

HCA Healthcare UK Outpatients & Diagnostics Centre at Golders Green






Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?		
Are services caring?	Good	
Are services responsive?	Outstanding	
Are services well-led?	Good	

Overall summary

HCA Healthcare UK Outpatients & Diagnostics Centre at Golders Green is operated by Wellington Diagnostic Services LLP. The centre was opened in 2007; it offers

private outpatients consultations, diagnostic tests and treatment for people of all ages including children. The centre was established to serve the local community with diagnostic and screening facilities.

Summary of findings

Patients are offered fast and convenient access to a wide range of services ensuring timely diagnosis and management. The centre uses the latest diagnostic imaging technology, including Computerised Tomography (CT), Magnetic Resonance Imaging (MRI), a Bone Densitometry (DEXA) scanner, X-ray, ultrasound and specialist cardiac screening, pathology, minor procedures and most of these procedures are accommodated on the same day.

We inspected this service using our comprehensive inspection methodology. We inspected the diagnostic and outpatient department. We carried out the unannounced part of the inspection on the 23 and 29 October 2018.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

Services we rate

We rated it as good overall.

- The service had a strong, visible patient centred culture. Staff were highly motivated and aspired to offer care that was kind and promoted people's dignity.
- Patient's individual needs and preferences were central to the planning and delivery of the service. The services were flexible and provided choice.

- The centre offered a wide range of outpatient clinics and diagnostic imaging services to meet the needs of patients, this gave choice and continuity of care to patients.
- The service had systems to monitor the quality and safety of the service. The use of audits, risk assessments and recording of information relating to the service performance was to a high standard.
- The managers were clear about the vision and strategy of the organisation to make sure it provided high quality care.
- The centre was clean and tidy with infection control processes in place.
- There were no reported infections in the last 12 months.
- Staff were positive about their working experience and felt supported to be part of a team.
- Patients we spoke to and feedback we received about the service was positive. There was a minimum of 24-hour turnaround for patients from their initial contact to having their scan done at the centre.
- The service exceeded its key performance indicator for reporting on diagnostic images with 98% of reports being completed within 24 hours.
- Staff demonstrated kindness and understanding of how to meet patients' needs to ensure that their experience was positive.

We found areas of practice that require improvement:

- The local rules for radiation protection were generic and were not specifically adapted to the service.
- The staff sign off sheet for the patient group directions did not include the details of each patient group direction.

Nigel Acheson

Deputy Chief Inspector of Hospitals (London and the South East)

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Outpatients	Good ●	<p>We rated the service as good. The service had a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.</p> <p>Patient's individual needs and preferences were central to the planning and delivery of the service. The services were flexible and provided choice.</p> <p>The centre offered a wide range of diagnostic imaging services to meet the needs of patients. This gave choice and continuity of care to patients locally.</p>
Diagnostic imaging	Good ●	<p>We rated the service as good. The service had a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.</p> <p>Patient's individual needs and preferences were central to the planning and delivery of the service. The services were flexible and provided choice.</p> <p>The centre offered a wide range of diagnostic imaging services to meet the needs of patients. This gave choice and continuity of care to patients locally.</p>

Summary of findings

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Good 

HCA Healthcare UK Outpatients & Diagnostics Centre at Golders Green

Services we looked at

Outpatients; Diagnostic imaging

Summary of this inspection

Background to HCA Healthcare UK Outpatients & Diagnostics Centre at Golders

Green

HCA Healthcare UK Outpatients & Diagnostics Centre at Golders Green is operated by Wellington Diagnostic Services LLP. It offers private fee-paying outpatients consultations, diagnostic tests and treatment for people of all ages including children. The centre primarily serves the communities of greater London. It also accepts patient referrals from outside this area.

The centre has had a registered manager in post since 2011.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one other CQC inspector, and two specialist advisors with expertise in diagnostic imaging and outpatient services. The inspection team was overseen by Nicola Wise, Head of Hospital Inspection.

Information about HCA Healthcare UK Outpatients & Diagnostics Centre at Golders

Green

HCA Healthcare UK Outpatients & Diagnostics Centre at Golders Green offers a wide range of diagnostic imaging and outpatient department services to private fee-paying patients. The centre offers the latest in diagnostic imaging technology including MRI, CT scans, DEXA scan, X-ray, ultrasound and specialist cardiac screening services. The centre offers a wide range of outpatient services including gynaecology, dermatology, gastroenterology, cardiology and disorders of the head and neck. The centre also provides specialist paediatric care.

The service is registered to provide the following regulated activities:

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

The centre has 22 consultation rooms and five diagnostic imaging rooms. On the ground floor of the centre, there

was a reception area, patient waiting area and seven consultation rooms. On the first floor there was a reception area, patient waiting area, a diagnostic imaging room and nine consultation rooms. On the third floor there was a reception area, patient waiting area, a diagnostic imaging room and six consultation rooms. Three diagnostic imaging rooms were located in the basement. The service had an MRI scanner, a CT scanner, two ultrasounds, a DEXA scanner and an X-ray unit. There were patient changing rooms and toilet facilities including baby changing facilities and disabled access.

During the inspection, we spoke with 12 staff including; registered nurses, health care assistant, radiographers, reception staff, medical staff and senior managers. We spoke with two patients. During our inspection, we reviewed nine sets of patient records.

There were no special reviews or investigations of the service ongoing by the CQC at any time during the 12 months before this inspection. The service has been inspected four times, and the most recent inspection

Summary of this inspection

took place in February 2014 which found that the service was meeting all standards of quality and safety. It was inspected against under the CQCs previous inspection methodology.

Activity (October 2017 to October 2018)

- In the reporting period October 2017 to October 2018 there were 4,259 diagnostic imaging tests, 10,608 phlebotomy tests and 3,997 outpatient consultations.

Eighty-six physicians including radiologists worked at the centre under practising privileges. The service employed five registered nurses, a health care assistant, a radiographer and two administrative assistants, as well as having its own bank staff.

Track record on safety

- No Never events
- No serious injuries
- Two complaints

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We rated safe as good because:

- There were systems and processes for reporting and investigating safety incidents and staff understood these well.
- There were effective systems in place at the centre to ensure patient safety.
- All staff knew their roles and responsibilities in ensuring patients and their relatives were safe.
- Staff understood the duty of candour and provided examples of its application.
- There was an effective maintenance schedule for all equipment.
- The centre was visibly clean, tidy and clutter free and there were arrangements for infection prevention and control.
- Patient records were secured and stored appropriately.
- The management maintained adequate staffing levels to ensure patient safety.
- Staff were competent and had completed mandatory training.
- The centre had a business continuity plan and staff knew how to respond in the event of a major incident.

However, we also found the following issues that the service provider needs to improve:

- The local rules for radiation protection were generic and were not specifically adapted to the service.
- The staff sign-off sheet for the patient group directions did not include the details of each patient group direction.

Good



Are services effective?

We do not rate effective, however we found;

- The centre had developed policies and procedures in line with national guidance and staff knew how to access them.
- Staff understood their roles and responsibilities in obtaining consent.
- Staff participated in training and development to enable them to develop their clinical skills and knowledge.
- All staff had completed their appraisals.
- The centre manager was the dedicated lead for professional development who managed the processes for ensuring all staff had received training and competency assessments applicable to their roles.

Summary of this inspection

- There was effective multidisciplinary team working between staff of the centre and other healthcare professionals.
- Staff had access to all the information they needed to deliver care and treatment to patients in an effective and timely manner.

Are services caring?

