Mayo Clinic Healthcare LLP

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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

This service had not been inspected before. We rated it as good because:

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

However:

- Some staff had not had training in mandatory key skills in the diagnostics core service.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Medical care (Including older people's care)	Inspected but not rated	• The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. • Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Key services were available throughout the week. • The service 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. Medicine core service within the Mayo Clinic was a small proportion of the hospital activity. Between January and June 2022 the service undertook 176 endoscopic procedures, 103 colonoscopy, 49 upper gastrointestinal endoscopy and 24 dual colonoscopy and upper gastrointestinal endoscopy. This medical core service report has reported on the areas specific to this service whilst all other domains are reported under the outpatient core service. Therefore, medical core service could not be rated. The leadership, management arrangements, service planning and staffing of the medical service is the same as the outpatient core service.
Diagnostic imaging	Good	The service had not been inspected before. We rated it as good because: • The service had enough staff to care for patients and keep them safe. Staff understood how to protect patients from abuse, and

Summary of findings

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. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available to suit patients' needs. The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Some staff did not have training in key skills such as mandatory training.

Diagnostic imaging is a small proportion of outpatient clinic activity. The main service was outpatients. Where arrangements were the same, we have reported findings in the outpatient's section.
We rated this service as good because it was effective, caring, responsive and safe.

Outpatients

Good

The service had not been inspected before. We rated it as good because:

Summary of findings

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
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Summary of findings

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Summary of this inspection

Background to Mayo Clinic Healthcare LLP

The service provides health screening and second opinion consultations for private and health insurance patients ages 18 years and above. In addition to the health screen consultations, diagnostic tests are provided as required including CT, MRI, mammography, ultrasound, X-ray, endoscopy and colonoscopy. The service operates between the hours of 8am to 5pm Monday to Friday. The service employed 47 members of staff at the time of the inspection.

The service is registered to carry out the regulated activities of diagnostic and screening procedures and the treatment of disease, disorder and illness.

The service has been registered since September 2019 when it changed its name from Mayo Clinic Healthcare in Partnership with Oxford University Clinic LLP to Mayo Clinic Healthcare LLP. The registered manager currently in post has been in place since April 2021. The service has not previously been inspected.

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

How we carried out this inspection

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We inspected this service using our comprehensive inspection methodology. One inspector, one assistant inspector and a diagnostic specialist advisor with support from an offsite inspection manager, carried out the inspection of diagnostic imaging, medicine and outpatient core services on the 18 and 19 July 2022.

During the inspection we reviewed a range of documents related to running the service including, a staff members recruitment pack, an independent website browser platform and servicing records of equipment and various policies and procedures. We spoke with twelve members of staff including the registered manager and one patient due to a reduced service in operation on those days. We also reviewed 5 sets of patient records.

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:

- The service used artificial intelligence to support the early detection and diagnosis of conditions such as heart failure.
- The service used cutting edge equipment able to detect cardiac anomalies such as heart murmurs and worked closely with international experts for the benefit of the patient.

Summary of this inspection

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a service SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

Diagnostic service

- The service should ensure it continues to address the low mandatory training rates in diagnostic services to align with the other services provided.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (Including older people's care)	Inspected but not rated	Inspected but not rated	Not inspected	Inspected but not rated	Inspected but not rated	Inspected but not rated
Diagnostic imaging	Good	Inspected but not rated	Good	Good	Good	Good
Outpatients	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Inspected but not rated

Medical care (Including older people's care)

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

Are Medical care (Including older people's care) safe?

Inspected but not rated

Mandatory training

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

Sepsis awareness was part of the intermediate life support training provided by the service. Of the 16 registered nursing and healthcare staff, 93 percent had completed the module meaning that staff had been trained on how to recognise and respond to patients showing signs of sepsis.

The service reported mandatory training figures collectively with the outpatient department. Please see outpatient core service for further details.

Safeguarding

The service reported mandatory training figures collectively with the outpatient department. Please see outpatient core service for further details.

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 visibly clean and had suitable furnishings which were clean and well-maintained.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly as part of a cleaning schedule.

Staff followed infection control principles including the use of personal protective equipment (PPE) which was widely available for staff and hand hygiene in line with the five steps of hand hygiene meaning that patients and staff were protected from infection in line with national guidelines.

The service had a window between the endoscopy procedure room and the dirty utility so that used equipment could be passed through without having to be passed along the corridor. Traceability stickers for all scoping equipment were used and a log of the sticker details were scanned onto an electronic system which included the patient's records meaning there was a record available if the information was ever required.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

Inspected but not rated

Medical care (Including older people's care)

Patients attending the department completed a COVID-19 questionnaire and had PCR swab test prior to attending the service. Staff at the service completed lateral flow tests twice weekly in line with national guidance and the service COVID-19 risk assessment. This meant the service could minimise the spread of the infection as much as was reasonably possible.

An annual infection control statement reported in May 2022 demonstrated that, no significant events had been raised as a result of infections.

Environment and equipment

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

Patients could reach call bells and staff responded quickly when called.

The design of the environment followed national guidance. For example, the service had three recovery bays and one procedure room. The design of the service allowed for decontamination of endoscopes within the unit with a hatch between the procedure room and dirty utility room meaning that used equipment could be passed through the hatch without needing to be transported along the corridor. After decontamination and disinfection, they could be passed through by the machine to the clean room. At the time of the inspection however, the service worked with a third-party provider who undertook the decontamination and sterilisation of the endoscopes off site. A service level agreement was in place, in date and covered.

Equipment such as forceps were disposable single use items.

Staff carried out daily safety checks of specialist equipment including call bells, resuscitation equipment and oxygen.

The service had enough suitable equipment to help them to safely care for patients.

Staff disposed of clinical waste and sharps safely and waste was stored securely until it was removed off site by a private provider.

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 used a nationally recognised tool to identify deteriorating patients and escalated them appropriately. Five records were reviewed, these demonstrated that patients were monitored regularly post operatively for signs of deterioration. There was a process in place for escalating concerns about deterioration to a medic. This was in line with the deteriorating patient policy and meant the service could effectively care for patients and identify changes in their clinical presentation early.

An electronic dashboard showed the clinical observations of the patient and alarmed if there was an abnormality with the observation such as a high pulse rate.

