Cleveland Clinic London Ltd

Portland Place Outpatient Centre, Cleveland Clinic London

Inspection report

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

Ratings

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

Summary of findings

Overall summary

This was the first time we inspected the service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. 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 to suit patients' needs.
- 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 the patient population, 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 to plan and manage services and all staff were committed to improving services continually.

However:

- In diagnostic imaging, we did not see any posters or information on-site providing information to patients and their carers about the radiation used during common imaging procedures.
- In outpatients, the did not have a process in place to ensure the confidentiality of patients attending remote consultations.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Outpatients	Good	The outpatient department consists of 17 consulting rooms located over two floors. The service offers both in-person and remote consultations. Specialties include Heart and Vascular, Cardiology, Digestive Diseases, Colorectal Gastroenterology, Hepatobiliary, General Medicine, Gynaecology, Urology, Orthopaedics and Rheumatology. In the 12 months prior to our inspection the service held 34,676 outpatient appointments. The service operates from Monday to Friday from 8am to 8pm and Saturdays from 8am to 2pm. The service treats patients who are 18 years old and above.
Diagnostic imaging	Good	Portland Place Outpatient Centre has a diagnostic suite located on the ground floor that provides a range of services such as general X-ray imaging, interventional and diagnostic ultrasound, computerised tomography (CT) and magnetic resonance imaging (MRI). The service operates from Monday to Friday from 8am to 8pm and Saturdays from 8am to 2pm. The service treats patients who are 18 years old and above.

Summary of findings

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Summary of this inspection

Background to Portland Place Outpatient Centre, Cleveland Clinic London

Portland Place Outpatient Centre is operated by Cleveland Clinic London Limited. The clinic has been registered with CQC since September 2021. The clinic offers GP services, diagnostic services, and outpatient services to both insured and self-paying private patients. Services are consultant led and are supported by registered nurses and health care assistants. The service does not offer any NHS funded services.

Portland Place Outpatient Centre has a diagnostic suite located on the ground floor that provides a range of services such as general X-ray imaging, interventional and diagnostic ultrasound, computerised tomography (CT) and magnetic resonance imaging (MRI). The service operates from Monday to Friday from 8am to 8pm and Saturdays from 8am to 2pm. The service treats patients who are 18 years old and above.

The outpatient department consists of 17 consulting rooms located over two floors. The service offers both in-person and remote consultations. Specialties include Heart and Vascular, Cardiology, Digestive Diseases, Colorectal Gastroenterology, Hepatobiliary, General Medicine, Gynaecology, Urology, Orthopaedics and Rheumatology. In the 12 months prior to our inspection the service held 34,676 outpatient appointments. The service operates from Monday to Friday from 8am to 8pm and Saturdays from 8am to 2pm. The service treats patients who are 18 years old and above.

The care of children is limited to the GP Service. GP services cover all family health needs for adults and children and, with a registered paediatric nurse available to support child specific services. The GP service was inspected by a GP specialist inspection team and has not been included in this report. A separate report has been produced for the GP service.

Portland Place Outpatient Centre is registered with the Care Quality Commission to provide the following regulated activities:

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

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so, we rate services' performance against each key question as outstanding, good, requires improvement or inadequate. Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

How we carried out this inspection

We carried out an unannounced comprehensive inspection of outpatient services on 11 January 2023 using our comprehensive inspection methodology.

The inspection team was comprised a lead CQC inspector, a hospitals inspector, a primary care inspector, and three specialist advisors. The inspection team was overseen by Nicola Wise, Head of Hospital Inspection for London.

Summary of this inspection

During the inspection, the team spoke with department leads, 16 staff and 16 patients. We looked at 16 patient records and observed care.

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.

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action the 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:

- The service should check that information about the radiation used during common imaging procedures is available in the diagnostics suite for patients and their carers.
- The service should consider having a process to maintain the confidentiality of patients having remote outpatient consultations, and that they cannot be overheard or coerced in anyway during their consultation.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Outpatients

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

Are Outpatients safe?

Good

This was the first time we inspected safe. 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. The mandatory training was comprehensive and met the needs of patients and staff. Training was provided through e-learning and face-to-face sessions and was tailored to the skill requirement of staff and dependent on their role. Topics included but were not limited to were, basic life support; conflict resolution; equality, diversity & human rights; female genital mutilation; infection prevention and control; safeguarding adults and children; moving and handling; and preventing radicalisation.

At the time of our inspection, overall compliance with mandatory training for the various modules was 85%, which met the service's target of 85%.

Managers monitored mandatory training and staff were alerted when they needed to update their training. Systems in place allowed managers to clearly view staff training files and ensure staff completed training in a timely way.

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.

There were clear systems, processes and practices to safeguard patients from avoidable harm, abuse and neglect that reflected legislation and local requirements. The safeguarding adults at risk of harm and safeguarding children and young people's policies were in-date and accessible to all staff. The service had an up to date chaperone policy in place and staff knew how and when to chaperone patients.

Staff received training specific for their role on how to recognise and report abuse. Training records showed that 100% of all staff were trained in safeguarding adults and children. The service had a safeguarding lead who was trained to Level 4. Staff kept up to date with their safeguarding training. There was a system to alert managers and staff when they needed to update or refresh their training.

Good

Outpatients

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. They could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff said they felt confident to raise issues with the senior management team. They knew when they should make referrals to the local authority.

However, when undertaking remote consultations by video or telephone, the service did not have a system in place to ensure that the consultation could not be overheard, or that the patient was not being coerced into having or refusing treatment.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff mostly 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. Each consulting room had a disposable privacy curtain marked with the first date of use and the planned date of change. In all cases, curtains were within their disposal date. A spill kit was located in the department and staff were trained to use this to reduce contamination risk.

The service consistently performed well for cleanliness. Staff audited cleaning against World Health Organisation standards. Between January 2022 and December 2022, the service consistently achieved 100% compliance.

Hand Hygiene audits were carried out on a monthly basis. Between January 2022 and December 2022 the service failed to achieve their target of 100% for four separate months, with the worst month achieving 83%. We saw an action plan was created which resulted in an improvement, and the service achieved 100% for the three months prior to the inspection.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. All public areas had cleaning schedules. We looked at a sample of four checklists and found them to be up to date.

Staff followed infection control principles including the use of personal protective equipment (PPE). We saw staff followed published guidance on infection control and engaged with patients and visitors to ensure they were compliant.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. This included fixed equipment such as examination beds and portable equipment such scanning devices and observation machines.

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.

Consultation rooms were fitted with call bells. The nature of the service meant it would be rare a patient was left alone and needed to use the call bell. However, the system was maintained as a best practice safety measure.

The design of the environment followed national guidance. Staff demonstrated how they had access to evacuation routes and emergency equipment. Staff had identified infrequently used water outlets and sinks and flushed these to reduce the risk of Legionella build-up in line with Health and Safety Executive (HSE) guidance.

Good

Outpatients

Staff carried out daily safety checks of specialist equipment. The service had a resuscitation trolley bag on each floor which contained an automatic external defibrillator (AED). These were checked daily and all equipment was found to be in date.

The service had enough suitable equipment to help them to safely care for patients. The service had the equipment required for each clinic. The service held an equipment list on a central spreadsheet to monitor when it was last serviced and calibrated. All equipment was within its yearly maintenance and calibration date. All clinical staff had received training on use of equipment.

The service had an in-house maintenance department that was based at the provider's sister site. Staff knew how to report faulty equipment and we saw faulty equipment was appropriately labelled and stored in a separate area. Staff told us equipment was generally fixed on the same day, and if it was unable to be fixed immediately, replacement equipment would be sent over from the provider's sister site.