We rated caring as good because:

- Staff highly valued people's emotional and social needs and embedded them in their care and treatment.
- Staff understood and respected patients cultural and religious needs.
- The service had a strong, visible patient-centred culture. Staff were highly motivated and aspired to offer care that was kind and promoted people's dignity.
- Staff understood the impact that patient care, treatment and condition had on the patient's wellbeing.
- Patients felt fully informed about their care and treatment. The patients we spoke with had a good understanding of their condition and the proposed diagnostic test they had attended for.
- All patients we spoke with, consistently gave positive accounts of their experience with the centre and its staff. They told us the staff were excellent and that they were always polite and courteous.

Good



Are services responsive?

We rated responsive as outstanding because:

- Patient's individual needs and preferences were central to the planning and delivery of the service. The services were flexible and provided choice.
- The centre offered a wide range of outpatient clinics and diagnostic imaging services to meet the needs of the patient group. This gave choice and continuity of care to patients locally.
- The centre did not have a waiting list for diagnostic imaging tests and outpatient consultation appointments. Patients were offered appointments within 24 hours.
- The service exceeded its own key performance indicator for reporting on diagnostic images with 98% of reports being completed within 24 hours.
- There were effective arrangements in place for planning and booking appointments for the diagnostic imaging and outpatients department.

Outstanding



Summary of this inspection

- Patients had the choice of booking the dates and times of their appointments to suit their needs.
- There was a system for learning from complaints.

Are services well-led?

We rated well-led as good because:

- The centre had a clear vision and strategy for future goals and expansion and this was in line with the HCA Healthcare UK corporate vision and strategy.
- There was strong leadership of the service, and staff spoke positively about the culture of the centre and the organisation.
- During our inspection, it was clear that the quality of patient care and treatment was a high priority.
- There was a clear governance structure and a comprehensive reporting framework that provided timely information to the senior management team.
- The senior management team made themselves accessible to staff by being available when needed, being open and transparent in their engagement with the staff at the centre.
- Staff we spoke with said they felt able to raise concerns and were confident that they would be dealt with appropriately.
- We saw evidence of public and staff engagement. The centre demonstrated that patient experience was the key factor for their service development.

Good







Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Good	N/A	Good	 Outstanding	Good	Good
Diagnostic imaging	Good	N/A	Good	 Outstanding	Good	Good
Overall	Good	N/A	Good	 Outstanding	Good	Good

Outpatients

Safe	Good 
Effective	
Caring	Good 
Responsive	Outstanding 
Well-led	Good 

Are outpatients services 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.**
- For our detailed findings on mandatory training, please see the safe section of the diagnostic imaging report.

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.**
- The centre manager was the local designated safeguarding lead. The centre manager had completed level three training and was due to attend a level four course on 05 November 2018. All staff (100%) working at the centre had received training in safeguarding children and adults level two. Safeguarding children and adults formed part of the mandatory training programme for staff. Staff we spoke with told us they had received safeguarding training. The centre treated 4,275 children in the previous 12 months.
- For our detailed findings on safeguarding please, see the safe section of the diagnostic imaging report.

Cleanliness, infection control and hygiene

- **The service controlled infection risk well. Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection.**
- Throughout the outpatient department was visibly clean, tidy and well maintained. Staff told us the cleaning of the centre was done by an in-house cleaner who was employed by the organisation. There were records to show that the cleaners maintained a regular cleaning schedule. Staff told us the centre manager did a daily walk around and would identify any issues with cleanliness.
- Infection control training formed part of the mandatory training programme for staff. Data provided by the centre showed that all staff (100%) had completed infection control training.
- For our detailed findings on cleanliness, infection control and hygiene please see the safe section of the diagnostic imaging report.

Environment and equipment

- **The service had suitable premises and equipment and looked after them well.**
- There were 22 consultation rooms situated on three floors of the outpatient department. The environment of the outpatient department was well maintained and free from clutter.
- The consultation rooms were all well-equipped including couches and trollies for carrying the clinical equipment required.
- We checked the resuscitation equipment in the centre. The equipment appeared visibly clean. Single-use items were sealed and in date and emergency equipment had

Outpatients

been serviced. Resuscitation equipment had been checked daily and was safe and ready for use in an emergency. Staff maintained an up to date checklist for all equipment.

- Health and safety training formed part of the mandatory training programme for staff. Data provided by the centre showed all staff (100%) had completed health and safety training.
- For our detailed findings on environment and equipment, please see the safe section of the diagnostic imaging report.

Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.**
- For our detailed findings on assessing and responding to patient risk, please see the safe section of the diagnostic imaging report.

Nurse staffing

- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.**
- The staffing in the OPD consisted of the centre manager, six whole time equivalent (WTE) registered nurses, including two paediatric nurses, and one WTE healthcare assistant. There was one vacancy in the registered staff establishment at the time of the inspection.
- HCA Healthcare staff from the Wellington Hospital were used to cover staff shortages in the diagnostic imaging department. At the time of our inspection the service had one radiographer who was an agency staff.
- The centre manager told us the service did not routinely use bank and agency nursing staff in the outpatient department.

Medical staffing

- Consultants who held clinics in the OPD were responsible for the care of their patients. The central booking team organised the clinic lists around consultant and patient availability.
- There were 86 consultants who rotated based on the needs of the service. Data provided by the centre

showed there were 3,997 consultations in the previous 12 months. The top five consultations were for cardiology, gynaecology, dermatology, gastroenterology and ear, nose and throat.

Records

- **Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.**
- We reviewed three patient records from the outpatient department (OPD). We found that these had all been fully and clearly completed.
- For our detailed findings on records, please see the safe section of the diagnostic imaging report

Medicines

- **The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.**
- There were no controlled drugs (CDs) kept or administered in the outpatient centre.
- There was a safe and secure process in place for the management of prescription pads. We saw the pads were stored securely in locked cupboards and drawers and a system in place to record and log the usage of the prescription pads by specific clinicians. This meant there was information available to identify the serial numbers of the prescription sheet used, the patient prescribed to or the doctor prescribing.
- For our detailed findings on medicines, please see the safe section of the diagnostic imaging report.

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.**
- There were no serious incidents as defined by the incident reporting policy reported in the last 12 months.
- For our detailed findings on incidents, please see the safe section of the diagnostic imaging report.

Are outpatients services effective?

We do not rate the effective domain.

Outpatients

Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.**
- For our detailed findings on evidence-based care and treatment, please see the effective section of the diagnostic imaging report.

Nutrition and hydration

- For our detailed findings on nutrition and hydration, please see the effective section of the diagnostic imaging report.

Pain relief

- For our detailed findings on pain relief, please see the effective section of the diagnostic imaging report

Competent staff

- **The centre manager reported most staff had received an appraisal. Staff told us appraisals were valuable in their professional development. Staff discussed and agreed their learning needs during appraisal. They were also encouraged to recommend changes to improve the effectiveness of the centre during their appraisals.**
- All nursing staff and healthcare assistant (100%) had received an appraisal within the last 12 months and 97% of consultants with practicing privileges working in the diagnostic imaging and OPD had an appraisal.
- For our detailed findings on competent staff, please see the effective section of the diagnostic imaging report

Multidisciplinary working

- Staff of different professions worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- For our detailed findings on multidisciplinary working, please see the effective section of the diagnostic imaging report

Seven-day services

- The centre opened Monday to Thursday from 8am – 8pm, Friday 8am – 6pm and Sunday from 9am – 1pm.
- Appointments were flexible to meet the needs of patients, including appointments at short notice.

- Referrals were prioritised by clinical urgency. Staff told us if an urgent referral was made the centre would assess appointments and prioritise patients according to their clinical needs and requirements of the referring consultant.
- Patients are advised to contact the centre by telephone in the event of an emergency outside of normal opening hours. The centre manager told us patients could speak to the consultants to discuss any concerns.

Health promotion

- One member of staff told us about a new initiative for patients over 60 years to promote healthy living, wellbeing and balance. Patients could attend a weekly class to strengthen and support them to mobilise.

