Sussex Medical Chambers

Inspection report

10 Clive Avenue
Goring By Sea
Worthing
BN12 4SG
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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?	Requires Improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out this announced comprehensive inspection of Sussex Medical Chambers on 2 and 3 November 2022, under Section 60 of the Health and Social Care Act 2008. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. This was the provider's first inspection of the service since it registered with the Care Quality Commission (CQC).

How we carried out the inspection:

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Speaking with staff in person, on the telephone and using video conferencing.
- Requesting documentary evidence from the provider.
- A site visit.

We carried out an announced site visit to the service on 2 and 3 November 2022. Prior to our visit we requested documentary evidence electronically from the provider. We spoke to staff on the telephone and using video conferencing prior to our site visit.

Sussex Medical Chambers is an independent provider of NHS commissioned outpatient services. This service is registered with CQC under the Health and Social Care Act 2008 in respect of the services it provides. These include community vasectomy and urology services, non-obstetric ultrasound, bone density (DEXA) scanning for the diagnosis of osteoporosis and a tier 3 weight management programme. (Tier 3 is a service for those with severe and complex obesity, including those who are considering bariatric surgery. It is structured to provide patients with a combination of intensive treatment and maintenance support.)

Sussex Medical Chambers is registered with the Care Quality Commission to provide the following regulated activities: Treatment of disease, disorder or injury; Diagnostic and screening procedures; Surgical procedures; Family planning; Services in slimming clinics.

Overall summary

The service employs two operations managers who are the registered managers. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Our key findings were:

- There were safeguarding systems and processes to keep people safe. However, some staff had not completed training in the safeguarding of children and vulnerable adults at an appropriate level to support their role, in line with current guidance.
- There were processes in place for the induction of staff and monitoring of role-specific competencies.
- There were records to demonstrate that recruitment checks had been carried out in accordance with regulations.
- Arrangements for chaperoning and clinical assistant support for clinicians, were effectively managed.
- There were processes to assess the risk of, and prevent, detect and control the spread of infection.
- There were governance and monitoring processes to provide assurance to leaders that premises they were leasing were safe and suitable for use, including satellite locations.
- There were appropriate arrangements to manage medical emergencies and suitable emergency medicines and equipment in place at satellite locations. However, there was a lack of an emergency pull cord in the accessible toilet facilities within the DEXA scanning unit.
- There were clinical protocols in place across all services, to provide guidance to staff.
- There were clear and comprehensive DEXA scanning and reporting protocols, local rules and radiation risk assessments in place.
- Clinical record keeping was comprehensive and complete, and in line with best practice guidance.
- Risks associated with the transfer of some hard copy patient records from satellite locations had not been adequately assessed.
- There were effective processes in place for the management of incoming referrals and processes to support the tracking of patients to ensure their timely access to treatment.
- There was evidence of monitoring and auditing of patient treatment outcomes in line with agreed key performance indicators.
- There were effective governance, incident reporting and risk assessment processes in most areas. However, some staff were unclear about documentary incident reporting processes.
- There was effective and open communication and information sharing amongst the staff team. There were regular team meetings and staff felt motivated to contribute to driving improvement within the service.
- Staff were subject to regular review of their performance and felt well supported by managers.
- Service users were asked to provide feedback on the service they had received, and the service acted promptly to respond to and share feedback with the team. There were high levels of patient satisfaction across all services.
- Complaints were managed appropriately.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.

(Please see the specific details on action required at the end of this report).

The areas where the provider **should** make improvements are:

- Monitor staff immunisation status to ensure prompt identification of any incomplete records.
- Obtain evidence of certification of completed training for all clinical staff.

Overall summary

- Improve staff awareness of incident reporting templates.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

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

Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist advisor and a radiographer specialist advisor.

Background to Sussex Medical Chambers

Sussex Medical Chambers is an independent provider of NHS commissioned outpatient services, located in Worthing, West Sussex. Services provided include community vasectomy and urology services, non-obstetric ultrasound, a tier 3 weight management programme and bone density (DEXA) scanning for the diagnosis of osteoporosis. Some services are available for patients to fund privately should they choose to do so.

Ultrasound and weight management services are available to patients over the age of 18 years. DEXA scanning services are provided to patients over the age of 13 years. Urology services are available to patients over the age of 17 years.

The Registered Provider is Sussex Medical Chambers Limited.

Sussex Medical Chambers is located at 10 Clive Avenue, Goring by Sea, Worthing, West Sussex BN12 4SG. The service is open from 9am to 5.30pm on Monday to Friday.

The service is comprised of a suite of administrative offices and a separate DEXA scanning unit, located within the grounds. Patients attend the premises for DEXA scanning services only. Patients are able to access toilet facilities on the ground floor. Access to the premises at street level is available to patients with limited mobility.

