out of area to attend the clinic. Where onward referrals were needed, staff identified local facilities to each patient's home or work on request.

Medical secretaries who worked with consultants followed up patients who did not attend booked appointments. This process took place outside of the provider although staff supported secretaries if they found a safeguarding concern.

Patients accessed appointment letters and scheduling information using the provider's digital app. The service included information to support their visit such as local transport information and parking arrangements. They also included information on the staff they would meet, such as their role and a photograph. This helped to prepare patients for their visit and involved them in care from an early stage. The app also provided secure, encrypted access to medical information on demand. Patients could use the app to navigate onward referrals and future bookings to help them plan their care schedule alongside other commitments.

## Access and flow

**People could access the service when they needed it and received the right care promptly. There was no waiting list for the service.**

There were no waiting lists for outpatient services at the time of our inspection.

Patient coordinators led access and flow on a daily basis and planned clinical spaces and nursing and support staff based on known bookings. All appointments were planned in advance, which meant the clinic director could plan resources appropriately.

Staff had adapted the service to provide remote consultations during COVID-19 restrictions. At the time of our inspection staff had reverted most care to an in-person model and some consultants continued to offer remote appointments on request and if this was clinically appropriate.

Staff had adapted opening hours based on patient feedback and demand. Consultants could operate between the department opening hours of 8am and 6pm Monday to Friday and until 8pm on Wednesdays.

The service was structured to enable patients to access the most appropriate care and treatment. For example, patients accessed the service by online self-referral or by referral from another healthcare professional. Referrers included NHS and private GPs, physiotherapists, and other healthcare professionals.

Consultants provided care initially on an outpatient basis and arranged for treatment such as minor surgery, wound care, or injections. If more invasive surgery was needed, consultants referred patients to the provider's surgical centre. This was based in the same building and operated under separate CQC registration with its own leadership and staffing team.

While patient coordinators managed the clinic on a daily basis, they relied on information from consultants to schedule rooms and support resources. The team had recently improved communication requirements from consultants after an incident in which a patient attended an appointment scheduled whilst the consultant was away.

# Outpatients

## Learning from complaints and concerns

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

Patients and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas, including on the website and patient app

Staff understood the policy on complaints and knew how to manage them. The provider had a centralised electronic complaints system, which each location used to enable tracking and thematic analysis. The service received three formal complaints in the previous 12 months. The centre director investigated each complaint in line with the policy and met the provider's requirements such as an acknowledgement within three days and a resolution within 20 days. In each case the director identified opportunities for learning, such as improved guidance for patients on use of the app to access their records.

The centre director coordinated complaint resolution involving consultants who worked substantively in other organisations with the individual involved and their medical secretary. For example, one complaint involved an appointment booked when the consultant was not working. The centre director investigated the booking process with the secretary, updated procedures, and offered the patient an alternative appointment.

## Are Outpatients well-led?

Good 

We have not previously inspected this service. We rated well led as good.

## Leadership

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

The centre director, who was the registered manager, was responsible for the day-to-day operation of the service and was the main point of contact for staff and patients. Three patient administrators supported the smooth operation of the service and a senior registered nurse led clinical operations with consultant support. A clinician-led partnership board provided leadership for consultants working under practising privileges. Staff said this system worked well and meant good coordination between different teams.

The outpatients operating board provided senior leadership and oversight and supported the centre director with the chief executive officer, medical director, and seven chief officers leading specific areas at executive level. The provider established this leadership model across each registered service in the hospital, which provided consistency for the centre director, with dependable support.

The medical director worked at provider level and led clinical departments throughout the building. They maintained oversight of orthopaedics through governance processes and regular visits to the department to meet staff.

# Outpatients

Staff spoke positively of leadership and support at both service level and across the hospital. They said senior colleagues were approachable and supportive. Senior staff supported progression and professional development and worked with staff to identify opportunities suitable for their interests and career plans.

