

The Medical Chambers Kensington Limited

# The Medical Chambers Kensington

## Inspection report

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

### Ratings

Overall rating for this location		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Requires Improvement	

# Summary of findings

## Overall summary

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

- Staff received and kept up to date with their mandatory training. The mandatory training was comprehensive and met the needs of patients and the service.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection.
- The design, maintenance and use of facilities, premises and equipment kept people safe.
- 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.
- Staff gave patients enough refreshments to meet their needs. The service made adjustments for patients' religious, cultural and other needs.
- 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.
- Healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Patients we spoke with were positive about the treatment they received from clinical staff.
- Leaders had the skills and abilities to run the service. 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.
- 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.
- 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.

However:

- The service did not have an arrangement or dedicated process for identifying, recording and managing all clinical or operational risks.
- At the time of inspection the service did not have a process for version control of policies and procedures, and we found versions of policies that were out of date with no plan for review.
- We did not see sufficient use of clinical risk assessments for outpatients other than dentistry.
- Resuscitation equipment for patients was stored in an unsecure closet next to the reception desk, and the bag itself was not securely locked.
- It was not clear where incident investigations were reported or where actions from incidents investigations were shared with staff.
- While minutes for operational meetings included a section for actions to be completed, minutes did not detail what actions were, when they should be completed by, or follow up of actions from previous meetings.
- Although patient consent forms recorded the consent of the patient, some consent forms used by the service did not include information on the risks related to procedures, alternatives to treatment, and risks related to the treatment not being carried out.
- The provider did not have a process in place to access interpreting services to aide in translation if needed.
- The service had waiting facilities to meet the needs of patients' families, however there was no specific paediatric waiting area or facilities for children or young patients.

# Summary of findings

## Our judgements about each of the main services

### Service

### Outpatients

### Rating

Good



### Summary of each main service

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- The design, maintenance and use of facilities, premises and equipment kept people safe.
- 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.
- Staff gave patients enough refreshments to meet their needs. The service made adjustments for patients' religious, cultural and other needs.
- 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.
- Healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Patients we spoke with were positive about the treatment they received from clinical staff.
- Leaders had the skills and abilities to run the service. 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.
- 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.

# Summary of findings

- 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.

However:

- The service did not have an arrangement or dedicated process for identifying, recording and managing all clinical or operational risks.
- At the time of inspection the service did not have a process for version control of policies and procedures, and we found versions of policies that were out of date with no plan for review.
- We did not see sufficient use of clinical risk assessments for outpatients other than dentistry.
- Resuscitation equipment for patients was stored in an unsecure closet next to the reception desk, and the bag itself was not securely locked.
- It was not clear where incident investigations were reported or where actions from incidents investigations were shared with staff.
- While minutes for operational meetings included a section for actions to be completed, minutes did not detail what actions were, when they should be completed by, or follow up of actions from previous meetings.
- We viewed examples of the consent forms on inspection. Although consent forms recorded the written consent of the patient, consent forms and processes did not demonstrate that patients received sufficient information to make informed decisions in line with national guidance.
- The provider did not have a process in place to access interpreting services to aide in translation if needed.
- The service had waiting facilities to meet the needs of patients' families, however there was no specific paediatric waiting area or facilities for young patients.

## Services for children & young people

Good



Services for children and young people are a small proportion of the clinic's activity. The main core service was outpatients which included appointments children and young people. Where arrangements were the same, we have reported findings in the outpatient section.

# Summary of findings

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- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection.
- The design, maintenance and use of facilities, premises and equipment kept people safe.
- 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.
- Staff gave patients enough refreshments to meet their needs. The service made adjustments for patients' religious, cultural and other needs.
- 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.
- Healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Patients we spoke with were positive about the treatment they received from clinical staff.
- Leaders had the skills and abilities to run the service. 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.
- 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.
- 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.

