

The Whiteley Clinic Limited

The Whiteley Clinic Bristol

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 well-led?

Good



Summary of findings

Overall summary

Our rating of the service stayed the same. We rated it good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service

Outpatients

Rating

Good



Summary of each main service

We rated the service as good because:

- There were enough qualified, trained staff to deliver safe care.
- The service managed medicines safely and followed good practice with respect to safeguarding.
- The service was well led, and governance processes ensured clinics ran smoothly.

Diagnostic imaging

Good



This was our first inspection of diagnostic imaging as a separate core service. We rated it as good because:

- Staff had training in key skills, understood how to protect patients from abuse, and managed safety well.
- The service was well led, and governance processes ensured diagnostic imaging was a seamless element of the overall care offer.

Where arrangements were the same for diagnostic imaging and outpatients, we have reported our findings in the outpatients section.

We rated this service as good because it was safe and well-led.

Summary of findings

Contents

Summary of this inspection

Background to The Whiteley Clinic Bristol	5
Information about The Whiteley Clinic Bristol	5

Our findings from this inspection

Overview of ratings	7
Our findings by main service	8

Summary of this inspection

Background to The Whiteley Clinic Bristol

The Whiteley Clinic Bristol is one of four clinics operated by The Whiteley Clinic Limited.

The service offers outpatient services, including minor surgery, and diagnostic imaging for vascular conditions. It performs minimally invasive minor surgery for patients using diagnostic imaging as an outpatient only service with no overnight beds. Conditions treated include Venous leg ulcers, varicose veins, leg telangiectasia (spider veins), phlebitis, venous eczema and other venous skin damage.

The service operates from a shared-purpose building with its own operating theatre, waiting and recovery rooms, and ultrasound room.

Several clinical services delivered by other providers take place on site. These do not form part of our inspection or ratings other than consideration of local safety procedures.

The clinic is spacious and comfortable with good facilities for patients and those accompanying them.

The provider registered this location in 2014 and we previously inspected it in October 2016.

A registered manager is in post and the service is registered to carry out the following regulated activities:

- Diagnostic and screening procedures
- Surgical procedures
- Treatment of disease, disorder or injury

Where our findings on outpatients – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the outpatients service.

We rated this service as good because it was safe and well led.

How we carried out this inspection

We carried out an announced inspection of the service on 4 August 2022 using our focused methodology. We inspected outpatients and diagnostic imaging. The inspection team consisted of a lead inspector and a specialist advisor with support from an inspection manager. During our inspection we spoke with staff, observed care being delivered, and reviewed audits and other clinical records.

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process. As part of this process, we inspected and rated the safe and well led key questions.

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

Summary of this inspection

Areas for improvement

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

Action the service SHOULD take to improve:

- The service should consider replacing carpets with flooring compliant with clinical environment guidance.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Good	Not inspected	Not inspected	Not inspected	Good	Good
Diagnostic imaging	Good	Not inspected	Not inspected	Not inspected	Good	Good
Overall	Good	Not inspected	Not inspected	Not inspected	Good	Good

Outpatients

Safe	Good 
Well-led	Good 

Are Outpatients safe?

Good 

We rated safe as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training. All staff were up to date at the time of our inspection and the registered manager planned training in advance to ensure compliance.

Mandatory training was comprehensive and met the needs of patients and staff. Training was tailored to clinical and non-clinical roles.

Fire safety training included areas of the building occupied by other organisations. The service had undertaken a simulated evacuation in December 2021 with staff, patients, and other providers in the building. This ensured staff maintained oversight of evacuation standards across the site and supported staff working for other organisations.

Staff undertook supplementary training for specific elements of the service, such as safe use of laser equipment.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. The provider maintained up to date escalation and referral pathways and staff demonstrated good knowledge of these. Staff knew who to contact in the event of a safeguarding concern and kept up to date contact details for local authority safeguarding teams. The service had not made any formal referrals in the previous 12 months.

All clinical staff were trained to safeguarding adults and children level 2 and the safeguarding lead was trained to level 3. The service did not provide care for children and young people and staff maintained training to ensure children visiting the premises were safe.

