

Medical Services International Limited

Basinghall Health Centre

Inspection report

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Date of inspection visit: 22 June 2022
Date of publication: 12/08/2022

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Inspected but not rated 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

We had not previously rated this location. We rated it as good because:

- 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.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear. 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 and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services.
- The service minimised the number of times patients needed to attend the service, by ensuring patients had access to the required staff and tests on one occasion. Any diagnostic tests and the patient consultations in this pathway were completed in one visit, which the service referred to as a "one-stop shop". Patients we spoke with stated this was efficient and meant they could receive their treatment quickly.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- The service provided care and treatment based on national guidance and evidence-based practice.
- 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.

However:

- On inspection we identified a risk that some patients and visitors going to the radiology suite were not being sufficiently screened for risks related to MRI machines.
- Staff in the radiology suite stated that they performed quarterly evacuation drills for the magnetic resonance imaging (MRI) scanners, however these drills were not being documented.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good 	

Summary of findings

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Summary of this inspection

Background to Basinghall Health Centre

Basinghall Health Centre is a diagnostic and outpatient centre based in Central London. The service provides diagnostic appointments and consultations for further treatment at The Cromwell Hospital, which is also part of Medical Services International Limited, as well as follow-up appointments post-treatment. The service also provides focused and general health assessments.

Services offered by the provider include consultations for orthopaedics, sports and exercise medicine, physiotherapy, cardiology, rheumatology, osteopathy, pain management, spinal surgery, respiratory medicine and urology.

Facilities at the Centre include a radiology suite (offering MRI, X-ray and Ultrasound), a Treatment Suite (including a mammography room and minor procedure room) and a number of consulting rooms.

The location is open Monday to Friday. Consultants are engaged under practising privileges from The Cromwell Hospital.

What people who use the service say

Patients said staff treated them well, treated them with respect, and listened to them. They said the staff were caring and responded quickly when they needed something. They also said staff were supportive and interested in them as individuals.

How we carried out this inspection

This inspection was carried out by one CQC Inspector and a specialist advisor. The inspection was unannounced and carried out over one day.

During the inspection the team:

- visited the service and looked at the environment.
- spoke with the Centre Manager.
- spoke with eight other members of staff including: three nurses, three radiographers, a physiotherapist, and a consultant, and the provider's governance lead.
- spoke to two patients who attended appointments there (carried out post inspection).
- reviewed three patient records.
- looked at a range of policies, procedures 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>.

Summary of this inspection

Outstanding practice

- The service minimised the number of times patients needed to attend the service, by ensuring patients had access to the required staff and tests on one occasion. Any diagnostic tests and the patient consultation were completed in one visit, which the service referred to as a "one-stop shop". Patients we spoke with stated this was efficient and meant they could receive their treatment quickly.
- Staff were also positive regarding the "one-stop shop" service as this allowed them to streamline the pathway for patients. Patients could see the specialist consultant, undergo their diagnostic tests and receive a formal treatment plan in the same visit. This often included same day results provided by radiologists. Staff stated that this also allowed them to work closely with colleagues in other areas and develop good working relationships across the service.
- The service participated in clinical audits to monitor patient outcomes. Outcomes for patients were positive, consistent and met expectations for the provider. For example, patients that were diagnosed with Breast Cancer through the one-stop breast clinic commenced treatment within 41 days of referral. This is in comparison to the NHSE referral to treatment target of 62 days.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Inspected but not rated	Good	Good	Good	Good

Diagnostic and screening services

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

Are Diagnostic and screening services safe?

Good 

Safe had not previously been rated. 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. Mandatory training was undertaken via an online training system. We reviewed mandatory training records following inspection and found staff were up to date.

The mandatory training was comprehensive and met the needs of patients and staff. Mandatory training modules provided to staff included Basic Life Support (BLS), Safeguarding, Patient Handling, Risk Management, Organisational Values, Fire Safety, and Information Governance.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff stated they were informed when they needed to attend and update their 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.

Staff received training specific for their role on how to recognise and report abuse. All clinical and administrative staff completed the appropriate level of adult and child safeguarding training in line with national guidance.

Basinghall Health Centre did not provide services for young people under the age of 18. However staff stated that young people may accompany patients to appointments, and staff had received appropriate training in identifying safeguarding risks related to children and young people.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff we spoke with were familiar with the safeguarding process and stated that they knew how to report an issue.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Diagnostic and screening services

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The service was able to give examples of when safeguarding concerns had been raised and how the situation had been managed in line with policy.