Staff disposed of clinical waste safely. The service had a waste management policy. Waste was segregated with separate colour coded arrangements for general waste and clinical waste. Sharps, such as needles, were disposed of correctly in line with national guidance.

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. The nature of the service meant this was a rare occurrence and staff maintained training and simulated practice to ensure they were prepared.

Outpatient nurses were trained in immediate life support (ILS) and all other staff were trained in basic life support (BLS). Staff were up-to-date with latest guidance from the Resuscitation Council UK.

All staff were trained as chaperones and patients or clinicians could request this, including at short notice. Posters advertising chaperones were on display in all out-patient areas.

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

The service displayed sepsis identification and 'red flag' treatment guidance in clinical areas and staff knew how to escalate a concern.

Consultants used an out-patients version of the World Health Organisation surgical safety checklist to ensure minor procedures were safe and in line with best practice guidance.

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.

Good

Outpatients

The service had enough nursing and support staff to keep patients safe. Staff levels were planned and reflected demand on the service and known treatment support needs. A senior nurse was always on shift on each floor when the service was in operation.

Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants needed for each shift in accordance with national guidance. The manager could adjust staffing levels daily according to the needs of patients. Outpatient appointments were pre-booked. This meant senior staff could plan staffing levels accurately.

The number of nurses and healthcare assistants matched the planned numbers. The service was fully staffed at the time of our inspection. The service had no vacancies and operated a waiting list for people who had successfully been through the service's recruitment process.

The service had low sickness rates. Managers were able to move staff both to and from the provider's sister site in order to cover any unplanned staffing gaps. The service did not have a need for bank or agency nurses.

Consultants led specialist clinics with support from nurses. Consultants worked substantively at either the provider's sister site, or for other healthcare providers, and delivered care and treatment under practising privileges with agreed time commitments to this clinic.

Records

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

Patient notes were comprehensive, and all staff could access them easily. The four sets of patient records we reviewed were up to date and clearly written with a focus on patient outcomes.

When patients transferred to a new team, there were no delays in staff accessing their records. Staff used an electronic patient records system that could be accessed at any of the provider's sites. This enabled staff to readily access treatment notes at any time. This also enabled authorised clinicians to access records where care and treatment plans were shared or transferred.

Records were stored securely. The electronic system was secured, and care records encrypted. Only authorised staff could access the system.

Records audits were carried out monthly. The audit looked at areas such as recording of patient identification, reason for attending, diagnosis, completion of discharge summary and documented consent. The latest records audit showed 100% compliance in most areas apart from 65% compliance for the comorbidities reviewed/documented compared to referral letters. We saw that this was discussed at the provider's audit steering group with a plan to complete a larger documentation audit in January 2023 with results to be presented at the steering group and shared with the executive team.

Medicines

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

The service had an automated medication dispensing system which ensured secure medication storage with electronic tracking of medicines. We saw that staff followed systems and processes when safely prescribing, administering, recording and storing medicines. We saw that the service had an up to date medicines management policy.

Good

Outpatients

The service had access to a pharmacist who could provide guidance and support to staff regarding all issues related to medicines management. We saw there were patient group directions in place for nurses to administer certain medicines. Patient group directions are written instructions to help with the supply and administration of medicines to patients, usually in planned circumstances.

Medicines were stored in locked rooms and access was restricted to authorised staff only. The service did not use any controlled drugs. We checked a sample of medicines and found they were in date.

Room and fridge temperatures were recorded on a daily basis. We checked the medicines fridge temperature and ambient room temperature during our inspection and found them to be within expected range.

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.

The service managed patient safety incidents well. 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. Managers investigated incidents and shared lessons learned with the whole team and sister site at regular huddles and team meetings.

The service had an up- to -date incident reporting and investigation policy in place. This outlined staff responsibilities around incidents and how to report them. Staff understood how to report incidents on the service's electronic reporting system.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Staff we spoke with could give examples of when they would use the duty of candour. Senior nurses and consultants were aware of their responsibilities in being open and transparent with patients.

Are Outpatients effective?

Inspected but not rated

This was the first time we inspected effective. We do not currently rate effective for outpatients.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance including from the National Institute for Health and Care Excellence (NICE). The service ensured that guidelines and local policies were available for staff to access easily.

Good

Outpatients

Consultants carried out minor operations in out-patients. Staff used an adapted version of the World Health Organisation (WHO) surgical safety checklist to monitor safety standards.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. Staff had a good understanding of the Mental Health Act and what their responsibilities were to protect patients subject to the Mental Health Act.

Nutrition and hydration

The service ensured patients had access to water during their appointment.

Staff made sure patients had enough to drink. The service had water dispensers available in the waiting areas for patients to use. This was sufficient as patients were at the department for a short time.

Pain relief

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

Staff prescribed, administered and recorded pain relief accurately. The service used limited pain relief, mainly for minor surgeries. Pain relief was documented on the patient record accurately.

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 clinical audits to check improvement over time. The service carried out a regular schedule of clinical audits and took appropriate action to monitor and review the quality of the service. These included ensuring patients had appropriate management plans based on current accepted evidence, and that prescribing was in line with current guidance and matched the working diagnosis.

Managers used information from audits to improve care and treatment, and improvement was checked and monitored. For example, we saw an audit regarding the prescribing of an antibiotic for the treatment of urinary tract infections. The antibiotic could cause resistance to treatment if over prescribed. The audit showed it was being prescribed too often and practice was changed so that a different antibiotic, that did not cause resistance, was the first treatment choice.

Where an audit result fell below the target level, an action plan was created to ensure improvement. Action plans were monitored regularly to check for progression towards the agreed standards. For example, we saw that the hand hygiene audit was not meeting the service target of 100%. The service put in place and action plan and for the three months prior to the inspection the service achieved 100% in the monthly hand hygiene audits.

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. New staff received a full corporate induction which included training on infection control, the quality management system and communicating with HEART (Hear, Empathise, Apologise, Respond, Thank) which was a programme that the provider implemented to empower staff to interact with patients, visitors and each other in a caring and compassionate way.

Good

Outpatients

All new staff were allocated a buddy so that they always had someone to they could ask questions. In addition, new staff received a competency assessment framework which must be signed off once completed.

In the reporting period, 100% of staff in the department were compliant with either completion of their probationary period of six months or annual performance review.

Staff told us they were supported and encouraged to do additional external and internal training in particular areas to enhance their skill set.

All consultants under practising privileges received an induction pack which included details on what was required of them to practise at the service. Consultants with practising privileges had their appraisal, mandatory training and revalidation undertaken by their designated body. The provider's credentialing manager monitored consultants' compliance and reported this to the medical executive committee on a monthly basis.

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 healthcare settings when required to care for patients. The service aimed to maintain continuity of care because the consultant who saw patients in the outpatient department was often the consultant carrying out the surgery.

Staff referred patients for mental health assessments when they showed signs of mental ill health. Doctors referred patients internally to the provider's services, or to other services in the NHS, such as GPs.

Staff could call for support from doctors and other disciplines from the sister site, including support from other specialist consultants.

Seven-day services

Key services were available to support timely patient care.

The service operated from Monday to Friday 8am to 8pm and Saturdays 8am to 2pm. Appointments were flexible to meet the needs of patients, including evening slots to accommodate patients to attend after work.

Health promotion

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

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle.

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

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

Outpatients

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. Clinical staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. 100% of staff had completed mental capacity in adults training.

