HCA International Limited

Institute of Sport Exercise & Health (ISeH)

Inspection report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

We rated it as good because:

- Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment and gave them pain relief when they needed it. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions.
- The service planned care to meet the needs of people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait long for treatment.
- Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

However:

- We found dust and dirt in the x-ray room.
- We found the emergency equipment in the resuscitation trolley contained equipment that was stored in damaged packaging.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Outpatients	Good 	The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff provided good care and treatment and provided patients with pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week. Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers. The service planned care to meet the needs of the people who used it, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients. However: Some equipment in the resuscitation trolley was stored in damaged packaging. At the time of the inspection staff were unable to provide us with written information in English regarding a homeopathic drug imported from Germany.

Summary of findings

		At the time of the inspection prescription pads were not being managed appropriately.
Services for children & young people	Good 	Staff had training in key skills, understood how to protect children and young people from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to children and young people, 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 children and young people 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 children and young people, advised them and their families on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Staff treated children and young people 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 children and young people, families, and carers. The service planned care to meet the needs of local people, took account of children and young people's 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 children and young people receiving care. Staff were clear about their roles and accountabilities. The service engaged well with children, young people, and the community to plan and manage services and all staff were committed to improving services continually.
Diagnostic imaging	Good 	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

Summary of findings

managed safety well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.

Staff provided good care and treatment and provided patients with pain relief when they needed it.

Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.

Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

The service planned care to meet the needs of the people who used it, 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.

However:

The service did not ensure all equipment was kept dust and debris free and cleaned at regular intervals.

Summary of findings

Contents

Summary of this inspection

Background to Institute of Sport Exercise & Health (ISeH)

The Institute of Sport Exercise and Health is an independent service owned and provided by the Hospital Corporation of America (HCA) International Ltd. The location is based in Central London. The service has two floors within a shared building, regulated activities are provided on the second floor of the building. Facilities include an X-ray room, MRI room, ultrasound room and 8 consulting rooms. The service also provides a mobile screening service.

The service is registered for treatment of disorders, disease and injury and diagnostic imaging to both adults and children and young people. The service provides musculoskeletal consultation and treatment for sports injuries to self-paying and insured patients.

The service was last inspected in 2013. At that time the CQC did not rate services. The service has had a registered manager in post since 9 May 2013.

The service was registered to provide the following regulated activities, treatment of disorder, disease and injury and diagnostic imaging.

How we carried out this inspection

We carried out an unannounced inspection on 23 February 2023 and 9 March 2023 using our comprehensive inspection methodology. The inspection team consisted of three core service inspectors and specialist advisors. The inspection was overseen by Nicola Wise, Deputy Director of Operations for London. We inspected all areas relevant to the respective core services which included; outpatient areas, children areas, diagnostic imaging machines etc. We talked to a total of 13 members of staff which included managerial staff, medical staff, nursing staff, physiotherapy staff, administrative staff and facilities support staff. We spoke with 8 patients. We reviewed 18 patient records.

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

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
Services for children & young people	Good	Good	Good	Good	Good	Good
Diagnostic imaging	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Outpatients

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

Is the service safe?

Good

Mandatory training

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

Staff received and kept up to date with their mandatory training. All staff had received a mix of face to face and electronic training. All training was recorded on an on-line portal which showed which training modules staff had completed.

The mandatory training was comprehensive and met the needs of patients and staff. Information was provided to show that mandatory training topics covered a wide variety of subjects in line with national guidance and statutory requirements.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. Managers monitored mandatory training and alerted staff when they needed to update their training. Data from the service showed that 100% of staff were compliant with their mandatory training in all modules.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Data provided showed 100% of staff had completed safeguarding adults and children level two and level one training. Safeguarding leads had completed level three training.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. 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. Staff said they felt confident to raise issues with the management team. They knew when they should make referrals to the local authority. They were aware of risks to children who were part of a patient's family or circle of friends and would take action if concerns were raised about their safety as well.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Clinic rooms were cleaned regularly, and surfaces were free of dust and dirt. The service made use of green "I am clean" stickers to show when equipment and surfaces had last been cleaned.

The service performed well for cleanliness. Monthly infection prevention and control practice and principal audits showed for the period of October 2022 to January 2023 100% compliance. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff had easy access to PPE and used it when necessary.

Hand hygiene audit results for the period of October 2022 to January 2023 showed compliance between 98% and 100%. The service conducted a quarterly sharps and waste management audit which showed between 95% to 100% compliance for the period of June 2022 to December 2022.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Monthly audit results for the safe infection control practices relating to medical devices showed 100% compliance for the period of October 2022 to January 2023.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. However, some equipment in the resuscitation trolley was stored in damaged packaging.

Patients could reach emergency alarms and staff responded quickly when called. Toilets and clinic areas were fitted with emergency alarms which staff and patients were able to use if they needed urgent help. Staff told us of examples when this had happened in the past such as when patients felt unwell.

The design of the environment followed national guidance. Staff carried out daily safety checks of specialist equipment, however during the inspection when we checked the equipment in the resuscitation trolley, we found that some disposable airways masks were stored in damaged packaging. We also found some out of date casting tape in the equipment storage room. When we alerted staff to these issues the equipment was replaced.

The service had suitable facilities to meet the needs of patients' families. If patients brought their children with them, they are were able to use a designated area away from the main waiting room.

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

Staff disposed of clinical waste safely. Clinical waste disposal was provided through a service level agreement. Clinical waste and non-clinical waste were correctly segregated and collected separately. The service conducted a monthly health and safety audit of the environment, the results for the period of October 2022 to January 2023 showed 100% compliance.

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. Staff were trained in life support training and aimed to stabilise a deteriorating patient until they were transferred to the nearest NHS hospital through '999' services.

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. We saw evidence of risk assessments in the patient records we reviewed.

The service had access to specialist mental health support. Staff explained that they were able to access specialist mental help support from the providers wider network of services.

Staff shared key information to keep patients safe when handing over their care to others. We saw evidence of multidisciplinary team working where staff discussed patients with surgical staff at other hospitals when referring a patient for surgery.

The service had local safety standards for invasive procedures in place for any ultrasound guided injection treatments. These standards were available for staff to view in local paper based policy folders and the service's intranet. Staff we spoke to knew how to access these documents.

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 staff a full induction.

The service had enough nursing, allied health and support staff to keep patients safe. The service had 2.5 whole time equivalent nursing staff, they were supported by a charge nurse and matron who attended the service on a regular basis from the providers main facility, The Princess Grace Hospital.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each clinic in accordance with national guidance. The service allocated one registered nurse and one health care assistant every day the service was open, this was the minimum nurse staffing the service deemed safe to open. If additional staff were required due to any special circumstances, then they would be provided from a neighbouring hospital from the provider's wider network.

The manager could adjust staffing levels daily according to the needs of patients. Managerial staff explained that more staff could be asked to attend the clinic from the providers main facility, The Princess Grace Hospital. in case there was a need due to patient complexity or increased numbers.

Good

Outpatients

The service had a 0% vacancy rate and a 0% turnover rate for the period of January 2022 to January 2023. The service had an 8.2% sickness rates for the period of January 2022 to January 2023. The service's bank staff usage rate was below 1% and they did not use agency staff for the period of January 2022 to January 2023. Managers made sure all bank had a full induction and understood the service.

The allied health professional staff consisted of four physiotherapists with the lead physiotherapist being the only full-time member of staff. The physiotherapist staff worked flexibly at the service and a neighbouring hospital which was part of the provider's wider network.

All medical staff working at the service were employed through practising privileges and at the time of the inspection there were 56 consultants who worked at the service.

Records

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

Patient notes were comprehensive, and all staff could access them easily. All staff had access to the service's electronic patient record system and were able to access patient records at their computer terminals. Records for nursing and consultant appointments were kept on an electronic record system, but records for physiotherapy appointments were kept in paper format. Managerial staff we spoke with explained their plans to introduce a separate electronic record system for physiotherapy notes.

When patients transferred to a new team, there were no delays in staff accessing their records. All hospitals and services that were part of the provider's wider network shared the same electronic patient record system and staff were able to access records across sites. Records were stored securely. Physiotherapy paper bases records were stored in locked cupboard in a locked room.

The electronic record system was password protected. The service conducted a regular record keeping audit which included checking chaperone documentation, nurse record keeping and World Health Organisation safety checklist completion.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines. Staff completed medicines records and kept them up to date. We saw evidence of this in patients' records. Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines.

At the time of the inspection, we found the service to be using a drug sourced from Germany. We found the provider had put in place the appropriate governance and authorisation arrangements for the use of this drug by a particular member of medical staff. However, on the day of the inspection we could not find any instructions or labels related to this drug written in English and managerial and nursing staff were not able to locate the written information in English

regarding this drug. After the inspection we were provided with the written information in English regarding this drug and it was explained that this information was held by the Head of Pharmacy and one consultant who was authorised to use the drug. As the drug was authorised for use only by one consultant, the provider did not expect nurse staff to interact with patients regarding this drug.

The service conducted a safe and secure storage medicines audit on a quarterly basis. This audit was conducted by the pharmacy department based at The Princess Grace Hospital (part of the provider's wider network of services). Results for the period of July 2022 to December 2022 showed 100% compliance to the provider's medicine management standards. Staff learned from safety alerts and incidents to improve practice Staff stored and managed all medicines safely.

On the day of inspection, we found that prescription pads were stored appropriately, however we found three instances of missing prescription sheets within one pad. At the time of the inspection we asked managerial and nursing staff where these missing sheets were, but they were unable to locate them or tell us about their absence.

After the inspection we were provided with evidence to show that an incident related to the matter had been raised in line with the provider's policy. We were provided with evidence to show that the matron and charge nurse, who both oversaw the service but did not work at the service full time, were aware of the missing prescription sheets and were undertaking an investigation into the matter. This was not communicated to the inspection team at the time of the inspection. We were provided with evidence to show that the prescriptions sheets had been used appropriately and were not misused. We were provided with evidence to show the service had put in place new systems of checks and audits for the management of prescription pads and staff were provided with learnings around the incident.

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.

Staff knew what incidents to report and how to report them. They followed clear guidelines and could describe the process for reporting incidents. Staff raised concerns and reported incidents and near misses in line with the service's policy.