Staff completed risk assessments for each patient on admission using a recognised tool, and reviewed this regularly, including after any incident. This included falls risks, pressure ulcers and also venous thromboembolism (VTE) risk

Resuscitation containing emergency equipment was located on each floor of the service meaning it could be quickly accessed if required.

Staff knew about and dealt with any specific risk issues such as sepsis. Staff received training in sepsis awareness and used a nationally identified tool to recognise signs of infection and posters were displayed around the service as a prompt to consider sepsis.

A World Health Organisation checklist was completed in line with national standards and a sedation statement of purpose was in place within the service. This was reviewed in May 2022 in line with national guidance and set out recovery plan details for patients having been sedated.

Patients could be monitored centrally through glass screens which could also be changed to opaque.

An emergency admission protocol was displayed on the wall in the nursing area as well as a list of telephone numbers for local emergency departments.

Staff shared key information to keep patients safe when handing over their care to others. An endoscopy handover sheet was in use and contained details such as the patient's clinical observations, allergies, loose teeth and what type of sedation had been used.

Staffing

Staff within the service worked between outpatient and the endoscopy services.

Please refer to the outpatient core service.

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. Records were electronic and contained software that prevented the moving forward until all parts had been completed fully. For example fully completed the patients clinical observations, consent and the World Health Organisation checklist pages.

Staff did not experience delays in accessing patient records which were stored securely virtually.

Traceability stickers for the endoscopes used were kept as paper record which was also scanned the same day into the patient's electronic record.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines. Medicines were stored securely and records of medicines that had been given and disposed of were kept.

Inspected but not rated

Medical care (Including older people's care)

Daily checks were completed of medicines and fridge temperatures and monthly medicine expiry date checks were also undertaken

Patient group directives were in date, accessible to staff and signed appropriately.

Incidents

The service managed patient safety incidents well. Managers investigated incidents and shared lessons learned with the whole team and the wider service. Managers ensured that actions from patient safety alerts were implemented and monitored.

Between January and July 2022, the provider had 19 incidents. Of these, four related to the medical service.

Managers investigated incidents thoroughly and there was evidence that changes had been made as a result of feedback. For example, a standard operating procedure had been created for the checking of endoscopic equipment following an incident where it was identified that a step wise approach had not been completed.

Are Medical care (Including older people's care) effective?

Inspected but not rated

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. For example, the National Institute of Health and Care Excellence antibiotic guidance for endoscopy patients and also patients that were assessed to be at risk of venous thromboembolism (VTE) were offered VTE prophylaxis in accordance with national guidance.

Changes to clinical guidance were reviewed at the clinical practice committee and shared with staff once they had been approved.

The service had updated its handover form in line with the World Health Organisation (WHO) and Endoscopic procedures were carried out in line with professional guidance which managers monitored by completing regular audits. For example, consent audits and audits on the completion of the WHO checklists. Ten records were audited for consent in April 2022, 84% of them met the audit criteria. From this an action plan was created and shared with all staff.

The service was working toward becoming Joint Advisory Group of GI Endoscopy (JAG) accredited. This accreditation was awarded to high quality gastrointestinal endoscopy services and required the service to complete self-assessments, produce evidence of meeting the required standards and demonstrating quality improvement against the standards.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs.

Inspected but not rated

Medical care (Including older people's care)

Staff made sure patients had enough to eat and drink following their procedures, including those with specialist nutrition and hydration needs. Hot and cold drinks, biscuits and sandwiches were provided.

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice.

Patients received pain relief soon after requesting it.

Staff prescribed, administered and recorded pain relief accurately.

Seven-day services

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

Patients were reviewed by consultants who carried out their treatment and staff could call for support from the consultants and other disciplines, including diagnostic tests whenever the service operated. This was between the hours of 8am and 5pm Monday to Friday

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. They used measures that limit patients' liberty appropriately.

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. The service had a two-part consent process which included the patient being sent a consent form prior to the day of the procedure. On the day of the procedure, consent was obtained by the consultant undertaking it.

Staff made sure patients consented to treatment based on all the information available including the risks and benefits of the procedure.

Staff clearly recorded consent in the patients' records by ticking the electronic record to say that verbal consent had been given and then written consent forms were scanned onto the electronic patient record.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. 93% of registered nursing and health care support staff had completed this training.

Inspected but not rated

Medical care (Including older people's care)

Are Medical care (Including older people's care) responsive?

Inspected but not rated

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 understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. For example, the service had information leaflets available in languages spoken by the patients and local community and managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed.

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

Staff had access to communication aids to help patients become partners in their care and treatment including hearing loop, sign language and communication picture booklets.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

Managers and staff worked to make sure patients did not stay longer than they needed to. This included regular monitoring to ensure the patient was recovering from their procedure as intended. The consultant for the procedure remained on site until the patient was ready to be discharged meaning they could be medically reviewed quickly if they deteriorated but also that they could be reviewed and discharged as soon as the patient was fit to do so.

Managers kept the number of cancelled operations to a minimum. Scheduling lists were reviewed by managers in advance to ensure that the correct amount of staff and equipment was available. Where last minute cancellations occurred the service made sure they rearranged as soon as possible so that the patient was not kept waiting for extending periods of time.

Patients remained within a dedicated endoscopy floor meaning they were not moved between wards or services.

Managers and staff started planning each patient's discharge as early as possible and in line with the discharge policy for the service.

Learning from complaints and concerns

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

Inspected but not rated

Medical care (Including older people's care)

Managers investigated complaints and identified themes. Of the 14 complaints received between November 2021 and July 2022, two related to the endoscopy service, all had been resolved.

Please refer to outpatient core service for further details.

Are Medical care (Including older people's care) well-led?

Inspected but not rated

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations.

Audit results were reviewed, and action plans created. They were then presented at the clinical practice committee and monitored for progress against the action plan by leaders. For example, the action plan created from the April 2022 consent audit was presented at the clinical practice committee in May 2022. This meant the service had a governance process in place for monitoring and review of audit actions.

The service had a governance procedure for the management and monitoring of service level agreements with third parties

Good

Diagnostic imaging

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

Are Diagnostic imaging safe?

Good

We had not previously rated Safe at this location. We rated it as good.

Mandatory training

The service provided mandatory training in key skills however had not made sure everyone completed it.

