The Oakdin Clinic

Inspection report

58 Laindon Road
Billericay
CM12 9LD
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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?	Outstanding

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Outstanding

We carried out an announced comprehensive inspection at The Oakdin Clinic on 22 July 2022 under section 60 of the Health and Social Care Act 2006. The inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The provider was previously registered as an NHS GP provider and inspected on 4 February 2015. They were rated as good in the key questions are services safe, effective, caring, responsive and well-led. The provider relinquished their NHS contract and is now an independent healthcare provider which offers specialist services such as dermatology, gynaecology, general surgery, orthopaedics, radiology and urology.

The CQC registered manager is the head of the clinic who is also the nurse in charge. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The CQC nominated individual is the clinical director and lead consultant at the clinic. A nominated individual is a person who is registered with the CQC to supervise the management of the regulated activities and for ensuring the quality of the services provided.

Our key findings were:

- The service had clear systems to keep patients safe and safeguarded from abuse.
- Staff had the information they needed to deliver safe care and treatment to patients.
- The premises were clean and infection prevention and control was well managed with appropriate cleaning processes in place.
- The service routinely reviewed the effectiveness and appropriateness of the safety and quality of care it provided to ensure treatment was delivered according to evidence-based guidelines.
- Patients were treated with respect and staff were kind, caring and involved them in decisions about their care.
- Patients were able to access efficient and effective care and treatment from the service, with appointments and results for scans available on the same day.
- The service demonstrated a culture which focused on the needs of patients and commitment to driving improvement.
- There was a clear leadership structure in place and staff felt supported by management.
- The service had a governance framework and had established processes for managing risks, issues and performance.

Overall summary

Whilst we found no breaches of regulations, the provider **should**:

- Continue to monitor non-clinical staff immunisations.
- Continue to monitor non-clinical staff training compliance for responding to medical emergencies.
- Continue to monitor and mitigate risks associated with legionella bacterium contamination of water systems.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

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

Background to The Oakdin Clinic

The Oakdin Clinic (The location) is operated by Oakdin (UK) Limited (the provider) at Laindon Road, Billericay, CM12 9LD.

The provider is registered with CQC to provide the following regulated activities:

- Family Planning
- Diagnostic and Screening
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

The service website can be found at https://oakdinclinic.com/

The Oakdin Clinic is a consultant led independent provider of medical services offering specialist treatments to adults in areas such as dermatology, gynaecology, general surgery, orthopaedics, radiology and urology. Some consultants at the service provide treatment to under 18's such as the Urologist, a Radiologist and a Dermatologist. All Doctors and Consultants who provide treatments at the practice have contracts to work with the provider under practicing privileges. Other clinical staff at the clinic include the lead nurse and health care assistants. There are a range of non-clinical staff who cover various duties including business legal affairs, administration, marketing and bookkeeping.

The clinic is open Monday to Thursday 9am to 8pm, Friday 9am to 6pm and Saturday 9am to 1pm.

The clinic is an approximate 15-minute walk from Billericay train station. It is easily accessible by car with ample parking on site. The premises have clinical treatment rooms and consulting rooms, a large waiting room and toilets for their service users. The clinic is on the ground floor and there is a ramp for accessibility.

How we inspected this service

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements. This included requesting evidence from the provider before the inspection. We then conducted a short site visit to inspect the building, review additional evidence, conduct on site interviews with staff members and review patient records.

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

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

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

Good

Are services safe?

We rated safe as Good because:

We found that this service was providing safe services in accordance with the relevant regulations.