Managers shared learning with their staff about never events that happened elsewhere during team meetings. They also received feedback from investigations of incidents, both internal and external to the service. Staff met to discuss the feedback and looked at improvements to patient care. We saw evidence of this in the team meeting and governance meeting minutes. Managers investigated incidents thoroughly, which was evident in the incident records we reviewed.

Staff understood the duty of candour. They could describe what duty of candour was and when it would be applied. They were open and transparent and gave patients and families a full explanation when things went wrong, in line with the provider's duty of candour policy.

Is the service effective?

Good

Outpatients

Inspected but not rated

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Policies and procedures followed recognisable and approved guidelines such as the National Institute for Health and Care Excellence (NICE). The policies we reviewed contained references to relevant national and professional guidance. The service received alerts regarding relevant national or professional guidance from the provider's centralised team, guidance was then discussed at team meetings and applied where relevant.

The service had a local audit programme which covered clinical, documentation, infection control, health and safety and medication topics. The audits were conducted on a regular basis to check working practices against policy and procedures.

Pain relief

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

Staff assessed patients' pain using a recognised methodology and gave pain relief in line with individual needs and best practice. We saw evidence of these assessments in the patient records we reviewed on the day of inspection. Patients received pain relief soon after requesting it. Staff prescribed, administered and recorded pain relief accurately.

Patient outcomes

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

The service used a variety of methods to measure patient outcomes in relation to their care and treatment for their specific sports related injury. Physiotherapy staff explained how they used biomechanical and strength assessments as part of the musculoskeletal pathway. They used technology to measure strength outputs and a patient's range of motion which allowed them to analyse objective data and use this to create bespoke patient care plans for recovery post injury.

The service used this data to improve the individual patient outcomes. If the patient chose, then individual outcome data was shared with the patient in the form of an athlete performance assessment report which allowed patients to understand their performance in a detailed way.

Good

Outpatients

The service used patient reported outcome measures for their acute cruciate ligament and osteoarthritis patients. The service also utilised a patient specific functional scale measure which gave clinicians a self-reported outcome measure for all forms of pathology and dysfunction. The scale allowed patients to report on their perceived performance, it was used at the time of presentation and then throughout treatment to help guide the patient care plan and achieve the patient's goals for recovery.

Managers and staff carried out a comprehensive programme of repeated audits such as; clinical audits on topics including safeguarding and World Health Organisation checklist for outpatient procedures, infection control practices and documentation audits. These audits were done to check improvement over time. Managers used information from the audits to improve care and treatment. Managers shared and made sure staff understood information from the 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. All staff working at the service had the relevant pre-employment checks conducted with a record of qualifications, experience and competencies kept centrally by the provider.

Managers gave all new staff a full induction tailored to their role before they started work. Managers supported staff to develop through yearly, constructive appraisals of their work. At the time of the inspection all staff working at the service had their appraisal.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge including any specialist training for their role. Staff told us during their appraisal or in personal meetings they had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. The clinical educators supported the learning and development needs of staff. There were dedicated members of staff for education and developmental needs for physiotherapy, nursing and medical staff.

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

Managers identified poor staff performance promptly and supported staff to improve.

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 held regular and effective multidisciplinary meetings to discuss patients and improve their care. Evidence was provided to show that multidisciplinary team meetings were held on a regular basis with the attendance of medical, nursing and allied health professional staff.

Staff worked across health care disciplines and with other agencies when required to care for patients. Patients could see all the health professionals involved in their care at one-stop clinics.

Good

Outpatients

Staff referred patients for mental health assessments when they showed signs of mental ill health, depression. Staff explained that they had done this in the past for patients struggling with anxiety related issues around their athletic performance.

The service worked with a local NHS trust under a service level agreement, which allowed the trust to use the facilities and staff for NHS clinics. The NHS trust was responsible for their patients and provided the medical staffing for the clinics.

Seven-day services

Key services were available when required to support timely patient care.

The service was open Monday to Friday from 8am to 8pm. Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests if needed during these hours

Health promotion

The service actively promoted patients and staff to lead healthier lives. Staff gave patients practical support and advice to lead healthier lives. Staff were involved in research and published materials regarding health promotion and disease prevention. The service created and made available a variety of bespoke health promotional material.

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

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

The service provided a variety of health promotional material to patients and staff. It had hosted a series of patient focused webinars and over a period of two years these had been attended by 20,000 attendees. The webinars focused on illness prevention and health promotion. These webinars were supported by a range of published health promotional material on the service's website which included topics such as exercise tips and guides. We saw examples of a variety of published materials in scientific journals which were authored by staff working at the service.

These articles focused on health promotion such as; injury prevention, association between disease and activity, climate change and how it affects food security etc. The service also organised events with a focus on health promotion such as the annual Institute of Sports Exercise and Health run, which encouraged patients and staff to take part in a run with a range of distances designed to everyone's individual abilities.

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.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They could explain how they would assess a patient's capacity and what they would do if they suspected a patient lacked capacity. Staff gained consent from patients for their care and treatment in line with legislation and guidance. The

majority of consent was gained verbally and was recorded in patient records where appropriate. Staff made sure patients consented to treatment based on all the information available. Patients were provided with written information prior to any treatment and were allowed time to ask questions and have a discussion with staff during their appointments.

Clinical staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Data provided to us showed that at the time of the inspection 100% of staff had completed their training. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.

Is the service caring?

Good

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff interactions on the day of the inspection were positive and professional. Patients said staff treated them well and with kindness.

The three patients we spoke with on the day of inspection gave positive feedback about their

experience with staff at the service. Staff followed policy to keep patient care and treatment confidential. Staff understood and respected the individual needs of each patient and showed an understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Data from the service's patient feedback questionnaire showed that between 83% to 100% (with the average score being 95%) of patients felt they were treated with compassion for the period of January 2022 to December 2022. In the same period between 67% and 100% (with the average score being 85%) of patients had a positive experience of the service.

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 supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Staff explained how they would provide patients with a quiet clinic room for privacy or if they were distressed.

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 had access to a suicide prevention toolkit that was developed for use in the provider's wider network, this toolkit provided clinical staff with the information of support services available for patients experiencing a mental health crisis.

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. Patient appointments were at least one hour long so that they had enough time to discuss any queries or concerns with staff. Staff spoke with patients, families and carers in a way they could understand, using communication aids where necessary. Staff had access to hearing loops, were able to call sign language interpreters and were able to obtain large font or braille versions of written text.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The service encouraged patients to complete a feedback questionnaire and staff said they would routinely ask patients about their experience at the service.

Staff supported patients to make advanced decisions about their care. Staff supported patients to make informed decisions about their care. Staff provided patients with detailed information regarding their performance and physical abilities using data collected through physiotherapy sessions. Staff helped patients understand this information and make specific choices regarding treatment options.

Patients gave positive feedback about the service. Data from the service's patient feedback questionnaire showed that between 83% to 100% (with the average score being 94%) of patients felt they were involved in decision making about their care for the period of January 2022 to December 2022. In the same period between 83% and 100% (with the average score being 90%) of patients felt they were given information relating to their care and treatment in an understandable format.

The service provided clear pricing structures to patients and had a dedicated payments team to help patients navigate the payment process or liaise with their insurance providers.

Is the service responsive?

Good

Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met the changing needs of the people who used it. Short turnaround clinics were available for professional athletes as and when needed. The service was able to be flexible with its operating hours to accommodate their patients' needs.

Good

Outpatients

The service had developed a mobile unit for the pre-competition professional athlete patient group. This mobile unit was able to provide medical assessments specialising in the detection of cardiac abnormalities. The service conducted virtual consultations to help establish if patients needed to visit the service. The service minimised the number of times patients needed to attend the service, by ensuring patients had access to the required staff and tests on one occasion.

Facilities and premises were appropriate for the services being delivered. The service had systems to help care for patients in need of additional support or specialist intervention. Staff were able to rapidly transfer or refer patients to neighbouring hospitals within the provider's wider network which were able to accommodate patients with more complex needs.

Managers monitored and took action to minimise missed appointments. The service did not attend rate was 14% for 12 months prior this inspection, the primary reason for this was short notice cancellation of physiotherapy sessions due to patient choice. Managers ensured that patients who did not attend appointments were contacted and the appointment rescheduled.

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 facilities were designed to meet the needs of patients living with physical disabilities. The clinic rooms were accessible by lifts which were wheelchair accessible and there were bathrooms available suitable for patients with a physical disability.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The service had information leaflets available in languages spoken by the patients accessing the service. Written information given to patients was primarily in English, but staff were able to order copies in other languages, braille or large font formats. Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff were able to provide patients an empty clinic room should they require a quiet space or place to pray.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes. Patients were able to book appointments to suit their needs and schedule. Managerial staff explained that on some occasions where patients requested specific medical staff they would work to ensure patient appointments were booked as soon as reasonably possible. The service had same day appointments available for patients that required them.

Good

Outpatients

The service conducted a monthly waiting time audit which showed that 100% of patients were seen within 15 minutes of their appointment time for the period of January 2022 to February 2023. Managers worked to keep the number of cancelled appointments to a minimum. They took action to avoid cancelling appointments but if it was necessary to cancel an appointment for reasons beyond the service's control then managers would make sure they were rearranged as soon as possible.

Managers and staff worked to make sure patients did not stay longer than they needed to. They did this by ensuring appointments were booked in co-ordination with all other parts of the service, so that patients were not waiting unnecessarily to be seen by other staff such as imaging or physiotherapy.

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. Patients we spoke with on the day of inspection could describe how they would raise their concerns or make a complaint.

The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them. Staff explained how they would first try and resolve any complaints locally before escalating to senior staff or the formal complaints process.

Managers investigated complaints and identified themes. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers shared feedback from complaints with staff and learning was used to improve the service. Staff could give examples of how they used patient feedback to improve daily practice.

The service had received no formal complaints only seven informal complaints in the 12 months prior to this inspection. The main themes identified in the informal complaints were payments and administration. No complaints were escalated to a third-party complaint's adjudication service in this period.

Is the service well-led?

