

Wellington Diagnostic Services LLP

# HCA Healthcare UK Outpatients & Diagnostics Centre at Golders Green

## Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

Overall rating for this location	Outstanding	☆
Are services safe?	Good	●
Are services effective?	Inspected but not rated	●
Are services caring?	Good	●
Are services responsive to people's needs?	Outstanding	☆
Are services well-led?	Outstanding	☆

# Summary of findings

## Overall summary

Our rating of this location improved. We rated it as outstanding because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learnt lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care to patients and monitored their pain. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of people who use the service, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and there was no waiting time for a diagnostic procedure.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and managed services and all staff were committed to improving services continually.

However:

- Chemicals and cleaning products were not always stored securely.
- Mobile equipment was not always cleaned thoroughly before being labelled as ready for use.

# Summary of findings

## Our judgements about each of the main services

### Service

### Rating

### Summary of each main service

#### Diagnostic imaging

Outstanding



Our rating of this service improved. We rated it as outstanding because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- 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 controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

#### Services for children & young people

Inspected but not rated



We did not rate this service.

- The service had enough staff to care for children and young people and keep them safe.
- Staff had training in key skills, understood how to protect children and young people from abuse, and managed safety well.

# Summary of findings

- Staff assessed risks to children and young people, acted on them and kept good care records.
- Staff worked well together for the benefit of children and young people, advised them and their families on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated children and young people with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to children and young people, families and carers.
- The service planned care to meet the needs of local people, took account of children and young people's individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.

Children and young people are a small proportion of the services activity. The main services were diagnostic imaging and outpatients. At the time of our inspection the service had combined outpatients and children and young people services into the same department. The range of care and treatment remained the same. Where arrangements were the same, we have reported findings in the diagnostic imaging and outpatients' section.

## Outpatients

Outstanding



Our rating of this service improved. We rated it as outstanding because:

- The service managed clinical safety well and followed best practice with respect to safeguarding.
- Staff engaged in clinical audit to evaluate the quality of care they provided. Care and treatment were benchmarked against guidance and policy from appropriate specialist organisations. Consultants worked extensively to ensure care delivered was evidence based.
- The team included or had access to the full range of specialists required to meet the needs of patients. Managers ensured that these staff

# Summary of findings

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received training, supervision and appraisal. The team worked well together as a multidisciplinary team and sought external input and collaboration across the sector.

- Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Staff had a demonstrable focus on supporting people with poor mental health to access care and treatment.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood their individual needs. They involved patients and families and carers in care decisions.
- Staff exhaustively tailored services to the needs to the people who use the service. This included adapting opening hours, clinic times and service delivery to meet the cultural and religious needs of patients and their families. Staff had gone to great lengths to ensure care and treatment were safe and culturally appropriate.
- The service was well led, and the clearly embedded, well-developed governance processes ensured that department procedures ran smoothly.

However:

- Chemicals and cleaning products were not always stored securely.
  - Mobile equipment was not always cleaned thoroughly before being labelled as ready for use.
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# Summary of findings

## Contents

### Summary of this inspection

Background to HCA Healthcare UK Outpatients & Diagnostics Centre at Golders Green

Page

7

Information about HCA Healthcare UK Outpatients & Diagnostics Centre at Golders Green

7

---

### Our findings from this inspection

Overview of ratings

9

Our findings by main service

10

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# Summary of this inspection

## Background to HCA Healthcare UK Outpatients & Diagnostics Centre at Golders Green

### Green

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 private patients with diagnostic and screening facilities.

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

Outpatient services are led by consultants, with nursing support, and delivered from a dedicated unit with 22 consulting rooms, a scanning suite and a physiotherapy gym. Sixteen clinical specialties are provided at the service.

The main service provided by the centre was diagnostic imaging. Where our findings on outpatients – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the diagnostic imaging service.

## How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We inspected the diagnostic and outpatient department and services for children and young people. We carried out the unannounced part of the inspection on the 13 September 2021.

During the inspection visit, the inspection team:

- Spoke with the centre manager and nine members of staff
- Spoke with 11 patients
- Looked at a range of policies, procedures, audit reports and other documents relating to the running of the service.

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

## Outstanding practice

We found the following outstanding practice:

- The service did not have waiting times for diagnostic imaging. Patients were generally offered appointments within 24 hours. Appointments were scheduled based on the patient's own preference for convenience.
- 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.

# Summary of this inspection

- Diagnostic reports were usually made available within 24 hours depending on the urgency of the request and investigation.
- The service audited report writing times for diagnostic imaging. Data provided by the service showed that 41.5% of images were reported on within an hour, 74% of reports were completed within four hours and 98% within 48 hours. The service exceeded its target of 95% of reports completed within 48 hours.
- The service provides pre-operative Covid-19 screening for patients who are scheduled for surgery at a sister HCA Healthcare hospital. This facilitated access closer to home and prevented patients from attending hospital for an additional visit.
- Staff understood and respected patients cultural and religious needs. The service is based in a predominantly Jewish community. 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 could request to see a male or female member of staff. In respect to patient's religion Kosher refreshments were provided.
- The service had installed a purpose-built gym for patients to use during sessions with the physiotherapist. The gym was equipped to provide treatment to patients who used mobility equipment, including wheelchairs.
- Staff had an understanding of the needs and preferences of the local Jewish community. They had adapted opening and clinic times to accommodate religious need and trained staff during induction on specific elements of care and treatment that could be adapted to ensure patients experienced respectful, appropriate care. This was evident in the long-standing relationships.
- Clinical and education staff delivered a range of new training opportunities to enhance staff understanding of patients living with mental health needs, including autism and learning disabilities. This included the provision of mental health first aid training and membership of a suicide prevention alliance.
- There was no waiting list for outpatients and staff had established a number of rapid-access care pathways that meant patients could see a consultant and undergo diagnostic testing and treatment on the same day. GPs and physiotherapists supplemented this process, which increased convenience and speed of treatment for patients.

## Areas for improvement

### Action the service SHOULD take to improve:

#### Outpatient service:

- The service should ensure chemicals and cleaning products are stored securely.
- The service should ensure mobile equipment was cleaned thoroughly before being labelled as ready for use.








# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic imaging	Good	Inspected but not rated	Good	☆ Outstanding	☆ Outstanding	☆ Outstanding
Services for children & young people	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated	Inspected but not rated
Outpatients	Good	Inspected but not rated	Good	☆ Outstanding	☆ Outstanding	☆ Outstanding
Overall	Good	Inspected but not rated	Good	☆ Outstanding	☆ Outstanding	☆ Outstanding

# Diagnostic imaging

Safe	Good 
Effective	Inspected but not rated 
Caring	Good 
Responsive	Outstanding 
Well-led	Outstanding 

## Are Diagnostic imaging safe?

Good 

Our rating of safe stayed the same. We rated it as good.

### Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The service provided statutory and mandatory training using a combination of 'face to face' training and e-learning. We reviewed the staff training matrix and saw 99% complied with all their mandatory training. This exceeded the service's completion target of 85%.

Managers explained the challenges of providing classroom training during the pandemic. Staff completed training by e-learning and had had discussions about their learning online.

The mandatory training met the needs of patients and staff. The mandatory training requirements included courses covering basic life support, infection control, duty of candour, ethics, safeguarding children and adults level two and three, the Mental Capacity Act and Deprivation of Liberty Safeguards, health and safety, manual handling and medication safety.

Managers monitored mandatory training using a training matrix and alerted staff when they needed to update their training. Consultants completed mandatory training with their substantive NHS employer and provided annual confirmation of completion of this training to the service in line with the practising privileges policy. Records provided by the service showed consultants were up-to-date with mandatory training.

### 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.**



## Diagnostic imaging

Staff received training specific for their role on how to recognise and report abuse. Safeguarding children and adults formed part of the mandatory training programme for staff. Staff told us they had received safeguarding training.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff completed a month of activities during safeguarding awareness month to highlight concerns such as modern-day slavery and female genital mutilations. The service developed additional training resources for staff including educational videos on recognising and referring abuse. The service used examples of safeguarding incidents across the organisation to identify lessons learnt.

Patients we spoke with said they felt safe and were always treated respectfully by staff.

We saw that the organisation had a defined recruitment pathway and procedures to help ensure that the relevant recruitment checks had been completed for all staff. These included a disclosure and barring service (DBS) check; occupational health clearance, references and qualification and professional registration checks.

The service had an up-to-date chaperone policy to reflect the changes made during the pandemic.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. They could access support from senior staff if needed. There had been two safeguarding incidents in the last 12 months. Records showed the incidents were investigated and reported in line with the safeguarding policy. The service completed a safeguarding children and adults audit annually. The service completed a safeguarding review which showed it followed the HCA Healthcare safeguarding assurance framework.

### Cleanliness, infection control and hygiene

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

The service generally performed well for cleanliness. Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Radiographers were responsible for cleaning the diagnostic equipment. Items seen were visibly clean and dust-free and we saw a daily cleaning check list. The service used single use equipment where appropriate.