Staff could give examples of how to protect patients from harassment and discrimination. This was part of mandatory training and equality and diversity were built into policies and standard operating procedures.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The provider had a safeguarding policy and there was always a senior person on duty to contact with safeguarding concerns. Senior staff shared safeguarding learning from other locations to support staff understanding.

Outpatients

Cleanliness, infection control and hygiene

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

Clinical areas were clean and had furnishings that were clean and well-maintained. Cleaning responsibilities were clearly defined, and dedicated cleaners maintained clinical areas out of hours and carried out scheduled deep cleans. The building operator was responsible for the premises overall and clinic staff carried out daily cleaning using checklists.

Cleaning checklists from the premises operator indicated they maintained good standards. The provider team supplemented the operator's checks with a six-monthly audit of infection prevention and control standards. This provided additional assurance. In the previous 12 months audits indicated 99% compliance with expected standards.

The clinical quality nurse manager and the clinical nurse specialist were the infection prevention and control (IPC) leads and ensured contracted cleaners worked to appropriate standards for the environment.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff wore PPE correctly and changed individual items regularly. PPE was stored in dispensers and was available in a range of sizes.

Alcohol hand gel was available in all clinical areas, at the entrance, and in waiting areas. Signage clearly depicted local COVID-19 prevention rules and staff supported patients and visitors to follow them.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Staff used antibacterial wipes manufactured to an international standard to decontaminate contact surfaces in clinical rooms between patients.

The service reported no infections in the previous 12 months.

Environment and equipment

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

The premises operator was responsible for the maintenance of shared clinical equipment and the clinical environment. They worked with the provider to ensure checks and processes met the needs of the service. The provider had a planned preventative maintenance programme for equipment owned solely by them.

Carpets were present in many areas of the building, which was not in line with clinical environment design best practice issued by the Department of Health and Social Care (DHSC) Health Building Note (HBN) 00/09. The building operator used a deep cleaning device to reduce the risk of infections caused by carpeted areas. Treatment rooms had linoleum floors, which reflected best practice.

Staff carried out daily safety checks of specialist equipment. Clear standard operating procedures were in place for equipment that was the responsibility of the provider and used by external organisations.

We checked a random sample of 10 items of electrical equipment. Each item had evidence of a recent portable appliance testing (PAT) safety test.

Outpatients

The service had enough suitable equipment to help them safely care for patients. Hand washing sinks were compliant with DHSC standards and each sink had a poster displayed to depict best practice handwashing techniques.

Staff disposed of clinical waste safely and used good systems for the management of sharps. The service used service level agreements to manage waste streaming, including the storage and disposal of hazardous waste, in line with national standards.

Cleaning and disinfection arrangements for the minor surgery theatre included weekly air filtration system changes. As multiple providers used the clinical space, the system reflected enhanced practices to manage risk.

Staff used single-use equipment for minor surgery. They documented serial numbers in patient records, which meant items were fully traceable in line with national guidance.

The building operator managed fire safety, including evacuation training and procedures. Each floor of the building had a designated fire marshal and the lead nurse was the fire marshal for this service.

Medical emergency equipment was located in clinical areas and was appropriate to the care being delivered. This included an anaphylaxis kit, oxygen, and resuscitation equipment. Some emergency equipment was shared between providers, such as that located in the theatre. Staff carried out daily checks on equipment to make sure it was ready and safe for use.

Assessing and responding to patient risk

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

Staff responded promptly to any sudden deterioration in a patient's health. The nature of the service meant this was a rare occurrence and staff maintained training and simulated practice to ensure they were prepared. All staff were trained in basic life support (BLS). Staff were up to date with latest guidance from the Resuscitation Council UK in relation to resuscitation practices following the pandemic.

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

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

The service implemented adjustments to care to reduce specific risks to individual patients. For example, staff provided made to measure stockings for patients who were obese.

Staff used an adapted version of the World Health Organisation (WHO) surgical safety checklist for minor surgery procedures. We saw this in practice and staff were thorough and accurate in their approach. The whole team checked with each other that they were happy before proceeding, which reflected best practice.