The service had an up-to-date mental capacity policy in place. Staff had a good understanding of their responsibilities outlined in the mental capacity policy, and understood how and when to assess whether a patient had the capacity to make decisions about their care. The service did not make applications to deprive a person of their liberty nor restrain individuals.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff worked in line with the provider's overarching consent policy. Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records.

Are Outpatients caring?

Good

This was the first time we inspected caring. 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. They took time to interact with patients and those close to them in a respectful and considerate way. We observed staff interacting with patients in a way that enabled them time to ask questions, gain clarity and an understanding of treatment and care.

Patients said staff were very kind and caring and treated them with dignity, respect and kindness. Patients were overwhelmingly positive about the service and staff. One patient commented "excellent staff, very polite and very helpful".

Staff maintained patient confidentiality in the outpatient department. Consultants closed consulting room doors during patient care to protect the privacy and dignity of patients. Staff used signs to confirm when a treatment or consulting room was 'in use', and staff knocked and asked permission before entering a room. However, the service did not have a process in place to ensure that patients having remote consultations via video conference or telephone could not have their consultation overheard by anyone who may be near the patient

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. The service signposted individuals to support when they needed it.

Good

Outpatients

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. Staff provided emotional support whilst caring for patients and were allowed time to do so.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. For example, staff were able to accommodate appointments around patient's work schedules, and religious activities such as prayer times for those of the Islamic faith. Staff told us they were able to seek support if they were unsure of the cultural needs of any patient.

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. Patients told us they felt well informed about their treatment and staff gave them the opportunity to ask questions. Patient feedback showed staff took time to explain treatment plans with patients and those close to them and reassured them about their treatment.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. The service identified where patients and those close to them required additional communication support. The service organised support to ensure patients and those close to them could understand; for example, the use of interpreters.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patient feedback was overwhelmingly positive, complimenting the staff, environment and the ease of accessing the service.

Are Outpatients responsive?

Good

This was the first time we inspected responsive. 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. The senior team had a clear understanding of the regional health economy and had established links with NHS providers to identify gaps in provision. The provider was actively expanding its reach and presence in direct response to increased demand in specific clinical areas.

Facilities and premises were appropriate for the services being delivered. The service had suitable facilities to meet the needs of patients. This included accessible toilets, private waiting areas, baby changing facilities, and refreshments. All areas of the building were accessible by wheelchair.

Good

Outpatients

Staff worked to minimise the number of patients who did not attend (DNA) appointments by contacting them in advance with appointment reminders using their preferred method of communication. The DNA rate for outpatients for the previous 12 months was low with only 2% of patients not attending their appointments.

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.

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services and patients were able to have appointments to suit their plans and commitments. Appointments were allocated a 30-minute time slot to allow patients adequate time to discuss their concerns and did not feel rushed.

Patients were able to attend their consultation either in person or remotely by video conference or telephone if appropriate. Staff told us that patients' initial consultations would always be in person to allow appropriate assessments and examinations to be undertaken.

Staff received training in equality, diversity, human rights and inclusion and had a good understanding of cultural, social and religious needs of patients and demonstrated these values in their work.

Patients with reduced mobility could access the department via lifts. The service had an automated ramp into the main building. Corridors were wide enough to accommodate wheelchairs.

Interpretation requirements were identified at the point of booking including support for patients who required British sign language interpreters. Staff could arrange interpreting services to support patients whose first language was not English. The service had on-site Arabic interpreters and interpreting services were also available through an external company, and could be arranged to be face-to-face, or by telephone.

We saw electronic screens in the waiting area informed patients that they could request a chaperone. The service had a portable induction loop amplifier and a built-in loop amplifier in all examination rooms and waiting areas for patients with hearing impairments.

We were told that the service rarely saw patients with learning disabilities or dementia, but in these cases, patients could bring relatives or carers with them to support them during their appointment.

There were porters available at the reception to collect patients from cars if required and take them to their appointment.

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.

Most patients received care and treatment within private insurance plans whilst some were referred by other independent healthcare services and NHS services.

Good

Outpatients

Consultants led medical specialties and clinics were based on patient demand and their availability and capacity. The provider's senior team worked with each consultant to establish clinic times and frequencies that offered patient choice and convenience.

Patients were able to change their appointment slots easily by calling the booking team and rearranging their appointment date.

When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible. Clinic cancellations were very rare and there had been no such occurrences in the previous six months.

Clinics were flexible and patients could make appointments to see consultants within a few days of making a call depending on the patients' schedule. Wait times varied depending on whether a patient had a specific request to see a named consultant. In these cases, the booking team would advise the patients of the next available appointment with the patient's preferred consultant or when the preferred consultant was available on a date that the patient. The team would also provide an option of seeing an alternative consultant who had greater availability to suit the needs of the patient. When wait times for an appointment were increasing the service arranged an additional clinic to keep wait times short. Patients were offered a choice of appointments based on consultant chosen and the service aimed to ensure the patient saw the same consultant throughout their pathway.

The service minimised the number of times patients needed to attend, by ensuring patients had access to the required staff and tests at the same appointment. The service had a dedicated phlebotomy service on site and consultants arranged same-day diagnostics such as x-rays, CTs and MRIs that could also be undertaken on site.

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. Information was also readily available from staff and on the service's website.

Staff understood the policy on complaints and knew how to handle them. Staff were trained to resolve minor concerns raised by patients at the time as part of an approach to meet individual expectations and avoid minor issues escalating into a formal complaint.

Managers investigated complaints and identified themes. The service had received 17 formal complaints in the previous 12 months. Most of these were regarding billing. We looked at the resolution process used by the senior team and found this involved all relevant people and reflected a transparent process with the complainant throughout. We reviewed the complaints received and saw that the service had undertaken a comprehensive investigation and actioned any learning points from the complaints.

The provider was subscribed to an independent adjudication service that investigated complaints objectively when they could not be resolved locally.

Are Outpatients well-led?

Good

Outpatients

Good

This was the first time we inspected well-led. 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.

The outpatient service had a clear management structure in place with defined lines of responsibility and accountability. The service was led by an outpatients manager who was responsible for the service on a day-to-day basis. They supported their team and worked with the administration team and visiting consultants to help the service run safely and smoothly.

Staff told us they could approach immediate managers and senior managers with any concerns or queries. All staff spoke highly of their managers and spoke of good teamwork. Staff throughout the outpatient service told us they felt supported, respected and valued by their managers, who were visible and approachable.

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. Leaders and staff understood and knew how to apply them and monitor progress.

The provider had a clear vision and a strategy to turn the vision into action. The provider's values were: 'quality and safety, empathy, teamwork, integrity, inclusion and innovation'. The service's vision was to 'deliver excellent outcomes' by exceeding recognised quality standards and to continuously improve; 'enhance impact by expanding research and education programmes and commit to a sustainable future; 'empower caregivers' by developing staff and driving accountability and to 'drive growth and efficiency' by scaling operations efficiently.

The provider had a three-year strategy which focused on delivering the best care, achieving the key performance indicators and being able to provide a service that is holistic to patients.

Most staff we spoke with were able to describe the vision of the provider.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service 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 of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process.

Staff said they felt very supported, respected and valued. There was a strong emphasis on the safety and well-being of staff; for example, the service had regular wellbeing sessions as part of staff meetings and all staff had access to an employee assistance program for support and advice.

Staff were actively encouraged to develop their careers and told us of many development opportunities given to them such as various courses they could attend. Staff were given protected time in which to undertake career development.

The services' culture encouraged openness and honesty at all levels within the organisation, including with people who use services, in response to incidents and complaints. Staff were supported to raise concerns and the service had a freedom to speak up policy.