Staff followed infection control principles including the use of personal protective equipment (PPE). The centre provided staff with personal protective equipment (PPE) such as gloves, aprons and face visors. We observed all staff wore PPE where necessary.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Hand-washing and sanitising facilities were available for staff and visitors in the centre. The centre had installed additional hand-washing and sanitising facilities including the entrance of the building.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The service 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.

Imaging appointment times had been adjusted to reduce the number of patients waiting to be seen to help maintain social distancing. Patients we spoke with said the environment was clean.



# Diagnostic imaging

The service completed monthly hand hygiene audits. The current audit showed that compliance with hand hygiene was 100%.

## Environment and equipment

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

The service had suitable facilities to meet the needs of patients' families. There were four diagnostic imaging rooms situated on two floors. The consultation rooms were all well-equipped including couches and trolleys for carrying the clinical equipment required.

The design of the environment followed national guidance. There were warning lights outside the doors to the x-ray room. These warned people of the risks of radiation and lit up when the equipment was in use.

Staff carried out daily quality assurance checks on the imaging equipment. Staff completed checklists and there was evidence of testing all equipment used at the centre.

The service had enough suitable equipment to help them to safely care for patients. 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. We checked the service dates for all equipment and found them to be within their service date.

Resuscitation equipment was on a purpose-built trolley and was visibly clean. Single-use items were sealed and in date. Resuscitation equipment had been checked daily and an up-to-date checklist confirmed all equipment was ready for use.

Staff disposed of clinical waste safely. Clinical waste disposal was provided through a service level agreement. Clinical waste and non-clinical waste was correctly segregated and collected separately.

## Assessing and responding to patient risk

**Staff identified, responded to and removed or minimised risks to patients. Staff identified and quickly acted upon patients at risk of deterioration.**

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after any incident. 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. All patients underwent the risk assessment and gave consent to the diagnostic test.

The service had protocols for the operation of the CT and MRI scans which were up-to-date. The protocols did not have version control to ensure the most current guidelines were always followed.

The service had local rules for the x-ray equipment which described safe operating procedures in line with national guidance.



# Diagnostic imaging

Managers stated that the radiation protection adviser (RPA) had inspected the site prior to the installation of equipment and they continued to provide guidance and support to the radiation protection supervisor. Records showed the RPA completed an annual safety audit report and a risk assessment. The audit found the service was fully compliant with the current regulations, standards and reference guidance relating to the use of ionising radiation in diagnostic imaging.

Staff knew about and dealt with any specific risk issues. Radiographers told us how any unexpected or significant findings from image reports were escalated to the treating consultant. Staff would contact the referrer by telephone and follow this up with an urgent report.

Staff knew how to respond promptly to any sudden deterioration in a patient's health. Staff told us they had not responded to a deteriorating patient in the last 12 months because of the nature of the service. They had received training on simulated emergency scenarios and practiced how to respond to a deteriorating patient. There was a protocol for managing any sudden deterioration in a patient's health and staff knew how to access it.

## Staffing

**The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.**

The service had enough clinical and support staff to keep patients safe. The service had 2.5 whole time equivalent (WTE) radiographers.

The manager could adjust staffing levels daily according to the needs of patients. HCA Healthcare radiographers from the Wellington Hospital were used to cover additional shifts if required. The centre manager told us the service did not routinely use bank and agency nursing staff in the diagnostic imaging department.

There was an induction programme which included training on how to use the diagnostic imaging equipment.

The service had low turnover and sickness rates. Most of the staff had been working at the centre for five years or more. The service did not have any vacancies.

## Medical staffing

The service had enough medical staff to keep patients safe. The service had 16 radiologists who rotated based on the needs of the service.

The radiologists provided reporting services as self-employed consultants under practising privileges. We saw evidence that the centre checked all medical staff had valid professional registrations, medical indemnity insurance, completed mandatory training and appraisals.

## Records

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

Patient notes were comprehensive and all staff could access them easily. Staff used secure electronic patient records to record patient's diagnostic needs.



# Diagnostic imaging

Records were stored securely. All patient's data, medical records and scan results were documented via the centre's secure patient electronic record system.

The centre received patient referrals through a secure email or telephone call from the referring consultant or hospital.

The centre provided referrers with electronic diagnostic imaging reports which were encrypted.

When patients transferred to a new team, there were no delays in staff accessing their records.

## Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Staff stored and managed medicines and prescribing documents in line with the provider's policy. The medicines cupboards we inspected were locked, secure and all stock was within expiry dates. There were no controlled drugs (CDs) kept or administered in the diagnostic imaging departments.

Contrast media was safely stored in the diagnostic imaging department. 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.

Radiographers were authorised to work under patient group directions (PGDs) to administer contrast media and other medicines required during diagnostic imaging processes. PGDs showed the name of the radiographers and the medicines they were competent to use. A PGD audit was completed in August 2021 and showed 100% compliance with the service's procedures.

Allergies were clearly documented on referral forms and on the electronic patient records. Allergies were verbally checked during the diagnostic imaging safety checklist.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. Managers reviewed the safety alerts and relevant information was cascaded to staff.

## Incidents

**The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.**

Staff knew what incidents to report and how to report them. The service 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.



## Diagnostic imaging

Staff said there was a good reporting culture and that they were encouraged to report 'near miss situations. There was a medical physics expert available for advice when needed.

Staff raised concerns and reported incidents and near misses in line with the service's policy. We checked the incidents log and found incidents were reported appropriately.

The service had no never events, serious incidents or IR(ME)R incidents reported in the last 12 months.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Staff could give an example of an incident where the duty of candour requirements applied.

### Are Diagnostic imaging effective?

Inspected but not rated



We do not currently rate effective for diagnostic imaging.

#### Evidence-based care and treatment

**The service provided care and procedures based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service's policies and procedures were subject to review by the radiation protection advisor (RPA). The annual RPA audit against the Ionising Radiation (Medical Exposure) Regulations 2017 IR(ME)R had been completed in January 2021. The audit found the service was fully compliant with the current regulations, standards and reference guidance relating to the use of ionising radiation in diagnostic imaging.

Policies and procedures for the X-ray were based on the (IR(ME)R 2017 and we saw that the local rules were up to date and reflected the equipment, staff and practices at the centre.

To ensure safe radiation doses the service applied the Public Health England guidance on National Diagnostic Reference Levels when setting their local diagnostic reference levels (DRLs). The DRLs used were based on the national levels for both children and adults.

The service had a medical advisory committee which met quarterly to review any changes to procedures of guidelines before they are implemented.

Staff we spoke with said changes to practice and policies were highlighted by the centre manager and they received emails and alerts from the quality and governance team of the parent organisation.

#### Nutrition and hydration



# Diagnostic imaging

**Staff made sure patients did not fast for too long before diagnostic procedures. Staff took into account patients' individual needs where food or drink were necessary for the procedure.**

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 regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.**

Staff told us 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 one of their consultants to manage it.

Staff assisted patients into comfortable positions for imaging wherever possible.

## Patient outcomes

**Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.**

The service participated in relevant national clinical audits. For example, the service audited image quality and reporting accuracy. Outcomes for patients were positive, consistent and met expectations, such as national standards. The service completed a reject analysis on X-rays. Reject analysis reduces the number of repeated examinations by correcting technical problems and improving the skills of the staff. The reject rate was 2.6% and staff identified the reasons for rejection and how improvements could be made. Staff also completed an audit on the use of lead aprons.

Managers and staff carried out a programme of repeated audits to check improvement over time. The service had an audit programme which monitored patients' outcomes and the effectiveness of the scanning. Managers explained that the radiologists audited 10% of each other's reports in order to check quality and accuracy. The results of the audits showed the image quality and clinical findings were consistent.

Managers shared and made sure staff understood information from the audits. Records showed that staff discussed the outcome of the image quality audits.

## Competent staff

**The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**





# Diagnostic imaging

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All health care staff were registered with their appropriate professional bodies.

The service ensured it received evidence annually from medical practitioners about appraisals and registrations as part of their practising privileges.

A new staff member told us they had received full induction tailored to their role and felt well-supported. There was evidence of completed induction booklets. Managers made sure staff received any specialist training for their role and we saw evidence of this when we reviewed staff training files.

Managers supported staff to develop through yearly, constructive appraisals of their work. Appraisal rates for this service were 100%. Staff told us they had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

## Multidisciplinary working

**Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.**

Radiology staff worked closely with the referrers to enable patients to have a prompt diagnosis and treatment pathway. If they identified concerns from scans, they escalated them to the referrer.

Staff told us they had 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.

The service implemented a daily operational safety huddle which was multidisciplinary. It provided a forum for staff to communicate relevant issues and escalate any concerns for immediate action. 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 and Friday 8am – 6pm.

Referrals were prioritised by clinical urgency, including appointments at short notice. 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. The centre manager told us patients could speak to the consultants to discuss any concerns.