The provider manages all clinical services from this location. Weight management services are provided remotely via telephone and video conferencing. Urology, vasectomy and ultrasound services are provided from multiple satellite clinics across the region.

Services are managed by the managing director and two operations managers, supported by a team of administrators. A clinical lead, who is a consultant physician, oversees the care provided by a team of specialist clinicians, sonographers and clinical assistants. The service employs a range of staff who work across multiple satellite sites, where the provider leases consulting and treatment rooms within GP practices, on a sessional basis.

Community urology & vasectomy services are provided from the following satellite sites:

Angmering Medical Centre, Station Road, Angmering, BN16 4HL

New Pond Row Surgery, 35 South St, Lancing, BN15 8AN

The Coppice Surgery, Herne Lane, Station Road, Rustington, BN16 3BE

Broadwater Medical Centre, 5-11 Broadwater Boulevard, Broadwater, Worthing, BN14 8JE

Dolphins Practice, Nightingale Primary Care Centre, Butlers Green Road, Haywards Heath, West Sussex, RH16 4BN

Cuckfield Medical Practice, Glebe Rd, Cuckfield RH17 5BQ

The Vale Surgery, Bolding Way, Haywards Heath, RH16 4SY

Southgate Medical Group, 137 Brighton Road, Crawley, RH10 6TE

Gossops Green Medical Practice, Hurst Close, Crawley, RH11 8TY

Bridge Medical Centre, Wassand Close, Three Bridges, Crawley, RH10 1LL

Non-obstetric ultrasound services are provided from the following satellite sites:

Angmering Medical Centre, Station Road, Angmering, BN16 4HL

New Pond Row Surgery, 35 South St, Lancing, BN15 8AN

Bersted Green Surgery, 32 Durlston Drive, Bognor Regis, PO22 9TD

The Coppice Surgery, Herne Lane, Station Road, Rustington, BN16 3BE

Heene Road Surgery, 145 Heene Road, Worthing, BN11 4NY

Broadwater Medical Centre, 5-11 Broadwater Boulevard, Broadwater, Worthing, BN14 8JE

Northbourne Medical Centre, 193A Upper Shoreham Road, Shoreham-by-Sea, West Sussex, BN43 6BT

Dolphins Practice, Nightingale Primary Care Centre, Butlers Green Road, Haywards Heath, West Sussex, RH16 4BN

Cuckfield Medical Practice, Glebe Rd, Cuckfield RH17 5BQ

The Vale Surgery, Bolding Way, Haywards Heath, RH16 4SY

Southgate Medical Group, 137 Brighton Road, Crawley, RH10 6TE

Saxonbrook Medical Northgate Surgery, Cross Keys House, 14 Haslett Avenue West, Crawley, RH10 1HS

Gossops Green Medical Practice, Hurst Close, Crawley, RH11 8TY

We visited the service at 10 Clive Avenue, Goring by Sea, Worthing, West Sussex BN12 4SG and one of the service's satellite locations, Angmering Medical Centre, Station Road, Angmering, BN16 4HL, as part of our inspection.

How we inspected this service

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

• Is it safe?

• Is it effective?

• Is it caring?

• Is it responsive to people's needs?

• Is it well-led?

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

Requires Improvement

Are services safe?

Safety systems and processes

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

- The service had systems and processes to safeguard children and vulnerable adults from abuse. The provider's safeguarding policy provided appropriate guidance for staff. Staff we spoke with had a clear understanding as to who was the safeguarding lead within the service and how to raise safeguarding concerns about a patient.
- All staff had received some training in the safeguarding of children and vulnerable adults. However, some clinicians had not received training at a level appropriate to their role, in line with current guidance. The provider's safeguarding policies and procedures did not adequately set out the levels of training required for staff, dependant on their role and in line with current guidance. For example, the provider's safeguarding policy stated only that all staff would complete training in the safeguarding of children and vulnerable adults at levels 1 and 2, during induction. There was no reference to staff who may require training to level 3 within the policy, such as some clinical staff. All staff had completed training at levels 1 and 2. We noted that non-clinical operations managers had completed training at level 3.
- The provider carried out all required staff checks at the time of recruitment and all required ongoing monitoring, such as professional registration status and medical indemnity confirmation. Disclosure and Barring Service (DBS) checks were undertaken for all staff. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The provider had established service level agreements with clinical staff who were employed on a sessional basis which set out the responsibilities of each party.
- We saw there was signage on display within the service which invited patients to request a chaperone. All staff who acted as chaperones were trained for the role and had undergone a DBS check.
- The service had systems to identify and manage health and safety risks within their own premises which they leased. A legionella risk assessment was in place and sampling of water supplies had been undertaken in August 2022 in order to minimise the risk of legionella contamination. (Legionella is a particular bacterium which can contaminate water systems in buildings).
- We noted that some patients had provided feedback to indicate that due to the nature of the premises and the limited space available, the DEXA scanning unit would benefit from improved ventilation in warmer weather. (A DEXA scan is a bone density scan which uses low dose X-rays to determine the density or strength of bones). The provider had reviewed this feedback and had taken action to improve the ventilation within the constraints of the premises.
- There was guidance and information, including risk assessments and safety data sheets, available to staff to support the control of substances hazardous to health (COSHH).
- There were documented risk assessments in place to manage risks associated with the premises and equipment in use. For example, we reviewed risk assessments relating to the DEXA scanning service provided.
- The provider had appointed an external radiation protection advisor and an internal radiation protection supervisor to ensure the safety of staff and patients in the delivery of DEXA scans. Staff were provided with training and guidance in the use of the scanning equipment. There were appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. The provider had implemented a set of local rules to be followed by staff to ensure the safety of staff and patients in the use of the DEXA scanning equipment.
- We found that the provider had taken appropriate steps to reduce the risks associated with use of the DEXA scanner. For example, there was clear signage to identify the designated controlled area in which scans took place and to restrict entry to that area. There were processes in place to ensure the monitoring of use of protective lead aprons by staff and staff exposure to radiation.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We reviewed records to confirm that electrical equipment had undergone portable appliance testing in October 2022. Ultrasound systems and the DEXA scanner had undergone recent servicing.

