Sussex Osteoporosis Clinic

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

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out this announced comprehensive inspection of Sussex Osteoporosis Clinic on 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 facilities.
- Requesting documentary evidence from the provider.
- A site visit.

We carried out an announced site visit to the service on 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 facilities prior to our site visit.

Sussex Osteoporosis Clinic is an independent provider of NHS commissioned bone density (DEXA) scanning services, for the diagnosis of osteoporosis. This service is registered with CQC under the Health and Social Care Act 2008 in respect of the services it provides.

Sussex Osteoporosis Clinic 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.

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:

Overall summary

- There were safeguarding systems and processes to keep people safe. All staff had completed some training in the safeguarding of children and vulnerable adults. Some staff required additional training, at an appropriate level to support their role, in line with current guidance.
- Arrangements for chaperoning were effectively managed.
- There were records to demonstrate recruitment checks had been carried out in accordance with regulations.
- There were processes in place for the induction of staff and monitoring of role-specific competencies.
- There were governance and monitoring processes to provide assurance to leaders that premises they were leasing were safe and suitable for use. However, we identified one instance whereby risks associated with legionella bacteria had not been fully monitored.
- There were clear and comprehensive DEXA scanning and reporting protocols, local rules and radiation risk assessments in place.
- There were processes to assess the risk of, and prevent, detect and control the spread of infection.
- 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 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 communication and information sharing amongst the staff team.
- 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.
- Complaints were managed appropriately.

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

- Continue to review processes to ensure all staff complete training in the safeguarding of children and vulnerable adults at an appropriate level to support their role.
- Review health and safety premises information received from the host practice to fully monitor potential risks relevant to staff and patients.
- Obtain evidence of certification of completed training for all clinical staff.
- 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 radiographer specialist advisor.

Background to Sussex Osteoporosis Clinic

Sussex Osteoporosis Clinic is an independent provider of NHS commissioned bone density (DEXA) scanning services, for the diagnosis of osteoporosis. Services are also available for patients to fund privately should they choose to do so.

DEXA scanning services are provided to patients over the age of 13 years.

The Registered Provider is Sussex Medical Chambers Limited.

Sussex Osteoporosis Clinic is located at Carden Surgery, Ground Floor, Carden Hill, Brighton, BN1 8DD.

The service is comprised of a waiting area, DEXA scanning suite and administrative area, located within a host GP practice, from which the provider leases designated space. The service is open from 9am to 5.30pm on Monday to Friday.

Services are managed from a suite of administrative offices at a second location managed by the provider: Sussex Medical Chambers, 10 Clive Avenue, Goring by Sea, Worthing, West Sussex BN12 4SG.

Services are managed by the managing director and two operations managers, supported by a lead administrator. A consultant physician provides clinical governance leadership and oversight across all services. A consultant in imaging and nuclear medicine provides clinical leadership to the specialist DEXA scanning team. The provider employs a second consultant in nuclear medicine and clinical radiology, a diagnostic radiographer and DEXA scan operators.

We visited the service at Carden Surgery, Ground Floor, Carden Hill, Brighton, BN1 8DD and 10 Clive Avenue, Goring by Sea, Worthing, West Sussex BN12 4SG, 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.

Good

Are services safe?

Safety systems and processes

The service had 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 policy stated 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. Immediately following our inspection, the provider ensured that where required, clinical staff undertook training to level 3, in line with current guidance.
- 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 provider undertook comprehensive monitoring of the host GP practice 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. This included monitoring of, for example, fire safety, infection control processes, emergency equipment and cleaning protocols, where those arrangements were directly managed by the host practice.
- 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.
- 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. (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 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.
- 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. 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.
- 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.
- An operator checklist was displayed within the scanning area, to provide a series of prompts to staff to ensure required actions and checks, in relation to the patient and the scanner, were undertaken as part of the scanning process. For example, with regard to patient identification, safety measures and system settings.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. We reviewed records to confirm that the DEXA scanner had undergone servicing in September 2022 and electrical equipment had undergone portable appliance testing.

Good

Are services safe?

- There was a fire risk assessment in place and appropriate fire-fighting equipment 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 recently participated in a fire drill.
- There were systems to manage infection prevention and control within the service. Cleaning and monitoring schedules were in place for clinical areas. The provider held records to confirm cleaning activities managed by the host GP practice. Auditing of infection prevention processes had been undertaken and all staff had received training in infection prevention and control. There were sufficient stocks of personal protective equipment, including masks, aprons and gloves, available to staff.
- The provider was able to demonstrate that they 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.
- 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.