## Health promotion

**Staff gave patients practical support and advice to lead healthier lives.**



## Diagnostic imaging

The service provided a series of online health promotion seminars to patients and families including topics such as how to optimise health in older people and the latest thinking on diseases.

### Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.**

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff explained how they would carry out and document a capacity assessment if required.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. An audit of the imaging consent procedure in March 2021 showed 98% compliance.

Staff made sure patients consented to treatment based on all the information available. Staff explained how they gained consent for a scan. Patients we spoke with confirmed they had been asked for, and had given, their consent for the procedure they had attended for.

Staff clearly recorded consent in the patients' records. Records also contained signed consent forms.

All clinical staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff could describe and knew how to access policy on Mental Capacity Act and Deprivation of Liberty Safeguards.

## Are Diagnostic imaging caring?

Good



Our rating of caring stayed the same. We rated it as good.

### Compassionate care

**Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients we spoke with told us the centre was professional, efficient and exceeded their expectations. Patients had consultation appointments and staff were able to arrange the diagnostic imaging appointment on the same day.

The results of the patient satisfaction survey show the service was consistently rated high for compassionate care. In August 2021 100% of patients said they were treated with care and compassion.

Patients said staff treated them well and with kindness. Staff were very helpful and reassuring.



# Diagnostic imaging

During the pandemic staff provided information through social media to encourage patients to seek medical care for any symptoms they may experience and to raise awareness of safety steps to protect patients from Covid-19.

## Emotional support

**Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.**

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 with different needs.

Staff gave patients and those close to them support and advice when they needed it. A patient who was claustrophobic told us that during an MRI scan the radiographer provided reassurance by explaining each stage of the process and how long each image would take. This reduced the patient's anxiety and fear. The patient said the radiographer's patience and kindness did not make them feel like they were alone in the imaging room.

Staff understood and respected patients cultural and religious needs. The service is based in a predominantly Jewish community. Staff told us there were separate waiting areas for male and female patients who did not wish to mix because of their religious beliefs. Patients could request to see a male or female member of staff. In respect to patient's religion Kosher refreshments were provided.

Senior members of staff worked together to produce a staff leaflet to improve awareness of Judaism and help new staff to accommodate Jewish patients. The service also provides rooms for prayers throughout the day.

Staff were mindful not to provide appointments during a patient's religious activities.

## Understanding and involvement of patients and those close to them

**Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.**

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Patients said staff explained the procedure, checked what diagnostic procedure they were having and checked their identity.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Staff encouraged each patient to complete a feedback form online following their appointment.

Patients gave positive feedback about the service. In August 2021 patient satisfaction survey 100% of patients said that treatment was explained to them before any care was provided and 100% said they would recommend the service to friends and family.



# Diagnostic imaging

## Are Diagnostic imaging responsive?

Outstanding



Our rating of responsive stayed the same. We rated it as outstanding.

### Service delivery to meet the needs of local people

#### The service planned and provided care in a way that met the needs of people who use the service.

Managers planned and organised services so they met the changing needs of the people who use the service. The service provided planned diagnostic treatment for patients at their convenience. Patients could see all the health professionals involved in their care at one-stop clinics. Appointments could be coordinated between the outpatient department (OPD) and diagnostic imaging. Patients said they were impressed with being able to book an appointment on the same day.

The service did not operate a waiting list. Staff said that all patients were seen promptly. Patients we spoke with confirmed being able to access the centre in a timely manner. The environment was appropriate, and patient centred.

Managers monitored and took action to minimise missed appointments. Missed appointments were recorded electronically and patients contacted to rebook appointments. The outcome of each contact was recorded. Appointments cancelled by the service amounted to 0.1% of total cancellations.

### Meeting people's individual needs

#### The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

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.

There was a comfortable seating area, cold water fountain, drinks machine for making hot drinks and toilet facilities for patients and visitors. Patients were given a choice of food and drink to meet their cultural and religious preferences.

The service had information leaflets available in languages spoken by the patients using the service. Managers made sure staff, and patients, loved ones and carers could access interpreters or signers when needed.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. A hearing loop was available to assist patient's wearing a hearing aid. There was an onsite audiometry service available for assistance or referrals.

Patients with learning difficulties were identified at the time of booking their initial appointment so that staff could determine how to modify investigations if necessary and assist with planning for the patient's appointment.



# Diagnostic imaging

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. During the COVID-19 pandemic the service made arrangements for patients with additional needs to have a relative or carer to support them, while other patients were asked to attend alone.

## Access and flow

**People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment were monitored.**

The service did not have waiting times for diagnostic imaging. Patients were generally offered appointments within 24 hours. Appointments were scheduled based on the patient's own preference for convenience. Data from the contact centre showed 44% of appointments were booked at the first call.

For patients requiring X-rays there was a walk-in same day service and there was no need to book an appointment.

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 41.5% of images were reported on within an hour, 74% of reports were completed within four hours and 98% within 48 hours. The service exceeded its target of 95% of reports completed within 48 hours.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.**

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas.

Managers shared feedback from complaints via emails and meetings and learning was used to improve the patient's experience. We spoke with staff who were able to identify how to support a complaint, be it informal or formal, and how it was escalated and managed by senior managers. Staff could give examples of how they used patient feedback to improve the service.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. The diagnostic imaging department had not received a complaint in the previous 12 months.

## Are Diagnostic imaging well-led?



Our rating of well-led improved. We rated it as outstanding.



# Diagnostic imaging

## Leadership

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.**

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.

We found all managers had the skills, knowledge and experience to run the service. Managers demonstrated an understanding of the challenges to quality and sustainability for the service. The registered manager was supported by the centre manager whose key responsibility was to monitor the performance of the centre. The vice president of quality provided support and advice to the centre manager.

The centre manager demonstrated leadership and professionalism. Staff we spoke with said managers were accessible, visible and approachable.

## Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.**

The service had a clear vision and strategy. The mission statement was, “Above all else we are committed to the care and improvement of human life”.

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. Staff we spoke with understood the goals and values of the centre and how it had set out to achieve them.

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 service had a statement of purpose which outlined to patients the standards of care and support services the centre would provide.

The staff worked in a way that demonstrated their commitment to providing high-quality care in line with this vision.

## Culture

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



# Diagnostic imaging

Managers supported an open and honest culture by leading by example and promoting the service's values. We heard this was promoted by having an open-door policy, interacting with staff daily and doing walk around the service every day.

Managers expressed pride in the staff and gave examples of how staff adapted to changes brought about by the COVID-19 pandemic as well as supporting other parts of the organisation and the NHS during the period.

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. They described the centre as a good place to work.

All staff we spoke with said they felt that their concerns were addressed, and they could easily talk with their managers. Staff reported that there was a no blame culture when things went wrong.

Patients told us they were very happy with the centre's services and did not have any concerns to raise. They felt they were able to raise any concerns with the team without fearing their care would be affected.

## Governance

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

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. There were senior management meetings which were attended by the centre manager and senior consultants.

There was a radiation protection committee which met quarterly and fed into the patient safety and quality group and the corporate radiation protection committee. Risk assessments, incidents and action plans were discussed.

The service had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service.

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.

## Management of risk, issues and performance

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

There was a systematic programme of clinical and internal auditing to monitor quality and operational processes.

The service had a risk management strategy, setting out a system for continuous risk management.



# Diagnostic imaging

The service used a risk register to monitor key risks. These included relevant clinical and corporate risks to the organisation and action plans to address them. Risks were discussed at regular governance meetings.

The service had a business continuity plan that could operate in the event of an unexpected disruption to the service.

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

The service used an application to manage their clinical audits and to share the results.

All staff had access to the organisation's intranet to gain information relating to policies, procedures, national guidance and e-learning.

Clinical records were electronic. Referrers could review information from scans remotely to give timely advice and interpreted results to determine appropriate patient care.

The service had arrangements and policies to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems were in line with data security standards. The service provided information governance training to all staff.

## Engagement

**Leaders and staff actively and openly engaged with patients and staff, to plan and manage services.**

The centre undertook patient satisfaction surveys and reported them quarterly. They collated patient satisfaction surveys and used the results to inform service development. Results in August 2021 showed that 100% of patients would return for a future appointment and 100% of patients would recommend the centre to a family or friend. The service made changes based on feedback from patients. For example, reverting to the use of the main entrance during the Covid-19 pandemic.

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.

Staff received information and relevant updates through a regular newsletter.

## Learning, continuous improvement and innovation

**All staff were committed to continually learning and improving services. Leaders encouraged innovation.**

The service had increased the well-being facilities for staff during the pandemic including free confidential counselling which was available 24 hours per day. Staff also had access to an application which provided mindfulness exercise and advice as well as allowing staff to connect with other colleagues.





## Diagnostic imaging






In 2020 the service established a committee to support colleagues and promote inclusion and awareness and celebrate diversity. The service worked with external partners to better understand how diversity, inclusion and equality objectives were being met and how this could be developed further in the future.

Staff contributions were recognised at an annual awards ceremony. Staff were also personally and formally thanked on a fortnightly basis for good individual or teamwork.