Consent and Mental Capacity Act

- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the service policy and procedures when a patient could not give consent.
- Staff understood their roles and responsibilities in obtaining consent.
- Staff told us that they had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS). Staff we spoke with were aware of their responsibilities. Ninety-six percent of staff had completed training on the MCA and DoLS).
- We reviewed three patient records and found consent had been documented. Staff told us that formal written consent was taken by the consultant involved when the patient was admitted for a procedure.
- A consultant told us how treatment options were discussed with patients and they were encouraged to be part of the decision-making process. A patient told us they felt very included in their treatment planning, which helped them to understand their treatment.

Are outpatients services caring?

Good 

We rated caring as **good**.

Compassionate care

Outpatients

- **Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.**

- Patients told us staff went the extra mile and the care they receive exceeded their expectations. For example, staff came to the centre at a time when they would not normally be working to see a patient who had to change their appointment time at short notice.
- In another example, the centre manager was a registered nurse and started in this role when the centre opened. Staff told us there were patients who had been treated by the centre manager at the centre since it opened. These patients would request to be seen by the centre manager, who kindly accommodated them, although this was no longer her role.
- For our detailed findings on compassionate care, please see the caring section of the diagnostic imaging report.

Emotional support

- **Staff provided emotional support to patients to minimise their distress.**

- A consultant told us how treatment options were discussed with patients and they were encouraged to be part of the decision-making process. One patient told us they felt very included in their treatment planning, which helped them to understand their treatment.
- People's emotional and social needs were highly valued by staff and are embedded in their care and treatment. For example, there was always a paediatric nurse available. The nurse would sit and talk with the children and reassure them during procedures.
- Staff understood the impact that patients care, treatment and condition had on the patient's wellbeing. Staff we spoke with stressed the importance of treating patients as individuals.
- A member of staff described talking to patients during procedures to put them at ease. They talked about managing an anxious patient by offering them a glass of water, sitting with them and talking with them until they were ready to leave.

Understanding and involvement of patients and those close to them

- **Staff involved patients and those close to them in decisions about their care and treatment.**

- The service had a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Patients

were actively involved in their care. For example, a patient told us the treatment was discussed with them, they received individualised care, letters were always on time and the GP received timely correspondence.

- Staff communicated with patients so that they understood their care, treatment and condition. Patients told us staff communicated well with them and helped them to understand their care and treatment. They said they were given written information to explain their condition.
- Patients who spoke with us in the outpatient clinics reported feeling involved and understood what they were attending the department for, the types of investigations they were having and the expected frequency of attendance.
- Patients said that consultants were thorough, took time to explain procedures to them and they felt comfortable and reassured. Patients felt they were given adequate information.

Are outpatients services responsive?

Outstanding



We rated responsive as **outstanding**.

Service delivery to meet the needs of local people

- **Patient's individual needs and preferences were central to the planning and delivery of the service. The services were flexible and provided patients with choice.**
- The centre offered a wide range of outpatient clinics to meet the needs of the patient group. This gave choice and continuity of care to patients locally.
- For our detailed findings on service delivery to meet the needs of local people, please see the responsive section of the diagnostic imaging report.

Meeting people's individual needs

- **The service took account of patients' individual needs.**
- The paediatric nurse was available to sit with and reassure children with learning difficulties or autism. Children were progressed through the waiting area with

Outpatients

minimal delay before being seen by staff. A room had been adapted and decorated so it was child friendly. Age appropriate toys were available in some areas of the service.

- For our detailed findings on meeting people's individual needs, please see the responsive section of the diagnostic imaging report.

Access and flow

- **People could access the service when they needed it. Waiting times from referral to treatment and arrangements to treat and discharge patients were in line with best practice.**
- Patients were generally offered appointments within 24 hours. For example, all patients attending for musculoskeletal, orthopaedic and rheumatology appointments returned to the consultant in the outpatient department to review their scans on the same day. In order to respond to patient needs, patients for these clinics are booked to attend an outpatient appointment, followed by any necessary scans, followed by a return outpatient appointment. This is planned as part of the patient's booking and ensured patients could receive treatment and advice on the same day.
- There is a similar service for the gynaecology, cardiac and vascular appointments where patients receive their scans and outpatient appointments on the same day. Additionally, to respond to demand, the centre bought a second scanning machine and designated an additional clinical treatment area, to accommodate the same day service.
- The service does not have a waiting list for outpatient appointments and patients are seen at a time convenient to them with their chosen consultant. The service monitored patient appointment times from initial contact to the appointment date and the reason for any delay.
- Patients commented, "very quick service after my appointment, blood test and scan completed within 30 minutes of my appointment" and "amazing, quick and efficient straight through processing".
- On arrival at the OPD patients are assessed by the consultants. The patient may be referred to a general practitioner if required.
- The service ran on time and staff informed patients when there were disruptions to the service. All patients we spoke with said there was minimal waiting time

when visiting the service. The centre manager and patients confirmed that where patients missed their appointments they were contacted immediately and offered the next available appointment as required. The centre reported all missed paediatric appointments on the online system and these were investigated and the outcome recorded.

- For our detailed findings on access and flow, please see the responsive section of the diagnostic imaging report.

Learning from complaints and concerns

- **The service treated concerns and complaints seriously. Complaints were investigated and learned lessons from the results, and shared with all staff.**
- There were no reported complaints from October 2017 to October 2018.
- For our detailed findings on learning from complaints and concerns, please see the responsive section of the diagnostic imaging report.

Are outpatients services well-led?

Good 

We rated well-led as **good**.

Leadership

- **Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.**
- For our detailed findings on leadership of the service, please see the well-led section of the diagnostic imaging report.

Vision and strategy

- **The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff, patients, and local community groups.**
- For our detailed findings on vision and strategy, please see the well-led section of the diagnostic imaging report.

Culture

Outpatients

- **Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- For our detailed findings culture of the service, please see the well-led section of the diagnostic imaging report

Governance

- **The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care to flourish.**
- For our detailed findings on governance, please see the well-led section of the diagnostic imaging report.

Managing risks, issues and performance

- **The service had systems in place to identify, monitor and manage risk effectively. Incidents, complaints and audits were analysed thoroughly and reported to the management team.**
- For our detailed findings on managing risks, issues and performance, please see the well-led section of the diagnostic imaging report.

Managing information

- **The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.**

- All staff (100%) had received training on information governance.
- For our detailed findings on managing information, please see the well-led section of the diagnostic imaging report.





Engagement

- **The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.**
- The centre had undertaken patient satisfaction surveys and reported on them quarterly. Patient satisfaction surveys were collated and the results were used to inform service development. In the OPD the results showed that 99% of patients were satisfied with the quality of care received and 100% of patients would recommend the OPD to a family or friend.
- For our detailed findings on engagement, please see the well-led section of the diagnostic imaging report.

Learning, continuous improvement and innovation

- **The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.**
- For our detailed findings on learning, continuous improvement and innovation, please see the well-led section of the diagnostic imaging report.

Diagnostic imaging

Safe	Good 
Effective	
Caring	Good 
Responsive	Outstanding 
Well-led	Good 

Are diagnostic imaging services 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.**
- The mandatory training requirements included courses covering basic life support, infection control, duty of candour, ethics, safeguarding children and adults level two, the Mental Capacity Act and Deprivation of Liberty Safeguards, health and safety, manual handling and medication safety. We saw signing in records that indicated staff had read and signed the centre's policies and procedure manuals.
- The Wellington Diagnostic and Outpatient Centre followed the HCA Healthcare UK corporate mandatory training policy. The policy defined processes, roles and responsibilities involved in the management of mandatory training throughout the organisation.
- Staff mandatory training was completed either face to face or through an electronic learning program (e-learning). We reviewed the staff training matrix and saw 95% complied with all their mandatory training. This exceeded the service's completion target of 85%.
- Consultants completed mandatory training with their substantive NHS employer and provided confirmation to the service. Consultants were required to provide annual confirmation of mandatory training completion in line with the practising privileges policy. Records provided by the service showed consultants were up-to-date with mandatory training.