Outpatients

There was always a surgeon on call to provide post-treatment advice and support to patients. The surgeon invited patients back to the clinic for follow-up scans if they had concerns about recovery.

Staff audited the theatre register every six months. This provided assurance of good risk management practices in line with the WHO surgical safety checklist. Staff performed consistently well with an average 98% compliance in the previous 12 months.

Staffing

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

The service had enough nursing and support staff to keep patients safe. A lead nurse, healthcare assistant (HCA) and a medical administrator were directly employed by the service. Nurses and HCAs from other clinics in the provider's network provided additional capacity and regularly worked in the service. Three vascular consultant surgeons, one of whom was the clinical director, provided care and treatment. Two surgeons worked substantively for this provider and one surgeon was in substantive NHS practice elsewhere.

Typical daily staffing depended on the level of service being offered. All care was provided on a pre-booked basis and the registered manager established staffing numbers in advance.

A team of dedicated administration staff provided support for bookings, first patient contact, and registration. The team worked across all the provider's locations and offered patients flexibility with booking options.

Consultants led specialist clinics with support from nurses and HCAs. A single point of contact consultant lead was always available when the service was open and provided colleagues with on-demand support and guidance.

The service had low turnover rates and was fully staffed at the time of our inspection. The registered manager provided support to the team when required. They observed treatment in theatre regularly to ensure standards were being met and to maintain their own skills.

The service had low sickness rates and reported a sickness absence rate of less than 1% in the previous 12 months. There had been no interruption to clinical care caused by sickness.

All staff had completed a full induction. This included practices and procedures specific to the Bristol location, such as shared responsibilities between the provider, the building operator, and other clinical services.

Records

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

Patient notes were comprehensive, and all staff could access them easily. The provider used an integrated digital and paper system for patient records. Surgeons had access to patient records remotely, which meant they could provide out of hours remote reviews for patients with post-treatment needs. Paper records were scanned into a digital, secure system that kept multidisciplinary records together in one location. The provider retained responsibility for records, which were scanned into the patient's digital record.

Outpatients

We reviewed five sets of clinical notes, which reflected a good standard of detail and continuity. Notes included scan results and initial clinical need and clinical staff dated and signed entries clearly. This meant each patient had a clear, trackable pathway of care and treatment.

Records were stored securely with restricted access and security protocols in place.

Staff audited clinical records and laser records every two months. Results reflected consistently good practice, with 98% compliance in the previous 12 months. One area for improvement was the legibility of handwriting of a surgeon. Where audit results were less than 100%, the auditor prepared an action plan, such as working with staff individually to improve practice. The same audit for minor surgery theatre records found 99% compliance with expected standards.

Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Staff involved in preparing and administering medicines did so after completing a medicine competency booklet. The site lead nurse was responsible for stock management and carried out a full monthly audit. Staff prioritised medicines soon to expire for use first and ordered replacements in advance.

All medicines were stored in line with manufacturer guidelines and were within their expiry date. Staff carried out daily temperature checks of ambient and refrigerated storage and knew about the provider's policy in the event safe storage temperature was exceeded. Temperature data loggers ensured accurate recording of temperatures in the medicines fridge.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

Medicines management audits for the previous 12 months showed an average 98% compliance with provider expected standards.

Surgeons provided treatment using local anaesthetic only and did not prescribe 'to take away' (TTO) medicines.

Pharmacy support was provided under contract with an external organisation.

Incidents

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

Staff knew what incidents to report and how to report them. The provider used a centralised incident reporting and management system that enabled the senior team to maintain oversight of incidents and investigations across all the provider's locations.

Staff raised concerns and reported incidents and near misses in line with provider policy. Staff discussed incidents during a daily site huddle, which enabled the whole team to learn from findings.

Outpatients

Staff reported 11 incidents in the previous 12 months. In each case a manager investigated the incident and reviewed outcomes with staff to identify potential learning. For example, one incident related to a cancelled procedure caused by a patient's misunderstanding of their insurance coverage.

Staff understood the duty of candour and the provider had a policy to help managers identify when to use it. None of the incidents in the previous 12 months required use of the duty of candour.