The service assessed the needs of patients the pandemic and provided preoperative Covid-19 screening for patients who are scheduled for surgery at a sister HCA Healthcare hospital. This facilitated access closer to home and prevented patients from attending hospital for an additional visit.

The service was commissioned to support the NHS in cancer and cardiac imaging during the pandemic. The service provided scans for 130 patients from June to August 2021.

# Services for children & young people

Safe	Inspected but not rated 
Effective	Inspected but not rated 
Caring	Inspected but not rated 
Responsive	Inspected but not rated 
Well-led	Inspected but not rated 

## Are Services for children & young people safe?

Inspected but not rated 

We did not rate this service.

### Mandatory training

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

Nursing and medical staff received and kept up-to-date with their mandatory training.

Staff completed annual paediatric life support training, as well as basic life support training for adults. Staff completed additional training in paediatric sepsis and early warning scores to improve the detection and response to a deteriorating patient.

See information under this sub-heading in the outpatient department section.

### Safeguarding

**Staff understood how to protect children, young people and their families 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 policy which was up-to-date. Staff could access the policy via the centre's intranet.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff completed a safeguarding assessment for each child attending for a consultation or treatment. We saw examples of completed assessments in the patient's clinical records.

Staff were aware of indicators of child sexual exploitation (CSE) and female genital mutilation (FGM) and knew how to respond to concerns regarding CSE and FGM.

# Services for children & young people

Clinical staff completed training in safeguarding children at level 3.

See information under this sub-heading in the outpatient department section.

## Cleanliness, infection control and hygiene

**The service controlled infection risk well. Staff used equipment and control measures to protect children, young people, their families, themselves and others from infection. They kept equipment and the premises visibly clean.**

See information under this sub-heading in the outpatient department section.

## Environment and equipment

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

The service had suitable facilities and equipment to help them to safely care for children and young people. There was equipment available to manage medical emergencies including a defibrillator with child pads, an oxygen saturation monitor and paediatric masks for the oxygen kit.

The service had a separate waiting area for children with desks and chairs made for children. There was also a separate play area. Sensory toys were available to help children and young people who may be overwhelmed in a healthcare setting. The service had sensory fidget spinners, lava lamps and squeeze balls. All sensory toys were stored securely, clean and disinfected after each use.

See information under this sub-heading in the outpatient department section.

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each child and young person and removed or minimised risks. Staff identified and quickly acted upon children and young people at risk of deterioration.**

Staff used a nationally recognised tool to identify children or young people at risk of deterioration and escalated them appropriately. The service had a standard operating procedure for the management of a deteriorating child. At the start of each shift the paediatric nurses checked the emergency medicines and equipment for children and young people.

The paediatric nurses reviewed the daily planner at the start of each shift to check which patients were coming in for that day, who they would be seeing and if they had any specific requirements.

Staff completed risk assessments for each child and young person on arrival, using a recognised tool, and reviewed this regularly, including after any incident. We saw examples of assessments undertaken at each appointment in the clinical records.

The service monitored the development of children and young people. Children and young people who attended appointments for gastroenterologists had their height, weight and growth monitored at each appointment.

# Services for children & young people

See information under this sub-heading in the outpatient department section.

## Nurse staffing

**The service had enough nursing staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.**

The service had enough nursing and support staff to keep children and young people safe.

The service had two whole time equivalent (WTE) paediatric nurses. The service always had a paediatric nurse on duty and there was an overlap in shifts to facilitate handovers. Adult registered nurses had completed additional training to help them provide care and treatment to children and young people to supplement this team.

## Medical staffing

**The service had enough medical staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.**

The service had enough medical staff to keep children and young people safe.

The service had six paediatricians and five general practitioners who were available to see children and young people. Staff could contact a consultant paediatrician for advice when necessary.

See information under this sub-heading in the outpatient department section.

## Records

**Staff kept detailed records of children and young people's care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.**

See information under this sub-heading in the outpatient department section.

## Medicines

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

Staff stored and managed medicines and prescribing documents in line with the provider's policy. We checked the medicines refrigerator and found medicines were within the expiry date and temperatures were being monitored. Staff had access to a paediatric formulary which provided guidance on the use of medicines approved for children.

See information under this sub-heading in the outpatient department section.

## Incidents

# Services for children & young people

**The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children, young people and their families honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.**

See information under this sub-heading in the outpatient department section.

## Are Services for children & young people effective?

Inspected but not rated 

We did not rate this service.

### Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidenced-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of children and young people subject to the Mental Health Act 1983.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff provided a range of care and treatment interventions suitable for the patient age-group. The interventions were those recommended by, and were delivered in line with, the National Institute for Health and Care Excellence (NICE) guidance.

### Nutrition and hydration

**Staff gave children, young people and their families enough food and drink to meet their needs and improve their health. The service made adjustments for children, young people and their families' religious, cultural and other needs.**

See information under this sub-heading in the outpatient department section.

### Pain relief

**Staff assessed and monitored children and young people regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.**

Staff assessed children and young people's pain using a recognised tool and gave pain relief in line with individual needs and best practice. Staff told us the pain scale used was dependent on the children and young people's age. The Faces pain scale was used for small children while the numeric scale was used for older children and young people. Staff told us children and young people received pain relief soon after requesting it.

### Patient outcomes

# Services for children & young people

**Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for children and young people.**

Outcomes for children and young people were positive, consistent and met expectations, such as national standards. Staff worked in line with guidance issued by The Intercollegiate Standards for Children and Young People in Emergency Care Settings which states children should be assessed within 15 minutes of attendance. The service monitored paediatric waiting times daily. Audits showed that since January 2021 98% of children were seen within 15 minutes.

## Competent staff

**The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**

See information under this sub-heading in the outpatient department section.

## Multidisciplinary working

**Doctors, nurses and other healthcare professionals worked together as a team to benefit children, young people and their families. They supported each other to provide good care.**

Staff held regular and effective multidisciplinary meetings to discuss children and young people and improve their care. Children and young people had access to the full range of specialists required to meet their needs. These included paediatricians, rheumatologists, endocrinologists, dermatologists, ear, nose and throat (ENT) specialists, speech and language therapists, physiotherapists, and nurses. Staff told us they were proud of good multidisciplinary team working and we saw this in practice.

There was an audiology facility within the building and there was a good working relationship between the service and audiology. The ENT specialist would liaise with the audiology department based on the needs of children and young people enabling them to see more than one healthcare professional on the same day and reduce the number of return visits.

Staff worked across health care disciplines and with other agencies when required to care for children. Staff gave an example of working with other healthcare professionals when safeguarding concerns were raised. This included a general practitioner, school nurse, health visitor, and community nurse.

## Seven-day services

See information under this sub-heading in the outpatient department section.

## Health promotion

**Staff gave children, young people and their families practical support and advice to lead healthier lives.**

Staff assessed each child and young person's health when admitted and provided support for any individual needs to live a healthier lifestyle. Consultants gave health promotion advice specific to the needs of each child and young person.

# Services for children & young people

The service provided a series of online seminars to patients and families including topics such as healthcare problems for children during the pandemic.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

**Staff supported children, young people and their families to make informed decisions about their care and treatment. They knew how to support children, young people and their families who lacked capacity to make their own decisions or were experiencing mental ill health.**

Staff understood how and when to assess whether a child or young person had the capacity to make decisions about their care. The service had up-to-date policies regarding consent and the Mental Capacity Act (MCA) 2005 that were accessible to staff. Staff knew to assess for Gillick competence when working with young people. Gillick competence is a term used in medical law to decide whether a child under 16 years of age can consent to his or her own medical treatment, without the need for parental consent.

Staff made sure children, young people and their families consented to treatment based on all the information available. Staff supported children who wished to make decisions about their treatment. Staff considered issues of capacity, competency and consent during assessments, consultations, visits and when care and treatment was being delivered. Consent practice and records were monitored and reviewed to improve how young people were involved in making decisions about their care and treatment.

Staff clearly recorded consent in the children and young people's records. Records we reviewed showed that staff had sought consent before completing any treatment or procedure. We saw that consent forms had been signed and uploaded onto the electronic patient record.

Family members said the consultants explained the proposed treatment to children and young people and gained their consent before treatment started.

## Are Services for children & young people caring?

We did not rate this service.

## Compassionate care

**Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**

Staff took time to interact with children, young people and their families in a respectful and considerate way. One role of the paediatric nurse was to speak with children and young people about procedures in a way they could understand using simple, supportive language. Staff said children who felt supported were less anxious or afraid and were more prepared for the procedure.

# Services for children & young people

The service used a range of methods to gain feedback and input from those who used the service and their parents or carers. Children and young people completed patient experience surveys which was suitable for their age group. Small children used drawings and pictures to show what was applicable to them. Results from January to July 2021 showed 100% of children and young people would recommend the service and 100% would return for further care.

Parents we spoke with confirmed they knew how to contact staff between appointments. Family members were provided with the telephone number for the consultant they saw.

Children, young people and their families said staff treated them well and with kindness.