- The centre's management team had completed radiation risk assessments and reviewed policies in line with updated legislation for Ionising Radiations Regulations (IRR) and employer procedures Ionising Radiation (Medical Exposure) Regulations (IR(ME)R). The centre did not have specific evidence to show that they disseminated this information to all staff. For example, group emails detailing changes in IRR or IRMER regulations or staff minutes.

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.**
- The service had a safeguarding children and vulnerable adult's policy which was up-to-date. Staff could access the policies via the centre's intranet. There was a safeguarding flowchart which contained actions to be taken and who to contact in the event of an adult or child safeguarding concern. The flowchart was displayed on the staff notice board and in each consultation room.
- The service works collaboratively with the local commissioners Multi-Agency Safeguarding Hub (MASH) and attends quarterly meetings to discuss the welfare of children and young people.
- All the staff we spoke with demonstrated they understood safeguarding processes and how to raise an alert. They could access support from senior staff if needed. Staff were aware of their responsibilities to protect vulnerable adults and children.
- The centre manager was the local designated safeguarding lead. The centre manager had completed level three training and was due to attend a level four

Diagnostic imaging

course on 05 November 2018. All staff (100%) working at the centre had received training in safeguarding children and adults level two. Safeguarding children and adults formed part of the mandatory training programme for staff. Staff we spoke with told us they had received safeguarding training. The centre treated 4,275 children in the previous 12 months.

- The centre had an up-to-date chaperone policy. Staff were available for any patient requiring chaperoning. Notices were on display offering chaperones to patients in all the consultation rooms.
- We were informed there had been no safeguarding referrals in the previous 12 months.

Cleanliness, infection control and hygiene

- **The service controlled infection risk well. Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection.**

- The centre was visibly clean, tidy and well maintained. Radiographers were involved in regular cleaning of the radiology equipment and we saw records of the cleaning schedule. The nurses maintained a comprehensive cleaning schedule for the ultrasound probes. Staff told us the cleaning of the centre was done by an in-house cleaner who was employed by the organisation. There were records to show that the cleaners maintained a regular cleaning schedule. Staff told us the centre manager did a daily walk around and would identify any issues with cleanliness.
- The centre provided staff with personal protective equipment (PPE) such as gloves, aprons and face visors. We observed all staff wore PPE where necessary. We noted all staff adhered to the 'bare below the elbows' protocol in clinical areas.
- Hand washing and sanitising facilities were available for staff and visitors in the centre. Posters prompting appropriate hand washing technique were clearly displayed. Alcohol based hand cleaning gels were available for patients and staff to clean their hands. Staff had access to a hand washing sink within the consultation rooms to ensure they could wash their hands before and after patient contact.
- The centre had an updated infection control policy that guided staff on hand washing, the use of gloves and aprons, eye protection, masks, sharps, spillage, cleaning, waste segregation and disposal management.

- We observed sharps management complied with Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. We saw sharps containers were used appropriately and they were dated and signed when brought into use.
- The centre undertook hand hygiene audits. We observed good hand hygiene during our inspection, audits the centre undertook provided additional assurances that good practice was consistently upheld throughout the centre. The audit showed that compliance with hand hygiene was 100%. Records provided by the centre showed that hand hygiene audits were completed monthly and the results were included in the monthly staff meetings.
- The centre completed an environmental audit monthly. This included checks on waste management, any damage to equipment such as a rip or tear and damage to the floors.
- The centre had monthly infection control committee meetings attended by senior management. There was a standard meeting agenda and we saw action points were identified and reviewed.
- The centre used single use equipment where appropriate. We observed staff wiping reusable equipment such as an immobilisation device and radiofrequency coils (radiofrequency coils are essential for producing high quality images) using disinfectant wipes after every use.
- Infection control training formed part of the mandatory training programme for staff. Data provided by the centre showed that all staff (100%) had completed infection control training.

Environment and equipment

- **The service had suitable premises and equipment and looked after them well.**
- There were five diagnostic imaging rooms situated on three floors. The centre undertook quarterly environmental and equipment audits. Action plans were reviewed and acted upon. For example, cables were removed from the imaging department.
- The consultation rooms were all well-equipped including couches and trolleys for carrying the clinical equipment required.
- We checked the resuscitation equipment in the centre. The equipment appeared visibly clean. Single-use items were sealed and in date and emergency equipment had

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been serviced. Resuscitation equipment had been checked daily and was safe and ready for use in an emergency. Staff maintained an up-to-date checklist for all equipment.

- Staff told us all equipment used at the centre was serviced annually and maintained by a recognised service team. There was an effective system to ensure that repairs to broken equipment were carried out quickly so that patients did not experience delays to treatment. Servicing and maintenance of premises and equipment was carried out using a planned preventative maintenance programme. During our inspection we checked the service dates for all equipment and found them to be within their service date.
- Failures in equipment and medical devices were reported through the corporate provider governance team. Records showed that equipment was discussed at staff meetings. Staff told us there were usually no problems or delays in getting repairs completed. All equipment conformed to the relevant safety standards and was regularly serviced. All electrical equipment was tested for safety.
- The radiation protection committee meetings discussed equipment used by the diagnostic imaging departments. We saw that action points were identified and monitored as part of the bi monthly meetings.
- Health and safety training formed part of the mandatory training programme for staff. Data provided by the centre showed all staff (100%) had completed health and safety training.

Assessing and responding to patient risk

- **Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.**

- The centre was equipped with working light-up radiation signs to alert people when X-ray was in progress. Signs in the diagnostic imaging department identified when X-rays were being taken, with a warning not to enter the room.
- There was controlled entry to the diagnostic imaging rooms and signs and barriers to the scanner. Access to restricted areas was controlled. Staff had access to the diagnostic imaging rooms using an access code which restricted unauthorised access.

- We saw pregnancy warning signs in the centre to warn people that there was a risk of radiation.
- Clinical staff had a valid in-date radiation monitoring badge. At inspection one of the radiographers was not wearing the radiation monitoring badge.
- The service had appointed a radiation protection advisor (RPA) and a radiation protection supervisor (RPS). The RPA carried out an annual risk assessment and produced a report in April 2018. The findings of the report were discussed at the radiation protection committee meeting. Staff explained that there was a RPS on site and training was up-to-date.
- Daily quality assurance tests on the MRI were routinely completed and documented by the radiographers. The tests assured staff that the MRI equipment was in good working order, safe to use and ensured that MRI images were of good quality.
- Records showed that staff were trained in MRI safety, and they understood their responsibility relating to the use of all equipment in an MRI environment. Radiographers had completed training in radiation and radiation protection.
- The centre used a “pause and check” system. Pause and check consisted of a system of three-point demographic checks to correctly identify the patient, as well as checking with the site or side of the patient’s body that was to have images taken and the existence of any previous imaging the patient had received. This enabled the radiographer in ensuring the correct imaging modality was used, and the correct patient and correct part of the body was scanned. We did not observe the pause and check. However, we were assured by the centres audit of the pause and check process.
- We saw a six-point identification IR(ME)R checklist in the diagnostic imaging room. This requires staff to ask patients identification questions and ask about pregnancy status. The centre carried out pregnancy tests where required. This ensured patient safety by verifying that staff scanned the right patient and right part of the body. Records we checked showed the six-point identification checklist was routinely used.
- Staff completed daily safety assurance checklists. Checklists prompted staff to ensure there was safe staffing; emergency equipment was checked, fire exits were clear, emergency alarms were working and equipment was clean. There was evidence of testing all equipment used at the centre. The service had a policy

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for closing the loop and ensuring referrers act on any urgent or unexpected findings on reports. Staff would contact the referrer by telephone and follow this up with an urgent report.