Some staff did not always receive or kept up-to-date with their mandatory training. For example, of the seven members of staff in the diagnostic service, medicine management was completed by 50% of staff, chaperone training had been completed by 14% of staff and Mental Capacity Act and Deprivation of Liberty Act awareness by 29% of staff. This meant that not all staff would have been aware of important issues such as medicine management, how to appropriately gain consent and how to act in the best interest of patients without the capacity to consent.

71% of staff had completed basic life support training however, 100% of the seven staff had completed intermediate life support training which was more in depth than basic life support. 85% of staff had completed training on information governance.

100% of clinical imaging staff had completed training on recognising and responding to patients with autism and health, safety and welfare training and 86% on learning disabilities. Staff we spoke told us this were informative and useful training that would help them in supporting individuals with additional needs.

Managers monitored mandatory training and alerted staff when they needed to update their training. A nursing manager had created a training matrix and was monitoring training for the service. At the time of the inspection, managers told us an additional member of staff had been recruited and would be responsible for managing mandatory training and mandatory training compliance.

Safeguarding

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

Diagnostic staff received training specific for their role on how to recognise and report abuse. 86% of the seven members of staff had completed training in adult level three training. 71% had completed children level two training.

Good

Diagnostic imaging

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff enquired about patient's social situation at the initial assessment and ticked a box to say they had considered any safeguarding as part of the assessment. This acted as a prompt for staff to consider any relevant information which may lead to a concern about abuse or harm.

Staff knew how to make a safeguarding referral and who to inform if they had concerns and were able to give examples of referrals that had been made when they had concerns.

Staff followed safe procedures for children visiting the department, for example, rescheduling diagnostic appointments for patients that brought children with them, so the children were not left unaccompanied in the clinic.

All seven staff had completed training in Prevent, which raises awareness of the risks of radicalisation.

The registered manager and director of nursing had completed level four adult and child safeguarding training and were the designated safeguarding leads for the service. Between them, they operated a rota of availability to all staff that may need support or guidance with a safeguarding concern.

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 visibly clean and had suitable furnishings which were clean and well-maintained.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly as part of a cleaning schedule.

Staff followed infection control principles including the use of personal protective equipment (PPE) which was widely available for staff.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

An infection prevention and control policy was available electronically for all staff and the director of nursing was the nominated member of staff responsible for infection prevention and control.

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 and managers carried out environmental audits quarterly. The March 2022 audit demonstrated that sharps bin were more the two thirds full and disinfections not recommended were in use. At the time of the inspection, these points had been rectified, appropriate disinfections were in use and sharps management was in line with national guidance.

The service had a process for monthly equipment quality assessments (QA) to be undertaken, which was in line with professional guidance by the Society of Radiographers.

Good

Diagnostic imaging

Access to the main area and each scanning room area was restricted with a secure electronic fob and signage was clearly displayed to show that access was restricted.

Service contracts were in place for the maintenance and repair of all equipment. Records of portable appliance testing of electrical equipment such as plugs were reviewed during the inspection demonstrated that testing had been undertaken in June 2021. Information provided by the service following the inspection showed that testing had also been carried out in January 2022.

Assessing and responding to patient risk

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

The service had undertaken a risk assessment for all new or modified use of radiation. The risk assessment considered occupational safety as well as risk to people who used the service.

Anaphylaxis drugs were available in case of an anaphylactic reaction to contrast dye administered to patients undergoing a special type of magnetic resonance imaging test.

A member of staff trained in advanced life support was always on site when patients were in attendance. Staff were allocated to emergency response roles daily, including a resuscitation team and a fire marshal, meaning that in the event of an emergency, staff were clear on their roles and responsibilities.

A cardiac arrest simulation had been undertaken within the imaging unit in June 2022. This was a scenario to practice the event of a patient's heart stopping within the unit and enabled staff to practice their knowledge and skills in responding to any sudden deterioration in a patient's health. A deteriorating patient policy was in place, in date and easily accessible to staff.

Local rules for radiation were in place and visible for staff to see both displayed as posters around the unit and in written form. This meant that if a new member of staff such as bank or agency staff attended the unit, they would clearly be able to see what guidelines were in place and specific to the service.

Identification checks were undertaken when a patient arrived. The details including making sure the right person was attending for the right scan, the scan was justified and there were no contraindications that would prevent the scan from being undertaken.

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.

Staffing levels had been increased in quarter one of 2022. The service had two radiographer vacancies and one radiologist that had been recruited to but was yet to start at the time of the inspection. Staff at the service were employed rather than operated under practicing privileges.

The service monitored quarterly turnover rates and had noted a reduction in overall (all core services) turnover from 18% in quarter three of 2021 to 3% in quarter two in 2022.

Good

Diagnostic imaging

Bank staff were used within the service and were given a local induction so that they were familiar with local processes and procedures.

Pre-employment checks in line with schedule 3 requirements of the Health and Social Care Act 2008. References, employment history and disclosure barring service checks were all undertaken prior to employment.

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.

A radiology administration report provided safety justification for radiology and a screening form was a safety questionnaire for all computerised tomography scans. This included seeking information about the type of scan the patient had undergone previously. It also included questions to establish pregnancy status. All records we reviewed had been completed in line with national record standards for health and social care.

Records were stored securely electronically. Patients notes were comprehensive and could be accessed easily.

Medicines

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

Staff followed systems and processes to administer medicines safely. All contrast dye was given by a patient group directive which was in date, signed and accessible to the staff administering the dye.

Staff completed medicines records accurately and kept them up-to-date in addition to a monthly medicines check, meaning that any errors could be identified and tracked quickly.

Staff stored and managed all medicines and prescribing documents safely. Fridge temperatures were checked daily and drugs cupboards were locked, drugs in date and checked daily by staff.

At the time of the inspection, an onsite pharmacist was in the process of being recruited to the service. The role included medicine management and medicine audits. The service provided information of a medicine management audit it had completed which demonstrated that of the 15 checks carried out, 100% saw medicines stored safely and securely.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the service's policy.

Between January and July 2022, the service had 19 incidents. Of these, one was a near misses and five were recorded as no harm. In response to a review of the incident themes and trends, a radiologist had been appointed and was in the process of being inducted into the service. Part of the role of the radiologist was to review incidents within the service.