However:

# Summary of findings

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- The service had did not have an arrangement or dedicated process for identifying, recording and managing all clinical or operational risks.
  - At the time of inspection the service did not have a process for version control of policies and procedures, and we found versions of policies that were out of date with no plan for review.
  - We did not see sufficient use of clinical risk assessments for outpatients, including for children and young people, other than dentistry.
  - Resuscitation equipment for patients was stored in an unsecure closet next to the reception desk, and the bag itself was not securely locked.
  - It was not clear where incident investigations were reported or where actions from incidents investigations were shared with staff.
  - While minutes for operational meetings included a section for actions to be completed, minutes did not detail what actions were, when they should be completed by, or follow up of actions from previous meetings.
  - We viewed examples of the consent forms on inspection. Although consent forms recorded the written consent of the patient, consent forms and processes did not demonstrate that patients received sufficient information to make informed decisions in line with national guidance.
  - The service had waiting facilities to meet the needs of patients' families, however there was no specific paediatric waiting area or facilities for children or young people.
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# Summary of findings

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# Summary of this inspection

## Background to The Medical Chambers Kensington

The Medical Chambers Kensington is operated by The Medical Chambers Kensington Limited and was founded in 2008. It is an outpatient centre providing a range of consultant led services. The services offered include Dentistry, ENT, physiotherapy, dermatology, GP, ophthalmology, neurology, prenatal tests, mental health, endocrinology, allergy, ultrasound, paediatrics and gynaecology. The service has a number of consulting rooms, CBT suite, and a dentistry suite. The service caters to private patients in the West London area, with an additional interest in providing access to services for French speaking patients.

The provider has had a registered manager in post since 2008. This is the service's first inspection under the updated CQC methodology since their registration with CQC. The last report was published in January 2014 and did not identify any concerns.

## How we carried out this inspection

This inspection was carried out by two CQC Inspectors and two specialist advisors.

The inspection was announced with two weeks notice and carried out over one day. During the inspection the team:

- visited the service and inspected the environment.
- spoke with the Registered Manager (managing director) and Directors.
- spoke with nine other members of staff (including nurses, admin staff, managers, and consultants)
- spoke to three patients who attended appointments there.
- reviewed five 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>.

## Outstanding practice

- At the start of the war in Ukraine the senior management team approached the Association of Ukrainians in Great Britain and offered free healthcare to Ukrainian refugees. The leadership agreed with clinicians to offer this, including the dentistry provision. The provider also agreed with their pathology laboratory to offer refugees free blood tests. The service continues to run this scheme.



# Summary of this inspection

## Areas for improvement

### Action the provider **MUST** take to improve

- The provider must put in place a process for recording and monitoring clinical and operational risks to service delivery. (Regulation 17: Good Governance)
- The provider must put in place a process for reviewing policies and procedures to ensure they are regularly reviewed, and updated if needed. (Regulation 17: Good Governance)

### Action the provider **SHOULD** take to improve

- The provider should ensure that operational meetings have clear recording to detail actions from meetings and follow up on these actions at subsequent meetings. This should also include sharing learning from incidents and complaints.
- The provider should develop a consistent process for assessing, recording and managing clinical risks for patients.
- The provider should consider reviewing the quality of consent forms and recording processes to ensure patients are giving informed consent in line with best practice and legislation.
- The service should consider how to improve waiting facilities for young patients and families.






# Our findings

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Good	Inspected but not rated	Good	Good	Requires Improvement	Good
Services for children & young people	Good	Good	Good	Good	Requires Improvement	Good
Overall	Good	Good	Good	Good	Requires Improvement	Good

# Outpatients

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

## Is the service 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 training.**

Staff received and kept up to date with their mandatory training. Mandatory training for staff was undertaken via a mix of online and classroom based training. Consultants working under practising privileges provided evidence of their training if it was completed with another provider. We reviewed mandatory training records on inspection for both groups of staff and found they were up to date.

The mandatory training was comprehensive and met the needs of patients and the service. Mandatory training modules provided to staff included Basic Life Support (BLS), Safeguarding, Lone Working, Risk Management, Equality and Diversity, Fire Safety, and Information Governance.

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

The Medical Chambers Kensington provided services for young people under the age of 18. Staff had received the appropriate training in identifying safeguarding risks related to children and young people, and the service had a nominated child safeguarding lead.