Safety systems and processes

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

- The service had appropriate systems to safeguard children and vulnerable adults from abuse. There was a children's safeguarding policy and a vulnerable adult's policy which identified the service's safeguarding lead and deputy lead. The policies set out the process for reporting a safeguarding concern and contained contact details for the Local Authority safeguarding teams.
- We saw all staff had received safeguarding training appropriate to their roles and in line with the intercollegiate guidance Safeguarding Children and Young People: Roles and Competencies for Healthcare staff.
- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the service as part of their induction. Staff we spoke with knew how to recognise and report potential safeguarding concerns.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- We reviewed a sample of clinical and non-clinical staff personnel files and found that the practice carried out appropriate recruitment and staff checks. This included checks of the relevant professional registration such as the General Medical Council (GMC) and annual appraisals completed by the consultants' NHS hospital trusts.
- The service had a system in place to record and regularly review the immunisation records of clinical staff. However, we did not see this system implemented for non-clinical staff in patient facing roles. Following our inspection, we were provided with evidence to assure us these were all obtained and checked. The provider informed us this was added to their recruitment checklist and would be reviewed annually.
- There was an effective system to manage infection prevention and control. Staff we spoke with were aware of the infection prevention control lead. The service had an infection control policy that was regularly reviewed and updated. The policy directed staff to other relevant infection control policies as well as risk assessments that were in place.
- An infection prevention and control audit had been completed on 10 July 2022 and no concerns were identified.
- The service regularly conducted additional infection control audits such as a hand hygiene audit and a sharps disposal audit. An audit was also completed to assess if surgeons were compliant with infection control standards in the operating room, the findings demonstrated full compliance with no concerns identified.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions.
- There were systems for safely managing healthcare waste.
- The service maintained high cleaning standards. On the day of the inspection we saw evidence of regular and thorough cleaning schedules. In addition to this, the service had a professional deep clean completed every six months. We saw the service completed an audit to assess their theatre cleaning efficacy. The audit was completed by an external company which scored the service 100% in all areas covered, this included the facilities, housekeeping, nursing and clinical areas.

Good

Are services safe?

- During the onsite visit, we found that the Legionella Management policy had not been updated. The clinic took immediate action and implemented a Legionella Management policy which reflected the current Health and Safety Executive guidance. A Legionella risk assessment was undertaken on 21 July 2022 and the clinic was awaiting the report therefore we did not review this during our inspection. Following the inspection, the provider sent us the recommendations from the risk assessments and the actions taken to address them.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. At our onsite visit we found non-clinical staff in patient facing roles had not all received sepsis training. Following our inspection, the service ensured all staff had completed this training and included this as part of their mandatory training requirements which would be reviewed yearly.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- A health and safety risk assessment had been completed on 1 October 2021. All areas identified as concerns were highlighted with descriptions of controls already in place to mitigate risks and any further action that was required. There was a delegated responsible individual assigned to all actions along with due dates for actions to be completed. On the day of the inspection we found the service had addressed all actions.
- The clinic had regular monthly health and safety checklists which covered general housekeeping, work equipment, electricals, display screen equipment, control of substances hazardous to health (COSHH), shelving and racking, personal protective equipment, fire safety and first aid.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe.
- The provider used a cloud based clinical system, which enabled staff to access patient records remotely if required.
- Care records on the clinical system were secure.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made appropriate referrals in line with protocols and up to date evidence-based guidance.
- The provider had access to a private GP provider which rented a room at their location. The availability of private GP appointments on the same day or within the same week meant patients who used their service and preferred to be seen privately by a GP, did not need to wait to be referred.

Safe and appropriate use of medicines

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

- The service had a medicines manager who regularly monitored the ordering, storing, checking and disposing of supplies, equipment and medicines.

Good

Are services safe?

- On the day of the inspection, we found the systems and arrangements for managing clinical emergency equipment minimised risks.
- The systems and arrangements for managing medicines stored on-site for minor operations, joint injections and clinical emergencies minimised risks.
- We saw evidence of documentation of private prescriptions issued to patients. Prescription stationery was stored securely and monitored appropriately.
- The service does not prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence). Neither did they prescribe schedule 4 or 5 controlled drugs.