The service also had a process which supported victims of domestic violence to safely alert staff without raising suspicion or putting themselves at risk.

Cleanliness, infection control and hygiene

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

Clinical and non-clinical areas were clean and had suitable furnishings which were clean and well-maintained. We inspected communal areas as well as consulting and diagnostic rooms and found them to be visibly clean.

Clinical equipment was appropriately cleaned after patient contact and checked daily in line with national guidance. The service used green "I am clean" stickers to identify when equipment had been cleaned.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. We reviewed cleaning logs on site which showed that cleaning of public areas were completed with daily and weekly checklists.

The service followed best practice in relation to the disposal of clinical waste. This included disposal of sharps, correct use of colour coded bags for different clinical waste, and policies for waste management.

Staff followed infection control principles including the use of personal protective equipment (PPE). All clinical staff on inspection were bare below the elbows and cleaned their hands between patient contacts, and wore face masks.

Visitors arriving for appointments had their temperatures checked at reception and provided with new PPE before being able to sign in. Staff also asked visitors if they had any symptoms of, or tested positive for, COVID-19.

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 design of the environment followed national guidance. The environment had been refurbished in the last two years and the layout of communal and clinical areas was in line with health building notes guidance. All clinical rooms had appropriate space for examination and treatment, and there were handwashing stations for clinical staff to use between appointments.

Staff carried out daily safety checks of specialist equipment. The managers maintained equipment maintenance logs to monitor when it was last maintained and calibrated. The service had agreements with providers to maintain and risk assess equipment. On inspection we observed that all equipment was within its period of maintenance date and had been recently safety checked.

The service had suitable facilities to meet the needs of patients' families. Families could accompany patients on visits and were able to wait in communal areas or accompany patients to their consultation. We reviewed patient information leaflets which provided information for family members.

All clinical staff had received training on use of equipment. Staff completed training modules in safe use of equipment and competency evaluation for using equipment formed part of the induction process.

Diagnostic and screening services

Clinical areas that had medical equipment had measures in place for their safe use, in line with legal requirements and best practice for equipment safety. There was clear signage showing where equipment may be a risk to patients, and when that equipment was in use.

Staff disposed of clinical waste safely. The service had a waste management policy, and waste was segregated with separate arrangements for general waste and clinical waste. Sharps equipment, such as needles, were disposed of correctly in line with national guidance.

Review of staff meeting minutes identified environmental and equipment issues were raised in these meetings, to be discussed and addressed.

The service had adapted the environment to respond to the risk presented by COVID-19. The reception desk and reception area had improved protection for reception staff, and encouraged social distancing in communal areas.

The centre had shower facilities including lockers for patients if they wished to shower before or after having a consultation or health assessment.

Resuscitation equipment had been safety checked and was subject to daily and weekly monitoring in line with guidance from The Resuscitation Council UK. We reviewed local audits as part of the inspection and found checks had been carried out consistently.

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 completed risk assessments for each patient on admission/arrival and reviewed the suitability of this regularly. Patients completed a pre-appointment screening questionnaire to identify any potential patient risks, and diagnostic assessments were carried out prior to any surgical appointments.

Staff knew about and dealt with any specific risk issues. Training modules were completed annually by staff included recognising emergencies and how to complete follow up calls. Induction processes also included staff being able to demonstrate knowledge of how to activate an emergency call and locate emergency equipment.

The service stated that if there was a life-threatening emergency for a patient, the policy guided staff to call emergency services. Staff stated that they had regularly practiced scenarios for dealing with emergency situations to familiarise themselves with the process.

A radiation protection supervisor was in post. The unit had access to a radiation protection advisor (RPA) and medical physics expert (MPE). The service had undertaken regular radiation risk assessments for the radiology suite. Each risk assessment identified sources of potential harm and there were controls in place to mitigate against such risks. We reviewed the annual RPA/MPE audit from October 2021 which found the service was fully compliant with no improvements required.

Staff in the radiology suite stated that they performed quarterly evacuation drills for the magnetic resonance imaging (MRI) scanners, however these drills were not being documented.

