BMI Syon Clinic

Quality Report

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Date of inspection visit: 10 and 11 January 2018
Date of publication: 24/04/2018

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?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

BMI Syon Clinic is operated by BMI. Facilities include consulting rooms, a physiotherapy suite and diagnostic and imaging facilities.

The hospital provides outpatients and diagnostic imaging services.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 10th and 11th January 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.

We rated this hospital as good overall.

- Incidents were reported and investigated through a clinic wide electronic system. Lessons learnt were shared effectively with all staff electronically and through team meetings. Themes were identified and there was no blame culture.
- The clinic was a safe, clean environment and risk was minimised by regular cleaning and infection control monitoring.
- The clinic had recently introduced a facility for storing records which meant that records were available for all patient appointments. Provider data suggested only 28% of appointments had all available records previously.
- Sufficient staffing levels were maintained to keep patients safe.
- There were clear business continuity protocols in place and staff knew what to do in case of emergency.
- The clinic followed national and BMI guidelines and procedures which were kept updated.
- We saw evidence that staff gained consent from patients and followed procedures correctly.
- Patients gave good feedback about the care provided; they reported that staff were helpful and supportive.
- Patients said that they were well informed about their care
- We observed friendly interactions between patients and staff
- Patients were able to access the service and make appointments quickly at flexible times. There was efficient flow through the clinic and a wide range of specialties available.
- Staff described adjustments they made to meet the needs of patients they cared for.
- There were same-day clinics so that patients could have their appointment and imaging done in one visit.
- Learning from complaints was shared and managers improved the service in response to them.
- There was positive leadership and managers understood the challenges facing the clinic and devised strategies to overcome them and improve the service.
- The clinic had a clear vision and staff understood their roles in achieving the overall strategy.

Summary of findings

- There was a positive and supportive working culture at the clinic, staff spoke highly of their managers and felt able to raise problems and concerns if they needed to.

However:

- There had been an Ionising Radiation (Medical Exposure) Regulation (IR[ME]R) reportable incident in imaging in the 12 months prior to inspection where a patient had undergone an unnecessary second scan due to poor record keeping and clinical communication.
- There was limited auditing of the clinical performance of the clinic so managers were reliant on patient complaints to identify clinical concerns
- There was not a clear power failure protocol in the imaging department
- There was limited staff and public engagement to obtain wider involvement in improving the service.

Amanda Stanford

Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Outpatients and diagnostic imaging	Good	• Incidents were reported and investigated through a clinic wide electronic system. Lessons learnt were shared effectively with all staff electronically and through team meetings. Themes were identified and there was no blame culture. • The clinic was a safe, clean environment and risk was minimised by regular cleaning and infection control monitoring. • The clinic had recently introduced a facility for storing records which meant that records were available for all patient appointments. Provider data suggested only 28% of appointments had all available records previously. • Sufficient staffing levels were maintained to keep patients safe. • There were clear business continuity protocols in place and staff knew what to do in case of emergency. • The clinic followed national and BMI guidelines and procedures which were kept updated. • We saw evidence that staff gained consent from patients and followed procedures correctly. • Patients gave good feedback about the care provided; they reported that staff were helpful and supportive. • Patients said that they were well informed about their care • We observed friendly interactions between patients and staff • Patients were able to access the service and make appointments quickly at flexible times. There was efficient flow through the clinic and a wide range of specialties available. • Staff described adjustments they made to meet the needs of patients they cared for. • There were same-day clinics so that patients could have their appointment and imaging done in one visit. • Learning from complaints was shared and managers improved the service in response to them.

Summary of findings

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Summary of findings

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Good

BMI Syon Clinic

Services we looked at
Outpatients and diagnostic imaging;

Summary of this inspection

Background to BMI Syon Clinic

BMI Syon Clinic is a specialised private outpatient clinic. The clinic/service opened in 2010. It is a private outpatients clinic in Syon, London. The clinic primarily serves the communities of west London and also accepts patient referrals from outside this area.

The clinic has 12 consulting rooms, nine of which were used by consultants with practising privileges for a range of specialties including dermatology, ENT, cardiology, orthopaedics and gynaecology. Three rooms were used for primary care services including a private GP, nurse led clinics and a resident medical officer led urgent walk in service. There is a physiotherapy room with gym and hand therapy equipment and a treatment room for minor procedures. The clinic also provides diagnostic services including blood tests and histopathology and has an imaging suite including ultrasound, CT, MRI, x-ray and mammography.