## Emotional support

### **Staff provided emotional support to children, young people and their families to minimise their distress. They understood children and young people's personal, cultural and religious needs.**

Staff gave children, young people and their families help, emotional support and advice when they needed it. Family members said children and young people were worried about pain when doing a blood test. The paediatric nurse listened to the children's concern, kept them calm and reassured them about the procedure.

Staff understood the emotional and social impact that a child or young person's care, treatment or condition had on their, and their families, wellbeing. Staff were sensitive to the needs of children and young people. Staff recognised the emotional stress that is cause from a child worrying about their diagnosis. Staff encouraged children to talk about what was happening to them which made them feel understood and listened to.

## Understanding and involvement of patients and those close to them

### **Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.**

Staff made sure children, young people and their families understood their care and treatment. This included finding effective ways to communicate with children with communication difficulties, for example, children and young people with autism.

Staff understood the emotional and social impact that a child or young person's care, treatment or condition had on their, and their families, wellbeing. Staff we spoke with explained the importance of a holistic person-centred care model and told us they aimed to work in partnership with children and young people to gain their trust. Children, young people and their families could give feedback on the service and their treatment and staff supported them to do this.

Staff made sure young people, families and carers could get help from interpreters or signers when needed. An interpreting service was available for people for whom English was not their first language. Information leaflets were available in the main languages spoken by the children and families accessing the service.

Parents provided positive feedback about the extent to which they had been involved in their child's care. They were given appropriate information on the steps to take following treatment.



# Services for children & young people

## Are Services for children & young people responsive?

Inspected but not rated 

We did not rate this service.

### Service delivery to meet the needs of local people

**The service planned and provided care in a way that met the needs of people who use the service and the communities served. It also worked with others in the wider system and local organisations to plan care.**

See information under this sub-heading in the diagnostic imaging section.

### Meeting people's individual needs

**The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help children, young people and their families access services. They coordinated care with other services and providers.**

The service was designed to meet the individual needs of children, young people and their families. On agreement with HCA the physiotherapists had installed a purpose-built gym for patients to use during therapy sessions. The gym contained equipment of different sizes and weight to meet the needs of children and young people. Children and young people accessed the gym at protected times when adults were not using the facility.

Staff called family members prior to the initial consultation to determine what was beneficial for the child and if they had any special requirements. Double appointments could be booked to allow more time for staff to speak with children and young people. Children could book an appointment to become familiar with the equipment and tests. Children and young people could have quiet time if required.

See information under this sub-heading in the diagnostic imaging section.

### Access and flow

**People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge children and young people were in line with national standards.**

Children and young people were assessed to ensure it was suitable for them to receive treatment at the centre. Urgent and adhoc appointments were accommodated.

The service aimed to see children and young people within 15 minutes of arriving for their appointment. The service monitored waiting times and since January 2021 98% of children were seen within 15 minutes.

# Services for children & young people

Managers monitored and took action to review children young people and families who 'did not attend' (DNA) appointments. Staff recorded all missed appointments on the electronic patient record system to enable them to follow up. Staff would raise any concerns with the safeguarding lead.

See information under this sub-heading in the diagnostic imaging section.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included children, young people and their families in the investigation of their complaint.**

The services for children and young people had not received a complaint in the previous 12 months.

See information under this sub-heading in the diagnostic imaging section.

## Are Services for children & young people well-led?

We did not rate this service.

## Leadership

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.**

See information under this sub-heading in the diagnostic imaging section.

## Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.**

See information under this sub-heading in the diagnostic imaging section.

## Culture

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

# Services for children & young people

See information under this sub-heading in the diagnostic imaging section.

## Governance

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

See information under this sub-heading in the diagnostic imaging section.

## Management of risk, issues and performance

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

See information under this sub-heading in the diagnostic imaging section.

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

See information under this sub-heading in the diagnostic imaging section.

## Engagement

**Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**






See information under this sub-heading in the diagnostic imaging section.

## Learning, continuous improvement and innovation

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

See information under this sub-heading in the diagnostic imaging section.

# Outpatients

Safe	Good 
Effective	Inspected but not rated 
Caring	Good 
Responsive	Outstanding 
Well-led	Outstanding 

## Are Outpatients safe?

Good 

Our rating of safe stayed the same. We rated it as good.

### Mandatory training

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

Staff received and kept up-to-date with their mandatory training. Staff spoke positively about training opportunities and said they were pleased in-person training had resumed following a reliance on remote learning during the pandemic.

The mandatory training was comprehensive and met the needs of patients and staff. Staff were able to request additional or new training to ensure they could meet patient needs. At the time of our inspection 100% of staff were up to date with mandatory training.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia. Staff were trained to adapt communication and assessment approach to ensure people understood their options and received the right care.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff benefited from the provider's wider network to access specialist training. Staff with a special interest in a clinical area were supported to arrange and deliver ad-hoc training to colleagues.

### Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Staff who worked for a separate organisation who provided care through a service level agreement maintained the same standard of training as employed staff.



# Outpatients

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff at all levels understood their responsibilities, such as staff who manned the reception desk and were able to observe patients waiting for an appointment. Senior staff had incorporated intersectionality into safeguarding training to help staff identify risks to patients with multiple protected characteristics.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Where staff made a safeguarding referral the senior team audited adherence to the pathway and guidance. The most recent referral and audit took place in June 2021, with 100% compliance.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. There was a clear escalation pathway to get help with immediate concerns. All staff were trained in safeguarding at a level commensurate with their role. Non-clinical staff undertook safeguarding children training to level 2 and all clinical staff undertook safeguarding children and adult to level 3. The provider's safeguarding lead was based at another facility and staff knew how to contact them for advice and support.

Staff followed safe procedures for children visiting the department. The outpatients department had combined with the children and young people service and operated from the same floor. Staff had opened a separate, dedicated waiting area to create more space and privacy. The nurse in charge ensured both services ran separately with no risks to children and young people.

## Cleanliness, infection control and hygiene

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

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. Each consulting room had a disposable privacy curtain marked with the first date of use and the planned date of change. In all cases curtains were within their disposal date. A spill kit was located in the department and staff were trained to use this to reduce contamination risk.

The service consistently performed well for cleanliness. Between January 2021 and July 2021, monthly infection prevention and control (IPC) audits found 100% compliance with standard and Covid-19 prevention measures. Between September 2020 and July 2021, monthly hand hygiene audits indicated 99% compliance. Staff audited cleaning against World Health Organisation standards. Between January 2021 and July 2021, the service consistently achieved 100% compliance.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. All public areas had cleaning schedules. We looked at a sample of eight checklists and found them to be up to date.

Staff followed infection control principles including the use of personal protective equipment (PPE). We saw staff followed published guidance on infection control and engaged with patients and visitors to ensure they were compliant. International guidance for the use of the aseptic non-touch technique (ANTT) was displayed in treatment areas.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. This included fixed equipment such as examination beds and portable equipment such as scanning devices. While most equipment we checked with an 'I'm Clean' label attached was visibly clean, one scanning device had visible, thick dust coating two



# Outpatients

areas. This meant staff had not checked the item thoroughly before labelling it as ready for use. We spoke with a member of staff about this who rectified the situation immediately. Staff carried out a quarterly audit of the environment and results reflected our findings of mostly good practice, with an average compliance of 96% between September 2020 and July 2021.

Physiotherapists cleaned the therapy gym every 90 minutes in accordance with guidance issued by the Chartered Society of Physiotherapy (CSP). HCAs and nurses cleaned clinical rooms between patients and two dedicated housekeepers cleaned the whole department on a planned basis. A housekeeper was available to provide on-demand cleans, including deep cleans, when the service was in operation.

## Environment and equipment

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

Consultation rooms were fitted with call bells. The nature of the service meant it would be rare a patient was left alone and needed to use the call bell. However, the system was maintained as a best practice safety measure.

The design of the environment followed national guidance. Staff demonstrated how they had access to evacuation routes and emergency equipment. Staff had identified infrequently used water outlets and sinks and flushed these to reduce the risk of Legionella build-up in line with Health and Safety Executive (HSE) guidance.

Staff carried out daily safety checks of specialist equipment. This included the automatic external defibrillator (AED). Staff carried out a quarterly audit of equipment maintenance, condition and serviceability. The service performed consistently well, with an average 96% compliance between September 2020 and July 2021, including two quarters with 100% compliance.

The service had suitable facilities to meet the needs of patients' families. Staff had opened a second waiting room to increase space and privacy.

The service was in a shared building with other, unrelated organisations. To reach the department, patients were required to confirm their appointment and compliance with infection control measures at the building's main reception desk. Patients were then directed to the department or escorted if appropriate. Signage was clear and a shared reception service at the entrance ensured patients could navigate the building safely and securely. The outpatient reception area was connected to the building estates and management team by radio and staff were trained to use the system to summon help in the event of an emergency. This system was part of fire safety arrangements and staff were trained to use the radios to coordinate an evacuation.

Staff undertook practical training in the use of fire extinguishers and using the evacuation lift in emergency scenarios.