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 were required to complete training in key areas via an online platform. There were monitoring processes to ensure leaders had oversight of all training completed.
- The provider told us that a backlog in patients awaiting scans had developed during the COVID pandemic. The staff team had implemented COVID recovery plans to address the backlog, for example, additional staff scanning and reporting resources. Staff told us waiting times were now at pre-pandemic levels.
- There were processes to ensure the safe working of the scanning equipment prior to its use. Staff undertook a quality check of the scanner's performance at the start of each day and utilised the operator checklist to ensure system checks were undertaken as part of each scanning process. Staff monitored the temperature of the room to ensure temperatures fell within the required range for safe operating of the scanner.
- There were processes in place for appropriately assessing patients prior to examination, to ensure their safety. For example, prior to undertaking a scan, staff ensured justification of the examination, in terms of risks and benefits to the patient. Patients were asked to complete a pregnancy questionnaire where relevant, to identify any possibility of pregnancy prior to the scan.
- There were clear processes for the timely escalation of concerns identified during a DEXA scan. Operators within the service were able to promptly escalate unusual findings, in order that the images could be reviewed and reported on by the lead clinician and shared with the patient's GP, as a matter of urgency.
- We reviewed arrangements to respond to medical emergencies. We found the provider had undertaken monitoring of the host GP practice, to ensure there was appropriate 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 within the service.

Good

Are services safe?

- The care records we saw showed 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. The provider utilised a referral template and clinical reporting template to promote consistency of clinical record keeping.
- Consent processes were comprehensive and consistently applied. DEXA scan operators ensured patients had been provided with sufficient information about the risks and benefits of the examination prior to proceeding with the scan. There was a documented consent policy.
- The provider 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 which provided key information to the provider about for example, patients who attended, equipment monitoring, incidents arising, and scans undertaken. This enabled the provider to capture key information relating to each clinic session, given the remote nature of the location in relation to the administrative base.
- The service had effective systems for sharing information with staff and other agencies 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, in the form of DEXA scan reports.
- Staff told us they provided timely support to GPs who sought additional advice and guidance from them with regard to DEXA scan report findings.
- 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 they ceased trading.

Safe and appropriate use of medicines

- There was no prescribing or storage of medicines as part of the service. Patients who required prescription only medicines to manage and improve their bone health were referred back to their GP.

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 areas managed by the host GP practice.
- There was monitoring and review of activities to support the provider in identifying potential risks within the service. Managers generally responded promptly when safety concerns or risks were identified.
- However, we noted the host GP practice had provided information to the provider in relation to legionella risk assessment and water sample monitoring undertaken in May 2022. (Legionella is a particular bacterium which can contaminate water systems in buildings). Although the host practice had taken appropriate and timely action to respond to low levels of bacteria identified from some outlets, the findings may have presented some level of risk to patients or individual staff members employed by the provider. We noted that the provider had not considered those findings themselves, or reviewed any potential additional risks, as part of their own risk assessment and incident reporting processes.
- 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 incidents were discussed and reviewed within service team meetings and quarterly clinical governance meetings.

Lessons learned and improvements made

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

Good

Are services safe?

- 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 appropriately robust.
- We noted an incident which occurred at the time of our inspection, was reported immediately to managers and responded to and managed in a timely and appropriate manner.
- 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. 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 in nuclear medicine and clinical radiology, led service delivery and image reporting.
- Clinicians kept up to date with current evidence-based practice. We found clinicians assessed needs and delivered care and treatment in line with relevant current legislation, standards and guidance. For example, clinicians who reported on DEXA scan images had the knowledge, skills and competence to follow the correct procedure for communication of findings in accordance with The Royal College of Radiologists reporting standards.
- The service utilised expert external review of their processes where this was required. An external radiation protection advisor provided annual review and ongoing advice and guidance, to ensure the safety of staff and patients in the delivery of DEXA scans.
- We reviewed clinical records relating to patients who attended the service and found clear, accurate and contemporaneous clinical records were kept. Diagnostic and reporting information was fully documented.
- The service ensured they provided information to support patients' understanding of their need for a scan, including pre-examination advice and support with regard to the risks and benefits.
- 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, the radiation protection supervisor underwent regular supervision sessions with the consultant clinician and periodic update training with the radiation protection advisor.
- There was a programme of quality improvement activity and auditing processes within the service. For example, the service undertook monthly auditing of DEXA scanning and reporting processes. We noted that a minimum of 5% of scan reports were subject to audit.
- The service provided NHS commissioned DEXA scanning services and was therefore required contractually to monitor and report on specified key performance indicators for the service. These included for example, patient satisfaction rates; patient safety incidents; complaints; waiting times for triage of the initial referral and a scan appointment.
- The provider worked closely with commissioners to regularly review the quality and safety of services provided, and to monitor patient outcomes, and we saw documented minutes of those meetings.