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.

There were effective structures, processes and systems of accountability to support the delivery of good quality and sustainable services. Staff we spoke with had a good awareness of governance arrangements and knew how to escalate their concerns. The service held monthly team meetings which were well attended. Minutes for the meeting were circulated to all staff so that those unable to attend were aware of discussions held. We reviewed the minutes for the previous 6 months which showed comprehensive discussion around risks, incidents, complaints, audit results, new starters, activity and patient experience.

Leaders attended monthly integrated governance meetings and would feed back relevant information and updates to the outpatients department. Leaders also reported relevant information form these meetings to the executive team. We reviewed the minutes for these meetings and saw that topics such as incidents, key performance indicators, patient experience, safety alerts, training compliance, policy documents, health and safety, risk, audits, data security, and infection prevention and control were discussed.

There was a daily safety huddle meeting at 8.45am which was held with the leaders from all the departments located at the outpatient centre including the outpatients service, diagnostic services, and GP service. This meeting covered any immediate issues such as staffing levels, plans for the day, and troubleshooting. During this meeting, individual staff would be allocated roles to undertake in the case of a medical emergency or fire. The outpatients manager attended these meetings and would then feed back to the wider team.

The provider held a cross site 10.00am safety huddle where senior leaders would discuss service wide issues at both the sister site and the outpatient centre. This meeting covered clinical incidents, staffing levels, plan for the day, troubleshooting, feedback and team learning. The outpatients manager attended these meetings and would then feed back to the wider teams.

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 which was reviewed quarterly. Each risk was given a score, a set of control measures and allocated with a risk owner to carry out any mitigations.

The service had its own local risk register and any risks that exceeded a score of 12 became and executive team risk and would be moved to the central risk register.

Issues and risks which managers identified were in line with what we found on inspection and there was alignment between these and the risks outlined on the risk register. For example, the facility is not suitable for consultations with bariatric patients and there was a risk that patients may not disclose this prior to their appointment.

The service had appropriate emergency action plans in place in event of incidents such as power loss or fire. These outlined clear actions staff were to take and contact details of relevant individuals or services. The service did not have a back-up generator but in the event of a power outage, as procedures were elective and non-life threatening, procedures would be stopped, and appointments were either moved to the sister site or rebooked for another date.

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.

Information governance training formed part of the mandatory training programme for the service, and staff we spoke with were able to discuss their responsibilities in relation to information management.

The service had appointed a Caldicott Guardian who understood the Caldicott principles. Caldicott principles are fundamental rules and regulations that guide a patient's confidentiality. They are the basic rules every healthcare personnel must follow to ensure there is no breach of confidentiality.

The service was paper free and only used electronic records which were stored securely on a cloud-based server. Staff could quickly and easily access all the records and data they needed. The system allowed staff to access information used to improve the service including audits, and made it easy to readily share results.

The provider had an on-site IT service help desk who assisted with any IT issues that arose within the centre.

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 engaged with patients through patient surveys. The feedback from these surveys was reviewed and themes and trends identified to improve the service provided. Feedback was overwhelmingly positive and identified the care and support given to all patients using the services.

A patient experience committee was in place which met monthly and analysed patient feedback and presented findings to the executive team. The service also had a patient panel consisting of patients who had used both this service and other private healthcare services. They gave feedback on areas they felt required improvement. The patient panel was heavily involved in providing feedback and input into the design and development of Portland Place Outpatient Centre prior to it's opening.

Staff were engaged in the planning and delivery of the service. Staff told us that they felt able to suggest new ideas to their managers and that they were listened to.

Leaders told us that staff were also given paid leave to support local community projects which included local gyms, kitchens, and schools.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services

Staff were committed to continuous learning and improvement. Staff told us they were supported by their managers to develop their skills and access development opportunities. Staff told us that no course was 'off limits' if it helped improve their knowledge and skills.

The service had been in operation for 16 months and was continuously improving and expanding their services.

Good

Diagnostic imaging

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

Are Diagnostic imaging safe?

Good

This was the first time we inspected safe. 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. At the time of our inspection, mandatory training overall compliance levels was 92.6%.

Mandatory training was comprehensive and met the needs of patients and staff. Modules which was a mixture of online and face to face, included but were not limited to: safeguarding adults and children level 1, 2 and 3, female genital mutilation, equality, diversity and human rights, moving and handling, infection prevention and control, data security, fire safety, adult basic life support and immediate life support.

The imaging lead monitored mandatory training and alerted staff when they needed to update their training.

The lowest compliance rates were for basic life support at 71% and immediate life support at 16% compliance. The service told us that this was due to recent mass on-boarding of new staff and a number of the team requiring revalidation at the same time. There was one radiographer who had completed ILS with a further five staff due to complete the training by the end of February 2023. The service planned for 100% compliance in all modules within the first quarter of 2023.

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.

We reviewed the service's safeguarding adults policy which was in date and available on the service's intranet. The policy detailed individual responsibilities and processes for reporting and escalation of concerns and who to contact.

We saw posters throughout the centre about how to report a safeguarding concern.

Staff we spoke with had good awareness and knowledge about female genital mutilation (FGM) which was part of mandatory training and knew how to escalate concerns to the imaging lead and safeguarding lead.

All staff in diagnostic imaging were trained to level three in both adult and child safeguarding. Compliance rates for staff in diagnostic imaging for safeguarding adults and children 1, 2 and 3 ranged from 87% to 94%. Radiology department assistants told us they also undertook chaperone training.

All staff we spoke with demonstrated a good understanding of safeguarding vulnerable adults and children. Staff were able to identify the potential signs of abuse, the process for raising concerns and what would prompt them to make a referral.

The service had not had to make any safeguarding referrals in the last 12 months.

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.

We observed all areas of the service to be visibly clean. We viewed the service's infection, prevention and control (IPC) policy which was in date and accessible on the service's intranet. Infection control was included in mandatory training for staff and training compliance rates were 100%. Staff followed manufacturers' instructions and the IPC policy for routine disinfection. This included the cleaning of medical devices between each patient and three times a day. Staff demonstrated how they would clean medical devices using specific single use wipes. The service also had a disinfection machine for the cleaning of ultrasound probes. We saw staff cleaning equipment and machines following each use. We saw that the service used green 'I am clean' stickers to show when rooms and equipment were last cleaned. Hand sanitisers were available in all areas including at the point of entry to consultation rooms and reception areas and in consultation rooms. Throughout our inspection, all staff were observed to be 'bare below the elbow' and adhered to infection control procedures, such as hand washing and using hand sanitisers.

The service completed monthly audits which were overseen by the IPC Lead and reported to the provider's IPC team.

The results were shared with department leads and discussed at team meetings. Hand hygiene audits were held monthly and compliance rates in the last three months were consistently 100%.

Equipment cleaning audits were completed daily with action logs completed for low compliance. The service had recently found that some lower scores were achieved due to new or agency staff not yet having access to the computer system to log the audit. We found this was the case for a staff member on the day of inspection. During the inspection, we were told by the imaging lead that this has been escalated and that access would be granted to the staff member.

Deep cleaning of the service took place every six months (and as required) by the provider's internal environmental services team.

There was easy access to personal protective equipment (PPE), such as aprons, face masks and gloves. We saw that staff used PPE effectively.

Patients we spoke with were satisfied about the level of cleanliness of the imaging department.

Good

Diagnostic imaging

During our inspection there were no infectious patients who were being scanned. However, staff told us that if there was an infectious patient, they would place them at the end of the list and the room would then be deep cleaned afterwards.