Good

Diagnostic imaging

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if things went wrong.

Staff received feedback from investigation of incidents, both internal and external to the service. Feedback was given individually where relevant. Bullet points were disseminated at the morning huddle, posters and newsletters were available for staff and information was also shared electronically.

Are Diagnostic imaging effective?

Inspected but not rated

We do not rate effective in diagnostic imaging services.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance which was reviewed and approved by a clinical practice committee. For example, the committee had reviewed and approved the use of patient group directives used in the administration of contrast dye. Patient safety alerts and changes to quality standards such as the National Institute for Health and Care Excellence were also reviewed by the committee. This was in line with national guidance and meant that staff were operating to the most up to date standards.

Pain relief

Please refer to outpatient core service.

Patient outcomes

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

An annual medical physics expert report had been completed for all modalities which included dose reference levels. This was best practice for diagnostic services and meant there was an external specialist review the practices of the service to ensure they were both safe and in line with national expectations.

The service carried out a programme of repeat audits to check improvements over time and to monitor its practice locally against national guidelines. For example, Ionising Radiation (Medical Exposure) Regulations compliance was audited monthly, including pause and check identification checks, and X-Ray reject and repeat analysis. Radiation personal protective equipment safety audits were undertaken quarterly. This meant the service was monitoring how it followed national guidance and evidence-based practice effectively.

Collaboration between international services of the organisation took place daily, to help improve services for the patients. For example, the international radiology team reviewed quarterly metrics from the service and a random sample of images was sent twice weekly to the team for a second opinion to ensure the quality of reporting. This meant patients could be sure they were getting consistent results on their diagnostic image tests.

Good

Diagnostic imaging

Competent staff

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

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

Managers gave all new staff a full induction tailored to their role before they started work including a period of supernumerary working. A buddying system was in place meaning that new starters always had a point of contact and support.

Managers supported staff to develop through yearly, constructive appraisals of their work. 100% of staff within the service had completed an appraisal between June 2021 and June 2022.

Managers made sure staff received any specialist training for their role. A training analysis was in place within the service and mapped not only the minimum requirements for the role but also the requirement for progression within the role to expert level. For example, senior and lead radiographers would work towards achieving additional skills such as MRI training, general X-ray and radiation safety officer training. In addition, senior staff worked closely with manufacturer and servicing companies which supported succession development within the service.

A central human resource team managed recruitment which included enhanced disclosure barring service applications, references and occupational health clearance. In addition, this central team monitored professional registration and reported annually so that managers knew their staff were correctly registered.

The service did not use agency staff, however used several 'regular' members of bank staff. These staff were trained in the same way as all other staff including on accessing the IT systems and training courses provided, such as intermediate life support and mental capacity awareness. Local rules were available, meaning that bank staff could quickly and easily see the requirements in scanning for the service, such as positioning of patients, dose of radiation etc.

Multidisciplinary working

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

Patients could see all the health professionals involved in their care at one-stop clinics. Please see outpatients core service for further details.

Seven-day services

Key services were available to support timely patient care.

The service operated between 8am and 5pm Monday to Friday.

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.

Good

Diagnostic imaging

Staff gained consent from patients for their care and treatment in line with legislation and guidance and clearly recorded this on the patient records. During the inspection, five patient records were reviewed, and consent had been recorded appropriately in each case.

When patients could not give consent, staff made decisions in their best interest, considering patients' wishes. Staff were able to tell us of how they would deal with a situation where a patient could not give consent including liaising with the referring clinician on site. However, the patient would have been referred by the outpatient service, who would have assessed the suitability of the test for the patient including their ability to consent appropriately.

Are Diagnostic imaging caring?

Good

We had not previously rated Caring at this location. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff knew how to interact with patients and those close to them in a respectful and considerate way.

Patients said staff treated them well and with kindness, professionalism and empathy.

Please see the outpatient core service for further details.

Emotional support

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

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.

Please refer to the outpatient core service.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. Staff could give examples of talking with patients, families and carers in a way they could understand, using communication aids where necessary.

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

Good

Diagnostic imaging

Please see the outpatient core service.

Are Diagnostic imaging responsive?

Good

We had not previously rated Responsive at this location. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served.

Managers planned and organised services, so they met the changing needs of the local population. This included public transport links, dropping off space outside of the building and private office space inside the service which could accommodate the patient and their personal assistant, so the patient could carry on with their working schedule without interruption.

The service minimised the number of times patients needed to attend the outpatient clinic, by ensuring patients had access to the required staff and tests on one occasion. This included diagnostic imaging.

Facilities and premises were appropriate for the services being delivered, for example, large changing rooms, dedicated X-ray room, combination lockers for patient belonging and non-magnetic fire extinguishers.

Clinicians were on site, meaning staff could access emergency mental health support 24 hours a day 7 days a week for patients with mental health problems, learning disabilities and dementia.

Meeting people's individual needs

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

Staff supported patients living with dementia, learning disabilities or those with anxieties with calming meadow landscapes inside the diagnostic areas to act as a distraction.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The service had delivered a deaf awareness session to staff, and sensors were in each disabled toilet so that pedal bins and doors could easily be accessed. Lowered beds were in place so that people using a wheelchair could easily access them.

The service had information leaflets available in languages spoken by patients and the local community. Information in large print and braille signage were also available at reception.

Sanitary items were available in each toilet areas for patients and staff to use.

Good

Diagnostic imaging

Managers made sure staff, patients, loved ones and carers could get help from interpreters or signers when needed. This included a telephone translation service.

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

A spiritual room was available for staff and patients and had a wide range of religious literature, meaning people could privately reflect and pray in line with their beliefs and traditions.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes.

Managers worked to keep the number of cancelled appointments to a minimum.

When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible.

Learning from complaints and concerns

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

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

Staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. Of the 14 complaints received between November 2021 and July 2022, three related to the diagnostic service and all had been resolved.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff individually and at team meetings. Any immediate feedback to be shared collectively was shared at the morning huddle, attended by staff.

Staff could give examples of how they used patient feedback to improve daily practice. For example, telephoning to confirm the appointment the day before it was due to take place. Staff gave patients details for the *Independent Sector Complaints Adjudication Service* (ISCAS), meaning that if a complaint could not be resolved, the patient had a route of escalation and review. Although this was not mandatory, it was considered best practice.