- Staff had undertaken fire safety and evacuation training. They could explain the evacuation procedure and were aware of where the fire extinguishers were located. We noted that fire extinguishers had been serviced within the last 12 months.
- There was a changing room for patients to change before their scan. All patients we saw at inspection changed into a gown. All patients underwent the risk assessment and gave consent to the diagnostic test.
- The centre had a policy for the emergency management of cardiopulmonary resuscitation. The service had a policy for the evacuation of a patient from the MRI scanner. The procedure had been audited and reviewed by an external company.
- Staff had access to a contrast policy. Contrast can be defined as is a substance used to increase the contrast of structures or fluids within the body in medical imaging. Staff were aware of the risk contrast posed to patients for example, neuropathy, or anaphylaxis's and carried out a risk assessment prior to administration. Staff asked patients to confirm whether they had any allergies prior to the administration of medicines.
- All staff had completed training in basic life support (BLS) and the use of an automated external defibrillator (AED).
- The service had a procedure to follow up all paediatric patients and young people who did not attend appointments. Any non-attendances are recorded on an online system and followed up by either a paediatric nurse or senior nurse. Staff would call the patients or patient's family to ensure they are being cared for and there are no issues at present. All patients are either offered another appointment or it is clarified if they are receiving care elsewhere. The outcome of the call is recorded and discussed with the consultant and at staff meetings.

Nurse staffing

- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.**
- There were dedicated nursing staff across the OPD. The staffing in the OPD consisted of the centre manager, six

whole time equivalent (WTE) registered nurses, including two WTE paediatric nurses, and one WTE healthcare assistant. There was one vacancy in the registered staff establishment at the time of the inspection.

- HCA Healthcare staff from the Wellington Hospital were used to cover staff shortages. The centre manager told us the service did not routinely use bank and agency nursing staff in the outpatient department.

Medical staffing

- The service had five radiologists who rotated based on the needs of the service.

Diagnostic imaging staff:

- The service had one WTE radiographer. Other radiographers within HCA Healthcare UK covered additional shifts if required.
- There was an induction programme which included training on how to use the diagnostic imaging equipment.

Records

- **Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.**
- Patient records were managed in a way that kept patients safe and protected their confidential and sensitive information from being shared incorrectly. Staff used electronic patient records to record patient's diagnostic needs.
- All patient's data, medical records and scan results were documented via the centre's patient electronic record system. Electronic records could only be accessed by authorised personnel. Computer access was password protected and staff used individual log-ins.
- The centre provided referrers with electronic diagnostic imaging reports which were encrypted.
- The centre received patient referrals through a secure email or telephone call from the referring consultant or hospital. Patients could also self-refer.
- We reviewed six patient records from diagnostic imaging. We found that these had all been fully and clearly completed.

Medicines

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- **The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication, the right dose at the right time.**

- There was an HCA Healthcare UK corporate medicines management policy. The purpose of the policy was to make suitable arrangements for the recording, safe-keeping, handling and disposal of medicines.
- Staff were aware of the policies involving medicines management and knew where they were located on the staff intranet.
- The medicines cupboards we inspected were locked, secure and all stock was within expiry dates. Cupboards containing substances hazardous to health were also locked. Only authorised staff had access to keys for the medicines cupboard.
- Contrast media was safely stored in the diagnostic imaging department. Contrast media is a substance introduced into a part of the body to improve the visibility of internal structures during radiography. The contrast media was warmed before use in line with best practice. In rare cases contrast media can cause kidney damage. We saw records which showed there was a contrast checklist and point of care testing to assess a patient's risk in using the contrast agents.
- Fridge temperatures were checked and recorded daily and were within the required range to store medicines safely. Medicines management regulations stated minimum and maximum temperatures of locked medicine refrigerators and ambient room temperatures.
- Radiographers were authorised to work under patient group directions (PGDs) to administer contrast media and other medicines required during diagnostic imaging processes. PGDs are written directions that allow the supply and or administration of a specific medicine by a named authorised health professional to a well-defined group of patients for a specific condition. We observed there was a generic staff sign off sheet labelled PGDs. We noted this sheet did not specify which PGDs were signed off or what PGDs were in place.
- Allergies were clearly documented on referral forms and on the electronic patient records. Allergies were verbally checked during the diagnostic imaging safety checklist.
- Emergency drugs were kept on the resuscitation trollies and staff documented daily checks. All emergency drugs were within their expiry date.

- There was a clear pathway to replenish consumables and avoid to stock depletion. Supplies were replenished frequently to avoid shortages and staff told us that they could request additional supplies if they were low before the next restock.
- There were no controlled drugs (CDs) kept or administered in the diagnostic imaging departments.

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.**
- The centre used an electronic incident reporting system and all staff we spoke with were familiar with how to report incidents. Incident reporting training was included in the staff induction programme, which all staff completed when they commenced their employment at the centre.
- Staff could identify and describe situations requiring completion of an incident form. Staff told us there was a good reporting culture and that they were encouraged to report 'near miss situations. There was medical physics expert available for advice when needed.
- Patient safety was promoted through shared learning of other incidents from other locations within the provider organisation. These incidents were discussed and fed back to staff across the organisation during staff meetings and through electronic bulletins and in-house newsletters.
- There had been no serious incidents as defined by the incident reporting policy reported in the last 12 months. There had been no reported IR(ME)R incidents.
- All staff we spoke with understood the duty of candour requirements. Staff explained that they would inform patients if an incident occurred which met the requirements of duty of candour, apologise and undertake an investigation. Staff could give an example of an incident where the duty of candour requirements had been applied at a different location.
- The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to that person.

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Are diagnostic imaging services effective?

We do not currently rate effective for diagnostic imaging.

Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.**
- Care and treatment was delivered to patients in line with National Institute for Health and Care Excellence (NICE) and Royal Colleges guidelines. Staff told us they followed national and local guidelines and standards to ensure effective and safe care.
- We saw a six-point identification IR(ME)R checklist in the diagnostic imaging room. This requires staff to ask patients identification questions and ask about pregnancy status. This ensured patient safety by verifying that staff scanned the right patient and right part of the body. Records we checked showed the six-point identification checklist was routinely used.
- The centre had diagnostic reference levels for safe radiation doses available for all the examinations performed at the centre and all staff had access to the reference manual.
- Clinical policies and procedures were available on the centre's intranet and staff were aware of how to access them.
- Staff were kept up-to-date with changes in policy and procedures, ensuring practice was evidence based. Staff we spoke with said changes to practice and policies were highlighted by the centre manager and received emails and alerts from the quality and governance team of the parent organisation.
- Information leaflets for patients were available in the waiting areas. This included child health information sheets for children having X-rays, a MRI and CT scan. A DEXA scan leaflet was also available.

Nutrition and hydration

- Staff told us that patients were not generally offered food in the centre; however, they were offered coffee, tea, hot chocolate or biscuits before or after their scan.
- We observed a central area with coffee, tea, hot chocolate and biscuits on each floor.

- Diabetic patients are offered an early appointment in the morning or straight after lunch.

Pain relief

- **Staff assessed and monitored patients pain if required.**
- During our inspection, we did not find any patients who were in pain, or required pain relief. Diagnostic imaging patients did not routinely require pain relief. However, staff described how they would offer support to patients who reported being in pain by referring them to a consultant to manage it.
- Consultants discussed pain management in the consultation process for patients if required.
- The consultants were also available in the event of a patient requiring a review of their pain management.