Requires Improvement

Are services safe?

- However, we noted there was a lack of an emergency pull cord in the accessible toilet facilities within the DEXA scanning unit.
- Appropriate fire-fighting equipment was located within the premises which was regularly serviced and maintained. We noted that fire extinguishers had been serviced in July 2022. The premises' fire alarm system was subject to regular maintenance and testing. Staff had undertaken fire safety training and had last participated in a fire drill in October 2022.
- There were systems to manage infection prevention and control within the service. Cleaning and monitoring schedules were in place for clinical areas. Auditing of infection prevention processes had been undertaken and all staff had received training in infection prevention and control.
- The service performed minor surgical procedures within some satellite locations, for which they used single-use, disposable items. There were sufficient stocks of personal protective equipment, including masks, aprons and gloves, available to staff. There were sufficient supplies of consumables such as ultrasonic gel and ultrasound probe covers, to support ultrasound services delivered.
- We reviewed processes for the cleaning and disinfection of ultrasound probes within the service. The service used some intracavity ultrasound probes which required high levels of disinfection. There were systems of assurance to ensure that all staff who used ultrasound probes were appropriately trained and consistent in their approach to decontamination processes.
- We found that cleaning and disinfection of transvaginal ultrasound probes were carried out in line with best practice guidance. The service used a disinfection system which was suitable for this purpose and ensured high levels of disinfection.
- We reviewed records which demonstrated that tracking was undertaken in relation to decontamination of transvaginal probes per individual patient, to ensure an audit trail of decontamination for each intracavity examination. We reviewed the provider's ultrasound protocols and found that they provided comprehensive guidance to staff in relation to ultrasound probe use and decontamination.
- The provider was able to demonstrate that they mainly held appropriate records relating to staff immunisations, in line with current guidance. We reviewed the service's staff vaccination and immunisation policy dated July 2022. The policy reflected current guidance in relation to staff immunisation requirements. We noted that one staff immunisation record was incomplete, which the provider took immediate action to resolve following our inspection.
- There were systems for safely managing healthcare waste. We saw that clinical waste disposal was available in clinical rooms. External, lockable bins were used to store healthcare waste awaiting collection by a waste management company.
- The provider undertook comprehensive monitoring of each of the satellite locations from which they provided services, in order to manage health and safety risks and provide assurance that premises they were leasing were safe and suitable for use. A service level agreement was in place which set out the responsibilities of the provider and the host GP practice, and the terms of their leasing arrangements. An annual site survey was completed with regard to all satellite sites. This enabled the provider to monitor for example, fire safety, legionella monitoring, infection control processes, emergency equipment and cleaning protocols within the satellite locations, where those arrangements were directly managed by the host practices.

Risks to patients

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

- There were planned induction processes in place and a plan of required training for staff to complete as part of the induction process. Induction plans were tailored to meet the needs of the individual staff member and their role. Staff told us that they received a premises induction with regard to all satellite locations they were required to attend.

Requires Improvement

Are services safe?