The clinic treats children from aged three, predominantly in dermatology and ENT clinics.

Patients were cared for by consultants, nurses, healthcare assistants, a GP, an onsite resident medical officer, physiotherapists and radiographers.

The previous CQC inspection of the clinic under our old methodology was in January 2013 and the report from this inspection can be viewed on our website. The clinic had a registered manager in post who was awaiting the processing of their application.

Our inspection team

The team that inspected the service comprised three CQC inspectors with expertise in hospitals and primary medical services, an inspection manager, an assistant inspector and a general practitioner specialist advisor. The inspection team was overseen by Nicola Wise, Head of Hospital Inspection.

Why we carried out this inspection

We inspected this service as part of our on-going independent health inspection programme.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology and carried out an announced visit to the provider's premises on 10 and 11 January 2018.

Information about BMI Syon Clinic

BMI Syon is an outpatient clinic spread over three floors and is registered to provide the following regulated activities:

- Treatment of disease, disorder or injury
- Surgical procedures
- Family planning

Summary of this inspection

- Diagnostic screening procedures

During the inspection, we visited all areas of the clinic including consulting and treatment rooms, waiting and reception areas, the medication room and the physiotherapy room. We spoke with staff including; registered nurses, consultants, GPs, health care assistants, reception staff, senior managers. We spoke with patients and relatives. We also received 19 'tell us about your care' comment cards which patients had completed prior to our inspection. During our inspection, we reviewed 10 sets of patient records.

There were no special reviews or investigations of the clinic ongoing by the CQC at any time during the 12 months before this inspection. The clinic/service has been inspected once, and the most recent inspection took place in January 2013 which found that the clinic/ service was meeting all standards of quality and safety it was inspected against.

Activity (November 2016 to October 2017)

- In the reporting period November 2016 to October 2017 there were 16,953 outpatient attendances; all of these were privately funded.

Track record on safety

- No Never events
- Between October and December 2017 there were 40 clinical incidents; 13 no entry for harm, 21 no harm, five low harm, 1 moderate harm, no severe harm, no death
- no serious injuries

No incidences of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA),

No incidences of hospital acquired Meticillin-sensitive staphylococcus aureus (MSSA)

No incidences of hospital acquired Clostridium difficile (c.diff)

No incidences of hospital acquired E-Coli

79 complaints

What people who use the service say

Prior to the inspection we distributed comment cards for patients and those close to them to fill out and received written feedback from 19 patients. All feedback we received was positive, commenting specifically on the level of the customer service and the involvement of patients in their care.

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?

Good

We rated safe as requires improvement because:

- Incidents were reported and investigated through a clinic wide electronic system. Lessons learnt were shared effectively with all staff electronically and through team meetings. Themes were identified and there was no blame culture.
- The clinic was a safe, clean environment and risk was minimised by regular cleaning and infection control monitoring.
- The clinic had recently introduced a facility for storing records which meant that records were available for all patient appointments, up from 28% previously.
- Sufficient staffing levels were maintained to keep patients safe.

However:

- There had been an Ionising Radiation (Medical Exposure) Regulation (IR[ME]R) reportable incident in imaging in the 12 months prior to inspection where a patient had undergone an unnecessary second scan due to poor record keeping and clinical communication.

Are services effective?

Good

We do not rate effective for outpatients. We found that:

- The clinic followed national and BMI guidelines and procedures which were kept updated.
- There was limited auditing of the clinical performance of the clinic
- We saw evidence that staff gained consent from patients and followed procedures correctly.

Are services caring?

Good

We rated caring as good because:

- Patients gave good feedback about the care provided; they reported that staff were helpful and supportive.
- Patients said that they were well informed about their care
- We observed friendly interactions between patients and staff

Are services responsive?

Good

We rated responsive as good because:

Summary of this inspection

- Patients were able to access the service and make appointments quickly at flexible times. There was efficient flow through the clinic and a wide range of specialties available.
- Staff described adjustments they made to meet the needs of patients they cared for.
- There were same day clinics so that patients could have their appointment and imaging done in one visit.
- Learning from complaints was shared and managers improved the service in response to them.

Are services well-led?

Good

We rated well-led as good because:

- Managers understood the challenges facing the clinic and devised strategies to overcome them and improve the service.
- The clinic had a clear vision and staff understood their roles in achieving the overall strategy.
- There was a positive and supportive working culture at the clinic, staff spoke highly of their managers and felt able to raise problems and concerns if they needed to.