Patient outcomes

- **Managers monitored the effectiveness of care and treatment and used the findings to improve outcomes.**
- The centre had an audit programme which monitored patients' outcomes and the effectiveness of the scanning. There was evidence of regular discrepancy meetings and a peer feedback process with staff of the wider HCA group.
- The annual radiation protection advisors audit in April 2018 found the service was fully compliant with the current regulations, standards and reference guidance relating to the use of ionising radiation in diagnostic imaging.

Competent staff

- **The centre manager reported that most staff had received an appraisal. Staff told us appraisals were valuable in their professional development. Staff discussed and agreed their learning needs during appraisal. They were also encouraged to recommend changes to improve the effectiveness of the centre during their appraisals.**
- All nursing staff, radiographers and healthcare assistant (100%) had received an appraisal within the last 12 months and 97% of consultants with practicing privileges working in the diagnostic imaging and OPD had an appraisal.

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- There was a practicing privileges policy which requires all consultants to provide evidence of a satisfactory appraisal. Practicing privileges may be withdrawn if this evidence is not provided. The service maintained a spreadsheet of the appraisal dates for all consultants.
- Staff told us that the centre manager reviewed all staff competencies as part of the appraisal process. Records showed that nurses, radiographers and healthcare assistant had appropriate skills, knowledge and experience to carry out their roles effectively. Staff told us they had good access to training regarding their professional development.
- Staff could identify their own developmental areas independently and with support. They told us they received funding for continuing professional development, further education, training and funding to attend conferences. Staff told us about the training they had attended to increase their knowledge, skills and experience. For example, one of the senior nurses had training to increase their scope of practice in tissue viability and wound management.

Multidisciplinary working

- **Staff of different professions worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.**
- Staff members told us they worked with other departments within the HCA group to learn about their practices and build relationships.
- Staff told us they had good links with diagnostic imaging departments at other hospitals who they had liaised with to make use of previous images of the same person requiring the test.
- Staff we spoke with told us they had good working relationships with consultants. This ensured that staff could share necessary information about the patients and provide holistic care.
- We heard positive feedback from staff of all grades about the excellent teamwork.

Seven-day services

- The centre opened Monday to Thursday from 8am – 8pm, Friday 8am – 6pm and Sunday from 9am – 1pm.
- Appointments were flexible to meet the needs of patients, including appointments at short notice.

- Referrals were prioritised by clinical urgency. Staff told us if an urgent referral was made the centre would assess appointments and prioritise patients according to their clinical needs and requirements of the referring consultant.
- Patients are advised to contact the centre by telephone in the event of an emergency outside of normal opening hours. The centre manager told us patients could speak to the consultants to discuss any concerns.

Health promotion

- One member of staff told us about a new initiative for patients over 60 years to promote healthy living, wellbeing and balance. Patients could attend a weekly class to strengthen and support them to mobilise.

Consent and Mental Capacity Act

- **Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the service policy and procedures when a patient could not give consent.**
- Staff understood their roles and responsibilities in obtaining consent.
- Staff told us that they had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS) training. Staff we spoke with were aware of their responsibilities. Ninety-six percent of staff had completed training on the MCA and DoLS.
- We reviewed five patient records and saw consent had been documented in records. Staff told us that formal written consent was taken by the consultant involved when the patient was admitted for a procedure.
- A consultant told us how treatment options were discussed with patients and they were encouraged to be part of the decision-making process. A patient told us they felt very included in their treatment planning, which helped them to understand their treatment.

Are diagnostic imaging services caring?

Good 

We rated caring as **good**.

Compassionate care

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- **Staff cared for patients with compassion. Feedback from all patients confirmed that staff treated them well and with kindness.**
- We observed staff being kind and compassionate as they put patients and their relatives at ease. Patients were treated with dignity and respect. Staff welcomed patients into the centre and directed them to free refreshments in the waiting area.
- The service had a chaperone policy. There were posters available informing patients about the availability of chaperones and staff were readily available to act as chaperones when needed. All patients were offered the choice of having chaperones during their diagnostic tests.
- Staff understood and respected patients cultural and religious needs. Staff told us there were separate waiting areas for male and female patients who did not wish to mingle because of their religious beliefs.
- Patients who spoke with us were positive about how they were treated during their contact with the centre. Patients told us they did not feel rushed at appointments and they had enough time to ask staff questions. Patients commented on being able to see the same consultant at their follow-up appointments that had in-depth knowledge of their treatment history.
- Clerical staff in clinics assisted patients promptly and were friendly and efficient in busy clinics. We observed the consultants greeting the patients in the reception area before taking them into the consultation room.
- The centre had an annual patient's satisfaction survey, the most recent survey found 96% of patients said the atmosphere in the centre was "happy and friendly" and would recommend the service to their friends and loved ones.

Emotional support

- **Staff provided emotional support to patients to minimise their distress.**
 - Staff highly valued people's emotional and social needs and embedded them in their care and treatment. For example, there was always a paediatric nurse available. The nurse would sit and talk with the children and reassure them during procedures.
 - One of the paediatric nurses explained how they had supported a young patient during their diagnostic imaging test by explaining the tests and being at hand to reassure the young patient during the procedure.
- Staff understood the impact that patients care, treatment and condition had on the patient's wellbeing. Staff we spoke with stressed the importance of treating patients as individuals.
 - A member of staff described talking to patients during procedures to put them at ease. They talked about managing an anxious patient by offering them a glass of water, sitting with them and talking with them until they were ready to leave.
 - The centre manager told us they had an open-door policy and was available to patients to discuss all their needs. Patients told us the manager was always responsive and gave patients time to discuss their concerns.
 - Staff told us that they had enough time to talk to patients; for example, patients for an MRI who were claustrophobic (a phobia of enclosed spaces). This procedure can often make patients feel nervous. Staff counselled patients who could spend time adjusting to being in the MRI scanner before the scan commenced.
 - A patient commented, "I had problems with previous scan and I am claustrophobic. She was incredibly patient, she took as much time as was necessary and explained everything to me in detail. This helped me to relax and took away some of the fear. Staff gave a very good first impression of the department. She was kind and reassuring and nothing was too much."

Understanding and involvement of patients and those close to them

- **Staff involved patients and those close to them in decisions about their care and treatment.**
- The service had a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Patients were actively involved in their care. For example, a patient told us the treatment was discussed with them, they received individualised care, letters were always on time and the GP received timely correspondence.
- Staff were fully committed to working in partnership with patients. Staff always empowered patients to have a voice and to realise their potential. For example, the consultant discussed the treatment and its benefits with the patient. The patient was actively involved in their care and determining the final treatment plan.
- Staff communicated with patients so that they understood their care, treatment and condition. Patients told us staff communicated well with them and

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helped them to understand their care and treatment. They said they were given written information to explain their condition. The reception area had a range of patient information leaflets such as preparing for an X-ray, CT scan, MRI or DEXA.

- Patients we spoke with reported feeling involved and understood what they were attending the department for, the types of investigations they were having and the expected frequency of attendance. Patients said that staff were thorough, took time to explain procedures to them and they felt comfortable and reassured. Patients felt they were given adequate information.

Are diagnostic imaging services responsive?

Outstanding



We rated responsive as **outstanding**.

Service delivery to meet the needs of local people

- Patient's individual needs and preferences were central to the planning and delivery of the service. The services were flexible and provided patients with choice.
- The centre offered a wide range of diagnostic imaging services to meet the needs of the patient group. This gave choice and continuity of care to patients locally.
- Appointments could be coordinated between the outpatient department (OPD) and diagnostic imaging where necessary. Evening and Sunday appointments were also available. The service provided planned diagnostic treatment for patients at their convenience. Staff said that all patients were seen promptly and patients rarely had to wait for an appointment. Patients we spoke with confirmed being able to access the centre in a timely manner. The environment was appropriate and patient centred. There was a comfortable seating area., cold water fountain, drinks machine for making hot drinks and toilet facilities for patients and visitors.
- We observed that patients were seen promptly and that patients could book the next available appointment with their chosen consultant. Staff told us that patients were seen promptly following referral and there were no waiting lists.