Good

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the 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 management team who spoke with us could discuss the other main challenges the service faced and what they were doing to address them. For example, one of the main challenges the service faced was the mix use of the building

with university and NHS partners, as such the facilities and layout were not to the ideal standards the service wanted. One issue from this arrangement was that disabled toilets were located in corridors between different sections of the building, so in order to allow patients access to these toilets the main door to the service has to remain open at all times instead of being closed for security purposes. Staff were positioned at the door to keep watch over the areas to prevent unauthorised access.

The service was part of The Princess Grace Hospital and HCA's wider network of services leadership structure. The chief executive officer for The Princess Grace Hospital was the registered manager for the service, which was overseen by the chief nursing officer for The Princess Grace Hospital. The service's local leadership and day to day management was provided by the service's general manager, who also had line managerial responsibility for the service's staff.

The general manager reported to The Princess Grace Hospital chief operating officer. Staff we spoke with told us that they found the local leaders and those from The Princess Grace Hospital visible and approachable. Staff we spoke to on the day of inspection told us that felt supported by managerial staff to develop in their roles. We were provided with examples of how staff had been supported to undertake courses and learning opportunities which helped them advance their careers.

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 partnership with external organisations for the benefit of patients. Leaders and staff understood and knew how to apply them and monitor progress.

The service had a clear vision for what it wanted to achieve and a declared deadline to achieve it by. The service had a strategy to action their vision and goals. The service's strategy aligned with the provider's corporate growth strategy. The service's main vision was to be the leading institute for sports and exercise medicine in the world by 2030.

The service aimed to achieve its vision by focussing on clinical outcomes, research in partnership with prominent universities and NHS trusts, education and financial growth. It aimed to further develop the clinics provided by further integrating its specialist multidisciplinary team meetings into its daily working. It also aimed to further build and establish its research environment by leading research in cutting-edge topics. The service's progress regarding its goals was monitored at the provider level governance meetings. We saw evidence in the meeting minutes that service leads presented their progress against agreed timescales.

Culture

Staff felt respected, supported and valued. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture.

Staff we met were welcoming, friendly and helpful. Staff expressed high job satisfaction and it was clear from talking to staff that there was a good working relationship between staff. Staff felt supported in their work and said there were opportunities to develop their skills and competencies, which senior staff encouraged. Staff we spoke to on the day of inspection told us that felt supported by managerial staff to develop in their roles. We were provided with examples of how staff had been supported to undertake courses and learning opportunities which helped them advance their careers.

Good

Outpatients

Staff told us that they were encouraged by managers to always put the needs of the patients first. Patients and their families were encouraged to provide feedback on the care they received, and complaints were handled locally first before being escalated to senior staff or the formalised complaints process.

We observed good team working amongst staff of all levels. Staff told us they were happy working at the service and felt they contributed to creating a positive work environment. Staff felt confident raising concerns to managers and appropriate action would be taken. There were freedom to speak up champions across the provider's wider network who staff were able to access, to support staff in raising patient safety concerns confidentially. Staff we spoke to on the day of inspection told us they had not used this service personally but knew about it and how to access it.

Governance

Leaders operated effective governance processes. 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 was a clear governance structure in place. We saw an overall plan of how this governance system operated with an associated committee structure. There was an executive board with committees that covered medical governance, clinical governance, information governance and patient safety, quality and risk. There was guidance on the scope and responsibilities of each committee and how they interacted with each other.

The Medical Advisory Committee (MAC) advised on matters such as the granting of practising privileges, scope of consultant practice, patient outcomes, clinical standards and implementing new and emerging professional guidance. The MAC ensured there was a process for overseeing and verifying doctor revalidation, continuing practice development and reviewing practicing privileges.

The service was part The Princess Grace Hospital overarching governance structure. The service's quality group meeting data was discussed at The Princess Grace Hospital governance quality assurance board meetings held monthly and the quarterly clinical operating report meeting with the provider's corporate team.

We saw evidence to show that meetings were held with university partners and partner NHS trusts regarding research outcomes, service level agreements, learnings, incidents and complaints.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They had plans to cope with unexpected events.

There was an overall service level risk register which included risks to the service Within the risk register they recorded risks which were graded according to severity and controls were documented, with actions required before the next review date. All actions were assigned to a responsible individual. Risks were regularly reviewed by managerial staff. Risks were discussed in monthly and quarterly governance meetings. Staff we spoke with on the day of inspection could describe how they would raise a risk and who to contact to escalate risks.

The service had plans to cope with unexpected events, including adverse reactions during procedures. There was a risk management policy and the service undertook risk assessments, for example control of substances hazardous to health (COSHH) risk assessments. The health and safety representative and service leads carried out regular walkarounds to ensure there were no new environmental risks. The service's performance was reported to the board on a quarterly basis. Reporting was based on monthly performance targets.

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 service operated a mixture of digital and paper-based systems. The information systems that were being used at the time of the inspection were secure. There was a clear vision to further improve integration and utilisation of the IT software systems.

Managerial staff had access to a key performance indicator dashboard which showed the service's progress against operational goals and targets. They shared this information with staff during monthly staff meetings when needed. Managers were able to use this information to make decision about how to improve the service.

Information governance training was part of the annual mandatory training requirement for all staff working at the service. Data provided showed that at the time of the inspection 100% of staff had completed their training.

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.

We saw evidence, through surveys and feedback questionnaires, that the service engaged with patients and that changes were made when necessary. There was also the involvement of patients following complaints or incidents and an active patient experience committee.

Managers held regular meetings with a local NHS trust and local universities which were partner organisation of the service. The service engaged with these organisations to collaborate on research for the purposes of improving patient health outcomes.

Staff working at the service had access to equality groups such as black and ethnic minority equality groups or LGBTQ+ equality groups amongst others. These groups were provider wide or based in The Princess Grace Hospital. Senior managers who oversaw The Princess Grace Hospital and the Institute of Sports Exercise and Health attended these quality group meetings on at least an annual basis.

The service engaged with the public regarding health promotion, exercise and injury prevention through regular educational webinars hosted online and by an annual run organised for patients, staff and their friends and families.

The provider carried out a staff survey multiple times a year. The service was unable to provide a detailed breakdown of staff survey results because of the small staffing number working at the service the survey was unable to be anonymised. The service still carried out the staff surveys, but the data was amalgamated into The Princess Grace Hospital data. Staff at the service were able to raise their concerns or voice their opinions in staff meetings or personally with their managers.

The service ensured regular communication through various channels with staff, conducted an employee appreciation week where various complimentary gifts and refreshments were distributed, and the service had an awards system to recognise colleagues who went above and beyond. The service had access to a provider wide recognition platform where senior leaders were able to award staff reward points in a recognition scheme, these points were able to be used to purchase goods and services.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Staff actively participated in research and innovation partnering with external organisations. Research from the service helped guide public health policy.

Improvement and innovation were driven at a provider wide level and staff we spoke with were passionate about driving improvement and felt positive about working in an environment which promoted innovation. Staff said they were encouraged to present ways to work which improved the patient experience. Medical staff explained that leaders were supportive of them starting and running specialist pathways and clinics for specific injuries such as the complex concussion clinic or the anterior crucial ligament pathway. These clinics and pathways allow patients access to focussed specialised multidisciplinary care regarding a specific injury.

The service had developed a mobile unit which specialised in the detection of pre-existing cardiac abnormalities. This service was led by consultant cardiologists and respiratory physicians. The unit was designed to the need of professional athletes in a pre-competition setting. When this patient group needed urgent medical assessment before competitions, the service's mobile unit was able to provide this service without the patient having to travel. The unit was recognised by a prominent football related body as a cardiac provider for its sponsored athletes. The unit was able to deliver bespoke cardiac screening protocols or those set by international sporting bodies.

The service participated in variety of research conducted in partnership with universities and NHS trusts in London. Research was primarily focussed on exercise medicine, prevention of injury, sports cardiology, orthopaedics, sports respiratory and complex concussions. The main aim of the research was to reduce the number of serious injuries and illnesses in sport and to optimise the health benefits of sport participation. The clinical research findings conducted at the service have been used to guide public policy on how to improve the health of the general public. We saw evidence to show that the service has received letters of recognition and support for its research from various sporting bodies. We saw evidence to show that from 2017 to 2022 staff at the service have published over 250 peer-reviewed publications and have been granted over £17million in grants for research.

Good

Services for children & young people

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

Is the service safe?

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. We reviewed the staff training matrix and found all staff had completed all their mandatory training modules.

Mandatory training requirements included courses covering safeguarding, resuscitation, learning disability and autism, equality and diversity and infection prevention and control.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers had access to staff training records via an online learning portal. They discussed staff compliance with mandatory training during appraisal sessions.

Safeguarding

Staff understood how to protect children, young people and their families from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training specific for their role on how to recognise and report abuse. Safeguarding children and adults formed part of the mandatory training programme for staff. All clinical staff had completed safeguarding adults and safeguarding children training up to level three.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. They had access to a safeguarding lead who had completed level four safeguarding training. Staff knew where to find details for the local safeguarding authority and the steps to take if they had any concerns.

Staff knew how to identify children and young people at risk of, or suffering significant harm and worked with other agencies to protect them. Staff gave examples of concerns they would report and knew the contact details for the agencies they would report to. This included the provider's safeguarding team and local authorities.

Good

Services for children & young people

The service displayed information in toilets, urging visitors to report any personal safety concerns to members of staff. This reflected good practice, as it meant children and young people could discreetly report safeguarding concerns.

The service had not made 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 children, young people, their families, 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. We observed that all areas of the clinic were visibly clean and free from clutter. Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Staff were 'bare below the elbow' and adhered to infection prevention and control (IPC) precautions throughout our inspection, such as hand washing and using hand sanitisers when entering and exiting the unit. Staff had access to personal protective equipment (PPE) when required.

There were sufficient numbers of hand washing sinks available, in line with the Health Building Note (HBN) 00-09: Infection control in the built environment. Soap and disposable hand towels were available next to sinks and instructions on how to effectively decontaminate hands were displayed above the sinks.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Staff used "I am clean" stickers to show pieces of equipment had been cleaned and ready for use.

The clinic carried out monthly IPC audits which included hand hygiene, IPC principles and practices, sharps and waste handling, transportation of specimens and audit standards, and medical devices. Results from the latest IPC audits from October 2022 to January 2023 showed a compliance rate of 100% in each of the months reviewed with a few exceptions for hand hygiene (98% in January 2023) and sharps and waste handling (95% in June 2022).