However:

- There was limited staff and public engagement to obtain wider involvement in improving the service.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients and diagnostic imaging	Good	Good	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Outpatients and diagnostic imaging

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

Are outpatients and diagnostic imaging services safe?

Good

We rated safe as **good.**

Incidents

- The provider reported there had been no never events in the 12 months prior to inspection. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- There had been one Ionising Radiation (Medical Exposure) Regulation (IR[ME]R) reportable incident in the 12 months prior to inspection. In this case a patient had undergone a CT scan twice which resulted in additional radiation exposure. We saw that a root cause analysis had been carried out and learning identified. The staff member involved had written a reflective statement. The incident had occurred as a result of a failure to perform pre-scan checks correctly. Reminders to carry out these checks prior to the scan had not been displayed at the time of the incident; this had been rectified by the time of inspection. Action had also been taken to simplify the patient flow through imaging. We saw a letter to the patient affected apologising for the mistake and inviting them to a meeting with clinic managers.
- There were 40 incidents on the incident log covering the three months prior to inspection classified into 17 categories of incident. The most common were clinical communication and medical records with five each followed by diagnosis/treatment and organisation/ management with four. 21 incidents were recorded as no harm, five were low harm and one was moderate harm. 13 did not specify harm or it was not applicable.
- Clinical communication and record keeping had been identified by managers as contributing factors in the never event and actions had been taken to address these themes including more clarity for clinicians around processes in imaging.
- Incidents were entered onto an electronic system which all staff had access to and were investigated by a member of the executive team. Staff we spoke with told us that there was an open, blame-free culture around incidents and that they were investigated and resolved promptly. Lessons were learned from incidents and shared at regular staff meetings and via the electronic bulletin.
- Staff had access to the policy on duty of candour. Staff we spoke with were fully aware of their responsibilities in regard to the duty of candour. Patients and their relatives would be informed within ten days following an adverse incident. We saw an example of an incident where duty of candour had been applied

Cleanliness, infection control and hygiene

- There was a dedicated infection prevention and control lead nurse. We saw audits of hand hygiene, clinical waste, sharps management, cleaning and risk assessments which showed the clinic was compliant with BMI standards in each of these areas.

Good

Outpatients and diagnostic imaging

- There were antibacterial hand gel dispensers placed throughout the clinic and we observed clinical staff using them. We saw that staff washed their hands and used antibacterial hand gel before attending to patients. Infection prevention and control policies were available for staff to access on the intranet.
- We observed a nurse taking blood in the phlebotomy room and saw that infection control procedures were followed. Personal protective equipment was used in clinical areas such as disposable gloves and aprons. We saw that these were stocked outside of clinic rooms.
- Cleaning rotas were in use for all areas of the clinic and the checklists we saw showed that cleaning had taken place daily. All areas of the clinic were visibly clean
- Data provided to CQC prior to inspection showed that there were no cases of hospital acquired Methicillin-resistant Staphylococcus aureus (MRSA), Methicillin-sensitive Staphylococcus aureus (MSSA), Clostridium difficile (C. difficile), E.Coli or surgical site infections in the reporting period.
- All floors in clinical areas consisted of vinyl laminate flooring which had been installed for the purpose of cleanliness and infection control.
- We saw that all equipment was wiped clean after and before each patient use.

Environment and equipment

- Reception desks were staffed by receptionists on each floor of the clinic. Each had an adjoining patient waiting area.
- We observed that the environment in all areas of the clinic was safe and visibly clean. There was new vinyl flooring in all clinical areas and all floors were clear of trip hazards and clutter.
- There was a resuscitation trolley on each of the three floors of the clinic and we saw that each was easily accessible, stock was checked and these checks were up to date.
- Staff we spoke with confirmed that there was adequate equipment in place to keep patients safe and all single use equipment we examined, such as needles and dressings was in date. The trolley holding equipment for minor procedures was clean and fully equipped. Equipment which required regular servicing was in date.
- We saw that there were safe procedures for managing clinical waste including temporary locking bins which were emptied regularly.
- There was an automatic door to the clinic onto a road. Receptionists could not control public access to the clinic. We were told that there were security guards in the building at quiet times such as the beginning and end of the day.
- Electrical and water safety tests had been undertaken in the year prior to inspection by external contracted providers. An external contractor carried out a monthly legionella risk assessment at the site.