Are Diagnostic imaging well-led?

Good

Diagnostic imaging

Good

We had not previously rated Well-led at this location. We rated it as good.

Leadership

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

Leaders were both visible and approachable within the service and had the knowledge and skills to deliver high quality sustainable care.

There were clear priorities for sustainable care which included the appointment of a radiologist and the ongoing maintenance of equipment.

Vision and Strategy

Please see the outpatient core service

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 were proud to work at the service, felt part of a team and could access support when they needed it. Values were integrated into daily practice at the service. For example, they were displayed at the staff exit of the building and each morning at the huddle, staff were highlighted for having shown particular values in the preceding weeks. Values for the service were focused on the needs of patient care, for example, respect, integrity, compassion and healing.

Equality and diversity training was completed as part of mandatory training and an equality, diversity and inclusion committee had been recently launched.

Staff could raise concerns without fear and the service had a whistleblowing policy in place so that people could raise concerns anonymously.

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.

Contracts and service level agreements were monitored by a dedicated contracts team. Please see outpatient core service for further details.

A radiology governance committee met on a weekly basis and reviewed all incidents, near misses and complaints. This committee fed into the fortnightly clinical practice committee, which in turn fed into the operational committee. Departmental clinical managers including radiology managers had weekly meetings and whole team meetings were

held three times a year. Regular newsletters, emails and printed meeting minutes were shared with staff along with bullet points of information shared at the daily morning huddle for those who could not attend. A whole team meeting scheduled for August 2022 demonstrated that the agenda was to include a training update, clinical update, regulatory update, NICE guidance and recruitment updates. This meant that staff could keep up to date easily with changes throughout the service and had a route of escalation of any issues or incidents.

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.

The service had a risk register which included a description of the risk, existing controls in place, level of risk and additional controls in place. Actions were reviewed and updated regularly as part of the governance structure and traffic light system, scored in order of high, medium or low risk. Of the 30 risks listed on the risk register, four related to the diagnostic service. All risks had controls and updated actions in place and had been reviewed in May 2022.

The service had emergency back up plans in case of failure in essential services. This included short notice attendance of maintenance and information technology engineers, as well as altering patient appointments where possible. This was demonstrated when a CT scan fault occurred. The maintenance engineer attended the same day and patients were rescheduled at a time which suited their needs. Quarterly meetings were held with the maintenance company of the imaging equipment.

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.

The service undertook network loss drills and had information technology downtime forms in all clinical areas. Emails were sent to staff from the IT department regarding phishing and the exploitation of data. Penetration tests on infrastructure that hosted third party companies were undertaken.

Electronic record systems were used by the service and data such as patient and staff surveys were analysed and reported using graphs and tables. This made interpretation easier and meant the information could be broken down into the differing areas of the organisation.

Referral information was encrypted and computers were secured with passwords.

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.

Patient were given access to an electronic link directing them to a patient survey. Information was then analysed at board level and used to shape service. The service received 180 responses between January 2021 and June 2022. Of these, 69 percent said the service was very good. Please refer to outpatient core service for further detail.

Good

Diagnostic imaging

The service completed an annual staff survey. The response rate for was 63% of the 41 staff. Of them, 74% said they felt there was suitable engagement from the service with the staff.

Learning, continuous improvement and innovation

Please refer to the outpatient core service.

Good

Outpatients

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

Are Outpatients safe?

Good

We had not previously rated Safe at this location. We rated it as good.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. All 16 registered nursing and healthcare support staff had completed basic life support training, equality diversity, human rights and general awareness training and conflict resolution. 80 percent had completed training on how to chaperone patients and 94% had undertaken training in infection prevention and control level two and fire safety training. 100% of the eight doctors had completed training in intermediate life support and 86% had completed health, safety and welfare training. This meant that staff were trained in key skills required.

The mandatory training was comprehensive and met the needs of patients and staff.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia.

Managers monitored mandatory training and alerted staff when they needed to update their training. A nursing manager had created a training matrix and was monitoring training for the service. At the time of the inspection managers told us an additional member of staff had been recruited and would be responsible for managing mandatory training and mandatory training compliance

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 and were able to give examples of referrals that had been made when staff had a concern. Staff received training specific for their role on how to recognise and report abuse. 80% of the 16 staff had completed training on safeguarding adults at level two and 81% had undergone training in level one for children's safeguarding. Of these 16 members of registered nursing staff one was new to post and working to undertake all mandatory and safeguarding training.

Staff followed safe procedures for children visiting the department, for example rescheduling diagnostic appointments for patients that brought children with them so that the children were not left unaccompanied.

All 16 registered nursing and healthcare support staff had completed training in Prevent which raised awareness of the risks of radicalisation.

The registered manager and director of nursing had completed level four adult and child safeguarding training and were the designated safeguarding leads for the service. Between then they operated a rota of availability to all staff that may need support or guidance with a safeguarding concern.

A chaperone policy was in place and staff told us that each patient was offered a chaperone to accompany them during their health assessment.

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.

The service completed an annual infection prevention and control audit. Following the audit from 2021 an action plan had been created and actions undertaken to ensure the infection prevention and control within the service was in line with national guidance and operating as effectively as possible. For example, soap was now dispensed from single use bottles whereas previously it had been from refillable bottles. A touchless handwashing system had been implemented and a scanning hand hygiene system provided immediate feedback to staff on how well hands have been decontaminated. This was used as part of the weekly hand hygiene audit and meant that staff were aware and following the five point of hand hygiene as set out by the National Institute of Health and Care Excellence. The hand hygiene audit for March 2022 demonstrated 82% compliance.

An annual water test for legionella had been undertaken in line with Health and Safety Executive guidance.

An infection prevention and control policy was available electronically for all staff and the director of nursing was the nominated member of staff responsible for infection prevention and control.

Staff followed infection control principles including the use of personal protective equipment (PPE).

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

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.

Good

Outpatients

Staff carried out daily safety checks of specialist and emergency equipment such as resuscitation trolleys and a defibrillator which was located on each floor of the service. A monthly audit of resuscitation trolleys was carried out in addition to daily checks. Weighing scales and blood pressure monitors were calibrated regularly and patient couches had been serviced in April 2021.