Track record on safety and incidents and lessons learned and improvements made

The service had a good safety record and learned and made improvements when things went wrong.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for recording and acting on significant events although the practice had zero significant events in the last 12 months. Staff understood their duty to raise concerns and report incidents and near misses. Staff were also aware of how to raise concerns externally and in accordance with the whistleblowing policy.
- There was a process to review and investigate if things went wrong. The service recorded one incident in the last 12 months. We reviewed this incident and found the clinic followed a strict process to report, share, investigate and record the details. Staff we spoke with on the day were aware of the incident reporting process and incident log, they were able to share the action taken and learning that was identified from this incident which was discussed at staff meetings.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service had an effective mechanism in place to disseminate safety alerts to all members of the team that were relevant.

Good

Are services effective?

We rated effective as Good because:

The service had established a range of systems and processes to deliver effective care that met patients' needs.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines, guidelines published by the Royal College of Obstetricians and Gynaecologists, guidelines published by the British Association of Dermatologists and guidelines published by the British Association of Urological Surgeons.
- Patients' immediate and ongoing needs were fully assessed.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The service used information about care and treatment to make improvements. Regular audits identified areas of improvement as well as areas the clinic was performing well in having positive impact on the quality of care and outcomes for patients.
- Infection rates were monitored following dermatology procedures in a retrospective audit, the results of the audit demonstrated very high infection control compliance.
- The clinic shared a retrospective audit of scrotal ultrasounds to assess themselves against the standards of The Royal College of Radiologists (RCR) and ensure all reports were actionable, a requirement for safe patient management. This covered whether the report answered the clinical question, if a differential diagnosis was provided for the abnormality, if advice was provided regarding the next step and if the advice was appropriate. The audit found 100% compliance with the RCR targets demonstrating a high standard of reporting and effective clinical service offered to patients.
- A retrospective audit to assess the rate of revision surgery in patients who have undergone labiaplasty was completed, this allowed the clinic to monitor the number of complications following a patient's surgery to ensure this was within the accepted published range as well as ascertain the cause of revision and if this was due to infection or post-operative complications. Six out of 118 patients who had a labiaplasty between September 2018 and June 2022 attended for revision surgery within one year of their original surgery. Only one case was due to excess scar tissue formation and all other cases were a patient preference to achieve a more favourable cosmetic procedure. The audit concluded the rate of revision surgery following labiaplasty was low and within the accepted published range.

Effective staffing

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

- All staff were appropriately qualified and had sufficient time to carry out their roles effectively. We saw patient feedback which commented positively on the clarity and quality of the appointments.

Good

Are services effective?

- The service provided staff with support through an induction programme tailored to their role, regular staff meetings and annual appraisals.
- We observed checks were maintained to ensure all staff had the appropriate professional registrations and we saw copies of the consultant's appraisals with their NHS hospital trusts
- We reviewed a sample of training records and saw staff members were up to date with training as per the service's policy. Up to date records of skills, qualifications and training were routinely maintained.
- There were arrangements in place for supporting and managing staff when their performance was poor.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate.
- We saw examples where patients had been referred to their NHS GP for further assessment.
- Case studies shared by the clinic demonstrated examples of effective communication amongst the consultants as well as evidence of the clinic director engaging with the patient's GP and ensuring a referral was processed on the same day the patient was seen. Patients benefitted from other service providers that were also based at the premises of The Oakdin Clinic such as private GPs, audiologists and osteopaths.
- We saw evidence of immediate discussions between clinicians and other in-house services which ensured the patient care was holistic and the patient pathway was seamless.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The clinic received positive feedback from other organisations for example we saw an email from a separate Private GP service commending the clinic on the quality of their reports which assisted the clinician in their clinical decision and onward referral. The service also commented on the positive feedback they hear from their patients who had also used the services at The Oakdin Clinic.
- On new patient registration, all patients were asked if they consented to information, if necessary, being shared with their GP and this was documented.
- Information about the cost of the service of interest was sent to patients in advance and available on the providers website.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care and there were effective follow up processes where required.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

Good

Are services effective?