The MRI room had a diagram showing the limit of the "5 Gauss line". The diagram of the Gauss line shows the point in the room at which the magnetic fields from the MRI machine are more than five Gauss, a measure for the strength of a

Diagnostic and screening services

magnetic field. This is an important safety consideration as when the magnetic field is equivalent to or over five Gauss, it can present risks to patients (which affects pacemakers and other devices such as implantable cardioverter defibrillators). The five Gauss line on the diagram at Basinghall Health Centre suggested that the magnetic field at this strength may extend into the next room (which was used for ultrasound appointments). This was a risk because at the time of inspection patients using the ultrasound room were not receiving the same risk assessment screening questionnaires, and may not have known they needed to be cautious in regard to magnetic fields. This was also a risk for family who may accompany patients to appointments who had not completed screening questionnaires.

Following inspection the service provided evidence of immediate steps taken to address the risk. This included informing all Basinghall Health Centre staff that there is a requirement for all persons (including patients, patient companions, staff, visitors) entering the area to undergo full MRI safety screening, which is then signed and confirmed by an authorised person prior to entry. The service also provided evidence of the diagram being changed to reflect the extension of the five Gauss line into the ultrasound room (which it extended 25cm into). The service has also clearly marked this area in the ultrasound room so the risk can be mitigated.

The service had adapted the delivery of care to respond to the risk presented by COVID-19. Newly referred patients completed a COVID-19 questionnaire which screened for patients who may be symptomatic or been exposed to COVID-19. Each patient was also temperature checked on arrival. Patients that were identified as symptomatic would have their appointments rebooked for a later date.

Staff also managed their risk of exposure to COVID-19. Staff took lateral flow tests twice a week and reported to managers if they felt they had any symptoms.

Patients had follow-up appointments to check on their progress and recovery. Patients we spoke with as part of the inspection stated that they felt risk was managed well and gave examples where the hospital had responded to concerns.

Staff shared key information to keep patients safe when handing over their care to others. Outcomes from the surgery and recovery were shared with other relevant healthcare professionals involved with patients.

We saw evidence of the Control of Substances Hazardous to Health (COSHH) risk assessment for the service had been completed. The COSHH assessment outlined the risk involved and measures to mitigate the risks and actions to take in the event of an accidental spillage.

Staffing

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

The service had enough technicians and support staff to keep patients safe. We viewed evidence of staffing rotas on site and found staff were consistently allocated to meet the needs of the service. Staff levels were planned and reflected demand on the service and known treatment support needs.

Managers accurately calculated and reviewed the number and experience of nurses and technicians needed for each shift in accordance with national guidance. We spoke with staff with responsibility for managing the rotas who stated there was not difficulty in allocating staff and having the right skill mix on shifts.

Diagnostic and screening services

The centre had access to a 'bank' of temporary staff that could be called upon when required, so did not use agency staff who were unfamiliar with the provider.

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. 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 patients safe. Medical staff consisted of consultants under practising privileges across a range of specialities.

The provider medical director had overall responsibility for reviewing consultants' fitness to practice and practising privileges within the paediatric unit. The process included monitoring consultants' compliance with accreditations from professional bodies, mandatory training, health screening, and completion of checks with the Disclosure and Barring Service (DBS).

The service gave consultants who ran clinics the opportunity to provide feedback and ideas on changes to the service. Consultants we spoke with felt they could bring issues to the service leads.

Patients we spoke with were positive about the level of consultant input they received throughout their treatment. Parents stated that consultants were supportive and patient-centred in appointments, and stated the consultants were quickly available to answer any questions or address any issues they raised.

Consultants had the option to attend the Medical Advisory Board (MAB) at the larger location for the provider, and membership was drawn from all clinical specialities including those undertaken at Basinghall Health Centre. Consultants who worked at Basinghall Health Centre also worked at the larger location. The MAB reviewed practising applications, monitored fitness to practice for medical staff in line with requirements from professional bodies, and also reviewed medical and departmental performance.

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 through personal logins. The centre used a mixture of an electronic patient record system (EPRS) and paper records. The EPRS was used to store all of the patients records and any paper records were scanned onto the electronic record. Diagnostic data was stored electronically.

Patients could access their record when requested, and the service also provided information to other healthcare professionals involved in their care. Clinicians could also share the EPRS with the main hospital of the provider, so information on patients using both sites could be easily transferred.

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.

Medicines were checked regularly to ensure they were meeting the required standards of safety. Medicines fridge temperatures were checked daily to ensure they remained within the normal safe ranges, and pharmacist input was available to monitor medicines on site to ensure they were in date and safely stored. There was an appropriate disposal process for any medicines identified as being unfit for use.