Medicines

- The service did not stock controlled drugs. Drugs were pre-packaged off site and stocked in a medicines room for consultants to prescribe as required. We saw that these were recorded by hand in patient notes.
- We saw that drugs were appropriately stored in locked cupboards and refrigerators which were within safe temperature ranges. Medicines and vaccinations we checked were in date and stored appropriately.
- Medicines kept on resuscitation trolleys were all in date. Glyceryl trinitrate spray, aspirin and glucogon were not stocked on the trolleys but were available in the treatment room on the ground floor. Seizure medication was available in the medications room. This was in line with Resuscitation Council guidelines.
- There was no medicines reconciliation register. This meant that the clinic medication stock could not be tracked and a drug could run out. We were told that if this happened the doctor would write a prescription for the patient and they would collect their medication off site. The lack of medicines reconciliation also meant that the provider would not have been aware if medications were going missing.
- A medicines management audit had been introduced in November and showed that the service was compliant with medicines administration standards for the months of November and December.

- When a doctor prescribed medication they recorded the drug and dosage by hand in patient notes. This was within recommended guidelines from the National Insititute of Care and Health Excellence and the Department of Health.
- At the GP and walk-in service, some of the private prescriptions were processed electronically. Most of the private prescriptions were printed on the letterhead which included a company name, logo and other necessary information. These paper prescriptions were prescribed and signed by the GP.
- Blank prescription pads were securely stored and there were systems in place to monitor their use. Blank handwritten prescription pads were only used by the consultants.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The service involved patients in regular reviews of their medicines.

Records

- Data provided by the service showed that 72% of patients were seen without all relevant medical records being available in the three months prior to November 2017. A manager told us that until October consultants held and kept all patient notes. Therefore the service had no oversight of their availability. At the time of inspection the service had introduced a new programme to ensure copies of records were kept onsite for three months and then stored electronically. We were told that all patient records were now available.
- We reviewed 10 patient records and found that all records with the exception of one were fully legible and contained a comprehensive and clear record of patient care.
- Patient notes were recorded in triplicate pads and copies were provided to the patient, consultant and clinic records department.
- The GP care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The GP and Urgent Care walk in service used an electronic patient record system. GP records were stored in a secure electronic system.

Safeguarding

- Staff understood their responsibilities to protect patients from abuse, neglect, harassment and discrimination. There was a safeguarding lead in place and we saw that staff could access a safeguarding policy on the intranet. Staff received up-to-date online safeguarding and safety training appropriate to their role. Staff we spoke with were able to describe scenarios which would concern them and how they would raise concerns.
- There was a specialist paediatric nurse trained to safeguarding level 5 who attended when children were seen in the clinic. The safeguarding lead was trained to level 4 and all clinical staff were trained to level 3.
- Staff we spoke with had not had to make a safeguarding referral but knew how to identify and report concerns.
- There were information leaflets displayed in waiting areas regarding safeguarding from abuse such as domestic violence. The leaflets included guidance for spotting the signs of abuse and information on how to seek help.
- Patients attending the walk in urgent care service were required to give only verbal information to verify their identity. This meant patients could hypothetically access the service under a false identity.

Mandatory training

- Staff we spoke with confirmed they undertook mandatory training such as in health and safety, fire safety, moving and handling, infection control, safeguarding and basic or intermediate life support, depending on their role.
- Data provided to CQC showed that the average completion of mandatory training amongst all staff was 91.4%. The majority of training was provided electronically and staff were given time on shift and access to computers to complete it.
- Staff we spoke with told us that managers were supportive of staff undertaking extra training and development.

Assessing and responding to patient risk

- Managers ensured that there was a full resuscitation team in the building at all times and resuscitation roles

were allocated at the morning communication meeting each day. If a medical emergency required transfer to a hospital, staff would phone an ambulance via 999. We saw that there was a clear protocol for arrangement emergency transfer from the clinic including reminding staff of the need to explain to ambulance call handlers that BMI Syon could not provide advanced life support facilities as there had been an instance in the past when an ambulance was delayed for this reason.

- Patients waited for their appointments in one of three waiting areas. Managers we spoke with confirmed that clinical staff were not always present in these areas and there was a reliance on administrative staff to identify patients deteriorating in the waiting areas. Administrative staff received basic life support training and were included in bimonthly resuscitation drills undertaken by an external provider. We heard that clinical staff were always available in case of a medical emergency.
- One patient who was to undergo an MRI scan had a pacemaker. MRI can interfere with how pacemakers work and staff delayed the scan until they obtained confirmation from the patient's consultant that the pacemaker was compatible with MRI.The patient was kept fully informed of the reason for delay.