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.

Children, young people, and their families could reach call bells. Toilets and clinic areas were fitted with emergency alarms which staff and visitors were able to use if they needed urgent help.

Staff carried out daily safety checks of specialist equipment. Equipment, including resuscitation equipment had been safety checked and was subject to daily checks. Items stored in the resuscitation trolley were in date. Gym equipment within the physiotherapy unit were serviced annually and labelled with the service date.

The design of the environment followed national guidance. The service had suitable facilities to meet the needs of children and young people's families. Clinical areas including consultation rooms, imaging suites and the gym were spacious and well equipped. There was a separate waiting area for children and young people set apart from the main waiting area.

Staff disposed of clinical waste safely. There were adequate arrangements for handling, storage, and disposal of clinical waste, including sharps. Waste was segregated with separate bins for general waste and clinical waste. The clinic had a contract with an external company for the disposal of clinical waste.

The service carried out monthly health and safety audit to review a range of questions covering good housekeeping, satisfactory lighting, fire safety, electrical appliances, first aid and equipment among others. Results for the period of October 2022 to January 2023 showed 100% compliance.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each child and young person and removed or minimised risks. Staff identified and quickly acted upon children and young people at risk of deterioration.

Staff completed risk assessments for each child and young person using a recognised tool. This included identifying potential risks such as allergies. For example, physiotherapy staff completed an assessment of patients' medical history for risk factors such as cardiac conditions or respiratory issues that might affect exercise plans.

Staff had completed paediatric immediate life support training to care for children and young people in an emergency. In the event of an emergency staff followed the provider's policy and offered life support until the patient was transferred to the nearest hospital via an ambulance.

Staff confirmed that they had access to specialist mental help support from the providers wider network of services.

Staff shared key information to keep children, young people, and their families safe when handing over their care to others. Staff followed a standard process to share clinical information with GPs and other healthcare providers when necessary.

Staffing

The service had staff with the skills, training, and experience to keep children, young people and their families 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 staff a full induction.

The service had enough nursing, allied and support staff to keep children and young people safe. All clinical staff had received the relevant training to safeguard and care for children.

The service had 2.5 whole time equivalent nursing staff, they were supported by a charge nurse and matron who attended the service on a regular basis from the providers main facility, The Princess Grace Hospital.

The service did not always have paediatric nurses on shift when children and young people attended the unit. In order to mitigate this, the service had a paediatric policy which outlined outpatient staff requirements. A Registered Sick Children's Nurse (RSCN) was required during appointments involving an invasive procedure, injections, and venepuncture. Staff informed us they booked paediatric nurses from a neighbouring hospital where children and young people required interventional procedures. They informed us they have had no problems booking paediatric nursing staff. The paediatric policy indicated a RSCN was not required for outpatient consultations, non-invasive procedures, and allied health professional services.

Good

Services for children & young people

Staff could contact a paediatric site practitioner (PSP) for expert advice were required. The PSP is the senior nurse on duty for the paediatric service line at one of the provider's services for children and young people. In addition, the service had a risk assessment to review the risk of seeing paediatric patients in the absence of a paediatric nurse. The risk assessment had controls in place including appropriate training for clinical staff, escalation flowchart and access to expert advice.

The allied health professional staff consisted of four physiotherapists with the lead physiotherapist being the only full-time member of staff. Allied staff had training and experience of working with children and young people in line with national best practice.

During our inspection there were two nurses and one physiotherapy staff on duty in line with expected staffing arrangements for the service.

All medical staff working at the service were employed through practising privileges and at the time of the inspection there were 56 consultants who worked at the service.

The service had no vacancies or turnovers for the period of January 2022 to January 2023. During the same period, the service's bank staff usage was below 1% and they did not use agency staff. Managers made sure all bank staff and paediatric nurses from the provider's network of services had a full induction and understood the service.

Records

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

Patient notes were comprehensive. Records were stored securely, and all staff could access them easily. The clinic had an electronic medical system and a hard copy of physiotherapy records. We reviewed five children and young people's records including physiotherapy and consultation records. Records were detailed and included details of the patient's medical history, consultations, assessments, diagnosis, social and employment history, and management plan.

Risk assessments were comprehensive and ensured patients were assessed for their suitability treatment and for any exercise program.

The service conducted a regular record keeping audit which included checking chaperone documentation, nurse record keeping and therapies documentation. Staff achieved an overall compliance rate of 100% in the last year for chaperone documentation, 95% for nurse record keeping and 96% for therapies documentation.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. The clinic had a medicines management policy, which described the handling, storage, prescribing, recording, and safe administration, and disposal of medicines.

Staff completed medicines records accurately and kept them up to date. We reviewed two medicine records and saw they were completed and kept up-to-date. Medicine records included details of each medication, batch lot number and expiry. Staff recorded information about patient allergies.

Good

Services for children & young people

We found medicines were stored securely and appropriately. Medicines we checked were in date and reconciled with the records.

The service conducted a safe and secure storage medicines audit on a quarterly basis. Results for the period of July 2022 to December 2022 showed 100% compliance to the provider's medicine management standards.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.

Staff knew what incidents to report and how to report them. They could explain what kind of incidents they would report and how to report them.

Staff raised concerns and reported incidents and near misses in line with the provider's policy. We reviewed the incident log for the last 12 months and noted none of the incidents were in relation to children and young people.

Managers investigated incidents and shared learning about incidents regarding other services with their staff. Records showed that actions had been taken, learning had been identified, and the outcomes had been shared with staff.

Staff understood duty of candour. They told us it involved being open and transparent and giving patients and their families a full explanation if and when things went wrong.

There was no incident requiring a duty of candour notification in the last 12 months. If

Is the service effective?

Good

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Policies were in date and developed in line with the National Institute for Health and Care Excellence (NICE) and Royal College guidelines.

The service carried out a programme of audits to monitor staff compliance with guidelines. This included infection prevention and control, documentation, and health and safety audits. Audit outcomes were positive and reflected staff complied with guidelines.

Nutrition and hydration

Children, young people, and their families had access to water, beverages, and snacks in the waiting area.

Good

Services for children & young people

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. We saw evidence of pain assessments in patient records reviewed. Staff ensured patients were comfortable when carrying out individual assessments.

Staff prescribed, administered, and recorded pain relief appropriately. We saw this was recorded in patients' medicine records.

Patient outcomes

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

The service conducted relevant clinical audits. Outcomes for children and young people were positive, consistent, and met expectations, such as national standards.

Physiotherapy staff used the patient specific functional scale (PSFS) to measure improvements in patient's activities following treatment. The aim of the PSFS is to give clinicians a reliable and flexible subjective outcome measure to quantify a patient's own perception of their change over time. Patient outcomes showed significant improvement patient functionality following treatment.

Managers shared and made sure staff understood information from the audits. Findings from audits were shared at team meetings.

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. Staff had completed relevant training required for their role.

Managers regularly reviewed the registrations and revalidations of relevant clinic staff to make sure they were up to date.

Managers gave all new staff a full induction tailored to their role before they started work. New members went through a probationary period and completed competency training.

Managers supported staff to develop through yearly, constructive appraisals of their work. The hospital's appraisal data showed staff received yearly appraisals. Staff told us they had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. We reviewed notes of team meetings which were well attended.

Good

Services for children & young people

Multidisciplinary working

Doctors, nurses, and other healthcare professionals worked together as a team to benefit children, young people and their families. They supported each other to provide good care.

Staff held regular and effective multidisciplinary meetings to discuss children and young people and improve their care. Children and young people could see all the health professionals involved in their care at one-stop clinics. This included appointments with consultants and imaging staff.

Staff worked across health care disciplines and with other agencies when required to care for children, young people, and their families. Medical, nursing, and allied staff worked together to provide care. Staff told us they had good working relationships with other members of staff.

Seven-day services

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

The service was open Monday to Friday from 8am to 8pm. A range of appointments were available to enable children and young people to attend with minimal disruption to their school attendance. Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests.

Health promotion

Staff gave children, young people and their families practical support and advice to lead healthier lives.

The service gave children and young people relevant information promoting healthy lifestyles and support.

Staff assessed each child and young person's health at every appointment and provided support for any individual needs to live a healthier lifestyle. The physiotherapy unit conducted gym sessions for children and young people and provided them with an exercise plan to support their rehabilitation.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported children, young people, and their families to make informed decisions about their care and treatment. They knew how to support children, young people and their families who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff understood how and when to assess whether a child or young person had the capacity to make decisions about their care. Staff could describe their roles and responsibilities under the Mental Health Act. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decision about their care.

Staff gained consent from children, young people or their families for their care and treatment in line with legislation and guidance. All records we reviewed demonstrated staff clearly recorded consent.

Staff understood Gillick Competence and Fraser Guidelines and knew how to support children who wished to make decisions about their treatment.

Children and young people under the age of 16 attended the clinic in the company of their parents or guardian in line with the provider's policy.

All clinical staff had completed training on the Mental Capacity Act and Deprivation of Liberty Safeguards.

Good

Services for children & young people

Is the service caring?

Good

Compassionate care

Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for children, young people, and their families. They followed policy to keep patient care and treatment confidential. Discussions took place in dedicated consulting rooms to protect patient privacy and dignity.

Staff took time to interact with children, young people, and their families in a respectful and considerate way. Our observation of patient care showed staff engaged well with children, young people, and their families. Staff were polite, caring, and compassionate.

Children, young people, and their families said staff treated them well and with kindness. They spoke positively about their care and confirmed they would recommend the service.

Staff understood and respected the personal, cultural, social, and religious needs of children, young people, and their families and how they may relate to care needs.

Children, young people, and their families were offered a chaperone if required and staff had completed chaperone training.

Emotional support

Staff provided emotional support to children, young people, and their families to minimise their distress. They understood children and young people's personal, cultural and religious needs.

Staff gave children, young people and their families help, emotional support and advice when they needed it. Our observation of patient care showed staff were re-assuring and comforting to patients.

Staff understood the emotional and social impact that a child or young person's care, treatment or condition had on their, and their family's wellbeing. Staff understood the anxiety or distress associated with the children and young people's physical fitness and condition. They engaged patients to ensure they were comfortable, assessed their emotional health and helped with their rehabilitation.