The service had enough suitable equipment to help them to safely care for patients. Physiotherapists provided care for the provider's patients through a service level agreement. They maintained gym and therapy equipment and the provider checked their maintenance records to ensure adherence to safety standards.

Staff disposed of clinical waste safely. Waste preparation and disposal areas were segregated in line with national guidance and waste disposal flowcharts adhered to Department of Health and Social Care Health Technical Memorandum HTM 07-01, in relation to the management and disposal of healthcare waste.



# Outpatients

Between September 2020 and July 2021, quarterly safety audits found over 98% compliance with sharps handling and disposal. In the same period, compliance with national waste disposal guidance was consistently maintained at 100%.

We found five containers of chlorine tablets, used for cleaning, stored in an unlocked cupboard in an unlocked, unmonitored utility room. This presented a risk of unauthorised access. We spoke with a member of staff about this who showed us the room had a code-activated lock fitted that should always be used.

## Assessing and responding to patient risk

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

Staff responded promptly to any sudden deterioration in a patient's health. The nature of the service meant this was a rare occurrence and staff maintained training and simulated practice to ensure they were prepared. All staff were trained in basic life support (BLS) and nurses and doctors were trained in immediate life support (ILS). Staff participated in simulated emergency scenarios at least annually to ensure they maintained skills in responding to patient collapse or cardiac arrest.

The department had a range of appropriate emergency equipment readily available. Emergency grab bags for adults and children were stored at the reception desk with airway support equipment and rescue medicines.

Staff completed risk assessments for each patient on commencement of their treatment, using a recognised tool, and reviewed this regularly, including after any incident. All staff were trained as chaperones and this could be requested, by the patient or their clinician, at short notice. Staff audited the completion of chaperone documentation. Between September 2020 and July 2021, the service achieved 96% compliance. This included 10 months of achievement above 95% and one month of 66% compliance. Senior staff identified an issue with the understanding of chaperone documentation and implemented an action plan to improve practice, which resolved the issue.

Staff knew about and dealt with any specific risk issues. For example, staff worked with colleagues internally and in NHS services to deal with risks such as skin integrity or deteriorating conditions.

The service had access to mental health liaison and specialist mental health support if staff were concerned about a patient's mental health. Clinical staff understood how to begin this process. The service had joined a suicide prevention alliance in the local area and staff were undertaking training to recognise signs of suicide risk.

Staff arranged psychosocial assessments and risk assessments for patients thought to be at risk of self-harm or suicide. Consultants worked in the service at planned times and dates and followed this process from their other work locations to ensure continuity. All staff were trained in de-escalation techniques.

Staff shared key information to keep patients safe when handing over their care to others. This ensured continuity of care when people moved between services or received care from different staff in this service.

The working model at the time of our inspection meant patients saw a named clinician at a pre-planned time and handovers between shifts were unnecessary. However, some patients saw physiotherapists and nurses on the same visit, and we saw evidence of effective ad-hoc handovers between teams.

## Staffing



# Outpatients

**The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.**

The service had enough nursing and support staff to keep patients safe. Staff levels were planned and reflected demand on the service and known treatment support needs. A senior nurse was always on shift when the service was in operation.

Managers accurately calculated and reviewed the number and grade of nurses and healthcare assistants (HCAs) needed for each shift in accordance with national guidance.

The manager could adjust staffing levels daily according to the needs of patients. Outpatient appointments were pre-booked, and the service had suspended its walk-in service to better manage risk during the Covid-19 pandemic. This meant senior staff could plan staffing levels accurately.

The number of nurses and healthcare assistants matched the planned numbers. Five nurses and two HCAs worked in the service and all were trained to act as a chaperone.

The service had no vacancies. The service was fully staffed at the time of our inspection. There had been no turnover of clinical staff in the previous 12 months.

The service had low sickness rates. The relatively small nature of the team meant there was capacity to effectively manage sickness absence.

The service did not have a need for bank or agency nurses.

## Medical staffing

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

The service had enough medical staff to keep patients safe. Consultants from various specialties provided pre-planned appointments. All consultants also worked in one of the provider's other locations and in NHS facilities.

The service did not use an established number for medical staff as services were offered on an advance planning model in line with the provider's delivery plan.

Managers could access locums when they needed additional medical staff. An in-house GP service provided additional clinical capacity and support to cover sickness or unplanned demands on the service.

The service had a good skill mix of medical staff on each shift and reviewed this regularly. Consultant availability was driven by demand and planned. There were no walk-in services at this location, which meant staff levels were predictable and dependable.

The service always had a consultant on call during evenings and weekends. This was provided centrally by the provider and patients knew who to contact out of hours.





# Outpatients

## Records

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

**Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.**

Patient notes were comprehensive, and all staff could access them easily. The three sets of patient records we reviewed were up to date and clearly written with a focus on patient outcomes. The service audited nurse records where the quantity of notes reached a minimum threshold to achieve a meaningful understanding of standards. Between September 2020 and July 2021, audits found 97% compliance with the provider's record keeping standards.

When patients transferred to a new team, there were no delays in staff accessing their records. Staff used an electronic patient records system that could be accessed at any of the provider's sites. This enabled staff to readily access treatment notes at any time. This also enabled authorised clinicians to access records where care and treatment plans were shared or transferred.

Records were stored securely. The electronic system was secured, and care records encrypted. Only authorised staff could access the system.

## Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Very few medicines were stocked in outpatients and those available, such as steroid injections and pain relief, were stored and prescribed appropriately in line with the provider's policy. There were no controlled drugs (CDs) kept or administered in outpatients.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. We saw evidence of this from looking at patient's records and speaking with the clinical team.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines. For example, staff reviewed care and treatment records for patients under the service of different clinicians to ensure medicines were not excessive. This included adherence to international guidance on the risks associated with overuse of skin numbing creams.

## Incidents

**The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.**



# Outpatients

Staff knew what incidents to report and how to report them. Staff could give examples of incidents they would report and how they would do this.

Staff raised concerns and reported incidents and near misses in line with provider policy. All staff we spoke with were confident in reporting incidents and near misses. A new member of staff said this had been included in the first stage of their training and induction.

Most patients who attended the department were relatively low risk for accidents. Staff noted recent patient incidents included accidental injuries and falls. Some staff reported needlestick injuries, which they dealt with in line with the provider policy.

Managers shared learning with their staff about never events that happened elsewhere. The provider had not reported a never event and senior staff maintained a policy for sharing information and learning in the event this happened.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Staff we spoke with could give examples of when they would use the duty of candour. Senior nurses and consultants were aware of their responsibilities in being open and transparent with patients.

Staff received feedback from investigation of incidents, both internal and external to the service. We saw evidence of this by looking at staff meeting minutes, which including a standing item to review incident reports and feedback.

Staff met to discuss the feedback and look at improvements to patient care. Incidents relating to patient care were rare and there had been none reported in the previous six months. Staff demonstrated flexibility when an incident occurred with the booking system that meant a patient presented at this department instead of another site. They ensured the patient received treatment with minimal delay and worked with colleagues to identify the cause of the problem.

There was evidence that changes had been made as a result of feedback. For example, in June 2021 maintenance staff adjusted an examination couch after a patient suffered a minor graze on a sharp edge when standing up.

## Are Outpatients effective?

Inspected but not rated



We do not currently rate effective for outpatients.

### Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The provider had processes in place to address performance issues identified through audits. For example, in the cleanliness, equipment, safeguarding and consent audit, senior staff implement an action plan when an audit identified compliance of less than 95%. We saw this worked well in practice, such as improved training for staff in the completion of chaperone documentation.



# Outpatients

Consultants provided care and treatment in line with their clinical specialty, including that issued by the National Institute for Health and Care Excellence (NICE) and royal colleges.

During care and treatment planning, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. A programme of enhanced training demonstrated the importance placed on this by the team.

Physiotherapists planned and delivered care in line with best practice guidance from the Chartered Society of Physiotherapy (CSP) and NICE. They specialise in treatment for musculoskeletal (MSK) problems and sports injuries and worked with patients and doctors referring them to provide therapy for other conditions.

## Pain relief

**Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.**

Staff administered and recorded pain relief accurately and there was a pain consultant who managed chronic pain.

## Patient outcomes

**Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.**

Outcomes for patients were positive, consistent and met expectations, such as national standards. Physiotherapists planned patient outcomes in line with CSP national guidance. This included working with referring physicians to deliver complex orthopaedic care.

Consultants and medical professionals representing 16 clinical specialties provided care and treatment within the guidelines and outcome measures set by the accrediting agencies in their specialty. Consultants in the cardiac service provided outcome monitoring directly, including 24-hour, 48-hour and seven-day electrocardiogram (ECG) monitoring and 24-hour blood pressure monitoring.

## Competent staff

**The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Physiotherapists provided care and treatment to patients registered with the service. The provider ensured this team maintained competency standards. Clinical specialties included neurology, physiotherapy, gynaecology, dermatology and cardiology. Nurses worked across specialist pathways and told us this was a clear benefit of their role as it meant they built and maintained multidisciplinary competencies.