Staff met to discuss the feedback and look at improvements to patient care during monthly team meetings.

The provider had an up to date policy for never events and serious incidents. Staff demonstrated knowledge of this, and we were assured the senior team maintained appropriate oversight.

Are Outpatients well-led?

Good 

We rated Well-led as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

The practice manager was the registered manager and was responsible for day to day leadership of the service. A clinical quality nurse manager spent time across all locations and provided clinical leadership.

The lead consultant venous surgeon and consultant phlebologist was the medical director and executive chairman and was responsible for consultant surgeons and the leadership of medical practice. All care provided was integrated in evidence-based treatment pathways.

Staff spoke positively about leadership support and said they felt looked after during COVID-19 pressures.

We found a 'flat' hierarchy in the service in which the leadership team supported colleagues to develop and work to the best of their abilities. The registered manager was a consistent presence and worked in the clinical area regularly to maintain good working relationships across the team.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on the delivery of industry-leading, research-based care that filled gaps in NHS provision.

Staff in this clinic worked within the provider's overarching mission, vision, and commitment. The service was dedicated to providing high quality, patient-centred care that reduced the challenges of access for patients with varicose veins and other venous medical needs. The provider focused on research-driven healthcare that addressed gaps in services following the removal of treatment from the NHS. As part of this work, the provider had developed substantial links with independent and NHS providers nationally and internationally to drive future development through improved awareness and referral pathways.

Outpatients

The team focused on the latest non-invasive and minimally invasive nonsurgical techniques to drive research-driven outpatient venous care.

The provider recognised the ebb and flow of demand and maintained a team of flexible and temporary staff to help meet surges.

While staff worked cross-site with other locations in the provider's network, they recognised differences in patient populations and demands and tailored services accordingly.

Culture

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

The senior team described the guiding principle for the working culture as "be honest."

Staff described a friendly and supportive work environment in which senior colleagues were visible and approachable. Staff said the team was tight-knit and most people had worked together for several years. The team demonstrated good insight into the working culture and said they made sure new starters were welcomed to avoid the risks associated with joining well established teams.

The registered manager carried out a daily walkaround of the whole service to meet and speak with staff, which helped to build morale and momentum for the shift. Staff said they felt encouraged to talk about concerns or worries and that good work was recognised.

The provider had a whistleblowing policy that guided staff in raising concerns about care and safety in a way with which they felt comfortable. Staff we spoke with had a clear understanding of the formal policy and said they felt confident the senior team would address any concerns.

All staff were trained using the same protocols and policies, which meant they worked seamlessly across different locations in the provider's network. As a result, the senior team had continual assurance of positive working practices and culture.

Staff had access to 24/7 independent mental health support through an employee assistance programme. This enabled staff to obtain confidential help and assistance at any time as a benefit of their employment.

Governance

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

The clinical quality nurse manager was responsible for governance and compliance. The provider operated four locations and staff used processes to work seamlessly between them.

Outpatients

The clinical quality nurse manager chaired monthly clinical governance meetings. The clinical director had continual input into this process and the senior team reviewed issues and concerns on an on-going basis to avoid delay awaiting a scheduled meeting. The meetings took place across all the provider's locations, which enabled each team to learn from incidents, issues, and feedback at other sites. Meeting minutes indicated staff had a consistent focus on clinical expertise and development, including reviews of the latest research.

Managers met monthly from across the organisation as part of the main governance system. Meeting minutes indicated the team discussed issues affecting each location individually as well as at provider-level. Meetings were well attended, and managers presented feedback from staff and patients. The local team met monthly to supplement provider meetings and ensure they retained focus on this individual clinic and its patients. Governance meetings included reviews of incidents and complaints. Staff were able to join meetings virtually if they could not attend in person.

The senior team considered patient waiting times to be a key marker of performance. Where a scheduled appointment was more than 15 minutes late, staff reported it in the incident management system. This reflected a focus on patient experience as part of overall governance.