Understanding and involvement of patients and those close to them

Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.

Staff made sure children, young people and their families understood their care and treatment. Children, young people, and families were given clear information regarding the benefits and risks of their treatment and were given the opportunity to ask questions.

Good

Services for children & young people

Staff spoke with children, young people, and their families in a way they could understand. We saw staff engaged well with children, young people and their families and involved them in their care.

Children, young people, and their families could give feedback on the service and their treatment and staff supported them to do this. We reviewed the most recent patient satisfaction survey response for paediatric services. All children and young people surveyed rated their overall experience as excellent or good. They all confirmed that they felt listened to, they understood what they were told during their appointment and would come back again.

Is the service responsive?

Good

Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met the changing needs of children and young people. The service operated an appointment based service at a time and date convenient for children, young people and their families. They worked with staff from the provider's network of services to plan care. The service operated a mobile cardiac screening unit at professional sport events or academies for young people.

Facilities and premises were appropriate for the services being delivered. The service had adequate number of consulting rooms and facilities for diagnostic imaging. The main waiting area was spacious and visitors had access to beverage, water and snacks in the waiting area. There was a separate waiting area for children and young people.

The service did not have a missed appointment in the last year.

Meeting people's individual needs

The service was inclusive and took account of children, young people and their families' individual needs and preferences. They coordinated care with other services and providers.

The service had information leaflets available in languages spoken by the children, young people, their families. Managers made sure staff, children, young people, and their families could get help from interpreters or signers when needed.

Staff informed us they rarely saw children and young people with complex needs. However, all staff had completed training on recognising and responding to patients with mental health needs, learning disabilities and autism.

All staff had completed equality and diversity training and understood the importance of providing care without prejudice to people with protected characteristics under the Equality Act.

The service planned and delivered care with the collaboration of staff from a neighbouring hospital within the provider's network of services. They also coordinated care with GPs and NHS trusts.

Access and flow

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

Good

Services for children & young people

Managers and staff worked to make sure children and young people did not stay longer than they needed to. Children, young people, and their families could book appointments at a time and date convenient for them. They had access to same day or next day appointments when required.

Managers monitored waiting times and made sure children, young people and their families could access services when needed and received treatment within agreed timeframes and national targets. The clinic conducted a monthly waiting time audit which showed that 100% of patients were seen within 15 minutes of their appointment time for the period of January 2022 to February 2023.

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.

Children, young people, and their families knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them. They could explain the complaint process and how to escalate complaints.

There had been no formal complaint at the clinic in the last 12 months. There were seven informal complaints, however, none were regarding children and young people services.

Managers investigated complaints and identified themes. They shared learnings regarding other services with all staff. The main themes around the informal complaints were payments and administration. Managers informed staff to provided further reminders to patients to ensure pre-authorisation is obtained prior to treatment.

Is the service well-led?

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 service had a clear organisational structure. The service is one of centres and clinics under The Princess Grace Hospital leadership structure. The chief executive officer (CEO) for The Princess Grace Hospital was the registered manager for the service. The service was also overseen by the chief nursing officer for The Princess Grace Hospital. Operational responsibility for the service was delegated to the chief operating officer with the general manager for the service, providing day to day leadership and line management.

Managers had the skill, knowledge, and experience to run the service. They demonstrated an understanding of the challenges to quality and sustainability of the service.

Staff were positive about the leadership of the service. They informed us managers were accessible, visible, and approachable. Staff said they felt supported to develop their skills.

Good

Services for children & young people

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 service had a clear vision for what it wanted to achieve. The service's main vision was to be the leading institute for sports and exercise medicine in the world by 2030.

There was a strategy for achieving the priorities and delivering good quality sustainable care. The strategy was built around four themes, to deliver world class sport and exercise medicine, to produce and disseminate world leading sport and exercise medicine research, to deliver high-quality internal and external education and to achieve desired financial growth for the provider. The strategy identified specialist themed clinics to support its vision and five strategic research objectives in the short term, medium term, and long term.

The provider had recruited a cohort of sports medicine physicians, versed in managing and treating adolescent athletes. The focus for this population included growth and maturational concerns, overload and bone stress injuries, relative energy deficiency and nutritional concerns, sports cardiology and inherited heart disease, adolescent asthma and wheeze, adolescent concussion, and adolescent gynaecology and exercise.

Staff were familiar with the vision and were committed to providing high quality care.

Culture

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

There was a positive culture within the service. Staff were happy to work for the service and focused on the need of patients. They felt respected, supported, and valued. They felt there were opportunities to develop their skills and competences.

The service had an open culture where children, young people and their families and staff could raise concerns without fear. Staff recognised the need to be open and transparent with patients when something went wrong in line with the duty of candour requirements. Staff felt confident raising concerns to managers and appropriate action would be taken. There were Freedom to Speak Up champions across the provider's wider network who staff were able to access, to support staff in raising patient safety concerns confidentially.

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.

The service had a clear governance structure with defined roles and responsibilities. Staff at all levels were clear about their roles and accountabilities. All levels of governance and management functioned effectively.

Good

Services for children & young people

There was an executive board with committees that covered medical governance, clinical governance, information governance and patient safety, quality, and risk. There was guidance on the scope and responsibilities of each committee and how they interacted with each other.

The Medical Advisory Committee (MAC) advised on matters such as the granting of practising privileges, scope of consultant practice, patient outcomes, clinical standards and implementing new and emerging professional guidance. The MAC ensured there was a process for overseeing and verifying doctor revalidation, continuing practice development, and reviewing practicing privileges.

The service was part of The Princess Grace Hospital overarching governance structure. The service's quality group meeting data was discussed at The Princess Grace Hospital governance quality assurance board meetings held monthly and the quarterly clinical operating report meeting with the provider's corporate team.

The service held local monthly team meetings to discuss clinical and operational issues relevant to the location.

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.

Managers monitored local performance and had an overview of all relevant information including risks, incidents, and patient outcomes.

The service had arrangements for identifying, recording, and managing risks. There was an overall service level risk register which included risks relevant to all areas, for example facility risks. All recorded risks were graded according to severity and controls were documented, with actions required before the next review date. All actions were assigned to a responsible individual and risks were regularly reviewed.

The service had a separate risk register for children and young people services which included the risk of treating paediatric patients in the absence of a paediatric nurse. The risk was relevant and aligned with our findings during the inspection. Staff had also completed a risk assessment for the same purpose with control measures in place to mitigate against the risk. Staff pre-booked paediatric nurses where interventional care was required. All clinical staff had completed at least level three safeguarding training, paediatric resuscitation training, and had awareness of access to paediatric advice and support flowchart and safe transfer out arrangements. In addition, staff could call for expert support from a senior paediatric nurse within the provider's network of services if required.

The service had plans to cope with unexpected events, including adverse reactions during procedures. There was a risk management policy, and the service undertook risk assessments, for example control of substances hazardous to health (COSHH) risk assessments. The health and safety representative and service leads carried out regular walkarounds to ensure there were no new environmental risks.

The service performance was reported to the board on a quarterly basis. Reporting was based on monthly performance targets.

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 information on patients' care and treatment. Access to individual patient's records was restricted to authorised staff in accordance with their job role. Electronic devices were password protected and we observed staff signing out of computer systems when they were not in use.

Information governance training was part of the annual mandatory training requirement for all staff working at the service. All staff had access to the organisation's intranet to gain information relating to policies, procedures, national guidance, and e-learning.

Staff shared information through a variety of ways including at team meetings and governance meetings.

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 children, young people and their families through feedback questionnaires. The provider held a patient experience committee (PEC) meeting which reviewed patient feedback, complaints and recommendations quarterly. The PEC February 2023 report highlights the service as the most improved for patients seen on time for their appointment.

Staff told us they felt engaged in the day to day operations of the service. They held regular staff meetings which they used to shared information regarding incidents, complaints, and examples of good practice.

Staff provided feedback via a staff survey. The service report was amalgamated into the report for The Princess Grace Hospital due to the small number of staff and the need to preserve the anonymity of staff. The provider used feedback from staff to improve the service. For example, the report from October 2022 indicated there was an opportunity to improve on recognition, so the provider relaunched using meal vouchers and EPIC (exceptional people in care) awards points to recognise staff who had been named in patient feedback.

The service conducted an employee appreciation week where various complimentary gifts and refreshments were distributed, and the service had an award system to recognise exceptional members of staff.

The service had an anonymous annual consultant survey for each consultant to feedback on the support they receive during their clinics. The results have been used to inform the service's strategic priorities and identify areas of improvement. For example, consultant feedback suggested extending operational hours. Therefore, the service now operated Monday to Thursday until 8pm.

The service collaborated with partners within the provider's network of services, NHS trusts, professional sport organisation and academies to improve services for children and young people and their families.

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 learning and improving services. Staff spoke positively about the opportunities for learning and development which enabled them to assist in improving the services.

Good

Services for children & young people

The service has recently implemented a modified version of the provider's patient feedback questionnaire with a focus on children and young people aged 12 to 17. This was an improvement to the general patient feedback questionnaire for adults and the paediatric outpatient survey which was not age appropriate for the demography of young sports people the service supported. Preliminary feedback from children and young people who had completed the survey suggested they found it easy to navigate and were able to answer all questions themselves.

The service operated a mobile cardiac screening unit for adolescent athletes in professional sport settings. This provided children and young athletes with access to urgent medical assessments when necessary.

The service participated in variety of research conducted in partnership with universities and NHS trusts in London. This included research and innovation involving children and young people. The work had a direct focus on enhancing clinical practice in prevention of injury and management. Areas of research included early sports specialisation, risk mitigation programs and adolescent sports cardiology. The service had collaborated with three sport academies to develop new cardiac tools for adolescents. This included a new tool for cardiac screening of Arab and black paediatric athletes.

Good

Diagnostic imaging

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

Is the service safe?

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. Mandatory training records for clinical and non-clinical staff demonstrated 100% compliance at the time of our inspection.

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training modules provided to staff included basic life support training, paediatric basic life support training, safeguarding adults' and children and equality and diversity training. Mandatory training was a combination of online and face to face training.