- Staff were required to complete training in key areas via an online platform. There were clear monitoring processes to ensure leaders had oversight of all training completed. However, we noted that for 2 clinical staff members, whilst the provider had received confirmation of training completion from another service, where those staff were also employed, they had not obtained evidence of certification of that completed training. Immediately following our inspection, the provider took prompt action to obtain certificated records of training for those staff members.
- The provider told us that a backlog in patients awaiting treatment had developed during the COVID pandemic. The staff team had implemented COVID recovery plans to address the backlog and waiting times were now at pre-pandemic levels. Staff told us that patients were often surprised by how quickly they were offered some appointments.
- There were processes in place for appropriately assessing patients prior to treatment, to ensure their safety. For example, patients who attended for DEXA scanning were asked to complete a pregnancy questionnaire where relevant, to identify any possibility of pregnancy prior to the scan.
- There were processes for monitoring patients following their treatment. For example, patients who underwent a vasectomy procedure were monitored by a local hospital unit at 16 weeks following their procedure, to ensure a successful treatment outcome.
- There were clear processes for the escalation of concerns identified during diagnostic investigations. The service operated a traffic light system to ensure the timely reporting of ultrasound scan findings and their sharing with the patient's GP. For example, the 'red' reporting protocol, for the reporting of urgent findings, required the staff team to share the ultrasound report with the patient's GP on the same day as the scan. Administration staff contacted the GP practice to ensure safe receipt of the report and to request its timely review. Operators within the DEXA scanning unit were able to promptly escalate unusual findings, in order that the images could be reviewed and reported on by the lead clinician as a matter of urgency.
- Staff told us that all patients would receive appropriate support and review in the event of concerns or complications following their treatment. For example, following a minor surgical procedure such as a vasectomy.
- We reviewed arrangements across all services provided, to respond to medical emergencies. We found that the provider had undertaken appropriate monitoring of satellite locations to ensure there were appropriate supplies of emergency medicines and equipment available to staff in the event of a medical emergency. Staff had completed training in basic life support.
- The provider had in place a public and employer's liability insurance policy.

Information to deliver safe care and treatment

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

- We reviewed clinical records relating to patients who had received treatment across all specialties delivered by the service.
- The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- Individual care records were written and managed in a way that kept patients safe. Clear, accurate and contemporaneous patient records were consistently kept. Treatment planning and information were fully documented. The provider utilised a referral template and clinical notes template to promote consistency of clinical record keeping.
- Consent processes were comprehensive and consistently applied. There was a documented consent policy. Patient records clearly documented the consent process and discussions between the practitioner and patient.
- However, we noted that processes for gaining patient consent and the subsequent safe storage of consent records, had not been fully assessed. The provider employed clinical assistants who attended satellite locations to act as chaperones and assist clinicians in minor surgical procedures, for example, vasectomies. Consent processes were documented in hard copy format and held securely within the treatment room until the end of a clinic list. The clinical

assistants were then required to transport those consent records back to the provider's administrative base in their own vehicle, for scanning onto the electronic system. The provider had not adequately assessed the risks associated with potential mislaying of those patient records on route or delays in staff members reaching the administrative base at the end of the day.

- The provider otherwise utilised a cloud-based, password protected, electronic system to ensure consistency and security of clinical record keeping. Historical paper-based records were stored securely in locked cupboards.
- We saw that clinicians completed a daily clinic summary within each specialty which provided key information to the provider about for example, patients who attended, equipment monitoring, incidents arising, and treatments undertaken. This enabled the provider to capture key information relating to each clinic session, given the remote nature of the satellite locations in relation to the administrative base.
- The service had effective systems for sharing information with staff and other agencies, for example, the patient's NHS GP, to enable them to deliver safe care and treatment.
- Patients required referral by their NHS GP to access services and therefore the patients' GP details were routinely recorded. Our review of clinical records confirmed that the service routinely shared information with a patient's GP at all stages of treatment. For example, where patients attended for ultrasound scan, a report of the scan findings was routinely sent to the GP; where a patient remained on the weight management programme, the service routinely provided a 6-monthly update to the patient's GP.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

Safe and appropriate use of medicines

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

- There were systems and arrangements for managing the safe handling of medicines and prescribing practices in a way which minimised risks to patients.
- The service ensured that when required, staff prescribed and administered medicines to patients, and gave advice on medicines, in line with legal requirements and current national guidance.
- We noted there was no prescribing of weight loss medicines provided as part of the weight management programme.
- Appropriate processes were in place for the ordering, receipt and monitoring of stock medicines held and staff kept accurate records of those medicines.
- Stock medicines held included local anaesthetic and antibiotic medicines only. The service did not store any medicines which required refrigeration.
- The provider appropriately monitored GP practices which hosted their satellite locations to ensure that emergency medicines were readily available and in date, and supplies were regularly checked.

Track record on safety and incidents

- There were monitoring and auditing processes in place to provide assurance to leaders that systems were operating as intended. There were risk assessments in place in relation to safety issues to support the management of health and safety within the premises and appropriate monitoring of the satellite locations managed by host GP practices.
- There was monitoring and review of activities to support the provider in identifying potential risks within the service. Managers responded promptly when safety concerns or risks were identified.
- The provider maintained an incident and complaints log in order to identify and investigate risks and incidents and implement effective corrective or preventive actions to reduce the risk of recurrence. We saw that incidents were discussed and reviewed within specific service team meetings and quarterly clinical governance meetings.