The service had suitable facilities to meet the needs of patients' families and enough equipment to help them safely care for patients.

Staff disposed of clinical waste and sharps safely and waste was stored securely until it was removed off site by a private provider.

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. Registered nursing staff were trained in intermediate life support and four members of the management team were also trained in advanced life support meaning there was always a member of staff able to carry out advanced life support skills if they were required.

Staff completed risk assessments for each patient on arrival, using a recognised tool and included information relating to previous medical history.

Staff knew about and dealt with any specific risk issues. Of the five records reviewed in the service all had a completed venous thromboembolism (VTE) risk assessments.

The service had access to mental health liaison and specialist mental health support and screened patients for depression and anxiety as part of their health assessments.

A deteriorating patient policy was in place and clearly set out what staff should do in the event of an emergency. Staff understood the policy and were able to provide an example of when a patient had been transferred from the clinic following the discovery of a lung disorder.

A daily safety huddle was held each morning and included all staff both clinical and support. The huddle reviewed the number of patients, any incidents, safeguarding concerns or complaints in the last 24 hours. Key messages such as intermediate life support training was discussed. Updates for all services including imaging and information technology and which contractors were expected to visit the service that day. This meant all staff on duty were aware of important updates and changes.

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.

Good

Outpatients

The service had enough staff to keep patients safe. Ongoing recruitment for the service had seen overall staff numbers increase from 20 in quarter one of 2021 to 47 in July 2022. This meant there were 35 full time equivalent staff working for the provider and that the outpatient service was left with 14 vacancies including three registered nursing staff, of these, managers told us six had employment offers accepted leaving a remaining eight vacancies to fill.

The service had reduced its agency usage due to the increase in staffing and the service had seen its quarterly turn-over rate reduce from 18% in quarter three 2021 to three percent in quarter two of 2022. These figures were reviewed regularly and presented to the weekly executive committee so that managers could monitor staffing levels within the service.

Managers could adjust staffing levels daily according the needs of the patient.

Managers made sure that bank and agency staff were given a local induction to the service and were familiar with the service.

Medical staff were employed with the service rather than operate under practising privileges. The medical team consisted of three cardiologists, two gastroenterologists and a newly appointed physician. An interim medical director was in place at the time of the inspection although a substantive medical director had been appointed to the position and was due to start in the near future.

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 electronically.

When patients transferred to a new team, there were no delays in staff accessing their records. For example, from the outpatient team where the patient received their health screen to the diagnostic department where the patient would undergo diagnostic testing, the systems were linked and easily accessible.

Records were stored securely by cloud-based storage.

Five records were reviewed at the time of the inspection. These were comprehensive and completed in line with national requirements including legible, date, time and signature and a clear plan documented.

Medicines

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

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines.

Staff were able to prescribe medicines for patients via prescription which could be collected at a pharmacy of the patients' choice. The service did not administer medication from its location.

Good

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.

Between January and July 2022, the provider had 19 incidents. Of these, one related to the outpatient service.

Managers investigated incidents thoroughly and there was evidence that changes had been made as a result of feedback. For example, an incident relating to a CT scan request had resulted in changes to the services coding arrangements and additional coding training being provided to physicians.

Staff received feedback from investigation of incidents, both internal and external to the service. Feedback was given individually where relevant. Bullet points were disseminated at the morning huddle, posters and newsletters were available for staff and information was also shared electronically.

Staff understood the duty of candour. They were open, transparent and knew how to give patients and families a full explanation when things went wrong.

The service had no never events within the last twelve months

Are Outpatients effective?

Good

We had not previously rated Effective at this location. We rated it as good.

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 service delivered care, treatment and support in line with legislation, standards and evidence-based guidance such as the National Institute for Health and Clinical Excellence and checked to make sure the guidance was being followed. For example, to ensure that people's behaviour was not controlled by excessive and inappropriate use of medicines the service had undertaken a medicine management audit in June 2022. the aim of this specific audit was to ensure that prescribers were adhering to the national guidance around the prescribing of benzodiazepines. 86% of the seven prescriptions between June 2021 and June 2022 were in line with national guidance. The findings and action plan were to be discussed at the executive meeting and plans were being made for a repeat audit in June 2023.

Changes to national guidance as well as service policies and procedures were reviewed at the fortnightly clinical practice committee and cascaded to staff via huddles, email and team meetings.

Good

Outpatients

Pain relief

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

Staff assessed patients' pain using a recognised tool and prescribed pain relief in line with individual needs and best practice. Pain seen within the service was generally chronic and so in addition to the recognised pain tool, staff used a holistic method of assessment to form a judgement about the patient's needs.

Patient outcomes

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

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time which included local audits such as environment, emergency equipment, chaperone compliance, hand hygiene and consent audits. This meant that the service could monitor improvement and use the information to improve care and treatment.

Managers shared and made sure staff understood information from the audits and staff were involved in collating information for audits meaning there was a shared emphasis on monitoring and improvement.

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. Pre-employment checks were carried out by a central human resource team in line with Schedule three of the Health and Social Care Act.

Managers gave all new staff a full induction tailored to their role before they started work. During the inspection we spoke with a newly recruited member of staff who was within a supernumerary period. It was clear the member of staff had been supported and given time to complete the necessary mandatory and relevant training as well as completed an appropriate induction. Pre-employment checks were in place for this member of staff and were gathered by a dedicated human resource team.

Managers supported staff to develop through yearly, constructive appraisals of their work. 100% of clinical staff and 98% of all staff within the service had completed an annual appraisal between August 2021 and July 2022. Information provided by the service demonstrated that 100% of medical staff had undergone a GMC appraisal.

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

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Annual appraisals for medical staff and quarterly peer reviews were undertaken by the service. Each staff member was linked to a 'division' such as general medicine or cardiology within the wider international team. They could then access specialist advice, guidance and peer support and leaders from each division undertook 360 feedback reviews with each member of staff. In addition, each clinician was allocated a mentor and coach and provided dedicated time to undertake sessions.

Good

Outpatients

Managers made sure staff received any specialist training for their role. For example, three practitioners within the outpatient department had completed training in non-medical prescribing. Staff had the opportunity to work towards a professional qualification with the Association for Respiratory Technology and Physiology designed to prevent misdiagnosis between asthma and chronic obstructive pulmonary disease. The course was accredited, meaning it contained the most up to date information in the field of respiratory medicine.