Staff completed training on recognising and responding to patients with learning disabilities, autism, and dementia. Learning disability and autism level 1 training was provided as a mandatory module. At the time of our inspection staff were 100% compliant with this training module.

Consultants with practising privileges were responsible for providing evidence that they had completed their mandatory training within their substantive employer. This was reviewed as part of their annual medical appraisal. At the time of our inspection 82.5% of consultants had completed their mandatory training.

Managers monitored mandatory training completion though supervision and the online training system. Managers alerted staff when they needed to update their training. The HCA learning academy sent managers mandatory training reports fortnightly. Staff stated they were informed by managers when they needed to undertake or update their mandatory training.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. All clinical staff had received safeguarding level 2 and 3 training for adults and level 1 and 2 for children. The service had a safeguarding policy which was up to date and reflected the best practice and all required national guidance.

Good

Diagnostic imaging

At the time of our inspection the chief nursing officer, who intended to be the safeguarding lead for this service, had not completed safeguarding level 4 training for adults or children, however this course was booked to be completed. Staff told us the corporate safeguarding lead was safeguarding level four trained and was the point of contact if any escalation was required.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff gave examples of when they would need to raise a safeguarding concern and who they would contact if they had a safeguarding concern. However, the service had not needed to made any safeguarding referrals in the last 12 months.

The provider had an up to date chaperone policy, which staff were able to tell us about. All patients were asked if they wanted a chaperone to accompany them into their consultation or procedure.

Cleanliness, infection control and hygiene

Staff used equipment and control measures to protect patients, themselves, and others from infection. They kept the majority of the premises visibly clean.

The service was visibly clean. However, we saw dust and dirt on 1 overhead x-ray tube and one mobile x-ray machine. There was also dust and dirt in the x-ray room. Other clinical areas such as the MRI room were visibly clean and had suitable furnishings. The communal patient and staff areas we visited were visibly clean.

Daily and weekly cleaning records were up to date and reported that cleaning had been completed at regular intervals. We saw completed audits from September 2022 to February 2023 that did not identify any areas for improvement. However, during our inspection we found dust and dirt in the x-ray room which showed the service was not maintaining its cleaning.

We witnessed all staff adhering to being 'bare below the elbow.' We observed there were hand wash sinks and hand sanitiser which staff used before patient contact. Sinks displayed hand washing posters.

The monthly infection prevention control principles and practices audit showed 100% compliance from October 2022 to January 2023.

The monthly hand hygiene audits showed 100% compliance from October 2022 to December 2022 and 98% compliance in January 2023.

Staff followed infection control principles including the use of personal protective equipment (PPE). Personal protective equipment was available in the department and was worn appropriately. Sharps bins in clinical areas were clean, secure, and not overfilled.

We witnessed staff cleaning equipment after patient contact; however, we found dust on x-ray equipment which demonstrated not all equipment was cleaned after use. We saw equipment labelled with "I am clean" stickers which showed when it was last cleaned.

Environment and equipment

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

Patients could reach call bells. Each disabled toilet and the patient changing area had an emergency pull cord in place, which was at the correct height.

The design of the environment followed national guidance. There were warning lights outside the doors to the x-ray room. These warned people of the risks of radiation and lit up when the equipment was in use.

The service had suitable facilities to meet the needs of patients' families. All imaging and clinical areas on second floor were suitably sized. The consultation rooms were all had easily wipeable chairs and trolleys for carrying out clinical assessments when required. There were enough toilets and some of the toilets had showers within them for patients to use. Waiting areas had suitable seating for visitors and refreshments including hot and cold drinks were available to patients.

The service had enough suitable equipment to help them to safely care for patients. All imaging equipment was maintained and serviced at regular intervals. A third party undertook a preventative maintenance visit at least once a year to review and carry out servicing and preventative maintenance of all equipment in line with the manufacturer's instructions. These checks were all in date. Staff carried out daily testing of the imaging equipment and completed checklists to evidence these checks had been completed and equipment was fit for use.

The was one resuscitation trolley within the service, this was fully checked, stocked and the signing sheet was up to date. However, we saw the packaging of four disposable airway masks was damaged. We could not be assured the daily safety checks were being completed accurately because the damaged packaging had not been identified by the staff who had undertaken the checks.

Staff disposed of clinical waste safely. Clinical waste bins had signage that indicated what was to be disposed of and staff we spoke with understood the process. Clinical and non-clinical waste was correctly segregated and collected separately. Clinical waste was stored in the dirty utility room which had controlled access and collected weekly by a third party.

The quarterly sharps and waste handling audit showed 95% compliance in June 2022 and 100% compliance in September 2022 and December 2022.

Assessing and responding to patient risk

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

Staff knew how to respond promptly to any sudden deterioration in a patient's health. Staff told us they had not responded to a deteriorating patient in the last 12 months because of the nature of the service. Staff we spoke with were clear about the escalation process if a patient was deteriorating and stated they were confident that the response from the medical staff would be prompt.

The service completed simulation training for deteriorating patients and cardiac arrest scenarios. Following the simulation exercise, which included seizure, anaphylaxis, sepsis, and hypoglycaemia management, in September 2022, a report and action plan was produced to improve staff response. To monitor learning and ensure improvements had been made a follow up simulation exercise was undertaken in December 2022. Which was attended by 5 members of staff.

Good

Diagnostic imaging

Staff completed risk assessments for each patient and reviewed the suitability of the process regularly. The service had two risk assessments, an MRI safety risk assessment and radiation risk assessments. Patients completed a screening process with staff to identify any potential risks that may impact the delivery of care or present potential harm to patients. Patients were asked to complete an MRI safety form, which was reviewed by staff at their appointment to ensure they had completed it correctly.

MRI scans use strong magnets to produce images, these can affect any metal implants or fragments in the body. *Metal objects* may also interfere with the magnetic field and can cause a safety hazard. Staff in the MRI area ensured all staff and patients undertook a verbal metal screening assessment before entering.

We saw the corporate radiation safety policy in use at the service, which was in date and version controlled. The policy outlined the framework in place to ensure the safe use of ionising and non-ionising radiation across HCA UK.

We also saw the corporate management framework for work with ionising radiations which staff at the service were expected to follow. The policy included information about HCA management requirements for work with ionising radiations (IRR) legislation frameworks.

Staff knew about and dealt with any specific risk issues. Staff used 'pause and check' which was a checklist followed by radiographers for good practice in line with Ionising Radiation (Medical Exposure) Regulations (IR(ME)R). When staff administered intravenous contrast, staff completed an individual patient risk assessment to identify risk of anaphylaxis.

Staff we spoke with could explain what to do when they found unexpected findings on scans and x-rays. This included immediately escalating to an onsite consultant or radiologist whilst asking the patient to wait in the waiting area.

Staffing

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

The service had enough radiographers and support staff to keep patients safe. Staffing levels were planned in advance and reflected the demand of the service. The planned levels of staffing matched the actual staffing levels from November 2022 to January 2023.

The service had a set minimum level of staffing from Monday to Friday. This included two reception/administrator staff, one registered nurse, or a minimum of two registered nurses when interventional procedures were being carried out. When diagnostic imaging was being undertaken the service had three radiographers and one general manager on duty.

The service had used bank MRI radiographers throughout 2022 which amounted to an average monthly usage of 12.5%. Bank staff were sourced through the HCA temporary staffing service and all bank staff were regular bank staff that work across other HCA Hospitals. Bank staff had completed an induction prior to commencing work in the service which included information about the service. The service provided bank staff with a local induction by the imaging team.

There were four radiographers employed by the service and a consultant who worked in the service did so under practising privileges. Practising privileges are an authority granted to a physician by a service governing board to provide service user care. We saw the practising privileges policy which was up to date and relevant to the service.

Good

Diagnostic imaging

The diagnostic imaging team had an average sickness rate of 1.96% from October 2022 to January 2023. At the time of our inspection the service had no nursing vacancies.

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, including bank staff, could access them easily. Staff told us they also used both an electronic patient records system to store patient information and paper records. All records were stored securely and the nine records we reviewed were fully completed. The service used *picture archiving and communication system (PACS)* to store and process images. We observed electronic computer systems were password protected. Privacy and security were included as a module of mandatory training and at the time of our inspection was 100% compliant.

There were no delays in sending reports to the consultant requesting the x-ray or MRI scan. Diagnostic reports were usually made available within 24 – 48 hours depending on the urgency of the request. All reporting was in-house at one of the provider's other sites. Patients were able to request copies of their images which were sent to them via secure email.

Medicines

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

The corporate medicines management policy was in date and version controlled. The policy outlined the legislation responsibilities relating to all aspects of medicines management.

Medications for the management of emergency situations were kept securely in the emergency resuscitation trolley. There was a designated checklist for staff to evidence checks, including those of emergency medicines were undertaken and recorded. All the checks had been completed and up to date. There were systems and processes in place to replace medicines on resuscitation trolley. This included the pharmacy department at the local sister hospital being alerted via their medicine's database prior to emergency medicines expiring or they had been used. These were replaced and the data base updated.

Radiographers were authorised to administer contrast media and other medicines required during diagnostic imaging processes under patient group directions (PGDs). PGDs are written instructions to administer specific medicines to patients, in planned circumstances. The PGD is medicine specific and includes the names of the radiographers who are authorised to administer the drug in certain circumstances as they have been assessed following training as competent to administer it. An up to date record of the individuals authorised to use the PGD must be kept with the PGD.

The service had PGDs for gadoteric acid solution for injection and sodium chloride injection which were in line with the HCA Healthcare corporate medicines management manual. These were in date and supported by the Royal College of Radiologists guidelines on contrast administration as well as the provider's Gadolinium pathway. The PGD for sodium chloride injection included a record of the staff members who had been assessed as competent and authorised to use the PGD. We saw evidence of a staff training record for administering medicines under the PGD. The staff training record was 100% compliant.

Allergies were clearly documented on referral forms and on the electronic patient records. Allergies were verbally checked during the diagnostic imaging safety checklist.

Good

Diagnostic imaging

Incidents

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 corporate incident and serious incident management policy in use at the service included information about incident management, serious incidents including never events and sharing investigation outcomes with the affected person/family. Staff knew what incidents to report and how to report them. The service used an electronic incident reporting system and all staff we spoke with were familiar with how to report incidents.