Nursing staffing

- There were three full time equivalent outpatient nurse posts employed by the clinic and three health care assistants. The director of clinical services was responsible for planning nursing staffing and used a corporate staffing level and skill mix tool to plan ahead. The service ensured that there were two registered nurses on shift at all times supported by a healthcare assistant. Each day's clinical activity was reviewed at the morning staff briefing.
- The use of bank and agency nursing staff was consistently 40% in the year prior to inspection; we were told that this represented use of regular bank staff.
- Nursing staff we spoke with told us that managers were supportive of their training and revalidation.

Medical staffing

- There were 150 consultants with practising privileges at BMI Syon. Practising privileges were granted and reviewed by the medical advisory committee. We saw that there were thorough checks on consultants applying for practising privileges and that they were suspended or withdrawn if standards were not met.
- We reviewed 10 staff records covering non clinical staff and doctors with practising privileges. All files contained details of application forms, curriculum vitaes, details of accreditation with professional bodies, interview reports, appraisals, revalidation and practising privileges documentation where appropriate. Two staff files contained written notes stating that disclosure and barring service (DBS) checks had been carried out but the files did not contain certificate numbers or photocopies of certificates so we were unable to see direct evidence of these checks. When we asked a manager about this we were told that all employment checks were carried out by an external company and a member of staff would not have been able to start working were they not complete. We were provided with evidence following the inspection that the DBS checks had been completed.
- In the 12 months prior to inspection, 22 consultants had their practising privileges withdrawn. Seven of these were due to non-compliant paperwork, five were self-withdrawn, five due to low activity, two due to investigations at NHS trusts and one due to retirement.
- The GP service and Urgent Care Centre walk in service was staffed by a GP with cover from a resident medical officer (RMO).
- The imaging department was staffed by three radiographer - with one further radiography post which was vacant at the time of inspection – supported by two healthcare assistants.

Emergency awareness and training

- There was a corporate business continuity policy and a local business continuity management plan which set out the clinic's response to emergencies. The plan was reviewed every two years and included clearly defined roles and responsibilities for staff in response to any disruption to the service. The corporate policy stated that a live training exercise should be carried out every six months

Good

Outpatients and diagnostic imaging

- There were action cards available to staff detailing the response to a range of business continuity incidents including loss of mains water supply, power, medical gas, nurse bleeps, staffing, premises, bomb threats and security systems breaches.
- Roles in the resuscitation team were allocated to individual members of staff each morning at the daily 'com cell' staff huddle.
- There was no back-up generator serving the imaging department. We were told there had recently been a power cut and a patient list had been delayed. This had been reported as an incident. When we asked staff what would happen if a power cut occurred while a patient was being scanned they replied they had been "lucky" that this had not occurred, they were not able to describe what action would be taken. There was no policy or protocol for what would happen if a power cut occurred while a patient was being scanned.
- We were told that periodic fire alarm tests and safety drills were undertaken.

Are outpatients and diagnostic imaging services effective?

Good

We do not rate effectiveness in outpatients**.**

Evidence-based care and treatment

- Staff had access to evidence based protocols and guidance based on Royal College and National Institute for Health and Care Excellence Guidance. BMI supported all hospitals to remain updated about guidance and best practice. Staff were expected to follow BMI policies and procedures and knew how to access them on the intranet.
- There was a clinical governance report provided by BMI which alerted staff to clinical updates in a monthly electronic bulletin.
- There were protocols and procedures in place which staff could access via the intranet. We saw that some protocols in imaging did not have future review dates. We were told that they would be updated as required.

Pain relief

- A pain scale was used to monitor patients undergoing minor procedures; we saw this recorded in patients' notes.
- Staff we spoke with told us they spoke with patients about pain at pre assessment appointments.
- Patients in imaging largely managed their own pain relief but the RMO would be called if more support was needed. Some patients were advised to bring a sedative with them.

Nutrition and hydration

- Patients attended the clinic for their appointment and did not stay long enough to have significant nutritional requirements. There were water machines and hot drink facilities in all patient waiting areas which staff directed patients to when they checked in for their appointment.