- Patients were provided with appropriate information about their visit including directions to the waiting area of the centre.

Meeting people's individual needs

- **The service took account of patients' individual needs.**
- The service was sensitive to patient's religious and cultural needs. For example, the service was closed on a Saturday and opened on a Sunday to accommodate patients of a Jewish faith. Patients could request to sit in a male or female only waiting area.
- Whenever a Jewish patient needs to access the service on a Sabbath the automatic doors at the centre stay open to ensure patients are not using electricity in line with their religion.
- There was an equality and diversity policy.
- A hearing loop was available to assist patient's wearing a hearing aid. There was an onsite audiometry service available for assistance or referrals. The centre had access to a telephone interpreter for patient's whose first language was not English.
- The service had a had a policy for treating patients with learning difficulties and dementia. Patients with learning difficulties were identified at time of booking the initial appointment so that staff could determine how to modify investigations if necessary and assist with planning. An individual risk assessment was completed for each patient. A quiet room is available to support patients with learning difficulties and the service provided a longer appointment time to aid communication.
- The service had a dementia folder which contained information booklets on caring for patients with dementia including communication, understanding changes in behaviour, managing anxiety and improving oral care. The folder had policies on the environment, consent, mental capacity, making a best interest decision and the dementia pathway. The service had a dementia friendly environment assessment and a box with activities for patients to engage if. One of the senior nurses was a dementia champion and was completing the final year of a three-year dementia leadership course.
- There was a health passport for patients with learning difficulties and dementia. The health passport gave staff

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relevant information about each patient such as the person who knew them best, interests, routines, what caused anxiety or upset and the best way to communicate.

- The service had made adjustments for bariatric patients. The service had a large elevator which could accommodate 18 people, bariatric seating, a bariatric blood pressure cuff as well as scanners that could accommodate bariatric patients.
- The paediatric nurse was available to sit with and reassure children with learning difficulties or autism. Children were progressed through the waiting area with minimal delay before being seen by staff. A room had been adapted and decorated so it was child friendly. Age appropriate toys were available in some areas of the service.
- Feedback forms had been designed to get feedback from younger and older children. These forms used pictures and drawings to ask children about their experiences.
- Patients were referred via their GP and staff told us patients also self-referred. Appointments were made via a booking line or by booking directly with the centre. Patients we spoke with told us there was no difficulty in arranging a suitable appointment.
- Patients were offered a choice of appointment times. Patients we spoke with told us they were given appointment times that suited them. The service planned to scan patients at the time of their choice and had a confirmation discussion with the patient about whether they wanted a morning or afternoon appointment.
- The reception area was clean and tidy with access to magazines, refreshments and toilet facilities for patients and relatives.
- There was adequate seating and space in the centre.

Access and flow

- **People could access the service when they needed it. Waiting times from referral to treatment and arrangements to treat and discharge patients were in line with best practice.**
- The centre had a corporate contact team and referrals were made through the contact team. The centre nurse carried out an assessment to determine if the patient could be seen by the centre or required to be referred to the accident and emergency department.

- Patients were generally offered appointments within 24 hours. Of the patients offered appointments within 24 hours 45% accepted these appointments and received their scans, another 45% accepted appointments within 48 hours and 10% booked appointment at their convenience. The service monitored patient appointment times from initial contact to completing the scan and the reason for any delay.
- For patients requiring X-rays there is a walk-in service and there is no need to book an appointment. Patient's X-rays are completed on the same day.
- Patients commented, "it was quick and I'm very pleased with the scan", and "impromptu MRI arranged at short notice and everyone was helpful regarding this."
- Referrals were prioritised by clinical urgency. Staff told us if an urgent referral was made the centre would assess appointments and prioritise patients according to their clinical needs and requirements of the referring consultant or general practitioner.
- The service ran on time and staff informed patients when there were disruptions to the service. All patients we spoke with said there was minimal waiting time when visiting the service.
- The centre manager and patients confirmed that where patients missed their appointments they were contacted immediately and offered the next available appointment as required.
- Patients were happy with reporting times. Diagnostic reports were usually made available within 24 hours depending on the urgency of the request and investigation.
- There was a dedicated pool of radiologists. Images were reported in time order unless it was clinically urgent which would be flagged.
- The centre audited report writing time for diagnostic imaging. Data provided by the centre showed that 70% of reports were completed within four hours and 98% within 24 hours. The service exceeded its target of 95% of reports completed within 24 hours.
- There was good access to the centre by car and public transport.

Learning from complaints and concerns

- **The service treated concerns and complaints seriously. Complaints were investigated and learned lessons from the results, and shared with all staff.**

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- Complaints were handled in line with the corporate complaints management policy. Senior staff described an open and honest culture and a willingness to accept responsibility for any shortcomings leading to complaints.
- There was a system for capturing and learning from verbal and written complaints. The senior management team were informed about any complaints and changes were fed back through the heads of departments to frontline staff.
- Monthly staff and senior management team meeting minutes demonstrated that staff discussed complaints. Once a complaint had been concluded a complaint summary and action plan was circulated to the relevant head of departments. Staff told us that complaints were shared across the organisation for staff learning.
- The centre had two complaints from October 2017 to October 2018. Records showed these complaints had been investigated, actions taken and the lessons learnt were discussed at staff and management meetings.
- Staff told us they tried to resolve complaints and concerns in a timely manner.

and worked above and beyond expectations. All staff reported that the registered manager was responsive to their needs; for assistance with clinical practice or personal support.

- We observed members of staff interacting well with the leadership team during the inspection.

Vision and strategy

- **The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff, patients, and local community groups.**
- The diagnostic imaging department had a clear vision and strategy. The vision was 'Exceptional people, Exceptional care'.
- The service had a core set of values which included recognising everyone as unique, treating people with compassion and kindness, acting with absolute honesty, integrity and fairness and treating each other with loyalty, dignity and respect.
- The strategic framework was to deliver the highest quality of care, improve access and convenience, driving operational excellence, strengthening doctor and partner relationships, becoming the patient's provider of choice and developing comprehensive service lines.
- The centre had a statement of purpose which outlined to patients the standards of care and support services the centre would provide.
- We spoke with staff about the vision and strategy and there was an understanding of the goals and values of the centre and how it had set out to achieve them.
- The staff worked in a way that demonstrated their commitment to providing high-quality care in line with this vision.
- The strategy was reviewed annually to reflect relevant changes.

Are diagnostic imaging services well-led?

Good 

We rated well-led as **good**.

Leadership

- **Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.**
- The centre had a corporate management structure which included a chief executive officer, deputy chief executive officer, chief nursing officer, medical director, imaging services manager and a centre manager.
- Local leaders had the appropriate skills and knowledge to manage the service. The registered manager was supported by the centre manager whose key responsibility was to monitor the performance of the centre. The corporate head of quality review systems provided support and advice to the centre manager.
- The centre manager demonstrated leadership and professionalism. We were told by all staff that corporate managers were visible and approachable to the team

Culture

- **Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- Staff described the culture of the centre as open and transparent where staff supported each other.
- Staff we spoke with were proud of the work that they carried out. They enjoyed working at the centre; they were enthusiastic about the care and services they provided for patients.