We witnessed housekeeping staff cleaning the imaging department throughout the day. We saw that cleaning schedules in toilets were up to date.

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 imaging department was on the ground and first floor of the building. Patient waiting areas on both floors were spacious and had enough seating.

The service had an MRI scanner, CT, X-ray and two ultrasound rooms. There was clear signage indicating the MR controlled access area and metal detectors at the entrance of the room which were used as an extra protective measure after initial patient screening to ensure patients did not have any metal on them such as jewellery. The detector would flash up a colour if it detected metal and would indicate roughly the area of the detection for quick identification.

Staff had enough space to move around the scanner and for scans to be carried out safely. There were appropriate safety precautions for staff such as lead aprons and dosimeter badges.

During scanning, all patients had access to an emergency call alarm and ear plugs. Patients could also speak to the radiographer through a microphone.

During our inspection, we checked the service dates for equipment, including scanners. All the equipment we checked was within the service date. All non-medical electrical equipment we checked was electrical safety tested.

Staff showed us how they completed safety checks on all equipment and logged this on the computer system. Fault logs for equipment and service reports were emailed to the imaging lead for monitoring. Staff told us the department had very good relationships with manufacturers and they came promptly if a fault was reported.

We checked the emergency grab bag in the imaging department and found that equipment was checked daily and documented. We checked various consumables within the grab bag and found that they were sealed and in date.

The medicines room was locked to prevent unauthorised entry. Linen cupboards and storage rooms were appropriately stocked and tidy. We checked consumable equipment and found that all items we sampled were in date and packaging was intact, indicating it was sterile and safe for use in patient care.

Cleaning chemicals subject to the Control of Substances Hazardous to Health Regulations 2002 (COSHH) were stored in a locked cupboard.

We inspected two sharps bins and found them to be correctly labelled and not filled above the maximum fill line.

Waste management was handled appropriately, with different colour coding for general waste, and clinical waste. All clinical bins were seen to be operated with lids and were not overfilled. Waste management and removal including those for contaminated and hazardous waste was in line with national standards.

Good

Diagnostic imaging

Assessing and responding to patient risk

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

Staff completed risk assessments for each patient at the point of booking and on arrival. The service used a 'pause and check' system, as per guidance from the British Medical Ultrasound Society.

The service checked the patient's full name, date of birth, address, pregnancy status, allergies, recent imaging, and received confirmation that the patient expected the diagnostic testing. We saw from our observations and checks of patient records that all patients underwent a risk assessment and gave verbal and written consent to the diagnostic test before their scan.

The department used a CT and MRI patient safety questionnaire. Risks were managed positively and updated appropriately to reflect any change in the patient's condition such as if the patient was claustrophobic or had new allergies. For radiological examinations requiring contrast (dye), patients completed a questionnaire to identify if they had any renal problems which may prevent them receiving contrast. We saw that any known patient allergies were noted on a patient's record.

The service called patients 24 hours after their procedure to check they were feeling well and there had been no adverse effects from their procedure.

The service treated medically stable patients, however the service did have a deteriorating patient policy which outlined what staff should do in the event of a patient deterioration. Staff we spoke with knew how to respond to any sudden deterioration in a patient's health. There was an emergency button in all rooms in the department which staff could press for assistance from the resuscitation team. The resuscitation team consisted of staff including the general practitioner on site and were available to support teams in the building during operating hours.

Staff told us that if a patient deteriorated, they would call the resuscitation team and 999 to transfer the patient to a local NHS hospital if required.

Staff were able to explain the process to escalate unexpected or significant findings at examination and upon reporting. We were told by the consultant radiologist that any unexpected or significant findings from image reports were escalated immediately and a plan was put in place for next steps for the patient. We were told that patients often did not need to return for further examinations and unexpected findings could be dealt with immediately thus shortening pathway time to treatment. Appointments to see other consultants at the sister site could also be made on the same day. The full process was tracked and documented in the electronic record system to ensure significant imaging findings could not be overlooked.

The service had four permanent radiographer staff members who provided a radiation protection supervisor role. This meant that they had received additional training in the Ionising Radiation Regulations 2017 and were responsible for ensuring compliance with the regulations and the local rules.

The service also had access to a medical physics expert who was provided through a service level agreement with an external organisation. Staff could access them if there were radiation concerns relating to the equipment.

Staff we spoke with were also aware of how to contact the radiation protection advisor for concerns in relation to compliance with the regulations or incidents involving radiation exposure.

Good

Diagnostic imaging

The service used the World Health Organisation (WHO) five steps to safer surgery checklist where invasive procedures were used in the imaging department. As at January 2023, the department had achieved 100% compliance in the WHO checklist audit.

There was signage outside of the scanning rooms which identified radiation risks and indicated when scanning was in progress.

We observed electronic screens in the waiting area which provided patients with information about pregnancy, requesting interpreters and chaperones.

There was always ILS trained staff on site which included the nursing team and general practitioners who formed part of the resuscitation team.

Radiography 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 staff a full induction.

The service had enough staff of relevant grades to keep patients safe. There were two deputy imaging managers who managed the day to day management of the department including staff.

The department consisted of 70 staff including radiographers, sonographers, radiologists and a team of radiology department assistants who managed the reception. There was one vacancy for a radiology department assistant and one vacancy for an x-ray deputy lead at the time of our inspection, but the service was actively recruiting for these posts.

The rota was monitored by the imaging lead a month in advance so activity could be planned ahead and staff could be accurately allocated.

Bank and agency staff received a full induction.

Medical staffing

The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service had enough medical staff to keep patients safe. The service was consultant delivered and led and a resuscitation team consisting of nurses and general practitioners were on site during operating hours to provide emergency medical support to the diagnostic imaging department upon request.

The provider did have an on-call radiologist rota although this rota was mainly used for the provider's sister site which was open 24 hours a day for emergency imaging.

Consultant radiologists worked under practising privileges agreements. Under practising privileges, a medical practitioner is granted permission to work within an independent hospital. Practising privileges were granted to consultants by the medical executive committee. Consultants with practising privileges had their appraisal, mandatory training and revalidation undertaken by their designated body. The provider's credentialing manager monitored consultants' compliance and reported this to the medical executive committee on a monthly basis.

Good

Diagnostic imaging

Records

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

Patient notes were comprehensive and all staff could access them easily.

The service used electronic patient records to record patient needs, care plans and risk assessments.

Letters were sent to a patient's general practitioner (GP) with information around the outcome of scans.

We reviewed 10 sets of patient records and found that they were comprehensive and detailed. Patients completed safety screening questions and recorded the patients' consent to care and treatment. Referral forms included a detailed set of safety questions such as whether the patient had any allergies.

The form also flagged any phobias or additional needs the patient had so a suitable appointment length could be arranged so the patient could spend time familiarising themselves with the scanner room before starting their procedure.

Records audits were carried out monthly. The audit looked at areas such as recording of patient identification, ethnicity, reason for attending, diagnosis, GP details, completion of summary and comorbidities. The latest records audit showed 100% compliance in most areas apart from 65% compliance for the comorbidities reviewed/documented compared to referral letters. We saw that this was discussed at the provider's audit steering group with a plan to complete a larger documentation audit in January 2023 with results to be presented at the steering group and shared with the executive team.

Patients' personal data and information were kept secure and only staff had access to the information. We observed staff logging out of computers after use. Information governance was part of data security mandatory training.

Medicines

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

The service used systems and processes to safely prescribe, administer, record and store medicines. The service had an automated medication dispensing system which ensured secure medication storage with electronic tracking of medicines. We saw that staff followed systems and processes when safely prescribing, administering, recording and storing medicines. We saw that the service had an up to date medicines management policy.