Staff raised concerns and reported incidents and near misses in line with the service's policy. Managers discussed incidents with staff at the time of reporting. They explained how they would support staff in reporting incidents to ensure consistency.

There were systems in place for radiation related incidents to be escalated to and investigated by a medical physics expert.

Between January 2022 and January 2023, the diagnostic imaging service reported no serious incidents or never events. Between January 2022 and January 2023, the diagnostic imaging service reported no contrast reactions. The service reported 12 low harm or no harm incidents in the last 12 months.

Staff we spoke with understood duty of candour. They were open and transparent and gave patients and families a full explanation if or when things went wrong. The duty of candour policy included information about information sharing about incidents with patients including under the duty of candour.

The service provided managers with governance newsflash learning slides following any completed incident investigation and safety alerts to share learning across the team. Staff met to discuss the feedback and identify any improvements that could be made to patient care. The minutes of team meetings evidenced discussion of incidents that were handled informally without taking the formal complaint route. Staff we spoke with stated they had an opportunity to discuss feedback from incident investigations and that actions were taken to make improvements to patient care.

Is the service effective?

Inspected but not rated

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff 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. The service had a mixture of local and corporate policies in place to support good practice and these were available electronically on the HCA policy library.

Details of how to access the policy library was provided at corporate staff induction. During a local induction, staff were provided with copies of the general policies and further policies that related specifically to their job role.

Changes in national guidance was communicated electronically by the provider to the service's nominated policy lead for implementation at service level. A monthly quality and effectiveness bulletin was circulated to staff which included policy updates, key changes and any actions required by the service. Staff we spoke with confirmed changes to practice and policies were highlighted by the service manager and they received emails and alerts from the quality and governance team.

Nutrition and hydration

Staff gave patients food and drink when needed.

Staff told us that patients were not offered food; however, they were offered coffee, tea, hot chocolate or biscuits before or after their appointment.

We observed a central area with hot drinks, water and biscuits in the main waiting area which patients could help themselves to.

Pain relief

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

All patients attended as an outpatient. Staff assessed patients' pain both before and during imaging procedures. Patients were advised to bring any medication including pain relief with them, that they might require during their appointment.

Staff in the department had access to the corporate guidelines for the assessment and management of acute and persistent pain in adult, paediatric patients, to assist them to assess patient's pain and to take appropriate action.

Staff told us diagnostic imaging patients did not routinely require pain relief. However, if patients required immediate pain relief, they would be referred to one of the service's doctors who could, if necessary, prescribe suitable pain relief medication. Alternatively, patients could be referred to the local HCA Urgent Care Centre where a general practitioner would assess their pain relief requirements.

Staff assisted patients into comfortable positions for imaging wherever possible.

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 programme of repeated audits, including transportation of specimens, resuscitation trolley audit and patient group direction audit for MRI, to check improvement over time. But the service did not participate in relevant national clinical audits for diagnostic imaging. In August 2022, the service launched a new audit reporting tool and interactive audit dashboard. Departments received monthly individual audit results and a summary of any non-compliant questions. This gave clear transparency of results and allowed staff to identify any gaps and report meaningful actions for particular questions.

Managers used information from the audits to improve care and treatment. On completion of audits, the results and findings were presented at the service's quality meeting, for discussion with agreement of action plans and a commitment to complete another audit cycle within a designated timeframe.

Audit results were escalated appropriately to the corporate audit group, corporate audit committee and clinical governance committee if required.

Competent staff

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

Staff were experienced, qualified, and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work. The staff induction consisted of 13 weeks of local and corporate induction with regular line manager reviews and allocation of a mentor. Staff were provided with a competency-based pack to complete and were required to complete mandatory training within 3 months of starting their role. Achievement of the competencies and completion of mandatory training was monitored by their manager.

Managers made sure staff received any specialist training for their role. They supported staff to develop through yearly, constructive appraisals of their work. Appraisal rates for diagnostic imaging were 100%. Staff stated at their annual appraisal which included objective setting, and during regular supervision, they were able to identify learning and development needs. They said they were supported to develop their skills and knowledge and had access training. They provided examples of being supported to undertake training with the provider via the HCA learning academy or Harvard spark learning platform and externally, such as obtaining qualifications with a university to support their personal and professional development.

The service told us the number of consultant appraisals completed had been impacted by the postponement of appraisals during the COVID-19 pandemic which resulted in a significant backlog of medical appraisals.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Team meetings were held regularly every Monday to discuss the previous week, any learning, safety issues, incidents and any new services that were being introduced. The minutes of these meetings showed incidents and learning from incidents were discussed.

The corporate capability policy was used by the service which set out the provider's approach to dealing with poor performance or performance that was below a satisfactory level. Managers identified poor staff performance promptly and supported staff to improve. Line managers monitored and assessed individual performance against the requirements of each post in order to identify capability issues as soon as they arise. If concerns were identified the manager would have a conversation with the staff member and discuss learning and how to support them and resolve the performance issues informally. These discussions may include the development of a performance improvement plan (PIP). The aim was to support the individual in understanding the shortfall in performance, standards expected, training and support required and review period.

Multidisciplinary working

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

Good

Diagnostic imaging

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Radiologist attended a variety of provider wide multidisciplinary (MDT) meetings.

The service's team including orthopaedic surgeons, physiotherapists, cardiologist, radiologist, and nursing all worked well together to provide a high-quality service. All staff we spoke with were positive about team working and felt well support of their colleagues or manager.

We observed staff working well together as a team, the service had a positive and respectful atmosphere. Staff told us they believed there was very good lines of communication within the service and necessary information about the patients was shared to provide holistic care

Seven-day services

Key services were available to support timely patient care.

The service was available Monday to Thursday 8am to 8pm and Friday 8am to 6pm. On-call support was not available out of hours.

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. The service was part of the national centre for sport and exercise medicine (NCSEM). NCSEM is a new national initiative to deliver education, research, and clinical services.

The service provided health promotion information about topics including physical activity, smoking cessation and alcohol intake levels. These were available via a QR code which patients could scan.

The service promoted involvement in physical activity through their organised events. For example, the annual service run which had a range of distances from 2.5k – 10k, to encourage a wide range of patients to participate.

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.

Consent was obtained in line with the corporate consent policy which outlined the process of seeking valid consent for treatment and care. The policy set out the importance of establishing whether the person had capacity to give consent, the form that consent might take and the duration of that consent.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. The majority of consent was gained verbally and was recorded in patient records where appropriate. Staff made sure patients consented to treatment based on all the information available. Patients were provided with written information prior to any treatment and were allowed time to ask questions and have a discussion with staff during their appointments.

Staff we spoke with demonstrated sufficient understanding of their responsibilities in regard to consent. Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records. We saw evidence that consent had been recorded in line with legislation.

Good

Diagnostic imaging

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

Is the service caring?

Good

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. They introduced themselves and took time to ask how the patient was feeling including about the imaging procedure and if they had any questions.

Staff clearly explained the diagnostic procedure and the time it would take to the patient. They asked patients if they fully understood the information given to them and assured them that, if they had any questions, a member of staff would be available to answer these. They maintained privacy and dignity by ensuring blinds and doors were closed when patients entered the room.

Patients said staff treated them well and with kindness, compassion and were caring. We observed staff being helpful and reassuring.

The results of the patient satisfaction survey showed between January 2022 to December 2022, 98% of patients would return to the service for future appointments. While 95% of patients said they were treated with care and compassion.

Patients we spoke with were positive about the service they received from the service. Parents stated that all staff they met were supportive and appointments were patient centred, and staff were quickly available to answer any questions or address any issues they raised.

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. Patients were given reassurances during their scans, for example in the MRI scanner patients were spoken with over the intercom and asked if they were comfortable and happy to continue.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Staff informed us that they asked patients if they had any phobias before starting their scan. If a patient identified as claustrophobic or did not like smaller spaces, staff could play their favourite music or put their favourite programme on a television whilst they undertook the scan.

The service had an HCA UK pledge which provided staff with the practical resources to help navigate any difficult conversations with patients. This along with customer service training focused on staff listening skills and staff acknowledging sensitively and appropriately when a patient was raising concerns.

Good

Diagnostic imaging

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 said staff explained the procedure, checked what diagnostic procedure they were having. Patients told us that the information given to them was clear and easy to understand.

Staff spoke with patients, families, and carers in a way they could understand, using communication aids where necessary. Staff were aware of reasonable adjustments that could be made to ensure patients understood the information they were given. This included providing interpreters to support medical discussions with patients and families.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff encouraged each patient to complete a feedback form online following their appointment or use an electronic tablet to complete the feedback form whilst onsite. The service had received compliments from patients in other formats such as letters, cards, emails, and online reviews.

Patients gave positive feedback about the service. Examples of patient feedback included “Excellent experience I am treated well, very professional and kind” and “generally very good service all around.”

Is the service responsive?

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 patients. It also worked with others in the wider system to plan care.

Managers planned and organised services, so they met the changing needs of the people accessing the service. The service provided diagnostic imaging services to self-funding or insured adults and children at a time that was convenient to them.

Facilities and premises were appropriate for the services being delivered. The service was located on the second floor accessible to wheelchair users by a lift.

The service did not operate a waiting list. Staff said that all patients were seen promptly and patients we spoke with confirmed they had been able to access the service in a timely manner.

Managers monitored and took action to minimise missed appointments. The service monitored patients who did not attend their appointment or for treatment in line with the provider’s patient DNA (did not arrive) policy. Managers contacted the patient and asked if they wanted to book a new appointment.

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.

Good

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Staff assessed, were responsive and when possible modified or adapted care to consider individual's preferences and needs. For example, staff told us if they identified a patient was claustrophobic, the radiographer use distraction techniques during their scan.

Staff understood service users may become distressed and a chaperone was provided if requested by the service user to provide reassurance. There was a chaperone poster in the service providing information about chaperoning.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. The service provided support from interpreters or signers when needed. Staff were aware of how to obtain interpreters and told us they had used them.

The service also had access to the provider's international team to support with Arabic translation as and when needed. Additional guidance on how to access the international team was available to staff in the standard operating procedure (SOP).

All staff had completed equality and diversity training and understood the importance of providing care without prejudice to protected characteristics. Staff could give examples of how to protect service users from harassment and discrimination, including those with protected characteristics under the Equality Act.