Diagnostic and screening services

Staff generally stored and managed medicines and prescribing documents in line with the provider's policy. On inspection we identified one prescribing pad still in use that was using the previous legal name for the service. Following inspection the service stated that this had been removed and provided evidence that new correct pads would be put into use.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Patient information leaflets provided advise on how to use medications.

We reviewed the medicines policy and found it to be in line with national guidance on medicines management. On inspection we also reviewed how medicines were stored and found them to be stored securely and all medicines were within their expiry dates.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. Safety alerts and medication incidents were monitored at a provider level, and any concerns regarding medicated safety were communicated through staff meetings.

Staff followed current national practice to check patients had the correct medicines.

The service did not hold any controlled medications on site.

Incidents

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 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 had an incident reporting and investigation policy, which staff we spoke to were aware of. This outlined staff responsibilities around incidents and how to report them. Staff also understood how to report incidents on the services electronic reporting system.

Managers investigated incidents thoroughly. Staff reported 26 incidents between June 2021 to June 2022. All incidents reported were low or no harm. Following inspection the service provided evidence of of two incidents that were investigated at the location in the last 18 months. These incidents evidenced that actions had been taken, learning had been identified, and the outcome had been reviewed and discussed in team meetings.

Staff received feedback from investigation of incidents, both internal and external to the service. We reviewed minutes of governance meetings which evidenced discussion of incidents. Staff we spoke with stated they had an opportunity to discuss feedback from incident investigations and that actions were taken to make improvements to patient care.

Staff reported incidents clearly and in line with the provider policy. The service had no never events or serious incidents reported.

Staff understood the duty of candour. The incident policy included support for patients and their families to be involved in incident investigations.

Are Diagnostic and screening services effective?

Diagnostic and screening services

Inspected but not rated 

Effective had not previously been rated. For diagnostic imaging we do not rate Effective.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service monitored the latest guidance to ensure policies and procedures were up-to-date. The service monitored compliance with latest guidance such as National Institute for Health and Care Excellence (NICE). Policies on the system we reviewed were current and version-controlled.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other needs.

Staff made sure patients were offered refreshments when arriving for appointments, and refreshments were visible in communal areas. Patients we spoke with stated they were offered refreshments when they arrived.

Pain Relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way.

Staff assessed patients' pain and gave pain relief in line with individual needs and best practice. Staff stated that the service did not hold any controlled medicines, and any complex cases of pain management would be referred to the larger acute location for the provider.

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 had been accredited under relevant clinical accreditation schemes.

The service participated in clinical audits to monitor patient outcomes. Outcomes for patients were positive, consistent and met expectations for the provider. Managers and staff used the results of audits to improve service delivery. For example, patients that were diagnosed with Breast Cancer through the One Stop Breast Clinic commenced treatment within 41 days of referral. This is in comparison to the NHSE referral to treatment commencement target of 62 days.

The service had an audit programme which monitored patient outcomes and the effectiveness of procedures and policies in place. Results from audits were reviewed as part of clinical governance meetings to discuss if any changes could be made to improve service delivery and outcomes for patients.

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.

Diagnostic and screening services

Managers gave all new staff a full induction tailored to their role before they started work. Staff completed a comprehensive competency framework as part of induction, which included signoff from clinical leads and managers. The induction checklist included competencies in infection control, safety, using equipment, and documentation among others.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff had a monthly one to one with their manager as part of their supervision which included discussions on personal development. All staff stated they had an appraisal or had one scheduled (this had been delayed for some staff due to the pandemic). Staff we spoke with stated that this was a positive process.

Managers made sure staff attended team and governance meetings or had access to full notes when they could not attend. Meetings were minuted with action points for staff who could not attend.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Clinical educators supported the learning and development needs of staff. Staff received an annual training package as part of their employment which included mandatory and specialist training.

Staff also stated they were encouraged and supported to attend national conferences if requested to ensure they were well informed on the latest developments in the industry.

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 held regular and effective multidisciplinary meetings to discuss patients and improve their care. Staff held meetings to discuss service delivery and any issues of quality and safety, were escalated appropriately.

Staff we spoke with were very positive about the working culture and the team working across disciplines. Staff stated they felt well supported by managers and colleagues, and that there was a well developed atmosphere of teamworking. Patients we spoke with stated that they felt staff worked well together.

Seven-day services

Key services were available to support timely patient care.