## Vision and Strategy

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

The service had an established vision incorporating outpatient diagnostic imaging and neurology services to provide coordinated, high quality, multidisciplinary care. The vision was based on a series of orthopaedic outpatient 'enablers', such as effective multidisciplinary patient pathways, integration with standing CT and ultrasound services, and surgeon and consultant-led care from nine subspecialties. The vision reflected innovation in the service, such as provision for day case discectomies and an expanding specialist pain service.

Staff spoke positively about the vision and demonstrated a good knowledge of how they contributed, including to the provider's overarching ambition of "Beyond Better". The orthopaedics vision was integrated with the provider-wide vision that focused on the quality of doctor group partnerships, customer engagement, and staff training to support the work of each registered service.

The vision and strategy of the service was established at provider level with the rebranding of the service to WelbeckHealth Partners in 2019. This reflected the development of the provider's various registered clinical services into one building.

Staff were enthusiastic about the strategy roadmap, which focused on the expansion of subspecialties to meet regional demand, implementation of innovative care pathways, and the development of new partnerships with other organisations.

## Culture

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

Staff described a positive culture that included good working relationships in the clinic and with colleagues across the hospital. Staff said the working culture was inclusive and they were able to seek support for career development.

The team cultivated a culture of respect and positive working relationships. They used a code of team behaviour to establish good standards for communication and resolving challenges that included ownership and accountability.

The provider operated a whistleblowing policy that enabled staff to access confidential support to discuss concerns, including in urgent situations or anonymously if they wished. Staff we spoke with were aware of this system and said they felt working relationships were good and they felt confident in raising issues with their line manager in the first instance.

Staff said there was no hierarchy between roles, which resulted in a supportive and respectful working environment.

# Outpatients

## Governance

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

Governance structures were well defined and clearly embedded in the service with adapted structures for specific areas of care or escalation, such as for safeguarding. Each registered service within WelbeckHealth Partners followed the standardised structure, with senior executives, clinicians, and operational staff representing four different committees. Clear reporting lines between committees ensured roles and responsibilities supported good governance processes and meeting records indicated members were proactive and responsive in addressing needs and identifying opportunities for improvement.

The service had a well-established governance process for consultants who wished to provide care under practising privileges. This included a review of 19 mandatory checks such as evidence of revalidation and a conflict of interest declaration by the medical director, medical executive committee, and the governing board. At the time of our inspection the service was 98% compliant with requirements.

Six directors formed the outpatients operating board and led the governance framework with support from the outpatients committee. The medical director, quality lead, and the commercial director formed the committee and worked with staff in the clinic to ensure oversight and monitoring was useful for patient care.

The medical executive committee (MEC) managed medical staff with oversight from the operating board. The MEC carried out initial and ongoing screening processes for consultants working under practising privileges and evaluated the performance of each individual. This process ensured consultants maintained a consistent standard of care and work practises.

Senior staff said they aimed at an “operationally excellent” service and had established governance processes to achieve this.

## Management of risk, issues and performance

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

Staff attended a daily safety and operational huddle prior to the first appointment. This was part of a continual governance system that helped the team to mitigate risks and plan for disruptions or challenges. The briefing reviewed planned and actual staffing levels as well as levels of clinical activity that required specific nurse or healthcare assistant input. Briefings included details of recent incident reports and complaints, which enabled staff to implement changes and improvements in real time.

The centre director monitored risks on an ongoing basis in line with the provider policy and maintained oversight of the service’s risk register. At the time of our inspection the department had 7 risks. These related to areas such as staffing pressures and the unreliability of local public transport that impacted the ability of staff and patients to attend the centre. Staff documented appropriate and effective mitigation processes for each risk. For example, the risk register identified the neurology team did not have a separate clinical governance process. The committees responsible for governance for orthopaedic outpatients incorporated neurology into their structure whilst the service established itself.