Managers gave all new staff a full induction tailored to their role before they started work. Staff who had recently completed the induction spoke positively about the experience and said managers and clinical leads were supportive.



# Outpatients

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff told us they used this process to establish goals for the rest of the year and that it was motivational.

Managers supported nursing staff to develop through regular, constructive clinical supervision of their work. At the time of our inspection all nurses and healthcare assistants were up to date with supervisions and appraisals.

The clinical educators supported the learning and development needs of staff. This team was based at another of the provider's location. They provided support remotely and in person and staff were invited to training and development events.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. Staff said meetings had been maintained during Covid-19 restrictions, including when they had been redeployed for three months during the closure of the service.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff told us they were encouraged to identify training opportunities and present these to the senior team for consideration. Senior staff were focused on staff development as part of a strategy to maintain stability and loyalty amongst the team.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers encouraged staff to identify and request training at any time not only during supervisions.

Managers made sure staff received any specialist training for their role. For example, nurses were trained to support consultants with minor procedures across clinical specialties, such as dermatology and ear, nose and throat (ENT).

Managers identified poor staff performance promptly and supported staff to improve. This was a centralised process with support from a dedicated human resources team.

## Multidisciplinary working

**Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.**

Staff worked across health care disciplines and with other agencies when required to care for patients. For example, a team of physiotherapists provided pre-planned treatment in a dedicated gym in the department. Consultants and nurses worked with this team to plan and deliver seamless treatment pathways.

Staff referred patients for mental health assessments when they showed signs of mental ill health, depression. Doctors referred patients internally to the provider's services, or to other services in the NHS, such as GPs.

## Seven-day services

**Key services were available seven days a week to support timely patient care.**

The department was open Monday to Friday with flexible appointment times offered between 8am and 8pm. Outside of these hours' patients could access support and advice through the provider's dedicated out of hours service. Prior to the pandemic, the service offered Sunday appointments and staff said they hoped to offer this service again in the future.



# Outpatients

Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests. Staff liaised with colleagues elsewhere in the provider, in other services and in the NHS to ensure patients had timely access to appropriate care.

## Health promotion

### **Staff gave patients practical support and advice to lead healthier lives.**

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle. Staff demonstrated extensive knowledge of wider specialist services in their areas of care, such as a nurse who provided support to a patient to access community support for eczema.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

### **Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.**

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Where patients did not understand information given or asked about care and treatment, or they demonstrated reduced capacity to consent, staff carried out a mental health assessment. They also referred patients to psychologists when needed.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff worked in line with the provider's overarching consent policy. Physiotherapists worked for another organisation with its own consent policy. As a minimum this matched the requirements of the overall outpatient service and physiotherapists were trained in its application.

When patients could not give consent, staff made decisions in their best interest, taking into account patients' wishes, culture and traditions. Staff noted this was a rare occurrence and usually happened when a patient living with dementia attended for a routine appointment.

Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records. They provided information on the potential risks, intended benefits and alternative options prior to each treatment. The senior team audited this process by reviewing documented evidence in care and treatment records. Staff performed highly and consistently in this measure. Between September 2020 and September 2021, the audit found 100% compliance with required consent standards and practices.

Clinical staff received and kept up to date with training in the Mental Capacity Act 2005. At the time of our inspection 100% of staff had up to date training.

Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.

Outstanding



# Outpatients

## Are Outpatients caring?

Good



Our rating of caring stayed the same. We rated it as good.

### Compassionate care

#### **Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed several very positive interactions between staff and patients that demonstrated kindness and patience.

Patients said staff treated them well and with kindness. Patients consistently scored the service highly in the monthly experience survey. Between December 2020 and August 2021, over 95% of patients said staff always treated them with care and compassion.

Staff followed policy to keep patient care and treatment confidential. We observed discreet interactions that protected patient's personal information. Patients scored confidentiality processes consistently highly in the monthly experience survey. Between December 2020 and August 2021, over 99% of patients said they were given enough privacy when discussing their treatment.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. The department did not provide a dedicated mental health service and staff referred patients to other specialists and services when needed.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. For example, staff recognised the different communication needs of people based on their age and culture and delivered care accordingly.

### Emotional support

#### **Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.**

Staff gave patients and those close to them help, emotional support and advice when they needed it. Many patients received long-term care in the service and staff built supportive relationships with them as a result. This enabled the team to identify any change in need and to provide important reassurance for treatment outcomes.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity. Staff were committed to the provider's dignity pledge, which was developed by colleagues across the service in 2016 and updated in 2019. The pledge guided staff in adapting the service to ensure people's privacy and dignity were maintained in line with individual preferences.



# Outpatients

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations. We observed staff speaking compassionately and warmly with patients who were anxious or concerned about treatment results. Staff described how they approached difficult conversations with patients, such as by ensuring they were in a private environment and offering time and space for questions.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. The provider's mission statement was focused on a commitment to care and improving people's lives. Staff embraced this and were demonstrably committed to delivering care that promoted good emotional outcomes.

## Understanding and involvement of patients and those close to them

### Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment. Staff had implemented a wide range of strategies to help them provide care for people with needs relating to their religion. For example, they understood people in the Jewish community had specific needs around the avoidance of electricity on religious holidays and men in the community were not able to be seen alone by female clinical staff. The senior sister had gone to great lengths to ensure these needs were met through staff training and service adaptation.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. We observed staff adapt communication to ensure patients better understood. This included changing tone, volume and complexity of speech.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. We observed staff were proactive in engaging with patients about their experiences and frequently asked how they were doing. This happened during and after appointments.

Staff supported patients to make informed decisions about their care. During Covid-19 lockdowns, a doctor used the service's social media account to demonstrate the additional safety measures in place to protect people from the risk of infection. This was a strategy to encourage people to contact the service with medical questions and reduce the risk of deteriorating health caused by a reluctance to seek help.

To reduce infection risk, staff had removed hard copies of health promotion material and instead e-mailed this to patients after a discussion to identify its potential usefulness.

Patients scored staff highly for involving them in decisions about their care. Between December 2020 and August 2021, over 90% of patients said their clinician explained care and treatment before providing it.

## Are Outpatients responsive?



Our rating of responsive stayed the same. We rated it as outstanding.



# Outpatients

## Service delivery to meet the needs of local people

**The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.**

Managers planned and organised services to meet the changing needs of those who accessed the service. Staff demonstrated a good understanding of patients who used the service. The team also tailored care to meet the ongoing needs of the local Jewish population, such as adapted opening times and a choice of gender amongst clinicians.

The service minimised the number of times patients needed to attend the hospital, by ensuring patients had access to the required staff and tests on one occasion. Decisions about appointment frequency were always made in patients' best interests. For example, nurses saw some patients up to three times each week for wound dressings and skin integrity checks in consultation with clinical dermatologists. The service was flexible, and staff planned treatments on patients' wishes.

Facilities and premises were appropriate for the services being delivered. Consulting rooms were all equipped with examination beds and individual medical consumable storage trollies. The physiotherapy gym was well equipped with exercise and rehabilitative equipment. Nurses were always on shift and available to support the allied health professional team in clinical tasks such as taking blood pressure.

Staff could access emergency mental health support 24 hours a day 7 days a week for patients with mental health problems, learning disabilities and dementia. The provider's dedicated on call team maintained this service when the department was closed.

The service had systems to help care for patients in need of additional support or specialist intervention. Physiotherapists offered patients a standard six-week programme of treatment. Where patients would benefit from additional treatment, the team referred them to their doctor to review the treatment plan. This meant patients did not receive persistent treatment when there was a lack of evidence it worked in their best interests.

Managers monitored and took action to minimise missed appointments. They reviewed missed appointments in monthly staff meetings and reviewed each to ensure there were no safeguarding concerns or serious clinical implications.

Managers ensured that patients who did not attend appointments were contacted. Staff ensured services were flexible to account for last-minute changes caused by Covid-19 disruption, such as if a patient received a positive test result. Consultants called patients to check on them and worked with them to facilitate alternative appointments. The physiotherapy team worked similarly and did not charge patients for their first missed appointment as a matter of courtesy during a period of significant national disruption. The service had a very small did not attend (DNA) rate, which amounted to less than 0.1% of all appointments.

## Meeting people's individual needs

**The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.**





# Outpatients

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. The provider delivered multiple opportunities for staff to build their skills in delivering care and effectively communicating with people living with conditions such as these. This included case studies, role plays and specialist training.

The service had joined a regional suicide prevention alliance and staff were undergoing enhanced training to help recognise risks amongst vulnerable patient groups. Staff were undergoing mental health first aid training as part of this programme. This would enable staff to recognise signs of a person in crisis and rapidly obtain help. This work reflected the team's significant efforts to understand the needs of the people they served beyond their immediate clinical presentations.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. This reflected attention to detail in adapting the service to individual needs. For example, staff used transparent visors instead of face masks to facilitate communication with patients who lip read.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service provided care to patients referred by embassies and consulates. The provider had an extensive, well-established range of language support services to ensure care was responsive.