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.

# Outpatients

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

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.

Dental staff received training specific for their role on how to recognise and report abuse. All staff had completed training to level two.

## 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 the clinic room and found them to be visibly clean.

Clinical equipment was appropriately cleaned after patient contact and checked daily in line with national guidance. We observed clinical equipment being cleaned after use and the consulting rooms being cleaned daily.

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.

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.

There were hand sanitising facilities for visitors arriving for appointments. Patients had been asked to complete a healthcare questionnaire if they had any symptoms of, or tested positive for, COVID. The service had also completed a COVID risk assessment and had regular meetings to monitor potential risks to the service.

The provider carried out regular infection prevention and control (IPC) audits as part of the scheduled audit programme. This included audits on hand hygiene, decontamination, environmental cleaning, PPE, and waste, management. We reviewed IPC audits provided after inspection and found they were completed regularly

The dental surgery was clean and had suitable furnishings which were clean and well-maintained. The service had infection control procedures for dentistry which reflected published guidance. The practice had policies and procedures in place to ensure dental clinical waste was segregated and stored appropriately in line with guidance.

## Environment and Equipment

**The design, maintenance and use of facilities, premises and equipment kept people safe. However there was no dedicated waiting area for younger patients. Staff were trained to use equipment. Staff managed clinical waste well.**

The design of the environment followed national guidance. The layout of communal and clinical areas was in line with health building notes guidance. The consulting rooms and imaging suites had appropriate space for examination and scanning, and there were handwashing stations for clinical staff to use between appointments.

# Outpatients

Staff carried out regular 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 regularly. We observed that all equipment was within its period of maintenance date and had been recently safety checked.

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.

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 process for waste management, 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.

Staff stated that when they identified environmental and equipment issues they would raise these concerns to one of the service Directors, and it would be logged and addressed quickly. Staff were able to give examples of times they had escalated environmental issues that were resolved by the leadership team.

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 the leadership had reviewed patient pathways and the building environment to minimise the risk to patients and staff.

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.

The service ensured equipment for the sterilisation of dental instruments was safe to use and maintained and serviced according to manufacturers' instructions. The service ensured the facilities were maintained in accordance with regulations.

The practice had arrangements to ensure the safety of the X-ray equipment. The required radiation protection information was up to date.

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for patients to minimise risk in some areas of the service, but not in others. Staff identified and quickly acted upon patients at risk of deterioration.**

Following inspection, the service provided evidence of risk assessments available for patients. For dental patients, there was evidence of consideration of risk to patients undertaking x-rays, allergies, IPC risks and other possible risk factors. The service also provided sufficient evidence of managing environment and health and safety risks for staff and patients. However, we did not see sufficient management of the service using clinical risk assessments for other outpatients.

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

# Outpatients

The process for managing patients at risk, or deteriorating patients, was clearly outlined in a deteriorating patient policy. The service stated that if there was a life-threatening emergency for a patient, clinical staff would respond with the emergency equipment bag, make the patient as safe as possible, and follow the policy guiding staff to contact emergency services.

Resuscitation equipment for patients was stored in an unsecure closet next to the reception desk, and the bag itself was not securely locked. This meant that staff could access the equipment and medications in the emergency bag (including controlled medications) without this access being appropriately recorded. The bag and resuscitation accessories were also stored on the floor of the closet under coats which presented an infection control risk. Following inspection, the service provided evidence of the resuscitation bag being secured and moved to a new location. The service also improved the process for checking the resuscitation equipment in line with national guidance.

The service had adapted the delivery of care to respond to the risk presented by COVID-19. Newly referred patients completed a COVID-19 basic health check questionnaire which screened for patients who may be symptomatic or been exposed to COVID-19. Patients that were identified as symptomatic would have their appointments rebooked for a later date. The service had also offered remote appointments to avoid risks related to in-person interactions.

Staff shared key information to keep patients safe when handing over their care to others. Outcomes from appointments were shared directly with patients and with other relevant healthcare professionals involved with patients if needed.