# Outpatients

Staff used a quality assessment performance improvement (QAPI) system to main oversight of the service, including clinical governance, performance evaluation, and risk management. A chairperson coordinated the group, which included all substantive staff, and met quarterly. Meeting minutes demonstrated the system was effective in enabling staff to monitor issues and pressures on the service. It enabled the centre director to track practising privilege arrangements with consultants and to identify when staff were due for training.

The senior team worked closely with colleagues in other clinical services in the building to manage risks and issues identified during events that affected the whole centre. For example, facilities and clinical teams worked together after a power outage highlighted a need for improved communications and emergency coordination. The provider updated new, coordinated standard operating procedures and staff training as a result.

An operational forum, which included multidisciplinary staff from across the provider's services, met monthly to review performance, recognise good practice, and identify opportunities for improvement. We reviewed meeting outcomes, which demonstrated a proactive approach to acting on feedback and reviews of work. For example, the forum implemented improvements to the digital app used for patient feedback and planned contingency arrangements to support staff and patients during expected transport disruption.

The clinical governance framework was underpinned with a quality and improvement approach, which staff used to identify how changes and developments could drive standards of practice. While this reflected good practice, there was a gap in the system that meant staff did not monitor patient outcomes. This meant there was limited coordinated evidence the service had oversight of the effectiveness of care.

Senior staff undertook risk training to help them better interpret themes and performance data from the electronic reporting system.

All staff were undertaking counterterrorism training as part of a provider-level drive to improve security and awareness of risks in Central London environments.

The MEC carried out peer case reviews of consultants' work as part of the quality assurance system to ensure clinical standards met expected outcomes and national standards.

The chief clinical officer worked across specialty areas to maintain an overall understanding of the service. This included risks and performance in infection control, health and safety, and doctor's practising privileges.

## 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.**

All staff were required to complete information governance and data security training and 100% were up to date with this.

All clinical staff working under practising privileges maintained registration with the Information Commissioner's Office (ICO), which enabled them to adhere to national information governance requirements.

# Outpatients

Staff had access to data protection guidance online and displayed in administration areas. The centre director used team meetings to remind staff about their responsibilities and discuss standards of practice. All staff undertook data security and protection training as part of their mandatory programme.

The provider's information governance team carried out random spot-checks on practices, such as locking computer screens when not in use and desks clear from patient records.

The service had a comprehensive information governance structure in place, with named staff in key roles. The information governance lead, senior information risk officer, and data protection officer managed information and data security and staff knew how to contact them in the event of an incident.

## Engagement

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

The service used digital platforms to engage with patients and seek feedback on individual clinicians and the service more generally. In the previous 12 months the service had received 13 maximum five-star reviews from patients. Patient comments were all positive. One patient said about the service, "Exceptional. You wouldn't know you were in a hospital." Another patient noted, "Amazing place, staff were super friendly. Great location. Cannot recommend highly enough." Other comments followed a similar theme and patients were overall pleased with the environment and the friendliness of staff.

The senior team encouraged staff to design new approaches to engagement. A member of staff had planned and implemented a new customer experience process consistency programme to improve initial communications with patients who made first contact with the service by phone.

The centre director held monthly team meetings that included the whole service, including diagnostic imaging. Staff used a customer experience basics guide to ensure patients and visitors received a reliable, consistent level of care and support. The standard was based on compassionate, opportunistic and proactive kindness, and treating patients as individuals.

The centre director prepared a weekly written update for all staff. This ensured everyone remained up to date with information relevant to the service regardless of their role or shift pattern.






## 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.**

Staff worked in an ethos of seeking opportunities for development and continuous improvement, including seeking new care pathways with other clinical specialties. In summer 2022, the service established new work with the provider's neurology team to support sleep studies. They secured a new specialist spine service with the introduction of a new consultant.

The service engaged with external subject matter experts (SMEs) to review areas such as quality assurance, medicines management, safeguarding, infection control, and Freedom to Speak Up policies. This was part of a culture to drive quality and sustainability.

## Diagnostic imaging

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

### Are Diagnostic imaging safe?

Good 

We have not previously inspected this service. We rated safe as good.