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

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- There were separate consent forms tailored to the procedures or treatments offered such as for steroid injections, gynaecology or urological surgery.

Good

Are services caring?

We rated caring as Good because:

We observed staff interacting with people using the service with kindness. Feedback from patients who used the service was consistently positive about the way staff treated them and the standard of care received at their appointments.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care patients received. This was gathered from patients following their treatment and since February 2022 was collected electronically. The clinic had a system which automatically sent patient feedback forms following an appointment. The feedback forms entailed questions which covered four areas of the patient journey that were contacting the clinic, attending the clinic, the appointment and the overall experience.
- The clinic monitored the compliance rate of the feedback forms, the system alerted staff when feedback forms were completed. This allowed the clinic to imminently acknowledge and act on any comments if required.
- Feedback from service users on the day of the inspection was positive about the kind and helpful nature of staff, the professionalism of the service and the efficiency of the fast service offered to meet the patient's needs.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available to patients if required describing the services offered.
- The service gave patients timely support and information.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available if required.
- The service audited patient feedback in the last six months, 41 out of 77 feedback forms were returned by service users. 38 of these feedback forms specified the speciality of treatment received, 26 were for Dermatology, 5 for Gynaecology, 4 for Radiology, 2 for Urology and 1 for Colorectal Surgery. In response to questions about the appointment, all patients felt the health provider addressed their concerns and all patients were happy with the management plan. All patients responded that clinicians were courteous and professional, 88% rated their overall experience as excellent and the remaining 12% rated their overall experience as good.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff told us if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- We saw that doors were closed during appointments and conversations could not be overheard.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

Services were tailored to meet the needs of individual patients and were accessible.

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and improved services in response to those needs. The clinic improved visibility of the premises following feedback from patients. For example, we saw there was a large illuminated sign board at the entrance and bollard lighting across the car park which the provider informed us was placed in response to patient feedback that the building entrance was not as visible as it should be particularly at darker times of the year.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. A ramp was available on the premises so all users could access the building. Staff were able to give examples of personalised support that was offered to patients with visual impairment.
- The provider strived to deliver a rapid response to meet the needs of their patients, an area which they took pride in as an ongoing commitment to achieving high professional standards. Results from an audit demonstrated during the busiest period, all patients were scanned within a week of referral, with most patients given an appointment within four days. Scan reports for all patients who attended a scan at the clinic were produced within less than 90 minutes and 11 of the 19 reports assessed were issued within 60 minutes of the appointment time. This exceeded the Royal College of Radiologists standard which is 2 weeks for outpatients.
- The clinic's fast response to meet the needs of the patients and deliver responsive care was reinforced by individual case studies shared by the service.
- An example of the immediate and fast response taken by the clinic to meet the needs of a patient who had booked in for a scan was shared. The clinic scanned a patient the same day that they called in to book an appointment. Following the scan, the clinic sought a second opinion from a consultant colleague and then called the patient's NHS GP to discuss the results of the scan and ensure the appropriate referral was immediately booked. A final report was produced by the clinic. This was all achieved on the same day of the booking.
- We were also told of a patient who was supported to access NHS services as opposed to continuing to access a service they would need to self fund.

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- The clinic shared their proactive patient centred approach in a case study where they opened the service on a Sunday specifically for an elderly patient who was anxious following previous treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- In the service's audit of patient feedback in the last six months, all patients found it easy to contact and access the clinic, 39 out of 41 patients were seen within thirty minutes of their appointment times.
- Patients reported that the appointment system was easy to use.

Good

Are services responsive to people's needs?

- Referrals and transfers to other services were undertaken in a timely way. The service followed their unexpected ultrasound findings pathway following suspicious findings. The dermatologist consultant further confirmed where concerning lesions were identified patients were offered a choice for urgent treatment privately or to be referred to their GP to ensure continuity of care.
- The service ensured all consultation letters, test results and reports that were sent to the GP were hard copy or sent via secure email.
- The clinic conducted audits to ensure patients were receiving responsive and efficient care. An audit showed report turnaround times were less than 90 minutes following a scan, patients were also seen within a week of referral.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available.
- The service had complaint policy and procedures in place. No complaints had been received at the time of the inspection.