Lessons learned and improvements made

Requires Improvement

Are services safe?

The service had systems to ensure they learned when things went wrong.

- There was a system for recording and acting on significant events. Staff clearly understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. However, some staff were unclear on documentary incident reporting processes and told us they would always telephone or email the managers for immediate advice.
- There were systems for reviewing and investigating when things went wrong. Incident reporting processes promoted a culture of openness and transparency. The service ensured timely and appropriate action was taken to make changes where necessary. For example, in response to incidents reported, the provider had implemented additional staff training and staff team review of processes to ensure information governance processes were sufficiently robust.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty.
- The service had systems in place for knowing about notifiable safety incidents. They acted on and learned from external safety events as well as patient and medicine safety alerts. For example, the service had responded to safety alert guidance in relation to the safe use of sterile and non-sterile ultrasound gel to reduce infection risk. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Good

Are services effective?

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice.

- Clinicians employed by the service had high levels of skills, knowledge and experience to deliver the care and treatment offered by the service. A consultant physician provided clinical governance leadership and oversight across all services. Experienced specialist consultants led service delivery within each clinical area, for example, urology, dietetics and diagnostic imaging.
- Clinicians kept up to date with current evidence-based practice. We found that clinicians assessed needs and delivered care and treatment in line with relevant current legislation, standards and guidance. For example, staff involved in the delivery of ultrasound services followed guidance issued by the British Medical Ultrasound Society.
- The service utilised expert external review of their processes where this was required. An external radiation protection advisor provided advice and guidance to ensure the safety of staff and patients in the delivery of DEXA scans.
- External experts were utilised where appropriate to enhance treatment and services for patients. For example, the tier 3 'Feeling Good' weight management programme included input from exercise, mental health and alcohol misuse specialists.
- We reviewed clinical records relating to patients who had received treatment across all services. We found there was a consistent approach to clinical record keeping and risks to the patient were comprehensively assessed, discussed and documented. Clear, accurate and contemporaneous clinical records were kept. Treatment planning and diagnostic information were fully documented. Comprehensive records of telephone conversations with patients were kept.
- The service ensured they provided information to support patients' understanding of their treatment, including pre- and post-treatment advice and support.
- In the event of concerns or complications, patients were able to access post-treatment support via follow up appointments and also on the telephone.
- Staff assessed and managed patients' pain where appropriate. Patients were prescribed local anaesthetic medicines prior to some procedures, where appropriate. For example, patients undergoing vasectomy.
- We saw no evidence of discrimination when making care and treatment decisions.

Monitoring care and treatment

The service was able to demonstrate quality improvement activity.

- The service used information about care and treatment to assess the need to make improvements.
- Staff employed by the service and those working on a sessional basis under practising privileges, were subject to review of their performance within the service. There were processes in place to ensure the clinical supervision and peer review of staff. For example, DEXA scanning operators underwent regular supervision sessions with the radiation protection supervisor.
- There was a programme of quality improvement activity and auditing processes within the service. For example, the service undertook monthly auditing of ultrasound and DEXA scanning and reporting processes.
- The service provided NHS commissioned community vasectomy and urology services, non-obstetric ultrasound, weight management and DEXA scanning services. The provider was therefore required contractually to monitor and report on a wide range of key performance indicators for those services. These included for example, infection rates; patient satisfaction rates; patient safety incidents; complaints; waiting times for triage of the initial referral, for pre-operative consultation and treatment.
- The provider worked closely with commissioners to regularly review the quality and safety of services provided, and to monitor patient treatment outcomes, and we saw documented minutes of those meetings.

Effective staffing

Good

Are services effective?

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

- Staff had the appropriate skills and training to carry out their roles. There were planned induction processes in place. There was a plan of required training for staff to complete as part of the induction process.
- The provider understood the learning needs of staff and provided protected time and training to meet them. The service granted practising privileges to experienced and highly trained consultants across several specialties and other clinical practitioners such as sonographers. Some of those staff were also employed within the NHS and within other services. The provider had mainly ensured that records of their skills, qualifications and training were maintained and monitored when completed externally. Where we noted there was a lack of evidence of certificated training completed by 2 clinicians, the provider was able to obtain certificated evidence which confirmed completion of training immediately following our inspection.
- There was regular review of individual performance of staff employed by the service. Staff underwent regular one-to-one review meetings with the operations managers or their clinical line managers, and annual appraisal. Staff who had completed their probationary period were subject to a probationary review. Clinical staff employed on a sessional basis were also required to provide evidence of their professional, external appraisal summary, to the provider.
- The service held records which confirmed medical professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.