The service was open five days a week: between 7:30am and 6pm Monday to Friday. Out of these hours patients could contact another provider location that was open 24 hours a day or patients would be encouraged to contact emergency services.

Health Promotion

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

The service had relevant information promoting healthy lifestyles and support on wards/units. Patient information leaflets included after-care advice for patients following treatment and surgery. Patients we spoke to were positive about the quality of information they received regarding their after care.

Diagnostic and screening services

Consent

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.

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. The service had a consent policy which was in date and was compliant with the Mental Capacity Act and Deprivation of Liberty Safeguards legislation. The policy set out staff responsibilities for seeking and obtaining informed consent, including the type of consent (verbal or written) needed for procedures undertaken at the centre.

Staff gained consent from patients for their care and treatment in line with legislation and guidance and staff clearly recorded consent in the patients' records. We reviewed examples of patient records and found that they included consent forms.

Staff made sure patients consented to treatment based on all the information available. Consent forms we reviewed included comprehensive information on the procedures, the possible risks and effects of the treatment, and alternatives to the treatment.

Are Diagnostic and screening services caring?

Caring had not previously been rated. 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 all staff were caring and compassionate in interactions with patients. Staff treated patients with kindness, dignity, and respect, and interacted in a positive, professional, and informative manner.

Patients said staff treated them well and with kindness. We spoke with two patients after inspection who stated staff were very friendly, kind, and considerate throughout their treatment. Following inspection the service provided evidence of patient feedback and online reviews that were positive about the quality of treatment received and the care delivered by the staff.

Basinghall Health Centre had patient co-ordinators to work in clinic to guide patients through the clinical pathways. The specific role of the coordinator was to provide individualised support and information to patients, and to give patients a single point of contact to direct them to any appointments during their visit. Patients we spoke with were positive about the role of the patient coordinators.

Patients stated they received follow up calls post-treatment to check on their progress and ensure there are no concerns. Patients we spoke with felt their care was well monitored post-treatment and felt they could raise any concerns to the service if they needed to.

Diagnostic and screening services

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Patients we spoke to felt their individual needs had been well met and that the care they received was person centred.

Emotional Support

Staff provided emotional support to patients, families and carers to minimise their distress.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Patients we spoke with felt they had been well supported throughout their treatment, and felt able to ask questions as and when they needed.

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. We observed staff speaking empathetically with patients on inspection, and patient feedback was reviewed as part of quality and governance meetings.

Understanding and involvement of patients and those close to them

Staff supported and involved 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. Information leaflets and consent forms provided comprehensive information on treatments, risks and benefits of treatments, and what to expect when visiting the service. We also found patient information leaflets and the information on the website was readable and easy to access.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients gave consistently positive feedback about the service. Patients were asked to complete a patient feedback form following their surgery. The responses were collected, compiled and reviewed regularly.

Comments and feedback from the patients were used to improve the service. We saw evidence that patient satisfaction and comments were reviewed in the clinical and operational meetings and recommendations from feedback put into practice.

Patients were offered chaperones and there was a notice in the reception area for patients to inform staff if they would like a chaperone.

Are Diagnostic and screening services responsive?

Responsive had not previously been rated. We rated it as good.

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.

Managers planned and organised services so they met the changing needs of the local population. The Basinghall Health Centre was opened with a view to providing improved access for City-based patients to diagnostic and outpatient appointments.

Diagnostic and screening services

The service minimised the number of times patients needed to attend the service, by ensuring patients had access to the required staff and tests on one occasion. Any diagnostic tests and the patient consultation were completed in one visit, which the service referred to as a "one-stop shop". Patients we spoke with stated this was efficient and meant they could receive their treatment quickly.

Staff were also positive regarding the "one-stop shop" service as this allowed them to streamline the pathway for patients. Patients could see the specialist consultant, undergo their diagnostic tests and receive a formal treatment plan in the same visit. This often included same day results provided by radiologists. Staff stated that this also allowed them to work closely with colleagues in other areas and develop good working relationships across the service.

Facilities and premises were appropriate for the services being delivered. The environment was appropriate to the specialities and treatments offered, and was also patient centred. Toilet facilities were clean and accessible for all. The service was on the ground floor and the environment was wheelchair access friendly.

The service was easy to identify from the outside as there was clear signs for the service, which improved access for new visitors.

Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted and followed up with.

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.