Multidisciplinary working

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

Staff worked across health care disciplines and with other agencies when required to care for patients. For example, the service had access to 4500 staff internationally this included specialist medicine such as endocrinology, genealogy and pharmacology meaning that patients could get the best support and care.

Staff referred patients for mental health assessments when they showed signs of mental ill health, depression.

Seven-day services

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

Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests both nationally and internationally via an internal telephone system.

The service operated Monday to Friday 8am to 5pm.

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. Leaflets included information relating to conditions including heart disease and diabetes.

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle. For example, screening for early prostate cancer, heart failure and kidney conditions. The service had tapped into a large-scale study undertaken by the same provider internationally over a 50 year period which had looked at asymptomatic males of a pre-defined age and found certain underlying undetected conditions. Themes identified in the study were being found by the service on a much smaller scale and so managers told us they were planning to replicate the international study as a tool for health prevention.

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. Staff were able to give examples of how they would gain consent and all five of the patient records reviewed showed that consent had been appropriately sought and recorded. This demonstrated that staff were consistently gaining consent from their patients.

Good

Outpatients

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. 93 percent of registered nursing and health care support staff had completed mandatory training on mental capacity act and deprivation of liberty awareness training. In addition, a presentation on the mental capacity act had been delivered to staff and was available for all staff electronically. This presentation included examples of when people may lack capacity, the principles of the mental capacity act, how to assess mental capacity, and how staff can get further information.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and they knew who to contact for advice.

Staff could describe and knew how to access policy on Mental Capacity Act and Deprivation of Liberty Safeguards.

Are Outpatients caring?

Good

We had not previously rated Caring at this location. We rated it as good.

Compassionate care

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

Staff explained how they would take time to interact with patients and those close to them in a respectful and considerate way.

Patient feedback suggested staff treated them well and with kindness and courtesy. Between April and June 2022, 72 percent of patients said they would recommend the service to others.

During the inspection, inspectors observed that staff followed policy to keep patient care and treatment confidential.

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

Emotional support

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

Staff knew how to give patients and those close to them help, emotional support and advice if they needed it. Support leaflets were available, and staff explained how they were able to speak to patients without rushing meaning they had time to support and listen to patients if they became distressed.

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

Good

Outpatients

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.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Feedback about the service was positive and included terms such as friendly and helpful, attention to detail and professional staff.

Staff made sure patients understood their care and treatment. Appointments were scheduled and then followed up with a pre appointment telephone call undertaken by a registered nurse and reviewed the patients concerns and expectations of the appointment. The package selected was reviewed on the telephone call to ensure it was the most appropriate one for the patient and a medical history was also taken. This meant the patient was involved in their care and knew what to expect from the consultation.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary.

Are Outpatients responsive?

Good

We had not previously rated Responsive at this location. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served.

Managers planned and organised services so they met the changing needs of the local population this included public transport links, dropping off space outside of the building and private office space inside the service which could accommodate the patient and their personal assistant so that the patient could continue to work without interruption.

Managers planned and organised services so that they met the changing needs of the local population. This included consultations with cardiology, gastroenterology and pulmonary specialists as the service had identified these were areas of high need. Patients could self-refer to these specialists or be referred into them following a health screening assessment.

The service minimised the number of times patients needed to attend the outpatient clinic, by ensuring patients had access to the required staff and tests on one occasion.

The service had systems to help care for patients in need of additional support or specialist intervention. This included wheelchair access and specialist equipment including low height examination couches.

Good

Outpatients

Facilities and premises were appropriate for the services being delivered. For example, the design of the room meant that patients were sitting next to the consultant rather than opposite meaning the patient could feel more relaxed and less formal during their consultation. In addition to the consulting room, separate spaces were available where staff could break bad news or have difficult discussion meaning that the patient did not need to be rushed as others patients were waiting to be seen.

Managers monitored and took action to minimise missed appointments and contacted those who did not attend.

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.

The service had information leaflets available in languages spoken by the patients and local community. Introduction to the service leaflets were printed in Arabic and Chinese as these were the two most common languages seen at the service however the leaflets could be printed in any language. A telephone translation service was also available meaning staff, patients, relatives and carers could get help from interpreters when needed.

Seven disabled toilets were located within the building of the service, there were cord alarms within each toilet and push/pull doors in case a patient fell and needed assistance. Lifts were located on each floor.

Shower facilities were available for patients undertaking cardiac treadmill testing. And sanitary items were available in each toilet areas for patients and staff to use.

Patients were given a choice of drinks to meet their preferences and food to suit the patient's preferences could be provided if requested.

A spiritual room was available for staff and patients and had a wide range of religious literature meaning that people could privately reflect and pray in line with their beliefs and traditions.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

Managers monitored waiting times along with activity levels and made sure patients could access services when needed and received treatment within agreed timeframes.

Managers worked to keep the number of cancelled appointments to a minimum and when patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible to suit the needs of the patient.

Managers worked so that patient moves between services were kept to a minimum. This included using a colour coding signpost outside of the consulting room which highlighted when the room was in use, had a patient waiting inside or was available. This meant that the patient could remain in the one area without moving around and staff could come to the patient. An example of this was a health screen consultation, followed by a blood test which could both be carried out in the same room rather than the patient moving to different areas throughout the service.

Good

Outpatients

Managers monitored activity trends monthly meaning that they could prepare for the time of peak demand appropriately.

Learning from complaints and concerns

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

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

Staff understood the policy on complaints and knew how to report them.

Managers investigated complaints and identified themes. Of the 14 complaints received between November 2021 and July 2022, seven related to the outpatient service, all had been resolved.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff individually, at team meetings and any immediate feedback to be shared collectively was shared at the morning huddle attended by staff.

Staff could give examples of how they used patient feedback to improve daily practice. Staff gave patients details for the Independent Sector Complaints Adjudication Service (ISCAS) meaning that if a complaint could not be resolved the patient had a route of escalation and review. Although not mandatory this was considered best practice.

Are Outpatients well-led?

Good

We had not previously rated Well Led at this location We rated it as good.