Coordinating patient care and information sharing

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

- Patients who used the service received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services where appropriate. For example, the provider worked closely with secondary care services to refer patients who had followed the weight management programme, for bariatric surgery, where appropriate.
- The provider worked closely with the host GP practices of their satellite locations to ensure the safe care and treatment of patients.
- Our review of care records confirmed that before providing treatment, clinicians ensured they had adequate knowledge of the patient's health, previous medical and medicines history.
- Patient information was shared routinely with patient consent, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- All patients were required to be referred to the service by their GP. Clinicians routinely sent diagnostic and treatment information to the patient's GP, following consultation or treatment.
- There were processes to ensure the timely escalation of concerns identified during diagnostic investigations, such as DEXA and ultrasound scans, to the patient's GP.
- There were effective arrangements for supporting patients to access care with other related services. For example, patients participating in the weight management programme were provided with information to promote access to mental health support where required.

Supporting patients to live healthier lives

Staff empowered patients and supported them to manage their own health and maximise their independence.

- The service provided access to timely advice and support to patients, at all stages of their treatment. Patients were provided with clear information about investigations and treatment, including the benefits and risks of treatments provided.

Good

Are services effective?

- Patients referred to the weight management programme were required to meet certain criteria, for example a minimum body mass index, prior to acceptance onto the programme.
- Following initial assessment with a dietician, patients on the weight management programme received a 2-weekly support session with a health adviser for the first 3 months. Monthly support sessions were then provided, for up to a maximum of 2 years. Health advisors worked with patients to agree measurable targets which were subject to regular review. Patients were able to pause their participation in the programme for a period of time, in the event that personal circumstances meant they were less able to focus on the programme at that time.
- The programme provided a holistic approach to weight management, which included advice and support on exercise, healthy eating and mental health. The service signposted patients to other support networks and services, such as talking therapy services, where appropriate.
- In the event that patients presented with concerns or complications post treatment, for example following a minor surgical procedure, appropriate support and advice was provided. Staff told us that patients would be promptly reviewed within the service if required.

Consent to care and treatment

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

- Staff we spoke with understood the requirements of legislation and guidance when considering consent and decision making. Staff had completed training in the Mental Capacity Act 2005. Staff described processes for the assessment of patients' suitability for treatment which included their psychological well-being, mental capacity and vulnerability. Staff told us they would not agree to treat patients about whom they had any concerns.
- There was a documented consent policy. Consent processes were comprehensive and consistently applied. Patient records we reviewed clearly documented the consent process and discussions between the practitioner and patient.

Good

Are services caring?

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service gave patients timely support and information in relation to their care and treatment.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to patients.
- The service actively invited feedback on the quality of care patients received via a satisfaction survey sent out to patients following an appointment.
- The survey provided patients with the opportunity to provide feedback and make suggestions for improvements to services. The service collated this information by specific service area, in order to identify areas for improvement and feedback which required a direct response to the patient. For example, the provider had reviewed and made improvements to signage following feedback that due to the location of the premises, the DEXA scanning unit could be difficult to find.
- Managers shared the collated feedback in regular communications with the staff team. Staff we spoke with valued this sharing of information and were proud of the high levels of patient satisfaction achieved.
- We noted that all staff employed by the service included an electronic link in their email signature, to enable respondents to directly share a compliment or raise a concern with the service.
- The provider had implemented a staff survey and a survey of GPs who made referrals to the service.

Involvement in decisions about care and treatment

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

- We saw that the service provided comprehensive information about the service and treatments offered, on their website, including the provider's complaints procedure and confidentiality statement.
- The service ensured that patients were provided with all the information they required to make decisions about their treatment prior to treatment commencing. The service provided comprehensive verbal and written pre- and post-treatment advice and support to patients.
- Translation services were available for patients who did not have English as a first language. There was a hearing loop in place and staff could support patients in its use.
- Patients referred by their GP to the weight management programme underwent a motivational interview to explain the nature of the service and initial assessment with a dietician, before being allocated a health advisor and commencing the programme.
- Staff told us that some previous patients of the weight management programme had participated in group seminars with current patients following the programme, to provide encouragement and answer any questions they may have.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect. Consultations and treatments took place behind closed doors and conversations could not be overheard.
- Where consultations were face to face, patients were collected from the waiting area by the clinician and escorted into the consultation room.
- Chaperones were available should a patient choose to have one and were routinely available for ultrasound scans and for urology and vasectomy procedures. There were signs on display within the service to encourage patients to request a chaperone. Staff who provided chaperoning services had received training to carry out the role.

Good

Are services caring?

- Staff were aware that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.
- Staff complied with the service's information governance arrangements. Processes ensured that all confidential electronic information was stored securely on computers. All patient records and information kept as hard copies was stored in locked cupboards within a locked room. However, risks associated with the transportation of hard copy consent forms from satellite locations to the provider's administrative base, had not been fully assessed.

Good

Are services responsive to people's needs?