Management of risk, issues and performance

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

The clinic team used a daily briefing report as a snapshot for the day ahead. This included booked appointments, the number of clinics running, and any live incidents and complaints. The briefing included the names of consultants expected to be on site and helped staff plan around bottlenecks or challenges.

The provider managed a centralised risk register across all locations. This included risks for each location and each clinical service and department. Senior staff regularly reviewed and updated risks and took appropriate mitigating action. Key risks related to the management of the shared environment, including managing infection control and use of the space effectively. The senior team planned clinic use with counterparts in other organisations and maintained separate storage areas to mitigate risks.

The senior team managed staffing risks by ensuring staff could work flexibly across locations. This helped reduce the risk of short-notice clinic cancellations through use of a mobile workforce.

The organisation followed national guidance in relation to COVID-19 risks and updated staff, patients, and visitors through briefings and memos. The senior team worked with other organisations in the building to ensure a consistent approach to protection measures in the whole building.

The clinical quality nurse manager had oversight of audits, policies, and mandatory training as key markers of the service performance and operation.

The building was operated by a facilities provider and had a compliance manager who provided assurance of environmental and safety governance. The registered manager reviewed the work and documentation of the facilities team to ensure it met the standards for regulated activities.

Outpatients

Clinical risks were consistently low. In the previous 12 months there had been no infections reported and no returns to surgery.

Information Management

The information systems were integrated and secure.

Staff worked within a data protection and confidentiality policy that guided them in protecting patient data within the General Data Protection Regulation (GDPR). There had been one potential data breach in the previous 12 months and staff documented a thorough investigation and learning.

Staff adhered to the confidentiality policy when handling patient records. They always sought consent to share information, such as with GPs or other clinicians.

The service was licenced by the Information Commissioner's Office (ICO) to manage personal digital data according to national benchmarks.

Staff shared care and treatment information with other providers where they were involved in the care pathway or on request from the patient. Most care was delivered as part of a standalone plan independent from other health treatment and staff offered to share information with GPs.

Engagement

Leaders and staff actively and openly engaged with patients and staff to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The provider was transparent about billing and payment information, which was readily available on the provider's website and in printed format in the clinic. This included details of standard inclusions and exclusions and provided patients with a single point of contact for queries about prices.

Staff said they felt involved in the operation and planning of the organisation and felt able to contribute to development. The senior team paid attention to detail on the best way to engage with staff and ensure they had the opportunity to apply learning locally. For example, the team used a reflective exercise after clinical governance meetings to discuss actions or outcomes discussed by teams at other locations and identify how they could improve care or reduce risk locally.

The surgical suite and treatment area were co-branded with other organisations. The provider engaged with patients to make sure they understood who was responsible for their care and who to contact for support.

Feedback from patients was consistently positive and reflected the change in quality of life that resulted from treatment. One recent patient said they appreciated finding the root cause of a long term condition. Another patient said treatment had given them confidence to wear their favourite clothes again.

We observed inclusive, proactive engagement between staff and patients. The surgeon was open and honest with each patient about the likely results and outcomes from a procedure and made it clear the decision was the patient's own to make. The surgeon quoted national guidance to patients, including from the National Institute for Health and Care Excellence and the General Medical Council. This helped patients understand more about their treatment options.

Outpatients

Learning, continuous improvement and innovation

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

The clinical director had developed 'The Whiteley Protocol'. This guided staff training and practice, and clinical care in the service and across the provider's network and research projects. The protocol standardised all aspects of care to ensure consistently good outcomes for patients.

The vascular surgeon clinical director was world-renowned in research in the field and developed the service and treatment options in line with leading-edge practice. They supported medical students to develop their skills in the specialty and worked with the College of Phlebology to retain accreditation and ensure it contributed to good practice. All consultants were members of the College of Phlebology Venous Registry, which provided outcome monitoring for treatment.

The research programme aimed to ensure patients treated for varicose veins and leg ulcers had the lowest recurrence rate possible.

The provider arranged an annual academic day for all staff as a learning opportunity. This included talks from specialists and opportunities for staff in clinical and non-clinical roles to keep up to date with the latest practice.

Diagnostic imaging

Safe	Good 
Well-led	Good 

Are Diagnostic imaging safe?