Leadership

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

Leaders had the skills, knowledge and experience they needed to run the service effectively, they understood the challenges to quality and sustainability it faced and had actions in place to address them such as responding to patients needs and improving staff retention. The service had identified areas where quality could be improved, such as introducing key-role badges for cardiac arrest teams to make it easier for staff in an emergency situation.

Leaders were both visible and approachable to both patients and staff. They supported staff in their development and to undertake more senior roles meaning succession planning was a priority for the service.

Good

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 service had a clear vision and a set of values with quality and sustainability as the top priorities. The acronym 'rich ties' - respect, integrity, compassion, healing, teamwork, innovation, excellence and stewardship all centred around the needs of the patients.

Similarly, the service had a realistic strategy for achieving the priorities related to delivering good quality sustainable care. For example, delivering safe care, developing and growing the executive health screening service and specialist services and being an employer of choice.

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 felt supported, respected and valued. The service encouraged a positive culture of openness and honesty in response to incidents and complaints. Staff felt able to raise concern without fear of retribution.

Daily interaction took place in the safety huddle and departmental updates and there was a strong emphasis on the safety and wellbeing of staff. Mental health first aiders were in place within the service along with a wellbeing lead and freedom to speak up guardian.

Wellness sessions such as Pilates for staff were held regularly within the service and feelings tokens were used in the staff room as a visual sense check to how the staff were feeling. Mental health first aiders sent out monthly tips and information to staff and were available for anonymous discussions if required.

A human resource staff clinic was held weekly on site so that staff could seek HR advice in person and a landscape cartoon poster was displayed on the wall in a staff area so that staff could 'doodle' as a method of mindfulness.

Staff carried a voice-controlled communications device which allowed staff to locate and securely talk directly with another staff member. Each floor of the service was secure meaning that people could not wander in and security staff were always on site.

Equality and diversity training was completed as part of mandatory training and an equality, diversity and inclusion committee had been recently launched. At the time of the inspection 20 nationalities were represented within the service, a poster showcasing this was displayed within the staff area.

Succession planning was in place and a tracked by a training matrix which demonstrated experience and enhanced skills and meant that staff had opportunities for career development.

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.

Good

Outpatients

The service had governance procedures and structures in place to support the delivery of good quality and sustainable services. For example, infection prevention and control, quality and health and safety committees fed into a clinical practice committee and up to operations committee. Executives had oversight at executive committee and staff formed part of the structure at daily huddles and regular team meetings. Each of the levels of governance interacted with each other appropriately and therefore the governance management function operated effectively.

Staff at all levels were clear about their roles and understood what they were accountable for. For example, safeguarding and incident reporting.

Arrangements with third party providers were governed through a dedicated contract team that reviewed and managed the contracts. The relevant staff supported the management of this process by working closely with the contract team. A questionnaire of what was required was completed by manager and subject matter experts supported the process of contract management. Supply chain management was an example of a service level agreement in place within the service.

Management of risk, issues and performance

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

The service had a risk register in place which included a description of the risk, existing controls in place, level of risk and additional controls in place. Actions were reviewed and updated regularly as part of the governance structure and were traffic-light scored in order of high, medium or low risk. Of the 30 risks listed on the risk register, one related specifically to the outpatient service although action had been taken to address this and the risk was due to be removed.

Potential risks were also taken into account when planning the service. For example; fluctuation in demand, business continuity in the event of a major incident, and also a regulatory breach such as a general data protection regulation (GDPR), meaning the service had plans in place to cope with unexpected events.

The top three risks to the service were posted onto a noticeboard in the staff room meaning that staff could quickly and easily review them.

A plan of clinical and internal audit meant that the service was able to monitor quality, operational and financial processes and identify where action should be taken.

Information Management

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

The service undertook network loss drills and had information technology downtime guidance in all clinical areas. Emails were sent to staff from the IT department regarding phishing and the exploitation of data, and penetration tests on infrastructure that hosted third party company were undertaken.

Electronic record systems were used by the service and data such as patient and staff surveys were analyzed and reported using graphs and tables. This made interpretation easier and meant that the information could be broken down into the differing areas of the organisation.

Referral information was encrypted, and computers were secured with passwords.

A nationally recognised application 'add in' that created a secure means of sending emails had been added onto the system. This had been chosen because it was recognised that many patients already used this software making it easier for patients to access and to reduce workload for staff.

Engagement

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

The service used people's views and experiences to shape and improve services. For example, from analysis of patient feedback the service did a 'deep dive' in September 2021 into patient experience which consisted of one-hour interviews with eight patients. These interviews highlighted themes such as difficulty in booking appointments and getting help with billing enquiries and so the service had the number of administration staff increased from four to ten. This had led to better telephone response and greater accessibility for patients.

The service had reviewed all patient feedback over a six-month period and created a 'wordle'. This was a large speech bubble which contained the words patients had used and the size of each word corresponded with the frequency it had been used. This was then shared with staff and used in presentations so that staff could visually summarise the feedback.

The service had developed positive and collaborative relationships with external stakeholders to build a shared understanding of challenges within the system and the needs of the relevant population. Community engagement included: supporting a local food bank with a monthly donation, an annual charity partner voted for by staff members, gaining bronze member status of the armed force covenant friendly employer scheme, and supporting a youth football club. In addition, community educational talks were provided to local GP's and the local community. These educational talks were about a wide range of topic including HIV, mental health awareness and research initiatives relating to COVID-19.

Staff were actively engaged so their views were reflected in the planning and delivery of services and in shaping the culture of the service. The response rate for this survey was 63% of the 41 staff. Of them, 74% said they felt there was suitable engagement from the service with the staff.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Good

Outpatients

The service was working to continually learn and improve services. It participated in research and had access to emerging technologies such as artificial intelligence. For example, a long term study from its international counterpart identified an AI algorithm which could identify future likelihood of developing heart failure, the service was able to use this algorhythm and demonstrated three examples of where patients required more detailed cardiac examination which had revealed the early stages of heart failure which could then be managed.

The service used equipment able to detect cardiac anomalies such as heart murmurs. This digital equipment could be securely sent to field experts internationally for review and specialist opinion as well as to the patient via Bluetooth.

A new pulmonary clinic had been started and plans were in place to start a neurogastroenterology clinic in September 2022 with a medical appointment to role having been made.

Quality improvement projects reviewing the patient journey and inventory tracking were underway and included a range of staff members.