Responding to and meeting people's needs

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

- The provider understood the needs of their patients and arranged services in response to those needs. For example, appointments were available to patients at a range of satellite locations in order to promote ease of access to services.
- The provider monitored the facilities and premises at their satellite locations to ensure they were maintained to a high standard and were appropriate for the services and treatments delivered. Services were delivered at ground floor level within the provider's own premises. Patients with limited mobility were able to access the premises at street level.
- Reasonable adjustments were made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, a hearing loop and translation support services were available; weight management consultations and meetings were conducted via telephone and video conferencing calls.
- Patients were referred back to their GP if they required treatment or support to manage other conditions. For example, patients participating in the weight management programme who required additional mental health support.

Timely access to the service

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

- There were clear processes in place to support the provider's team of administrators in the triage of referrals received from GPs and the subsequent booking of appointments. Patients were contacted initially by text message, or telephone where required, and asked to contact the service to schedule an appointment. Agreed appointments were confirmed in writing to the patient.
- Waiting times, delays and cancellations were closely monitored and managed appropriately.
- The service provided flexibility for patients to access some appointments. For example, patients participating in the weight management programme could access some early morning and evening appointments.
- Referrals to other services or back to the patient's GP, were undertaken in a timely way and were managed appropriately. For example, where concerns were identified during diagnostic ultrasound scans or DEXA scans.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available within the service. There was clear and comprehensive information about how to make a complaint on the provider's website.
- Staff treated patients who made complaints compassionately.
- We found that patients had received timely and appropriate responses to their complaints.
- There was evidence that complaints had been discussed and the learning shared across the organisation. Complaints were discussed at regular team and operational meetings.
- The service clearly informed patients of further action that may be available to them should they not be satisfied with the response to their complaint. The service's written complaints policy included up to date information to support patients should their complaint remained unresolved.

Good

Are services well-led?

Leadership capacity and capability:

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

- Leaders demonstrated the capacity to implement systems and processes to support the delivery of high-quality care. Leaders had awareness and understanding of the issues and priorities relating to the quality and future of the service.
- Leaders within the service were visible and approachable. They worked closely with the team of staff, many of whom worked on a sessional basis or worked remotely and told us they prioritised compassionate and inclusive leadership.
- Leaders had developed effective working relationships with staff managing the GP practices which hosted their satellite locations, to ensure the safety of their staff and patients.
- There was a clear staffing structure in place across the service and staff were aware of their individual roles and responsibilities. The managing director maintained operational and contractual oversight of services, and the provider had identified the need for two operations managers to work in parallel, to lead on the day-to-day management of all services. A clinical lead was appointed to provide clinical oversight and governance of all services.
- There were effective formal and informal lines of communication between staff working within the service and remotely. Staff spoke of team meetings they attended, and we saw records of those meetings.

Vision and strategy

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve their priorities.
- The provider had a vision and desire to provide high-quality, local services which promoted good outcomes for patients.
- The service developed its vision, values and strategy jointly with staff and external partners. For example, commissioners of NHS services and clinicians employed and those providing services under practising privileges arrangements.
- Staff were aware of and understood the vision, values and strategy of the organisation and their role in achieving them. Staff felt motivated to contribute to driving improvement within the service and were fully engaged in ensuring the promotion of optimum outcomes for patients.
- The service monitored progress against delivery of the strategy and contractual indicators.

Culture

There were systems and processes to support a culture of high-quality sustainable care.

- Leaders and managers encouraged behaviour and performance consistent with the vision and values.
- The service was focused upon the needs of patients and ensuring the best possible outcomes.
- Staff we spoke with told us they felt respected, supported and valued. Staff at all levels were fully engaged in ensuring the promotion of optimum outcomes for patients.
- Staff spoke with pride about the high levels of patient satisfaction achieved and valued the regular communications from managers in this regard.
- Staff told us they could raise concerns and suggestions for improvement and were encouraged to do so.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing staff with the development they needed. There were planned induction processes in place and a plan of required training for staff to complete as part of the induction process.
- Staff were required to complete training in key areas via an online platform and this was up to date. However, we found that some staff had not completed training in the safeguarding of children and vulnerable adults at an appropriate level to support their role, in line with current guidance.

Good

Are services well-led?

- There was a lack of evidence of certificated training completed by 2 clinicians, although the provider did hold assurance from another service that training had been completed.
- Clinical staff were supported to meet the requirements of professional revalidation where necessary.
- Staff employed by the service had received regular review of their performance in the form of one-to-one review, peer review and annual appraisal. Newly recruited staff had undergone a probationary review and been formally confirmed in post.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There was a culture of promoting positive relationships and prompt and effective communications between staff.

Governance arrangements

Responsibilities, roles and systems of accountability to support good governance and management were effective.