Managers made sure patients with visual impairments could get help when needed. Patient information was available in large font if required for patients, and the website included a font re-sizer and screen reader to make text more accessible.

Patients were provided with information booklets when beginning their treatment. This included information on common procedures provided, information on lead clinicians, pricing, frequently asked questions, and what to expect from appointments. Patients we spoke with were positive about the information they received.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Patients could be provided with an induction hearing loop in the reception area. A hearing loop is a sound system for use by people with hearing aids.

Managers made sure staff, patients, loved ones and carers could get help from interpreters or signers when needed. The centre had access to a telephone or face-to-face interpreting service. Consent forms included a section to be signed by any interpreter involved in a patient's care. Staff we spoke with knew how to access the interpreting service for patients.

The service had equipment to provide support to specific patient groups. The Radiology Suite for example had a wide bore MRI scanner, which allowed treatment for bariatric patients and could reduce anxiety for claustrophobic patients.

Patients were given a choice of food and drink to meet their cultural and religious preferences. Patients we spoke with stated that their individual and cultural preferences were considered and had been met.

Diagnostic and screening services

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. The service did not have waiting times currently and could provide rapid access to patients needing their services.

Appointments and clinics generally ran to time, and reception or nursing staff advised patients of any delays on arrival. Patients we spoke with said they were seen on time.

Managers worked to keep the number of cancelled appointments to a minimum. The service could access bank staff if needed to mitigate staff sickness and keep the number of cancelled appointments to a minimum. However, if patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible.

From January to June 2022 a total of 6711 appointments were booked. Of these patients 54 were cancelled or rescheduled due to hospital factors including 29 for COVID-19 related reasons, 40 patients were DNA (did not attend), and 166 patients had their appointment rescheduled before their appointment date due to patient choice.

Following surgery at the provider's other location, patients could have outpatient follow-up appointments at Basinghall Health Centre. This follow up allowed the team to routinely check in with patients to identify any complications and monitor the progress of recovery.

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. Patients we spoke to stated they were confident they could raise a complaint to the service and that it would be taken seriously.

The service clearly displayed information about how to raise a concern in patient areas. We observed complaints leaflets and information available in the main communal areas. Complaints documents were also available through the website.

Staff understood the policy on complaints and knew how to handle them. The service had a system for handling complaints and concerns and followed the organisation's complaints policy. We reviewed this policy and process and found it to be in date and in line with national guidance.

Managers investigated complaints and identified themes. Service managers led on identifying who would lead on investigating complaints, based on the need for clinical input and the nature of the complaint. We reviewed the governance meeting minutes and found complaints were discussed in these meetings.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Complaints were acknowledged within 48 hours and responded to within a maximum of 20 working days.

Diagnostic and screening services

The service provided information on complaints received in 2021 following inspection. In the last 12 months the service had received 9 complaints, all of which had been resolved at the earliest stage.

Are Diagnostic and screening services well-led?

Good 

Well-led had not previously been rated. We rated it as good.

Leadership

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

The service was led locally by the Centre Manager, with operational support provided from the Cromwell Hospital site by the Chief Operating Officer. The service leadership team was experienced, skilled and knowledgeable.

Staff we spoke with talked positively about the leadership for the service. Staff said the leadership were understanding, supportive and invested in developing their staff. Staff also stated that leaders were visible around the service and were approachable if staff needed anything.

There was clear lines of leadership from managers. Staff knew their reporting responsibilities and who issues needed to be escalated to. Staff stated they felt comfortable bringing issues to managers and felt they would be taken seriously.

The service was committed to developing their leaders. Following inspection the service provided evidence of all the leadership team at Basinghall Health Centre being supported on to recognised leadership courses.

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 provider had a strategic direction and annual business plan which tied in with their values. The service had clear priorities based around providing a high-quality service and expanding the footprint of locations like Basinghall Health Centre.

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.

Staff said they felt supported, respected and valued. Staff consistently told us they were happy to work for the service and enjoyed their work. There was a strong emphasis on the safety and well-being of staff.

Staff worked in a collaborative and cooperative team. The service had a culture which was centred on the needs and experience of people who use services and had robust mechanisms to gain patient feedback and improve services as a result.

Diagnostic and screening services

The services' culture encouraged openness and honesty at all levels within the organisation, including with people who use services, in response to incidents and complaints. Staff were supported to raise concerns and stated that they felt they would be listened to. The service also had a whistleblowing policy which outlined how staff could speak up.