Effective staffing

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. Some of those staff who were employed under practising privileges, were also employed within the NHS and other services. The

provider had mainly ensured 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 some clinicians, the provider was able to obtain certificated evidence which confirmed completion of training 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.
- The provider worked closely with the host GP practice to ensure the safe care and treatment of patients.
- Our review of care records confirmed that before providing examination, 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 information to the patient's GP, following their scan.
- There were processes to ensure the timely escalation of urgent concerns identified during DEXA scans, to the patient's GP.
- Where required, GPs were provided with further advice and guidance by the consultant clinicians, in relation to the reported findings of a scan, in order to support the effective management of the patient's condition.

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, including the benefits and risks.
- Staff undertook a series of checks prior to proceeding with an examination, to ensure the examination was justified, to monitor the patient's history of previous studies and to confirm their pregnancy status if appropriate.

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 to undergo a scan which included their psychological well-being, mental capacity and vulnerability. Staff told us they would not agree to scan patients about whom they had any concerns.
- There was a documented consent policy. Consent processes were comprehensive and consistently applied.

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 on a monthly basis, 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 and the positioning of the unit within the host GP practice, the DEXA scanning unit could be difficult to find.
- Patients who provided feedback consistently commented on the way in which staff within the service acted professionally, put them at ease and explained the process to them in a caring manner.
- 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 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 the service provided comprehensive information about the service on their website, including the provider's complaints procedure and confidentiality statement.
- The service ensured patients were provided with all the information they required to make decisions about their care prior to attending for a scan.
- 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.

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.
- Patients were collected from the waiting area by the clinician and escorted into the DEXA scanning unit
- We noted the designated waiting area, for patients attending for a DEXA scan, was unmanned and patients were therefore not greeted on arrival. In response to patient feedback received, the provider had improved signage within the premises to support patients' understanding of those arrangements.
- 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.
- Chaperones were available should a patient choose to have one. 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 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 were stored in locked cupboards within a locked room.

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.
- The provider monitored the facilities and premises within the host GP practice, to ensure they were maintained to a high standard and were appropriate for the services delivered.
- Reasonable adjustments were made so 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.
- Patients were referred back to their GP if they required treatment or support to manage identified conditions.

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. For example, the provider had ensured additional staff resources to address backlogs caused by the COVID pandemic. Waiting list numbers and numbers of patients who failed to attend for their appointment were closely monitored and discussed within regular team meetings.
- 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 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 patients had received timely and appropriate responses to their complaints.
- There was evidence 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 further action 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, some 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 host GP practice 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 services. A clinical lead was appointed to provide clinical oversight and governance of all services. A consultant in imaging and nuclear medicine provided clinical leadership to the specialist DEXA scanning team.
- 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

- The provider had a vision and desire to provide high-quality, local services which promoted good outcomes for patients.
- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve their priorities.
- The service developed its vision, values and strategy jointly with staff and external partners. For example, commissioners of NHS services and clinicians employed by the service.
- 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 spoke with pride about the high levels of patient satisfaction achieved and valued the regular communications from managers in this regard.
- Staff we spoke with told us they felt respected, supported and valued. 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 clinical 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. Immediately following our inspection, the provider ensured that those staff completed the additional training required.

Good

Are services well-led?

- There was a lack of evidence of certificated training completed by some clinicians. Following our inspection, the provider was able to obtain certificated evidence which confirmed completion of training.
- 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. For example, we noted that the radiation protection supervisor underwent regular supervision with the consultant clinician. 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 a staff meeting structure and systems for cascading information within the organisation. For example, staff participated in regular 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 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 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 the service. For example, the provider collated key information about DEXA scanning service provision, and this was reviewed within team and clinical governance meetings; monthly auditing of DEXA scanning and reporting processes was undertaken.
- 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 the service provided, and to monitor service delivery and patient outcomes.
- Staff 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 diagnostic scans.
- 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 and notifications to external organisations as required.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

Good

Are services well-led?

- 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, in providing additional training for some staff in the safeguarding of children and vulnerable adults.
- 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.
- 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 reviewed qualitative and quantitative data, in relation to a wide range of key performance indicators, at regular team meetings.
- 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.
- 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 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.
- 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.
- The provider had recently implemented a staff survey 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

Good

Are services well-led?

- 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.