The provider had a service level agreement to access a radiation protection advisor (RPA). The RPA provided advice on radiological aspects of dental radiography and annual review of equipment and practice. The provider also had a radiation protection advisor in post who was responsible for ensuring local rules were up to date and advising staff if needed.

The service had a planned audit programme of operational issues to regularly review of the safety and quality of service delivery, and there was a consistent reporting structure for reviewing the outcomes of an audit programme.

The service also undertook occasional ad-hoc audits to review outcomes for patients and quality of delivery. Audits were carried out by the Registered Manager and presented at the MAC meetings or other governance meetings. Managers and staff used any results from these audit to discuss how to improve service delivery.

The service had an emergency evacuation policy in place. On inspection we identified that fire extinguishers were placed in the correct holders for their use.

## 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 staff a full induction.**

The service had enough staff to keep patients safe. We viewed evidence of staffing levels 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.

# Outpatients

Each clinical staff member had a contract to work with the service. This included agreement in regard to working hours with the service, mandatory training, professional accreditation, and completion of checks with the Disclosure and Barring Service (DBS). The clinic manager had overall responsibility for reviewing staff fitness to practise with the service, and provided evidence on inspection of carrying out this duty.

Managers calculated and reviewed the number and experience of staff needed for each shift in accordance with best practice. We spoke with staff with responsibility for managing staff rotas who stated there was not difficulty in allocating staff and the service was able to have the right skill mix on shifts.

The centre was considering having a 'bank' of regular staff that could be called upon when required, but currently stated that they did not need bank or agency staff to fill shifts. The Registered Manager and clinical staff both stated that any open shifts would be filled by existing staff if needed.

The service gave staff the opportunity to provide feedback and ideas on changes to the service. Staff we spoke with felt they could bring issues to the leadership team.

Patients we spoke with were positive about the treatment they received from clinical staff. Parents stated that staff were supportive and patient-centred in appointments, and stated they were quickly available to answer any questions or address any issues they raised.

## 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 employed 25 consultants under practising privileges, as well as six in dentistry and 4 others registered with The Health and Care Professions Council (HCPC). Consultant specialties included gynaecology, dermatology, ENT, ophthalmology, GP, mental health, paediatrics, hair restoration, endocrinology, neurology, and plastic surgery and aesthetic medicine.

The Directors and Registered Manager had overall responsibility for reviewing consultants' fitness to practise and practising privileges. 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 Committee (MAC) and membership was drawn from all clinical specialities. The MAC reviewed practising applications, monitored fitness to practise for medical staff in line with requirements from professional bodies, and also reviewed medical and departmental performance.

# 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.**

Patient notes were comprehensive and clinical staff could access them through personal logins. The centre used a mixture of an electronic patient record system (EPRS) and paper records for some things (eg consent). The EPRS was used to store all of the patients records and any paper records were scanned onto the electronic record.

Patients could access their electronic record when requested, and the service could also provide information to other healthcare professionals involved in their care. Clinicians could also share the EPRS with the acute providers if needed, so information on patients using multiple sites could be easily transferred.

The service had a regular process for auditing patient records as part of the audit programme, with the next scheduled review of audits to take place in April 2023.

Dental care records we saw were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

## Medicines

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

Staff stored and managed medicines and prescribing documents in line with the provider's policy. 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 did not hold any controlled medications on site (excluding medication in the emergency bag).

## Incidents

**Staff recognised and reported incidents and near misses. Managers investigated incidents, however it was not clear where actions from incidents were consistently recorded or monitored.**

Staff knew what incidents to report and how to report them. The service had an incident investigation process to report incidents to the Registered Manager, which staff we spoke with were aware of.

The service had an incident investigation proforma and an incident policy, however it was not clear where incident investigations were reported or where actions from incidents investigations were shared with staff. Incidents and complaints were reviewed at the MAC meetings, however minutes from the MAC did not reflect review of action plans related to incidents or review of progress in relation to incident investigations. It was also not clear how clinical staff received feedback or learning regarding incidents that were reported.

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

The service had no serious incidents reported.

## Is the service effective?



# Outpatients

Inspected but not rated 

Effective had not previously been rated. For outpatients we do not rate Effective.

## Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice, however there was not a process for ensuring policies were regularly reviewed and updated.**

The service monitored the publication of new clinical guidelines such as the latest guidance from the National Institute for Health and Care Excellence (NICE), and this was reflected in minutes from the Medical Advisory Committee (MAC) meetings.

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw the provision of dental implants was in accordance with national guidance.

## Nutrition and hydration

**Staff gave patients enough refreshments to meet their needs. 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 any pain or discomfort.**

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 did not participate in recognised clinical audits as there were insufficient patient numbers to participate, or treatments provided were not part of any national clinical audits. The service stated they were in the process of agreeing with the MAC a programme of audits of clinical outcomes to be undertaken in the next 6 months.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice were carrying out radiography audits six-monthly in line with current guidance and legislation.

## 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.

The service gave all new staff an induction tailored to their role. Staff completed a competency framework as part of induction, which included signoff of mandatory training and using equipment. The Registered Manager also stated new starters had a period of shadowing sessions before starting substantively.

# Outpatients

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff also had monthly one to one meetings with their managers as part of their supervision which included discussions on personal development. Staff we spoke with stated they felt supported in their professional development and that they could access training to improve their skills.

Staff attended regular team meetings or had access to the notes when they could not attend. There were regular team meetings for non-medical staff, housekeeping, the nursing team, and the MAC meeting for consultants. Team and MAC 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. The management team and clinical leads supported the learning and development needs of staff.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

## Multidisciplinary Working

**Healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.**

Staff held regular and effective team 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. Staff stated they felt well supported by the managers and by colleagues, and that there was a well developed atmosphere of teamworking across disciplines. Patients we spoke with stated that they felt staff worked well together.

During the COVID-19 pandemic, the senior management team implemented a conference call each morning to monitor the ongoing situation and make the relevant adjustments to the running of the clinic. Senior staff stated that this was effective for communication and agreed to continue the calls. The management team calls take place on Monday, Wednesday and Thursday of each week.

Electronic handovers were sent by email at the end of each day to staff and included actions for any issues, so actions could be tracked and completed.

In November 2022, the service altered the administrative staff training passport. Managers stated the introduction came from staff feedback that training could be more thorough and consistent. Leadership met to review the passport and subsequently added detail to improve information in the training passport. Staff stated that since this change training had been more organised and consistent.

## Seven-day services

**Key services were available to support timely patient care.**

The service was open six days a week. The service's opening hours were Monday to Thursday 8am to 9pm, Friday 8am to 7.30pm, and Saturday 8am to 5pm. Out of these hours, if patients had concerns they would be encouraged to contact their primary care provider or emergency services if needed.

# Outpatients

## Health Promotion

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

The service had relevant information promoting healthy lifestyles and support for patients. Consultants used patient information leaflets from clinical research organisations and professional bodies to answer frequently asked questions, provide care advice for patients, and give useful signposts for further information. Patients we spoke to were positive about the quality of information they received in their appointments.

The practice provided preventive care and supported patients to ensure better oral health.

## Consent

### **Staff supported patients to make informed decisions about their care and treatment. The provider gained patients' consent, however documentation for recording consent were not in line with best practice. Staff 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 consent 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 and clearly recorded consent in the patients' records. Patients completed consent forms on a paper proforma related to the speciality of their treatment, which was then scanned on to the electronic patient record system.

We viewed examples of the consent forms on inspection. Although consent forms recorded the written consent of the patient, consent forms and processes did not demonstrate that patients received sufficient information to make informed decisions in line with national guidance. Such information includes risks related to procedures, alternatives to treatment, and risks related to the treatment not being carried out. Following inspection, the provider stated that this information is recorded by clinicians in the patient health record, however this was not stipulated in the provider's consent policy. This meant the provider did not have sufficient processes in place to ensure informed consent was being recorded, and meant that consent forms may not reflect informed decisions even if these discussions took place in appointments.

## Is the service 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.

# Outpatients

Patients said staff treated them well and with kindness. We spoke with three patients on inspection who stated staff were very friendly, kind, and considerate throughout their appointment. Following inspection we reviewed evidence of online reviews by patients, as well as "thank you" cards sent privately to the clinic, that were positive about the quality of treatment received and the care delivered by the staff.