### Mandatory training

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

At the time of our inspection all staff who provided care in the service were up to date with mandatory training. For more information on training, please see outpatients.

### 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 service had clear processes on escalating concerns and staff could give examples of how they responded to concerns. In one example staff were not satisfied with a patient's explanation of unexplained bruising and worked together to contact their GP and the duty safeguarding lead whilst the patient was in the department.

For more information on safeguarding, please see outpatients.

### 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.**

In addition to the good standards and practices of infection prevention and control (IPC) we found in the outpatient service; staff disinfected ultrasound probes between patients.

### 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.**

# Diagnostic imaging

The service had suitable facilities to meet the needs of patient. The service consisted of a standing computed tomography (CT) machine and an ultrasound room. Changing rooms and scanning areas were accessible by wheelchair and staff arranged a quiet waiting area on request.

The design of the environment followed national guidance. Managers ensured the design, maintenance, and management of the standing CT was in line with the Ionising Radiation (Medical Exposure) Regulations 2017 IR(ME)R 2017) and Ionising Radiation (Medical Exposure) Regulations 2000/2018. The scanning room had control measures including illuminated warning lights and signage to identify areas where radiological exposure was taking place. This ensured that staff and visitors did not accidentally enter a controlled zone when there was exposure to radiation.

Staff carried out three-monthly quality assurance audits of the standing CT machine. This ensured equipment worked optimally and produced the best quality scans possible.

For more information on environment and equipment, please see outpatients.

## Assessing and responding to patient risk

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

Staff completed risk assessments for each patient prior to their scan, using a recognised tool, and reviewed this regularly, including after any incident. The service used the Society of Radiographers 'Pause and Check' system. 'Pause and Check' consisted of the three-point demographic checks to correctly identify the patient, as well as confirming with the patient the site to be imaged, details of any previous imaging and for the operator to ensure the correct imaging modality was used. We observed staff using the three-point demographic checks.

Staff used a safety checklist before carrying out scans and procedures. This included a pregnancy declaration in line with national requirements to reduce the risk of harm. This process ensured scans and injections were carried out in accordance with referral instructions and with the patient's needs.

Radiographers escalated urgent findings directly to the referrer at the time of reporting.

## Staffing

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

The service had enough staff to keep patients safe. Staffing levels were planned and reviewed in advance to ensure an adequate number of suitably trained staff were available for each clinic.

A radiation protection supervisor worked in the adjacent diagnostic imaging centre and ensured standing CT was delivered safely and within the manufacturer's expected guidance.

Consultant radiologists provided the standing CT service and radiographers provided the ultrasound service. Staff worked under practising privilege or self-employed arrangements and undertook inductions with the provider prior to starting work. The registered nurse and bank healthcare assistant supported diagnostics staff and patients as needed. The provider's separate registered diagnostic imaging service was located adjacent to the standing CT service and supported the smooth running of the outpatient-based service.

# Diagnostic imaging

## 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. Staff used the image exchange portal (IEP), a nationally standardised system, to upload scan results and reports. IEP enabled staff to securely transmit images and reports to referrers, including those from outside of the provider.

The senior clinical team audited patient records on a rolling quarterly basis using seven checks of expected standards, such as the completion of informed consent, procedure checklists, and the completion of post-treatment advice. The most recent audit took place between March 2022 to August 2022 and found 100% compliance with expected standards.

## Medicines

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

During assessments for ultrasound guided steroid injections, the radiologist explained to patients the potential side-effects of treatment, including long-term side-effects. We saw this in practice, and it formed part of an overall consistent standard of medicines safety. For example, the radiologist and a registered nurse carried out and documented safety checks of medicine dosage before administering to ensure the correct dose was used.

For more information on medicines, please see outpatients.

## Incidents

**The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.**

Staff knew what incidents to report and how to report them. Staff logged incidents on the provider's electronic tracking system, which enabled the senior team to monitor incidents at departmental level and across all clinical services. The centre director for orthopaedic outpatients was responsible for investigating and resolving incidents in the diagnostics service, with support from their counterpart in the provider's separately registered diagnostic imaging department.