Good 

This was our first rating of diagnostic imaging as a separate core service. We rated safe as good.

For safeguarding, assessing and responding to patient risks, medicines, and incidents, please see outpatients.

Mandatory training

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

Sonographers maintained training in their substantive place of work and additionally completed the same mandatory training as nursing staff in this service, supplemented with training specific to scanning in phlebology. This assured patients of a consistent, safe standard of care across services.

The senior team monitored completion of mandatory training and provided sonographers flexible access to updates to work around their other commitments.

Cleanliness, infection control and hygiene

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

The sonographer demonstrated a high standard of hand hygiene practice and personal protective equipment (PPE) use during a scan we observed. They used a competency-based three-step cleaning system for ultrasound probes between patients. This reflected best practice and mitigated risks of infection specific to the scanning room. Sonographers had up to date training in the use of the three-step system, which was a requirement of the manufacturer. The registered manager monitored updates in standard practice issued by the manufacturer, which meant staff always followed the latest practice.

The service offered patients with leg ulcers appointments towards the end of the day to minimise any further risks of infection.

Environment and equipment

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

The service had suitable facilities to meet the needs of patients. The dedicated diagnostics room was equipped for pre-surgical scans. It included a bed designed for patients with leg ulcers, which improved comfort during scans that could last over one hour.

Diagnostic imaging

Sonographers worked to best practice guidance when using the equipment. They calibrated it before each use and checked maintenance logs to ensure it was functioning as expected. This kept patients safe and meant scan results were accurate.

Staffing

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

One sonographer provided diagnostics care. A sonographer from another clinic in the provider's network provided cover for absence. This was the established staffing level and care was planned around it. Sonographers worked substantively in other services and worked in this clinic on a self-employed basis. They were registered with the Health and Care Professions Council (HCPC), which meant they had access to industry-standard training and practice updates. This provided the registered manager with assurances of safe practice that met the latest national guidance.

Records

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

Sonographers shared scan results with the consultant who then prepared a letter for the patient's GP, with their consent. Reports were detailed and person-centred, with a clear focus on supporting the patient's desired outcomes from care and treatment. The senior team included these records in safety and quality audits, the results of which demonstrated consistently high quality practice.

Are Diagnostic imaging well-led?

Good 

This was our first rating of diagnostic imaging as a separate service. We rated well-led as good.

For leadership, vision and strategy, culture, governance, engagement, and learning and continuous improvement, please see outpatients.

Culture

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

Sonographers said they felt part of the Whiteley Clinic team and were included in team meetings, memos, and other staff communication. They showed us how they had access to the same policies and procedures as permanent staff, which gave us assurance the positive working culture we found in outpatients was applied to the whole team, regardless of contract or how often someone provided care in the service.

The team had access to the whistleblowing policy but said their relationship with the senior team was such that they felt confident to raise any concerns or issues directly and in confidence. This reflected a positive work environment in which staff promoted integrity.

Diagnostic imaging

Management of risk, issues and performance

The senior team used systems to manage risks effectively and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

The registered manager maintained a separate risk register for the diagnostics service. This included the risk of needlestick injuries, trip hazards in the scan room, and cross-infection risks when patients moved between different rooms in the building. Risks were well managed, and staff documented updates, such as changes in risk level following staff training or an incident. Risk management processes reflected the specialist equipment in use and separate staffing model in place. For example, only sonographers could deliver the service and in the event of staff sickness, the senior team would reschedule appointments.

While diagnostic imaging was a distinct specialty, the senior team integrated it with the wider care pathway. This meant they maintained oversight of how it contributed to overall care quality and outcomes within the existing governance framework.

Information Management

The information systems were integrated and secure.

Most scans took place as part of phlebology pathways prior to minor surgery. Sonographers shared scan outcomes and reports with the medical team to plan treatment. This took place within a secure internal system that protected data confidentiality and provided the all staff involved in care with good access. Patients consented to data handling as part of their care process. Sonographers shared scan results with GPs or external clinicians where they were part of the referral or when it was relevant to patient outcomes.