- Structures, processes and systems to support good governance and management were clearly set out and understood for all areas of the service.
- Leaders held regular update meetings to discuss and review the service.
- There was an effective staff meeting structure and systems for cascading information within the organisation. For example, staff participated in regular service-specific team meetings which included review of standing agenda items such as complaints, incidents and patient feedback. Minutes were circulated to all staff, including those unable to attend. Quarterly clinical governance meetings included management review of all service delivery and where required, review of the care and treatment of individual patients, in order to promote optimum treatment outcomes and to share learning.
- The provider had appointed two operations managers who worked closely with the managing director to implement governance processes and policy development.
- The provider utilised the services of an external supplier to provide support with policy development.
- Leaders had mainly established appropriate policies, procedures and activities to ensure the safety of staff and patients, across all services, and assure themselves they were operating as intended. However, we found that the provider's safeguarding policies and procedures did not adequately set out the levels of training required for staff, dependant on their role and in line with current guidance.
- There was a range of monitoring and auditing processes in place across all services. For example, staff implemented peer to peer auditing and review processes in relation to their ultrasound service; ultrasound machines were subject to monthly auditing and quality assurance processes which were fully recorded. The provider collated key information about each aspect of service provision, and this was reviewed within team and clinical governance meetings.
- As a provider of NHS commissioned services, the provider was required contractually to monitor and report on a wide range of key performance indicators for those services. The provider worked closely with commissioners to regularly review the quality and safety of services provided, and to monitor patient treatment outcomes.
- Staff clearly understood their individual roles and responsibilities and were well supported by the operations managers, the managing director and the service specific clinical leads, in fulfilling those roles. Appropriate role-specific guidance was provided for staff. For example, there were service-specific information sheets available to administrators to provide guidance to them in sharing information with patients about procedures.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- The service submitted data or notifications to external organisations as required.

Managing risks, issues and performance

Good

Are services well-led?

There were processes for managing risks, issues and performance.

- There were governance processes to ensure leaders were able to identify, understand, monitor and address current and future risks including risks to patient safety.
- There was clear evidence of a commitment to change services to improve quality where necessary. Immediately following our inspection, and in response to initial feedback of our findings, the provider took prompt action to address our findings. For example, with regard to the installation of an emergency pull-cord in the accessible toilet facilities within the DEXA scanning unit.
- Leaders had oversight of safety alerts, incidents, and complaints. There was a system for recording and acting upon significant events. Staff clearly understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. However, some staff were unclear on documentary incident reporting processes and told us they would always telephone or email the managers for immediate advice.
- Auditing of patient records was undertaken to review compliance with the provider's expected standards of clinical record keeping.
- Staff told us they regularly attended staff meetings. We saw documented evidence of staff meetings, where for example, updates, incidents and complaints had been discussed and outcomes from the meetings cascaded to staff.
- The provider had business continuity processes in place.

Appropriate and accurate information

The service acted upon appropriate and accurate information.

- Quality and operational information was used to monitor performance and drive improvement.
- The service used feedback from patients combined with performance information, to drive improvement.
- The provider carried out all required staff checks at the time of recruitment and all required ongoing monitoring, such as professional registration status and medical indemnity confirmation.
- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. Clear, accurate and contemporaneous patient records were kept. Treatment planning and treatment records were fully documented.
- Staff told us they had attended regular staff meetings. We saw documented evidence of staff meetings, where for example, updates, patient feedback and complaints had been discussed, and outcomes and learning from the meetings cascaded to staff.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. Processes ensured that all confidential electronic information was stored securely on computers. All patient information kept as hard copies was stored in locked cupboards within a locked room. However, we found that the provider had not adequately assessed the risks associated with the storage and transportation of hard copy consent records from satellite locations to their administrative base.
- The provider ensured document management protocols were followed, which included version control, author and review dates.

Engagement with patients, the public, staff and external partners

The service involved patients, staff and external partners to support sustainable services.

- The service encouraged and valued feedback from patients, the public and staff. Feedback was closely monitored and acted upon to shape services.

Good

Are services well-led?

- The provider had recently implemented a staff and also a survey of GPs who referred into the service.
- Staff could describe to us the systems in place for them to give feedback.
- The service was transparent and open with stakeholders about the feedback received. For example, the provider shared feedback with NHS commissioners.

Continuous improvement and innovation

- There was evidence of improvements made to the service as a result of feedback received.
- Leaders and managers encouraged staff to review individual and team objectives, processes and performance.
- There was evidence of quality improvement activity and ongoing review of quality improvement processes.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Services in slimming clinics Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider had not done all that was reasonably practicable to ensure care and treatment was provided in a safe way for service users. In particular: • To ensure staff complete training in the safeguarding of children and vulnerable adults at an appropriate level to support their role, in line with current guidance. • To ensure safeguarding policies set out the levels of training required for staff, dependant on their role and in line with current guidance. • To ensure patients have access to an appropriate emergency alarm in the accessible toilet facilities within the DEXA scanning unit. • To ensure the security and safe storage of patient consent records completed at satellite locations. This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.