Patients received a letter prior to their procedure advising them to continue with their usual medicines regime. All patient allergies were documented and checked on arrival for their scan.

The service had access to a pharmacist who could provide guidance and support to the imaging department regarding all issues related to medicines management. Staff told us they could contact the pharmacist if they had any concerns regarding medicines patients were taking.

We saw there were patient group directions in place for radiographers to administer certain medicines. Patient group directions are written instructions to help with the supply and administration of medicines to patients, usually in planned circumstances.

Good

Diagnostic imaging

The service used contrast media (dye) which are chemical substances used in some MRI/CT scans. Medicines were stored in locked rooms and access was restricted to authorised staff only. Controlled drugs were not stored or administered as part of the services provided. We checked a sample of medicines and found they were in date.

Room and fridge temperatures were recorded on a daily basis. We checked the medicines fridge temperature and ambient room temperature during our inspection and found them to be within expected ranges.

The service completed medicines management audits. Audit results for December 2022 showed 100% compliance for medication being stored appropriately,100% compliance for the automated medication dispensing system integrity and 90% compliance for products with expiry dates of over 3 months. The audit showed 87.5% compliance for accurate stock levels and 50% compliance for fridge stickers being applied appropriately on medication. There was an action plan for these areas to improve compliance in the last two measures.

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.

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned and feedback with the whole team and sister site at regular huddles and team meetings.

Staff were aware of their responsibilities for reporting incidents and near-misses and were able to explain how this was done. The service used an electronic incident reporting form which had a facility to automatically produce action plans which would be allocated to relevant staff to action.

In the last 12 months, the service recorded 55 incidents. The main themes were: other adverse drug reaction (not previously known); other deterioration requiring emergency treatment; x-ray/scan- inadequate / incomplete; booking entry error; booking procedure error. We looked at some incident investigation reports which were detailed and showed actions and learning.

The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. Most staff we spoke with were able to explain the duty of candour fully.

Are Diagnostic imaging effective?

Inspected but not rated

This was the first time we inspected effective. We do not currently rate effective for diagnostic imaging.

Good

Diagnostic imaging

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 protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We reviewed policies, procedures and guidelines produced by the service. These were based on current legislation, national guidance and best practice and included policies and guidance from professional organisations such as National Institute for Health and Care Excellence (NICE), as well as the Royal College of Radiologists and the Society and College of Radiographers (SCoR).

Staff had access to policies and procedures based on national guidance on the service's intranet. Staff we spoke with said changes to practice and policies were highlighted during staff meetings and emails.

We saw that staff used the Society and College of Radiographers 'pause and check' system which is a six step-guide to help prevent incidents. Checks including confirming the patient's identity, checking with the patient the site/side to be imaged, the existence of previous imaging and for the operator to ensure that the correct imaging modality is used.

Care and treatment were delivered, and clinical outcomes monitored in accordance with guidance from the National Institute for Health and Care Excellence (NICE). NICE guidance was followed for diagnostic imaging pathways as part of specific clinical conditions. We also saw posters with exposure guidelines in control rooms.

The quality of images was peer reviewed. There was a formal process for radiology discrepancies which fed into radiology events and learning (REALM) meetings which were held six times a year.

Any deficiencies in images were highlighted to the member of staff for their learning. Where discrepancies in images were found, this would be reported as an incident through the service's quality management system where it would be investigated, and feedback given. The meetings were also used to discuss complex cases to ensure wider learning.

Staff assessed patients' needs and planned and delivered patient care in line with evidence. The service had a comprehensive audit programme. Audits were carried out throughout the year and as required depending on results, to assess clinical practice in accordance with local and national guidance. Audit results were discussed at monthly modality meetings and imaging service department team meetings.

Dose limits were measured in every room and audited annually.

The service had local rules based on the Ionising Radiation Regulations (IRR) 2017. Local rules had been signed by staff.

We viewed the radiation protection advisor/medical physics expert annual audit which took place in December 2022 which found that the service was 'nearly fully compliant with only few minor improvements necessary'. Recommendations from the audit related mainly to minor changes to current documentation. We saw that the service had produced an action plan which had a red, amber, green (RAG) rated priority level for the recommendation, action to be taken, progress update and target dates.

Nutrition and hydration

Staff gave patients food and drink when needed.

Patients awaiting their appointment had access to drinking water, tea and coffee.

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. Patients we spoke with told us if they had been fasting due to the type of procedure they were having, they were given food and drink following their scan.

Staff fully and accurately completed patients' fluid and nutrition charts where needed.

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 and were able to prescribe pain relief in line with individual needs and best practice. The service did not use pain scoring tools or pain diaries due to the types of patients the service saw. Patients who were in chronic pain would be seen at the provider's sister site which was the main hospital and where pain scoring tool and pain diaries were used.

Patient outcomes

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

Managers used information from the local audits to improve care and treatment. The service had an audit schedule to check the quality of procedures and the safety of the service.

The clinical audit schedule audited individual areas including, World Health Organisation (WHO) checklist, criteria for posteroanterior (PA) chest radiography, CT dose audit, X-ray dose audit, radiation incidents, dosimetry and patient documentation. Audits were discussed at quarterly diagnostic imaging staff team meetings as well as at modality team meetings.

The service achieved 92% compliance in the criteria for PA chest radiography. Actions were in place to further improve on this compliance. For the observation ultrasound observational WHO checklist audit, the service scored 100% in the reporting period.

Patient feedback was also audited and actions taken as a result of comments from patients. Although response rates were low for the month of December 2022, the service had introduced a new process in January 2023 of capturing patient feedback prior to the patient leaving the building. Portland Place Outpatient Centre scored consistently highly for overall patient experience at the site.

The service had clear instructions on how to perform quality assurance (QA) outcomes and how often. Staff showed us how this was completed on the electronic systems and we saw that they were up to date.

The service worked collaboratively with colleagues to agree and deliver appropriate imaging pathways to ensure diagnosis within specified timescales with minimised delays for patients. All images were reported in accordance with agreed local practice to deliver accurate and effective radiological and clinical interpretation of images.

Good

Diagnostic imaging

Dose reference levels are used in medical imaging to indicate whether, in routine conditions, the dose to the patient administered in a specified radiological procedure for medical imaging is unusually high or unusually low for that procedure. The service was in the process of auditing dose reference levels as the service had been in operation for 13 months and would be able to review a larger sample size for the audit.

The service was meeting the six-week diagnostic test national standard. Patients were given appointments within 48 hours of an imaging request being made. Imaging reports were produced within 24 hours.

The service was in the process of completing a gap analysis to achieve the Quality Standard for Imaging (QSI) UKAS Accreditation which is a patient-focused assessment that is designed to give stakeholders, service users, patients and their carers, confidence in their diagnosis and all aspects of their care. The QSI provides a framework for services to provide consistently high-quality services delivered by competent staff working in safe environments.

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. The service used regular agency staff to ensure continuity of care. There were specific induction packs for agency staff. New staff received a full corporate induction which included training on infection control, the quality management system and communicating with HEART (Hear, Empathise, Apologise, Respond, Thank) which was a programme that the provider implemented to empower staff to interact with patients, visitors and each other in a caring and compassionate way.

All new staff were allocated a buddy so that they always had someone to they could ask questions. In addition, new staff received a competency assessment framework which must be signed off once completed.

In the reporting period, 100% of staff in the department were compliant with either completion of their probationary period of six months or annual performance review.

Staff told us they were supported to do additional external and internal training in particular areas to enhance their skill set. Staff in the imaging department also rotated with the sister site's imaging department to maintain their skills.