Patient outcomes

- There was a lack of local and national audits to monitor and report on patient outcomes in the clinic. Managers we spoke with told us they were reliant on patient complaints to recognise poor clinical performance.
- The GP had undertaken an audit of the diagnosis of Coeliac disease at the clinic. The audit found that the clinic was not compliant with four of the five National Institute for Health and Care Excellence guidelines on diagnosis of the disease and made recommendations from a sample of seven patients. The audit results were presented to a clinical governance meeting and recommendations were made for changes to practice.
- There had been an audit of GP medical records in paediatric cases of sepsis. The audit involved an initial data collection and a second following the introduction of a recording template to monitor the initial signs of sepsis in children. The recording rate for these indicators increased from 79.4% to 95.6%.

Competent staff

- There had been significant improvement in staff appraisal rates. Managers used an electronic appraisal tracker to ensure staff appraisals were in date. The clinic's appraisal year ran from October to September and data provided by the provider showed that only 8% of staff had received an appraisal in the previous year and 0% in the appraisal year so far.

Good

Outpatients and diagnostic imaging

- On inspection we were told that the new managers had prioritised staff appraisals and we saw an appraisal log that showed that out of 29 staff, 13 had received their appraisal. Of those who hadn't, five were due to the lack of an imaging lead, three were new starters and the rest were booked or in progress.
- The GP undertook a peer review process with another consultant with practising privileges at the clinic looking at a minimum of 2 referrals a month made by the GP to clinic consultants.

Multidisciplinary working

- There was good multidisciplinary team (MDT) working between consultants, nurses, healthcare assistants, imaging staff, physiotherapists and administrative staff to deliver patient care. All staff we spoke with described good working relationships between different types of staff, junior staff were treated respectfully by senior staff and all staff we spoke with felt valued.
- There was good MDT working between the GP and other consultants in the clinic who reviewed referrals to ensure the right cases were referred in the right way.

Access to information

- Staff accessed information about patients via their electronic or paper notes. Staff we spoke with told us that the information they needed to treat patients effectively was always available and described good information sharing with other providers such as GPs.
- Staff had access to BMI policies and clinical guidelines via the intranet. There were regular clinical updates and information shared about lessons learnt from incidents and complaints and information was shared via regular staff meetings.
- In waiting areas there were a variety of leaflets containing information relating to women's health, clostridium difficile, domestic violence, cardiology, hand washing and infection prevention and control.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Patients undergoing MRI scanning filled in a patient safety questionnaire and consent form prior to their scan. We observed a radiographer explaining the procedure to a patient and taking their consent. There was a 6 point identification check prior to scanning which included name, date of birth, identification number, reason for scan, address and name of doctor or consultant.
- Staff we spoke with who undertook procedures requiring consent understood relevant legislation and guidance including the Mental Capacity Act 2005 and Children Acts 1989 and 2004. Staff had had training on consent and deprivation of liberty safeguards.
- Patients confirmed that staff explained procedures to them and they were given time to consider the consent forms.

Are outpatients and diagnostic imaging services caring?

Good

We rated caring as **good.**

Compassionate care

- Patients were asked to give feedback using the Friends and Family Test (FFT) form before they left the clinic. Data was available for the period May to September 2017 and showed an average score of 97.3% however the response rate of FFT tests was 1.4%. Managers we spoke with felt that a higher response rate would be desirable and they were planning to design a bespoke survey for the clinic. Monthly patient survey results were discussed at the daily communication briefing.
- Patients were able to have confidential conversations with receptionists and we observed helpful, friendly and respectful interactions between staff and patients.
- There were information leaflets in waiting areas informing patients about the availability of a chaperone for their appointment. Staff we spoke with told us that female patients could see a female GP if necessary. The GP informed us they would request a member of clinical staff to act as a chaperone if required.
- We observed that patients were able to speak to receptionists without being overheard and the privacy and dignity of patients was respected by staff. There

Good

Outpatients and diagnostic imaging

were private rooms which could be used to have private conversations if necessary. Staff used screens when patients were undergoing scans. All appointments and minor procedures occurred in private rooms.

- Patients' families were involved in their care when necessary and the clinic made provision for family members to accompany patients if they wanted.
- There were measures in place to support patients undergoing scans in the imaging department and ensure they were comfortable. Patients were provided with a pillow and blanket and held a buzzer for if they needed to communicate with staff, the patient could be seen through a viewing window. We observed that staff communicated with and reassured the patient throughout the procedure.