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- There was an open and transparent culture within the centre, improvements were made through learning and staff were encouraged to be open, honest, and transparent; and to report when things went wrong.
- All staff reported they felt supported by the centre manager and the wider organisation when incidents or other issues occurred. Staff reported that there was a no blame culture when things went wrong.
- Staff were very proud to work at the centre; they were enthusiastic about the care and services they provided for patients. They described the centre as a good place to work. Some of the staff we spoke with had worked for the provider for many years and were enthusiastic about the services the centre offered and the care that was provided.
- The centre was supported by a dedicated and proactive manager who worked to continually improve the service.
- The service reported into the governance framework by completing monthly reports, which were submitted to the governance committee. We noted that the report contained relevant service information such as incident, audit outcomes and health and safety information.
- The management team had kept up-to-date with key changes in the regulations. Policies and procedures were reviewed regularly and updated where required.
- We spoke with the quality lead for the service, the registered manager, the imaging services manager and the centre manager. All members of the management team were articulate about the running of the service and had a clear understanding about the quality of service to be provided.
- Several internal audits were in place including clinical practices and audits of systems and processes. The service used an online compliance system to monitor audits and key performance indicator data.
- The service had a recruitment policy that set out the standards it followed when recruiting staff. The centre manager told us that, as part of the staff recruitment process, they carried out appropriate background checks. This included a full Disclosure and Barring Service, proof of identification, references check as well as driving license checks. We reviewed the staff files and found that these checks had been completed.
- The centre manager told us learning was cascaded to staff. All staff members had a work email account. The service had a bulletin and updates were sent to staff via email. Examples of cascading information and learning through the newsletter were sharing the results of the hand hygiene audits, information on protecting personal data and personal safety.

Governance

- **The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care to flourish.**
- There was an effective clinical governance structure which included a range of meetings that met either monthly or quarterly. These included the clinical review group, risk review group, patient experience group, infection prevention and control group, and the quality improvement and patient safety group. Minutes of the clinical governance meetings demonstrated that incidents, complaints and the risk register were discussed.
- There was a radiation protection committee which meets quarterly and feeds into the patient safety and quality group and the corporate radiation protection committee. There were agenda and minutes for the meetings showing any actions to be completed and the responsible person. Risk assessments, incidents and action plans were discussed for example, CT imaging protocols and the pause and check procedure.
- The service had effective systems to monitor the quality and safety of the service. The use of audits, risk assessments and recording of information related to the service performance was to a high standard.

Managing risks, issues and performance

- **The service had systems in place to identify, monitor and manage risk effectively. Incidents, complaints and audits were analysed thoroughly and reported to the management team.**
- There was a corporate as well as, a centre risk register which was up-to-date with clear lines of accountability and responsibility of actions to be taken.
- The centre had a risk management strategy, setting out a system for continuous risk management. Risks could be identified and reported by any staff member. The

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risks were reported by the centre manager to the senior management team and placed on the local risk register. Risks were then escalated to specific boards or committees as appropriate.

- Staff explained they knew how and when to report concerns on the electronic incident reporting system, that they had done so and that there was an open culture encouraging reporting.
- The centre audited their services to make improvements to care and policy. The risk register, electronic incident reporting system and audit results showed that the managers understood the risks to the centre and acted on them accordingly.
- The service had a business continuity plan that could operate in the event of an unexpected disruption to the service. This included the steps to be taken if there is potential disruption, such as fire or telecommunication system failure. The service had back-up generators which were regularly maintained and tested.

Managing information

- **The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.**
- All staff had undertaken data security and awareness training as part of their mandatory training. Staff we spoke with understood their responsibilities around information governance and risk management. All staff had completed training on the General Data Protection Regulation (GDPR). The service had a procedure for reporting breaches to the information commissioner. Staff were encouraged to report any potential data breaches. Managers told us that following the training there was an increase in the number of incidents reported. Additional training sessions were provided to all staff. Staff also had access to an e-learning module on GDPR.
- All staff we spoke with demonstrated they could locate and access relevant policies and key records very easily and this enabled them to carry out their day to day duties successfully. All staff had access to the organisation's intranet to gain information relating to policies, procedures, national guidance and e-learning.
- Staff could easily access electronic patient records and they were kept secured to prevent unauthorised data access.

- Referrers could review information from scans remotely to give timely advice and interpret results to determine appropriate patient care.
- The centre stored information electronically and this was encrypted before being sent. This meant the service could easily collate and audit the data and use this information to improve the quality of care delivered.
- Staff had access to all the information they needed to deliver care and treatment to patients in an effective and timely way. They reported no concerns about accessing relevant patient information.
- We saw an example of the newsletter where staff received further updates on data and security. This included appropriate checks to ensure the correct patient received electronic documents. Staff were informed of the procedure to follow in the event of a data breach including reporting to the Information Commissioners Office.
- All staff (100%) had received training on information governance.

Engagement

- **The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.**
- The centre undertook patient satisfaction surveys and reported them quarterly. They collated patient satisfaction surveys and used the results to inform service development. Results showed that 99% of patients were satisfied with the quality of care received and 100% of patients would recommend the centre to a family or friend.
- Questions included 'On arrival the Imaging Department was clean, tidy and welcoming,' and 'Staff appeared to be engaged and focussed, giving you their full attention.' Comments were mainly positive based around staff and service patients received. Patients commented that the staff were friendly, efficient and professional. Paediatric patients gave their feedback using pictures of faces and drawings.
- The service made changes based on feedback from patients. For example, patients preferred using an intercom rather than a security code to enter the building and this was adapted.

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- Staff completed an employee opinion survey. We saw examples of 'you said' 'we did' in the staff newsletter. Examples included improving the work environment by redecorating, changing lighting to improving efficiency and workflow.
 - The diagnostic imaging department had an employee opinion survey action plan. Records showed there was a coherent strategy to review the comments made by staff and address them in a timely manner.
- Learning, continuous improvement and innovation**
- **The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.**
 - The management team and staff were committed to continuous improvement of the service. A range of courses had been developed and had received external verification. Staff had access to these accredited training courses.
 - The senior management team told us there were plans for improving and expanding the service, including imaging equipment being replaced and the department moving to the ground floor. There were plans to increase the GP services, providing a same day, walk-in service based on patient's feedback.
 - The senior management team saw continuous improvement as integral and staff were accountable for delivering change. Staff were alert to new initiatives and new ways of working. One member of staff told us about a new initiative for patients over 60 years to promote healthy living, wellbeing and balance. Patients attend a weekly class to strengthen and support them to mobilise.
 - HCA Healthcare is an independent healthcare group in the UK. It recognises staff contributions at an annual awards ceremony. One of the nurses at the centre was the recipient of the HCA International Excellence in Nursing Award. The consultants and senior staff nominated them for their dedication and motivation.

Outstanding practice and areas for improvement

Outstanding practice

- The service was sensitive to patient's religious and cultural needs. For example, the service was closed on a Saturday and opened on a Sunday to accommodate patients of a Jewish faith. Patients could request to sit in a male or female only waiting area.
- The centre audited report writing time for diagnostic imaging. Data provided by the centre showed that 70% of reports were completed within four hours and 98% within 24 hours. The service exceeded its target of 95% of reports completed within 24 hours.
- Feedback forms had been designed to get feedback from younger and older children. These forms used pictures and drawings to ask children about their experiences.
- The senior management team saw continuous improvement as integral and staff were accountable for delivering change. Staff were alert to new initiatives and new ways of working. One member of staff told us about a new initiative for patients over 60 years to promote healthy living, wellbeing and balance. Patients attend a weekly class to strengthen and support them to mobilise.

Areas for improvement

Action the provider **SHOULD** take to improve

- Review the local rules for radiation protection to ensure they are specifically adapted to the service.
- Review the staff sign off sheet for the patient group directions to ensure that it includes the details of each patient group direction.