The service recognised that some patients may be living with a mental health condition. Staff were aware of the referral process to access mental health services if needed.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes. Patients were able to book appointments to suit their needs and schedule.

We saw from January 2022 to December 2023 99% of patients were seen within 15 minutes of the appointment time and if there were delays, patients were kept informed as to the reason for the delay.

When patients had their appointments cancelled at the last minute, the manager made sure the central booking team as soon as possible rearranged the appointment. Cancelled or missed appointments were rearranged to the patient's requirements and schedules. The service's reception and/or the central bookings team had calendar oversight of all imaging appointments and were able to inform patients of the available appointments.

Learning from complaints and concerns

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

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. The service encouraged and made it easy for patients to give feedback and raise concerns about the care they received.

Good

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Staff understood the complaint's policy, process, and response timeframe. They knew how to acknowledge complaints. If a complaint was raised by a patient, this was assigned to a senior member of staff initially to investigate. The patient received feedback from the manager after the investigation into their complaint had been completed. If a patient was unhappy with the outcome this could be escalated to the governance team.

The service had not received any formal complaints in the previous 12 months. The service had received seven informal complaints in the last 12 months. These had been resolved informally by the general manager within five days or less.

The service treated concerns and complaints seriously and shared lessons learned with all staff. Staff could give examples of how they used patient feedback to improve daily practice. For example, staff we spoke with told us a patient provided feedback indicating they did not want to be spoken to throughout the scan. Staff now explained the process to patients and asked patients how often they would like to be spoken to during the scan.

Is the service well-led?

Good

Leadership

Leaders had the skills and abilities to run the service. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills.

The service had a clear corporate management structure. The service was part of The Princess Grace Hospital leadership structure. The chief executive officer of The Princess Grace Hospital was the registered manager for the service and visited the service monthly. The chief nursing officer provided nursing leadership for the service and visited one day per month. Operational responsibility for the service was delegated to the chief operating officer, who visited the service two to three times per week. The general manager for the service, providing day to day leadership and line management.

Staff told us they had confidence in their line management and the leadership of the service. Staff said the leadership team were visible and approachable. Leaders had an open-door policy and supported staff to raise concerns and seek out support. They promoted staff wellbeing and promoted physical fitness.

Staff we spoke to on the day of inspection told us that felt supported by managerial staff to develop in their roles. We were provided with examples of how staff had been supported to undertake courses and learning opportunities which helped them advance their careers.

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.

The service had a clear vision and a strategy to turn it into action. The service's main vision was to be the leading institute for sports and exercise medicine in the world by 2030. Providing excellence in the diagnosis, prognosis and treatment of sports injuries and illnesses, whilst bridging the gap between elite sport and recreational physical activity to support the improvement in the health of the nation.

Good

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The service had four strategic goals which were to deliver world class sport and exercise medicine, produce and disseminate world leading sport and exercise medicine research, delivery high quality and external education and achieve financial growth. Staff we spoke with understood the vision and strategy of the service and how it had set out to achieve them.

Culture

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

Managers supported an open and honest culture by leading by example and promoting the service's values. We heard this was promoted by having an open-door policy, interacting with staff daily and completing regular walk arounds of the service.

Staff we spoke with were proud of the work they carried out and enjoyed working at the service. Staff were enthusiastic about the care and services they provided for patients. They described the service as a good place to work. Diagnostic imaging staff we spoke with stated they felt valued and supported.

The service actively encouraged staff to raise concerns with their immediate supervisor/ line manager. There was also a weekly integrated team huddle meeting chaired by the service's general manager which created a platform for the team to discuss any issues and associated solutions.

The service had implemented safety conversations which was an initiative to create a safe environment where staff could openly discuss safety, share their stories, and for the organisation to make positive changes to safety. Staff from the service took part in a total of three round table discussions at the Princess Grace hospital in October and November 2022 that were chaired by the chief executive officer or chief operating officer.

Staff had access to four freedom to speak up champions all from different disciplines. The champions were routinely invited to the first part of the facility ethics and compliance committee (FECC), held quarterly, and chaired by the chief executive officer. In this meeting, the champions were empowered to discuss speaking up matters and data with the senior leadership team. For example, staff from the service reported concerns about aggressive behaviours occasionally experienced from patients/visitors. By way of mitigation, the provider's diversity, and inclusion committee, of which the service's imaging superintendent was vice chair, created posters which was displayed in all reception areas and consulting rooms.

This approach has been adopted by the HCA UK corporate chief nursing officer council who have expanded the concept into the HCA Pledge which has been rolled out across all HCA Healthcare UK. A guidance crib sheet empowering staff to de-escalate incidents was sent to staff. The pledge was also displayed in the reception area.

Governance

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

Good

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There was a clear clinical governance structure which included a range of meetings that met either monthly or quarterly. These included monthly governance quality assurance board meetings and quarterly clinical operating report meetings. We saw minutes of these meetings which discussed root cause analysis investigations, complaints, audits, policies, and the risk register.

The service managers attend the HCA all hospitals wide governance meetings and shared information with their teams via monthly staff meetings and shared learning slides.

Leaders described how the imaging core service fed into the monthly hospital wide operations meetings. Feedback was sought within regular departmental meetings and then submitted to be reviewed within the wider governance structure and the corporate team.

The service's imaging staff were represented at the monthly Princess Grace radiology department meetings. These meetings ensured the imaging staff who worked at the service and HCA hospital outpatient centre were kept up to date with relevant imaging governance updates.

The service had department meetings which were chaired by the general manager. These were integrated meetings with representation from leadership, administration, and clinical departments. The minutes of these meetings included discussion about audits, incidents and learning, consultant, and staff feedback.

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 management strategy, setting out a system for continuous risk management. There was an overall provider level risk register, this did not include any specific risks in relation to diagnostic imagining. The main risk to the service was in relation to exposure to legionella bacteria, this had been identified during a mandatory risk assessment of the water supply at the service. There were controls in place to ensure the good quality of water being received by the service. Recent samples demonstrated good water quality.

The diagnostic imaging service had plans to cope with unexpected events, including adverse reactions during procedures and unexpected equipment failure.

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 service operated a mixture of digital and paper-based systems including the picture archiving and communication systems (PACS). Paper records were scanned onto the electronic system. Patient information was transferred via secure electronic systems.

We observed electronic computer systems were password protected. Access to information systems was restricted to only those who needed it, to kept patient and confidential information secure. Diagnostic scan results, reports and images were stored electronically and could only be accessed by authorised members of staff.

Good

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There were provider level policies to protect data and information including global privacy and information governance. These policies provided staff with guidance relating to governance and accountability for compliance with data protection laws and the requirement to help mitigate the risk of compromise to the confidentiality, integrity, and availability of organisation data.

The provider's information security data protection policy outlined the measures in place to ensure the provider was processing data in accordance with the data protection laws and to promote confidence that the provider was handling patient and colleague information in a confidential manner.

All staff completed information governance training and had access to the organisation's intranet to gain information relating to policies, procedures, national guidance, and e-learning.

IT support was provided by a centralised service desk supporting clinical services across HCA UK. There was a dedicated IT team supporting clinical applications including support for key systems.

Engagement

Leaders and staff actively and openly engaged with patients and staff to plan and manage services.

Leaders engaged with staff using a variety of methods, including annual staff surveys, team meetings, electronic communication, and informal discussions. Staff felt their views and opinions were listen to. Staff told us there was a staff survey, carried out by an external company, which was completed four times a year as well as the annual internal staff survey. The survey carried out in October 2022, had a response rate 72%, identified areas for improvement including an opportunity to improve staff recognition. In response to this the service relaunched using meal vouchers and EPIC Awards (Exceptional People in Care Awards) points to recognise staff who had been named in patient feedback. The executive team also encouraged line managers to nominate their staff for employee of the quarter.

The service had a weekly informal operation's meeting which provided staff with a forum to voice immediate clinical or operational concerns that may be affecting their duties. This feedback could be presented to the formal monthly operation's meeting if relevant.

The service did not maintain a record of the number of compliments from patients. Staff members were given sight of all patient feedback obtained from the monthly patient satisfaction survey. If staff members were named in the patient satisfaction survey this was shared with them, and they were awarded a free lunch voucher. Staff were also given a "Shout Out" from senior management to reflect the positive feedback received.

The service had an anonymous annual consultant survey for each consultant to feedback on the support they receive during their clinics. The results have been used to inform the service's strategic priorities and identify areas of improvement. For example, consultant feedback suggested extending operational hours, resulting in the service now operating Monday to Thursday until 8pm.

Learning, continuous improvement and innovation

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

Good

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The service had developed an evidence based anterior crucial ligament (ACL) pathway, that was developed to support athletes to return to sport following an injury to the anterior crucial ligament. The service's pathway provided early and continuous assessment at specific time points throughout the patient's rehabilitation, and evidence showed patients on the pathway return to pre-injury activity levels after 12/24 months.

The service participated in a variety of research conducted in partnership with universities and NHS trusts in London. Research mainly focussed on exercise medicine, prevention of injury, sports cardiology, orthopaedics, sports respiratory and complex concussions. The main aim of the research was to reduce the number of serious injuries and illnesses in sport and to optimise the health benefits of sport participation. The clinical research findings conducted at the service have been used to guide public policy on how to improve the health of the public. For example, to assist to diagnose and treat exercise induced respiratory problems. Other research topics included understanding why some elite athletes struggled to recover physically and emotionally following a concussion, and head injury prevention.

The service, in collaboration with an NHS neurology hospital, had developed a pathway to support retired athletes who were concerned about neurocognitive issues. This included expert cognitive neurology assessment, brain imaging and if needed cognitive testing with a neuropsychologist as well as individualised identification and management of modifiable risk factors to maintain brain health throughout life.

The service provided independent medical assessment to premier league football clubs prior to players being purchased. The service scanned individuals and provided a report in under six hours. All these scans were reported by HCA consultants with practicing privileges.

The service had established an elite sports concierge service which provided rapid access to medical services provided by HCA UK, to high-acuity patients in the acute care setting. The concierge service provided a single point of contact for priority entry, supporting elite athletes and teams such as premier league football clubs.