Understanding and involvement of patients and those close to them

- We collected nineteen comment cards from patients who used the service, all of which were positive about the care received. One patient told us that "all staff have been very professional, kind and reassuring, each element of my treatment was explained and all questions answered fully". Another told us that "the staff listened to my needs and treated me with care and respect. I was made to feel at ease throughout my treatment".
- Patients we spoke with understood how and when they would receive results and correspondence about their care and that they felt looked after between appointments. Patients knew how to contact the service between appointments if they had any concerns.
- Patients we spoke with told us that there was enough time in their consultations with doctors and clinicians took time to explain and answer questions. Patients were able to see the same consultant or GP at each visit if they chose.
- Patients were given information leaflets after appointments in the imaging department with information about what to expect and what to do if they had concerns.

Emotional support

- Patients we spoke with said they found staff were kind and supportive. Treatment options were discussed with patients and we observed staff reassure patients during procedures.
- Staff we spoke with had a good understanding of the emotional impact of patients' care and treatment. All treatment rooms were private and staff were able to spend extra time with patients who were receiving distressing news about their health.
- There was a psychotherapist available who attended the clinic as required to see patients who required additional emotional support.
- Staff provided patients with written information to explain their care and treatment such as leaflets, print outs and the notes from their consultations.

Are outpatients and diagnostic imaging services responsive?

Good

We rated responsive as **good.**

Service planning and delivery to meet the needs of local people

- There was enough seating in waiting areas for the volume of patients in the clinic. There were newspapers in the waiting areas and hot beverages and water available from free machines. Children and adults waited in the same areas.
- A patient liaison officer had been appointed to manage the patient journey, promote local engagement and ensure that the service reflected the needs of its patients.
- The service was open from 8am until 7pm Monday to Friday and until 5pm on Saturdays. The decision had recently been taken to close on Sundays to improve staff morale as there was little activity on Sundays and staff had felt shift patterns were too long. The clinic had an agreement with an external agency to provide on call cover for patients out of hours at the weekends and between 6pm and 8:30am during the week.
- Patients received a text message reminder of their appointment 48 hours beforehand.

Good

Outpatients and diagnostic imaging

- The clinic ran one stop clinics in some specialties including cardiology and dermatology so that patients could have tests, scans and consultations performed on the same day.

Access and flow

- All patients at BMI Syon were self-funded or funded through their insurance. Patients could self-refer, walk in to the urgent care service or seek a referral to one of the consultant specialties from their GP.
- Data provided by the clinic showed that no procedures were cancelled for non-clinical reasons in the 12 months prior to the inspection.
- Managers had begun an audit of patient waiting times in the clinic from October 2017. The audit showed that the longest waits were for walk in minor injuries, cardiology and cardiac physiology. The audit allowed managers to identify trends and address where individual consultants consistently ran late clinics.
- During our inspection visit we observed that there was good patient flow through the clinic and the service was efficient and well organised.

Meeting people's individual needs

- There were access ramps and lifts in the building. All internal doors with the exception of the lift were opened or closed manually which would have been challenging for patients who use a wheelchair. Staff told us that a member of staff would always accompany a patient in a wheelchair around the building.
- We told by staff we spoke with that very few patients with a learning disability, a mental health condition or living with dementia were seen at the clinic.
- Staff could access an interpreter via the telephone if necessary. Instructions for patients in the imaging department were available in other languages.
- Staff we spoke with in imaging described adjustments they made for patients with diabetes; those were fasting or became nauseous during their scan. Biscuits, sweets and sugary drinks were available and staff ensured they remained in communication with the patient.
- Patients we spoke with told us that there was limited parking at the clinic and they often had to park in roads or shops away from the clinic. Staff confirmed that this was a challenge for patients accessing the clinic and they were limited by space around the building.

Learning from complaints and concerns

- There were "how well did we do?" leaflets available for patients to report their experience of the service. The leaflets included how likely the patient would be to recommend the service to friends and family, a comments box, what service the patient received and demographic information.
- Patients we spoke with knew how to make a complaint or raise a concern if they were unhappy about any aspect of their care. There were information leaflets displayed in all waiting areas which gave details of how to complain or leave feedback on the service both during their visit and after they leave the clinic. The leaflet set out the formal complaints procedure which included the complaint being escalated to the BMI group chief executive if the clinic executive director did not resolve the matter.
- We looked at six complaints, there was a transparent process for handling complaints, and all had been resolved within the BMI target of 20 working days and included an apology where necessary and actions taken to prevent recurrence. The outcome was clearly explained to patients. The investigation of complaints included an analysis of contributing factors and learning from complaints and concerns was shared with all staff at the daily morning huddle.
- We saw examples where action had been taken to improve the service as a result of patient complaints. For instance, patients complained about a consultant running late for their clinic. Managers identified that clinical commitments elsewhere meant that the consultant was consistently unable to arrive for the time of the first appointment so the clinic template was altered to start at a later time. Overbooked patients were placed at the end of the clinic rather than the beginning.