Outstanding ☆

Are services well-led?

We rated well-led as Outstanding because:

The service demonstrated a strong leadership, performance and governance culture which consistently focused on the needs of patients and commitment to delivering high quality and safe patient care that was in accordance with the relevant regulations.

Leadership capacity and capability;

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

- There was compassionate, inclusive and effective leadership at all levels.
- Leaders were knowledgeable about issues, challenges and priorities and had a shared focus to strive to deliver high quality person-centred care.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- There was consistent, strong collaboration and support across the whole team as well as across the other services located at the premises.
- The service had a stable, longstanding workforce of consultants.

Vision and strategy

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

- The service had a strategic framework in place which included delivering the highest quality of care; optimising safety and providing accessible and highly responsive services to meet the needs of their patients.
- There was a clear vision and set of values. The service had a credible strategy and supporting business plans to achieve priorities.
- Staff we spoke with were aware of and understood the vision, values and strategy and their role in achieving them.
- The service monitored progress against delivery of the strategy and the practice performance through regular committee meetings.

Culture

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

- There were high levels of satisfaction across all staff. Staff felt respected, supported, valued and spoke highly of the culture. They were proud to work for the service.
- The service focused on the needs of patients.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- Leaders were clear about the standard of care expected and acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents. The provider wasaware of and had systems to ensure compliance with the requirements of the duty of candour.

Outstanding ☆

Are services well-led?

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals. Clinical staff and non-clinical staff were considered valued members of the team.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Leaders actively sought external input to independently review their systems and processes for example an external mentor who is a theatre manager at a hospital provided input on the services guidelines and surgical pathways.
- The clinical director regularly reviewed patients' records as part of the services oversight into their patients journeys to ensure consultants were meeting the standards set by the clinic. The provider shared an example of a situation where this was not met, we saw that immediate and appropriate action was taken.
- The service used performance information which was reported and monitored.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service submitted data or notifications to external organisations as required.

Managing risks, issues and performance

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

- The provider had undertaken several risk assessments relevant to the provision of clinical care, including infection control and premises risk assessments. Recommendations from risk assessments had been actioned.
- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

Outstanding ☆

Are services well-led?

- There was a demonstrated commitment to using data and information proactively to drive and support decision making.
- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- There were consistently high levels of constructive engagement with staff and people who used the service as well as external partners.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.
- The clinic conducted a '360' style appraisal to gather the views of staff at the practice. All staff commented positively on the leadership, quality of care delivered, the responsiveness of the team and the speed of investigations conducted by the service. There were no negative comments or areas for improvement.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- The provider was keen to expand the clinical services offered and further develop their patient base.
- There was a focus on continuous learning and improvement and the service consistently sought ways to improve patient safety and quality of care delivered. All staff we spoke to were involved in discussions about how to run and develop the service and were encouraged to identify opportunities to improve the service delivered.
- All staff receive individualised training opportunities which are discussed at their appraisals
- The service had a comprehensive programme of clinical audits.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The clinical director was the lead radiologist at the clinic who was actively involved in imaging research such as peer reviewing journals and contributing to imaging textbooks.
- The service had established regular staff meetings to discuss complaints, improvements, learning identified, changes and updates. We saw evidence of an assigned person responsible to follow up any action points.
- The service had established regular medical advisory committee meetings. They also sought an external consultant to join the medical advisory committee meetings who was a lead intensivist at a hospital.
- Learning from incidents was used to make improvements and shared across the service.
- The clinic recruited additional consultant radiologists following the increased demand in this area for scans and their expansion of services offered such as transvaginal scans and joint injections.
- The consultants and doctors who worked at the service also held lead areas of responsibility at their associated hospitals for example the consultant dermatologist at the clinic was a clinical governance lead.