In the previous 12 months staff reported 2 incidents. Staff discussed both incidents in meetings and worked together to identify opportunities for improvement. For example, 1 incident related to a delayed ultrasound report relating to an external referral. Staff identified how the incident had occurred and put in place new tracking systems for referrals from external professionals.

The provider's full diagnostic imaging department, which was registered separately, shared learning and changes to practice with the outpatient team as part of collaborative work to ensure consistent safety.

For more information on incidents, please see outpatients.

# Diagnostic imaging

## Are Diagnostic imaging effective?

Good 

We have not previously inspected this service. We rated effective as good.

For seven-day services and health promotion, please see outpatients.

### 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. We reviewed policies, procedures and guidelines produced by the service. The service had a thorough, efficient system to ensure policies were reviewed regularly aligned with the same processes as outpatients.

Policies were based on current legislation, national guidance and best practice. This included guidance from the Society and College of Radiographers (SCoR), the Royal College of Radiologists, and the National Institute for Health and Care Excellence (NICE). We saw the local rules were up to date and reflected the equipment, staff and practices at the centre. The local rules were clearly posted outside scanning areas.

When policies were updated, the centre director conducted checks to ensure staff read them. Staff were able to access policies remotely if they were working off site.

The service maintained up to date standard operating procedures (SOPs) and local rules for the standing CT service and SOPs for the ultrasound service. Staff had access to these in electronic and printed format and update controls worked effectively to ensure the most recent versions were always available.

For more information on evidence-based care and treatment, please see outpatients.

### Pain relief

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

Diagnostic imaging patients did not regularly require pain relief although some procedures could cause discomfort. Staff in scanning areas monitored pain and assisted patients into comfortable positions for imaging whenever possible.

### 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 monitored turnaround time for CT and ultrasound reports. In the previous 12 months staff completed reports in an average of 24 hours, which met the service target. A clinician reviewed each report before it was sent to the referring professional to ensure accuracy.

# Diagnostic imaging

## Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All health care professionals were registered with their appropriate professional organisations.

Managers gave all new staff a full induction tailored to their role before they started work. The service ensured it received evidence from medical staff about appraisals, training and registration as part of their practicing privileges conditions.

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

## Multidisciplinary working

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

Staff worked closely with referrers to enable patients to have a prompt diagnosis and treatment pathway. If they identified concerns from scans, they escalated them to the referrer. The service had systems and processes in place to communicate and refer to the local hospitals or the referring clinician in the event of further examination and or treatment being required.

Staff referred patients to the provider's main diagnostic imaging department if other scans were required. They worked with referrers and patients to ensure clinical investigations could be carried out as far as possible in a single visit.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to treatment based on all the information available. Records reviewed demonstrated consent was taken in line with the service's policy and was obtained prior to any imaging scan or diagnostic procedure. Consent included the patient safety questionnaire prior to a CT scan or an ultrasound-guided steroid injection.

Staff received and kept up to date with training in the Mental Capacity Act as part of the mandatory training programme. Staff could describe how to access the policy and knew how to obtain support if they found a patient could not consent to a scan.

We observed the process for obtaining informed consent for ultrasound guided steroid injections. This formed part of a checklist that included explaining the procedure to the patient and ensuring they understood any potential discomfort or side effects.

## Are Diagnostic imaging caring?

# Diagnostic imaging

Good 

We have not previously inspected 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.**

Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients said staff treated them well and with kindness. Patients said staff were professional and efficient and we observed kind, dignified communication and interactions.

For more information on compassionate care, please see outpatients.

## Emotional support

**Staff provided emotional support to patients, families and carers to minimise their distress.**

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff provided reassurance and support for nervous or anxious patients. Staff could access an empty room as a quiet room for breaking bad news or providing reassurance. Staff demonstrated empathy when providing care for patients who were anxious. We saw a radiologist continually reassure a patient during a procedure, explaining what they were doing and what the patient was feeling.