Are outpatients and diagnostic imaging services well-led?

Good

Outpatients and diagnostic imaging

Good

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

Leadership and culture of service

- The service was led by an executive director who was also the registered manager, a director of clinical services and an operations manager. There was a lead for physiotherapy who shared their time with another BMI location and a vacant lead imaging position which had just been recruited to at the time of inspection. The director of clinical services was covering as interim imaging lead in the meantime. The executive director split their time between BMI Syon and two other BMI services and spent around two days a week on site.
- All three managers of the service were new in post within the six months prior to inspection and told us that they had found the organisation low in morale when they first joined evidenced by a high number of staff departures.The management team described a significant portion of their work had gone into improving staff morale and challenging previous ways of working to improve the organisation. They felt that the CQC inspection had provided a focus for improvement and hoped to ensure this focus continued.
- Staff we spoke with told us that the culture in the service had greatly improved in the six months prior to inspection. There were quarterly themed staff away days to improve morale and focus on improving specific areas of work.
- Managers were keen to promote an open culture and had an open door policy for all staff. This was corroborated by staff we spoke with who told us that managers were friendly, approachable and focussed on improving the service and promoting staff development and wellbeing.
- The executive director was managed by a regional director and described supportive relationships with colleagues including other executive directors and the BMI group quality and risk director.

Vision and strategy

- BMI Syon Clinic's vision was "to provide outstanding care for our local population, with a high performing, caring and progressive team."
- Managers had implemented a strategy for improving the service including a 190 point plan tackling specific issues they found when they took over running the service. Staff we spoke with understood the vision and strategy for the service and their roles in achieving the organisational vision.
- Staff we spoke with felt involved in the development of the strategy and that their views were listened to about plans for the future of the service.
- Staff and managers we spoke with felt that improved staff morale had contributed to the maintaining and development of the service. We heard that the staff group had responded well to changes and developments in the service in the six months prior to inspection.

Governance, risk management and quality measurement

- The executive director had completed an analysis of the main strengths, weaknesses, opportunities and threats for the service. Weaknesses included a new management team, low staff morale, staff vacancies and outsourced housekeeping services. Threats included local competitors for business and staff leaving. We saw that managers had taken action as a result of threats and weaknesses they had identified in the service.
- There was a risk register in place incorporated by the clinics electronic risk management database.
- Every morning there was a communication meeting for all staff who were available to attend. The meeting reviewed the previous day's activity including complaints, incidents and concerns raised and planned for the day's clinical activity.
- There were monthly governance committee meetings attended by the managers of the service. The meeting considered subjects such as clinical governance developments, developments in national guidance and legislation, infection prevention and control, clinical performance and risk. We saw from minutes that the meetings were well attended and actions were agreed on issues affecting the service.

Good

Outpatients and diagnostic imaging

- The medical advisory committee meeting was held every two months and considered external clinical developments and research, practising privileges and reviewed the business of the service. We reviewed minutes of these meetings to confirm the frequency and content of the meetings.
- There was a health and safety committee which met every two months and was attended by service managers and leads for pharmacy, physiotherapy and infection prevention and control. The meeting considered a range of safety issues affecting the service.
- Managers we spoke with told us that although governance meetings were attended mostly by clinical and non-clinical managers they were open to all staff in the service.
- There were few audits and quality measurement initiatives in place in the clinic and managers were reliant on patient complaints to identify poor performance. This meant that managers were limited in what performance data they could gather to inform service development.
- The lack of a contemporaneous log of medicines stock meant that the service was at risk of running out of medications when they were needed.

Public and staff engagement

- There was a monthly 'Syon under the scope' staff newsletter which included updates about the service, complaints, commendations and social events.
- Staff attended daily communication meetings and there were regular all staff meetings. Staff we spoke with felt engaged in the service and able to raise ideas and concerns with managers.
- A new patient liaison officer position had been created to promote engagement with the local population for the purposes of health promotion and attracting new patients to the clinic.

Innovation, improvement and sustainability

- Managers of the service had implemented an extensive improvement plan since coming into post and identified the need to continue developing the service to attract new patients.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

- The provider should ensure there is a clear protocol in place in the imaging department describing the procedure in the event of a power failure occurring while patients are being scanned and that staff are aware of the protocol.