All areas of the department were accessible by wheelchair and step-free access was provided from street level and the car park. The physiotherapy gym was equipped to provide treatment to patients who used mobility equipment, including wheelchairs.

Waiting areas were bright, airy and well ventilated with comfortable seating. Staff facilitated private areas to wait on request. Waiting areas were equipped with fresh drinking water, tea, coffee and snacks.

The team had prepared induction material for new staff to help them understand the specific needs of local patients and consultants relating to religious faith. The service served a large Jewish community and many consultants were part of this. The service adapted opening times and work practices to adhere to national NHS guidance on providing care and treatment to people of the Jewish faith. This included awareness of differences in gender preferences for tasks such as phlebotomy and adherence to festivals, when work was not permitted. The team had gone to considerable lengths to respect the needs of the local community with attention to detail in all aspects of the service, such as providing refreshments in waiting areas that were Kosher.

## Access and flow

**People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.**

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. At the time of our inspection no clinical specialties had waiting times. Staff were proactive in offering earlier appointments where cancellations or new clinician availability enabled this.



# Outpatients

Managers worked to keep the number of cancelled appointments to a minimum. Where a clinician had to cancel an appointment unavoidably, the service was usually able to reschedule with another doctor in the same specialty. GPs were always available on site and provided rapid access to onward specialist referral to minimise wait times and mitigate the impact of any service disruption.

When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance. Cancellations by the service were rare and between September 2020 and September 2021 amounted to 0.1% of all cancellations.

Managers and staff worked to make sure patients did not stay longer than they needed to. Appointment times were set in advance with time between them for cleaning in line with Covid-19 guidance. This meant appointment times were well managed with room to accommodate unavoidable lateness or disruption. There were no waiting lists for the service and GPs and consultants worked together to facilitate rapid access to services. All clinical staff could refer patients to the acute admission unit, based at another site, which enabled access to services such as surgery.

Staff supported patients when they were referred or transferred between services. Staff provided an on-demand blood testing service for local GP practices. This helped patients to undergo blood testing quickly and reduced their anxiety as well as pressures on the health system.

Staff facilitated access for people with individual preferences and religious needs. A consulting room was always available for prayer and staff were trained to recognise the direction of holy sites around the building.

Clinical services were structured to provide patients with rapid access to care and treatment without the need to travel between sites or book multiple appointments. Orthopaedic and dermatology services offered a streamlined service that incorporated rapid care into a single visit. This meant patients could see a consultant, undergo diagnostic tests and receive a formal treatment plan in the same visit. The ear, nose and throat (ENT) suite provided clinicians with rapid access to micro-suction and nasopharyngoscopy that reduced the need for repeat visits or delayed treatment. The dermatology service maintained daily protected time to facilitate the excision of lesions and application of liquid nitrogen using rapid patient pathways.

Staff had provided significant support to a local NHS hospital during Covid-19 disruption to minimise patient wait times for consultant access. This supported local waiting list management and promoted better health by reducing waits for consultation.

The whole team worked exhaustively to adapt the service to remain operational during COVID-19 in order to meet patient's needs. For example, consultants and nurses arranged remote video consultations and ensured those at risk of deterioration were still seen in person. Where patients remained vulnerable or anxious about returning to in-person appointments as restrictions eased, clinical staff ensured they could still access the service virtually. The provider ensured staff were equipped with suitable technology, well trained and fully understood the enhanced information governance protections needed to deliver remote, virtual care.

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.**



# Outpatients

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. Information was also readily available from staff and on the service's website.

Staff understood the policy on complaints and knew how to handle them. Staff were trained to resolve minor concerns raised by patients at the time as part of an approach to meet individual expectations and avoid minor issues escalating into a formal complaint.

Managers investigated complaints and identified themes. Complaints were rare and the service had received one formal complaint in the previous 12 months. We looked at the resolution process used by the senior team and found this involved all relevant people and reflected a transparent process with the complainant throughout.

Where complaints were received by the physiotherapy service, provided by an external organisation, local managers ensured they were investigated and resolved in line with the provider's policy. The physiotherapy service had received no formal complaints in the previous 12 months.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Physiotherapists working under a service level agreement adhered to the policy of their own organisation and this provider. This meant complaints were investigated and resolved appropriately.

Managers shared feedback from complaints with staff and learning was used to improve the service. For example, hand hygiene processes were reviewed at the hospital main entrance after a patient raised a concern about the lack of sensor-operated hand washing facilities. Staff reviewed their concerns and did not uphold the complaint as the system in place for hand washing was the safest available.

## Are Outpatients well-led?



Our rating of well-led improved. We rated it as outstanding.

### Leadership

**There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrate the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. There was a deeply embedded system of leadership development and succession planning, which aims to ensure that the leadership represents the diversity of the workforce.**

Comprehensive and successful leadership strategies were in place to ensure and sustain delivery and to develop the desired culture. Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond.

A dedicated centre manager led outpatients and worked between two of the provider's locations. Staff said the senior team was visible and accessible and they felt supported by them. The leadership structure meant staff were well supported and the service had a structured approach to managing pressures.

For our detailed findings on leadership, please see the diagnostic imaging report.



# Outpatients

## Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.**

The provider maintained an overall vision and strategy, which was displayed in the service. This focused on improving patient's lives through excellent care. Staff understood and subscribed to this and could demonstrate how they worked within it and the nursing team had established a care ethos specific to their team.

## Culture

**Leaders had an inspiring shared purpose and strived to deliver and motivate staff to succeed. There were high levels of satisfaction across all staff, including those with particular protected characteristics under the Equality Act. There was a strong organisational commitment and effective action towards ensuring that there was equality and inclusion across the workforce.**

Staff were proud of the organisation as a place to work and speak highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively support this process.

There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences.

Staff were demonstrably committed to building positive relationships with the local community, which included many of their consultants. Clinical staff led a webinar programme for members of a local synagogue to promote better health and lifestyle choices. This reflected the needs identified through local health trends such as a need for better health in people over the age of 70.

For our detailed findings on culture, please see the diagnostic imaging report.

## Governance

**Governance arrangements were proactively reviewed and reflected best practice. A systematic approach was taken to working with other organisations to improve care outcomes.**

The centre worked as a combined team, which enabled staff to specialise in a core area whilst supporting colleagues across services to maintain safety. For example, paediatric nurses supported outpatients and vice versa when needed. Staff met monthly for a whole-team meeting. We looked at the minutes of five meetings that took place between January 2021 and July 2021 and found evidence of consistent, outcome-based governance processes that involved all staff and were focused on improving the service. For example, the team discussed audit results that fell short of expectations and considered how to address these.

For our detailed findings on governance, please see the diagnostic imaging report.

## Management of risk, issues and performance



# Outpatients

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

The provider's human resources team was based off site and provided on-demand support by phone or through a site visit. Staff said the team provided a good service and were easy to contact.

For our detailed findings on management of risk, issues and performance, please see the diagnostic imaging report.

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

The provider's IT team was based off site and provided on-demand support by phone or through a site visit. Staff said the team provided a responsive service and IT problems were rare.

Information governance was a standing agenda item in staff meetings. We looked at the minutes of five meetings that took place between January 2021 and July 2021 and found evidence staff discussed learning from incidents across the organisation and worked to continually improve practices.

For our detailed findings on information governance, please see the diagnostic imaging report.

## Engagement

**There were consistently high levels of constructive engagement with staff and people who used services, including all equality groups. Rigorous and constructive challenge from people who used services, the public and stakeholders was welcomed and seen as a vital way of holding services to account.**

Services are developed with the full participation of those who use them, staff and external partners as equal partners. Innovative approaches are used to gather feedback from people who used services and the public, including people in different equality groups, and there was a demonstrated commitment to acting on feedback.

The service took a leadership role in its health system to identify and proactively address challenges and meet the needs of the population.

Staff said they felt involved in the service and appreciated regular communication across teams and with managers. Doctors who worked between this service and in other locations or organisations said communication was consistent and effective. This meant they stayed up to date with local communications.

Staff had a strong track record of engagement with patients and the local community. This helped to drive innovative service improvements and meant clinical specialities served people on their own terms with a good understanding of their needs.



# Outpatients

For our detailed findings on engagement, please see the diagnostic imaging report.

## **Learning, continuous improvement and innovation**

**There was a fully embedded and systematic approach to improvement, which made consistent use of a recognised improvement methodology. Improvement was seen as the way to deal with performance and for the organisation to learn. Improvement methods and skills were available and used across the organisation, and staff were empowered to lead and deliver change.**

Safe innovation was celebrated. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care. There was a strong record of sharing work locally, nationally and internationally.

Staff undertook research in line with their professional interests and clinical capabilities. The provider supported such work and provided dedicated time and resources from teams dedicated to driving progress and innovation. Research went beyond clinical work and staff had undertaken projects to better understand the needs of their patients through community outreach and intensive study.