For more information on emotional support, please see outpatients.

## 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. Before their scan, staff asked patients what scan they were having and if they understood why they were having it.

Staff talked with patients, families and carers in a way they could understand. Staff supported patients to make informed decisions about their care. Patients we spoke with were complimentary of the service, understood their scan, and were aware of how they would receive their results.

We saw a radiologist took time to answer a patient's questions before carrying out a scan. They checked the patient had understood all aspects of the planned procedure and asked all the questions they had before proceeding.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. We saw patient feedback was consistently positive.

## Are Diagnostic imaging responsive?



# Diagnostic imaging

Good 

We have not previously inspected this service. We rated responsive as good.

For meeting people's individual needs, please see outpatients.

## Service delivery to meet the needs of local people

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

Managers planned and organised services to meet the changing needs of the people who use the service. The service provided planned diagnostic treatment for patients at their convenience as well as for same-day referrals.

Facilities and premises were appropriate for the services being delivered with dedicated waiting and changing areas.

Standing CT pathways were integrated with care across the orthopaedic service and included pre-operative planning, post-operative assessment, diagnostics, and a range of evaluative functions.

For more information on service delivery, please see outpatients.

## Access and flow

**People could access the service when they needed it and received the right care promptly. Waiting times from referral to test were in line with national standards.**

There was no waiting list for diagnostic imaging and staff increased appointment slots in line with demand. Appointments were scheduled based on the patient's own preference for convenience.

Staff were acting on feedback from referrers and improving the booking system for ultrasound scans. The provider offered ultrasound scans across a number of specialties in the building and referrers noted it was not always clear how to book the correct department. The service was trialling a new digital booking portal to help improve this service, which would streamline appointment availability and enable referring clinicians to identify the most appropriate department.

Staff reported scans to the referring professional within 24 hours.

For more information on access and flow, please see outpatients.

## 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.**

Patients knew how to complain or raise concerns. The service clearly displayed information in patient areas about how to raise a concern and give feedback. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

# Diagnostic imaging

The service received no complaints in the previous 12 months. The clinic director worked closely with the diagnostic imaging team in the main department to monitor and learn from their complaints where they were relevant to this service provision.

## Are Diagnostic imaging well-led?

Good 

We have not previously inspected this service. We rated well-led as good.

For governance, management of risk and issues, and performance, please see outpatients.

### Leadership

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

The outpatient clinic director led the diagnostic imaging service within the same leadership structure.

For more information on leadership, please see outpatients.

### Vision and Strategy

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

The vision for diagnostic imaging was incorporated with the outpatient service and reflected the integration of the standing CT and ultrasound equipment in the wide range of clinical specialties offered.

For more information on vision and strategy, please see outpatients.

### Culture

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

Staff working under practising privileges spoke positively about the culture. They described a responsive, coordinated team that facilitated positive change through feedback and learning. For example, the service changed the type of syringes used for guided injections with one week of feedback about the potential for improved safety.

For more information on culture, please see outpatients.

See information under this sub-heading in the outpatients section.

# Diagnostic imaging

## 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.**

Staff documented the details of referring clinicians with each report for consistency and to ensure they could trace results and outcomes at a later date in the event of a query.

For more information on information management, please see outpatients.

## Engagement

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

Staff recognised feedback from patients was low, which reflected the nature of the service contained within the broader outpatients department. Staff sought feedback from patients at each appointment and encouraged them to complete the paper or digital survey, although response rates were low. Patients we spoke with during our inspection were said they were very happy with the service.

For more information on engagement, please see outpatients.

## Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services. Leaders encouraged innovation and participation in research.**

At the time of our inspection the standing CT service was one of only four available in London. Staff deployed the service based on international research that it offered a more efficient and accurate scan than comparable CTs or X-rays with a lower dose of radiation and a faster scan time.