All consultants under practising privileges received an induction pack which included details on what was required of them to practise at the service. Consultants with practising privileges had their appraisal, mandatory training and revalidation undertaken by their designated body. The provider's credentialing manager monitored consultants' compliance and reported this to the medical executive committee on a monthly basis.

Radiographers had individual competency checklists which recorded training and competency assessments for each of the imaging modalities. All radiographers were registered with the Health and Care Professions Council (HCPC).

Staff were encouraged to attend conferences and take on development opportunities such as attending management courses. Staff told us that a number of their colleagues had been supported to complete a master's degree or attend additional training they had requested.

Managers made sure staff attended team meetings and emailed the minutes of the meetings to the team for those who could not attend.

Good

Diagnostic imaging

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 together as a team to benefit patients. We observed good working relationships between the imaging department assistants, radiologists as well as porters and domestic staff.

Staff commented on good team working and spoke of informal meetings in addition to team meetings where they would be able to catch up with their managers. They also communicated via a group electronic messaging application.

The department had a culture of actionable reporting where recommendations for further tests or scans were made and discussions were held at regular clinical radiology multidisciplinary team meetings for complex cases.

The service had clear referral pathways if there was an unexpected finding. The service had systems allowing direct referral to a doctor through the service's electronic chat system which meant that it was possible to see when a doctor was available and when they had read the message.

Seven-day services

Key services were available to support timely patient care.

The service operated from Monday to Friday 8am to 8pm and Saturdays 8am to 2pm. Appointments were flexible to meet the needs of patients, including evening slots to accommodate patients to attend after work.

Staff could call for support from doctors and other disciplines from the sister site, including other diagnostic tests and support from other specialist consultants.

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. Staff assessed each patient's health at the appointment and said they would signpost patients to their general practitioner (GP) should they require any support to live a healthier lifestyle.

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.

All staff understood the requirements of the Mental Capacity Act 2005. Staff completed mandatory training on the Mental Capacity Act and Deprivation of Liberty Safeguards. They understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff we spoke with understood the need for consent and gave patients the option of withdrawing consent and stopping their scan at any time. The service used consent forms that all patients were required to sign at the time of booking in at the service. Staff made sure patients consented to treatment based on all the information available. We saw patients signed consent forms, which were stored in their records.

Good

Diagnostic imaging

Are Diagnostic imaging caring?

Good

This was the first time we inspected caring. 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 promoted privacy and patients were treated with dignity and respect. Patients were able to change behind privacy screens and gowns were provided in changing rooms. Ultrasound rooms had en-suite facilities which allowed for greater patient dignity and privacy, when for example tests required the use of a bathroom, for example scans that happen before and after urinating.

Feedback from patients confirmed that staff treated them well and with kindness. Comments from patients included, 'staff are very caring and understanding' and 'made me feel comfortable'.

Patients were asked at the time of booking if a chaperone was required. There were electronic screens in the waiting area informing patients about requesting a chaperone.

Patient feedback in the last month showed that 95.1% of patients reported a positive experience.

Patients told us that staff were very attentive and thoughtful and gave them a snack and a hot drink after their procedure which required them to fast. We saw staff ensuring patients were comfortable in the waiting area and checking that they were ok.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it.

Staff told us they arranged for patients who were anxious about the procedure to come in on a Saturday when it was quieter so that they could familiarise themselves with the centre and the scanning room. They would then explain the procedure to the patient so they knew what to expect on the day.

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. Patients we spoke with told us that staff were very reassuring throughout their appointment and were able to allay any fears and anxieties that they had.

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.

Good

Diagnostic imaging

The service provided clear, relevant and up-to-date information regarding the procedure a patient was going to have. This explained the purpose and nature of planned procedures which enabled patients to make informed decisions about their care, reduce their anxiety and give them confidence in their examination.

Staff told us that a carer or loved one could remain with their relative during their scan and that they would complete the necessary checks to ensure that they were able to safely stay with the patient.

Patients we spoke with told us they were included in discussions about their treatment plan and felt able to ask the consultants any questions they had. Information on the cost of procedures was provided at the point of booking. Patients told us that conversations about finances were done so with sensitivity and that they had all the information they needed before deciding to proceed.

However, we did not see any posters or information on-site providing information to patients and their carers about the radiation used during common imaging procedures. Posters and information help make patients aware that the potential small risk from ionising radiation from the imaging procedure has been assessed by a specialist, and that the test can go ahead because the benefits outweigh the risks.

Are Diagnostic imaging responsive?

Good

This was the first time we inspected responsive. 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 their patient population.

Portland Place Outpatient Centre department provided a range of services such as general X-ray imaging, interventional and diagnostic ultrasound, computerised tomography (CT) and magnetic resonance imaging (MRI). The service operated from Monday to Friday from 8am to 8pm and Saturdays from 8am to 2pm.

The facilities and premises were appropriate for the services that were planned and delivered. Each floor had a spacious waiting area with chairs, electronic screens with information for patients, lift access and toilets. Some patient information leaflets were also available in the waiting area such as information on how to make a complaint.

Portland Place Outpatient Centre was in central London, with good public transportation links, making it accessible to patients from a wide geographical area.

Information was provided to patients before their appointments. Appointment letters contained information about any tests or intervention including if preparation such as fasting was required. Patients also received appointment reminders by text message or phone call.

Patients also had access to a secure online health management tool allowing them to access their medical records and have instant access to up to date information relating to the procedures they had at Portland Place Outpatient Centre. The facility could also be used to view test results and access appointment letters online.

Good

Diagnostic imaging

The imaging department monitored the length of time patients waited to be seen by consultants although staff told us that delays were very rare and radiologist department assistants kept patients informed when clinics were running late.

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.

The service was inclusive and took account of patients' individual needs and preferences. Patient records we reviewed detailed patients' additional needs such as their mobility. Staff made reasonable adjustments to help patients access services and patients were able to have appointments to suit their plans and commitments.

Staff received training in equality, diversity, human rights and inclusion and had a good understanding of cultural, social and religious needs of patients and demonstrated these values in their work.

Patients with reduced mobility could easily access the imaging department on the ground and first floor via lifts and an automated ramp into the main building. Corridors were wide enough to accommodate wheelchairs.

Interpretation requirements were identified at the point of booking including support for patients who required British sign language interpreters. Staff could arrange interpreting services to support patients whose first language was not English. The service had on-site Arabic interpreters and interpreting services were also available through an external company, and could be arranged to be face-to-face, or by telephone. The service also had a mobile translation device which could be taken into scanning rooms so that patients were never without interpretation services.

Leaflets about diagnostic procedures were available in the patient waiting area. Leaflets were also available in Arabic, Mandarin and Russian. We were told that leaflets in other languages were available on request.

The service had a portable induction loop amplifier and a built-in loop amplifier in all examination rooms and waiting areas for patients with hearing impairments.

The service engaged with patients who were anxious, nervous or phobic. For example, patients who informed the service that they were nervous or phobic were able to visit the department before their appointment and familiarise themselves with the room and scanner so they would know what to expect and would feel more comfortable on the day of their appointment. Staff were also able to speak to the patient during scans through a microphone and patients could listen to music during their scan if they wished.

The service did not have capability to cater for bariatric patients. However, they told us patients would be referred to the service's sister site.

We were told that the service rarely saw patients with learning disabilities or dementia, but in these cases, patients could bring relatives or carers with them to support them during a scan. Staff told us they would make sure in these cases, carers and relatives were appropriately screened to ensure they could safely support their loved one.