During the recent COVID-19 pandemic the Basinghall Health Centre staff redeployed to support NHS providers, Cromwell Hospital testing hub, and care homes.

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.

The service had effective levels of governance and management structures that interacted with each other. Staff at all levels were clear about their roles and understood what they were accountable for, and to whom.

Where departmental and governance issues for escalation arose these were reviewed as part of the quarterly Integrated Governance and Quality Committee (IGQC). These meetings were supplemented by separated monthly divisional meetings where operational and governance issues were also reviewed. We reviewed meeting minutes of the IGQC as part of this meeting and found they reflected consideration of risk, governance, and performance issues.

Consultants had the option to attend the Medical Advisory Board (MAB) at the larger location for the provider. Consultants who worked at Basinghall Health Centre also worked at the larger location.

Basinghall Health Centre had service level agreement to provide additional support, particularly with the nearby large acute location that was part of the same provider. The service reviewed arrangements with this location regularly to monitor performance and to ensure the agreements were being adhered to. For example, there was a service level agreement in place for Basinghall Health Centre to access the radiation protection advisor (RPA) from the other location.

Management of risk, issues and performance

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

The service had comprehensive assurance systems to monitor safety performance. Where the outcome of performance measures was below expected performance, issues were escalated appropriately through clear structures and processes. The process would be to add this as a risk to the risk register for the relevant department. Risks were regularly discussed and reviewed in defined team meetings.

The service had a systematic programme of clinical and internal audit to monitor quality and compliance with operational processes. For example, the service completed audits on infection prevention and control, environment and documentation. Managers stated that if results fell below expectations the service developed an action plan to address the issues and the learning and actions were shared with the team through operational meetings.

The service had robust arrangements for identifying, recording and managing risks. The service had weekly operations meetings and monthly governance meetings where the risk register was a standard agenda item.

Diagnostic and screening services

The main risks identified on the risk register for Basinghall Health Centre were needing regular Ionising Radiation Risk Assessment for the location, a risk assessment for MRI, and ensuring fire safety was managed. Each risk had an associated action as well as timelines for completion.

All risks on the risk register had mitigating actions and controls to reduce their impact. We reviewed the risk register following inspection and found it considered mitigating actions and controls. We also found there was alignment between the recorded risks and what staff identified as the main concerns on inspection.

Managers and clinical leads had structured discussions with input from safety, quality and performance data from various assurance processes within the service. For example, audit data, risk management and patient experience were reviewed regularly as part of governance meetings and included in discussion of operational issues.

When considering developments to services the impact on quality and sustainability was assessed and monitored. The service ensured that change processes were reviewed continuously and that they did not lead to any compromise in the quality of care delivered.

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 had a holistic understanding of performance. This used people's experiences of care to improve service delivery. This was evidenced through minutes from governance meetings we viewed, responses to complaints, and staff feedback.

The information systems were integrated and secure. The service had robust arrangements to ensure confidentiality of identifiable data, records and data management systems, in line with data security standards.

Staff had access to the electronic patient record system, which was restricted to individuals by their own login and passwords. Patient coordinators and reception staff also had access to patient information and scheduling. Staff completed and were up-to-date with their information governance training.

The service had effective data and notifications arrangements to ensure they were consistently submitted to external organisations as required (for example, notifications to the Care Quality Commission).

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.

The service had a staff information board in the staff room that included feedback from patients, notices on areas for learning based on reviews of performance, the top risks identified for the service, staff acknowledgements and awards, and other areas of quality.

Between June 2021 and June 2022 the service had carried out regular staff surveys. Although returns from staff for some surveys were low (in November), most surveys gathered more feedback including qualitative comments. This allowed service managers and clinical leads to look at the results and review how the staff experience could be improved.

Diagnostic and screening services

The service is an inclusive employer where colleagues are encouraged to 'Be You At Bupa', valuing inclusivity and diversity.

The service created video content for Breast, Cardiology, and Orthopaedic pathways to give patients better understanding of the service and what to expect at their first appointment.

The service produced a quarterly newsletter to all Basinghall Health Centre staff and consultants.

Learning, continuous improvement and innovation

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

The service had mechanisms for providing all staff at every level with the development they needed. For example, staff had appraisals and career development conversations yearly. Where staff had development plans the service encouraged and supported them to achieve them. The service provided a package of additional training to support staff with their continuing professional development. Staff we spoke with were positive regarding the opportunities to develop and learn within post.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.