There were porters available at the reception to collect patients from cars if required and take them to their appointment.

Good

Diagnostic imaging

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times for treatment were in line with national standards.

All patients were able to choose an appointment date and the service offered flexible appointment times to all patients. Patients we spoke with told us they were able to book appointments quickly and were able to have appointment slots within two weeks. Patients were given a choice of appointment times that they could arrange to suit their schedules.

A patient we spoke with told us that they had received an appointment for a scan within a week of making a call to the service. Patients were able to change their appointment slots easily by calling the booking team and rearranging their appointment date.

The service minimised the number of times patients needed to attend the centre, by ensuring they had access to the required staff and tests at the same appointment.

Managers monitored and took action to minimise missed appointments. Staff told us that patients who did not attend appointments were contacted to make find out why they had missed their appointment and to re-book them if necessary. Less than 2% of patients did not attend their appointments in the reporting period.

Cancellations of appointments by the service were rare. The service had not needed to cancel appointments in the last 12 months due to staffing issues. The service monitored cancellations and in the reporting period, they were mainly due to the patient's circumstances such as being unable to attend due to transportation, appointment conflict or being unwell.

All referrals were reviewed prior to an appointment being made. All referrals were triaged by radiographers who reviewed and confirmed patient suitability for scans. Scans were reported within 24 to 48 hours and the service did not have any backlogs at the time of our inspection.

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.

Complaints were overseen by the lead for the imaging department. In the reporting period, the service had received five formal complaints. We viewed complaints response letters which detailed the investigation and outcomes and saw that complaints had been thoroughly investigated, learning was identified, and the service apologised to patients when something went wrong.

The service lead told us that feedback from complaints were discussed at monthly team meetings to help improve daily practice.

The service clearly displayed information about how to raise a concern in patient areas and on their website. There were leaflets available in the waiting area detailing how patients could make a complaint or submit feedback on the service. The provider subscribed to an independent adjudication service that investigated complaints objectively when they could not be resolved locally. Staff we spoke with understood the procedures around handling a complaint.

Good

Diagnostic imaging

Are Diagnostic imaging well-led?

Good

This was the first time we inspected responsive. 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.

The imaging department was led by the imaging lead who was supported by two deputy imaging leads. Leaders had a strong understanding of issues, challenges and priorities in their service.

All staff spoke highly of their managers and spoke of good teamwork. They commented on the friendliness and visibility of the senior leaders and that they felt able to approach them.

Staff told us they were supported by their managers to develop their skills and access development opportunities and gave examples of courses they had been on with the support of their managers.

Vision and Strategy

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

The provider had a clear vision and a strategy to turn the vision into action. The provider's values were: 'quality and safety, empathy, teamwork, integrity, inclusion and innovation'. The service's vision was to 'deliver excellent outcomes' by exceeding recognised quality standards and to continuously improve; 'enhance impact by expanding research and education programmes and commit to a sustainable future; 'empower caregivers' by developing staff and driving accountability and to 'drive growth and efficiency' by scaling operations efficiently.

The provider had a three-year strategy which focused on delivering the best care, achieving the key performance indicators and being able to provide a service that is holistic to patients.

Most staff we spoke with were able to describe the vision of the provider.

Culture

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

Staff were passionate about their work and spoke of good teamwork in a patient-centred environment. We found an inclusive and constructive working culture within the centre among both clinical and non-clinical staff.

Good

Diagnostic imaging

We found an open and honest culture and staff told us they felt supported by their managers to develop. They told us the deputy imaging leads and imaging lead was visible and approachable.

Leaders promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

Staff we spoke with told us they felt able to report concerns to their managers and spoke of an open-door policy.

Staff had access to an employee assistance programme which was a telephone line that was available 24 hours day, 365 days of the year to provide counselling. The department also had mental health champions with whom staff could speak to for support.

Governance

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

Governance structures were in place at the service. Staff we spoke with had a good awareness of governance arrangements and knew how to escalate their concerns. There were monthly team meetings and modality meetings alongside diagnostic imaging staff meetings and imaging leads meetings which took place quarterly. We viewed the minutes of these meetings which showed comprehensive discussion around risks, incidents, complaints, audit results, new starters, activity and patient experience.

The imaging lead attended departmental governance meetings where information from the modality meetings would be shared. They would also attend monthly integrated governance meetings and would disseminate relevant information and updates into the imaging department.

The provider also had subcommittees which reported into the integrated governance structure. Subcommittees covered both clinical and non-clinical aspects such as health and safety, incidents, risks and patient safety and was broken down by site and department. Feedback from the subcommittees would then go to the integrated governance meetings which was then fed into the executive team meetings on a monthly basis.

There was a daily huddle at 8.45am which was held cross site and covered clinical incidents, staffing levels, plan for the day, troubleshooting, feedback and team learning. The deputy manager or head radiologist attended these meetings along with representatives from all members of the radiology team including nurses, radiographers for each modality and a radiology department assistant. They would then feed back to their wider teams.

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 was reviewed quarterly. Each risk was given a score, a set of control measures and allocated with a risk owner to carry out any mitigations.

The service had its own local risk register and any risks that exceeded a score of 12 became an executive team risk and would be moved to the central risk register.

Good

Diagnostic imaging

Issues and risks which managers identified were in line with what we found on inspection and there was alignment between these and the risks outlined on the risk register, for example, staffing. However, the service had recently improved their staffing vacancy rate from 28% to 3%.

There was a formal audit plan in place for the service which outlined the frequency of the audits. Completed audits had actions plans and action owners allocated.

The service had appropriate emergency action plans in place in the event of incidents such as power loss or fire. These outlined clear actions staff were to take and contact details of relevant individuals or services. The service did not have a back-up generator but in the event of a power outage, as procedures were elective and non-life threatening, procedures would be stopped, and appointments were either moved to the sister site or rebooked for another date.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

Staff had access to patients' health records and the results of investigations and tests in a timely manner. The service used electronic records which were stored securely on a cloud-based server.

There were effective arrangements to ensure the confidentiality of patient identifiable data. We saw staff logged out of computer stations when not in use.

The service used an IT system which allowed the service to manage quality and compliance processes by producing audits and audit reports, action plans and data reports on incidents and risks.

The provider had an on-site IT service help desk who assisted with any IT issues that arose within the centre.

Engagement

Leaders and staff actively and openly engaged with patients and staff.

Patients could give feedback through patient feedback questionnaire, scanning a QR code to submit feedback online or submitting feedback on an external website which collected feedback for the provider. The service used patient feedback to guide the service delivery and responded to any concerns raised or suggestions.

Patient feedback was acted on and the service had an action plan with members of staff allocated to carry out changes as a result of patient feedback, for example limiting the number of email communications sent to patients so they do not feel overwhelmed.

There was a patient experience committee which met monthly and analysed patient feedback. They also presented findings to the executive team. The service also had a patient panel consisting of patients who had used the service or the sister site and gave feedback on areas they felt required improvement. The patient panel were also heavily involved in providing feedback and input into the design and development of Portland Place Outpatient Centre prior to it opening.

Good

Diagnostic imaging

Staff were engaged in the planning and delivery of the service. Staff told us that they felt able to suggest new ideas to their managers and that they were listened to. For example, staff told us they were able to suggest improvements to processes in order to facilitate a smoother booking process.

Leaders told us that staff were also given paid leave to support local community projects which included local gyms, kitchens, and schools.

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.

Staff were committed to continuous learning and improvement. Staff told us they were supported by their managers to develop their skills and access development opportunities.

The service had recently appointed a research lead to the division with the hope of expanding the research element of the service.