The Medical Chambers Kensington monitored patient satisfaction and response to patient needs. Patients we spoke with felt their care would be well monitored post-appointment and felt they could raise any concerns to the service if they needed to.

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

## 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. The service website provided information on processes and patients could access a patient guide on what to expect when visiting the service. Patient information leaflets were readable and easy to access.

The service provided evidence of collecting patient satisfaction surveys throughout 2022. At the time of inspection this process was on hold. The provider stated they were in the process of training a new staff member to perform the patient survey administrative tasks and intended to revert to sending surveys after every appointment at the end of May 2023.

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

Patients had access to chaperoning from staff if needed. Staff for the service could accompany patients to appointments if requested. The service also had a notice in the reception area to inform patients of the availability of chaperoning.

## Is the service responsive?

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

# 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.**

Managers planned and organised services so they met the needs of the local population. The service provided private consultancy appointments for patients primarily in the West of London, and also accepted referrals from outside this area. The service also maintained a fully translated French website and French speaking clinicians to provide services to French speaking patients.

Facilities and premises were appropriate for the service being delivered. Toilet facilities were clean and accessible for all. The service had lift access for patients and the building environment had been equipped to cater to patients with reduced mobility.

The service was easy to identify from the outside as there was clear signs of the name of 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. However there was no dedicated waiting area for younger patients.**

Patients were provided with information on their referral and the service before their appointment. This included information on prices, frequently asked questions, and what to expect from appointments. Patient information was also available through the service website. Patients we spoke with stated they could access the information they needed.

The provider did not have a process in place to access interpreting services to aide in translation. Managers stated that the service was able to provide services to French speaking patients, but had not had an issue with patients needing translation services in the past. Staff we spoke with stated if an individual patient needed translation they would arrange access to an interpreting service.

Following inspection the service provided evidence that they had agreed a provider for translation services if needed, and had placed a notice at their front desk offering this service as well as on the website. Details of translation services are also in appointment confirmation emails, which is sent automatically to each patient at the time of booking.

The service had waiting facilities to meet the needs of patients' families, however there was no specific paediatric waiting area or facilities for young patients. Families could accompany patients on visits and were able to wait in communal areas or accompany patients to their consultation, but paediatric patients may be unaccompanied in the same waiting areas as adult 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.

# Outpatients

## Access and Flow

**People could access the service when they needed it and received the right care promptly.**

Patients were able to self refer and organise appointments. Patients could book automatically online, as well as alter appointments if needed. Following inspection the service provided the patient pathway which detailed the process for patients from referral through to treatment.

Managers monitored waiting times and made sure patients could access services when needed. The service did not have waiting times and could provide rapid access to patients needing their services.

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

The service worked to keep the number of cancelled appointments to a minimum. Managers monitored cancellations and the reasons for cancellations occurring. Out of a total of 6,373 appointments in the last twelve months, 309 were cancelled for reasons outside of patient cancellation or the patient not attending the appointment. Of these, 154 were due to clinicians cancellation or rescheduling, 53 were due to a clinician suspending practice for health reasons, and 102 were due to COVID-19 or other sickness to them or NHS colleagues.

The service was considering the use of bank staff if needed to mitigate staff absence impacting cancellations, however managers stated that the regular staff had always been able to cover staff absence. If patients did have appointments cancelled at the last minute, managers stated they would be rearranged as soon as possible.

## 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 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 displayed information about how to raise complaints. We observed complaints information available in communal areas. It was also possible to raise complaints through the service website.

Staff understood the policy on complaints and knew how to handle them. Staff stated they would aim to resolve complaints as quickly as possible. 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 line with national guidance.

The service investigated complaints and identified themes. The manager led on investigating complaints, supported by the clinicians if there was need for clinical input and depending on the nature of the complaint. We reviewed the governance meeting minutes on inspection and found complaints were discussed in these meetings.

Staff knew how to acknowledge complaints and patients received feedback from the managing director after the investigation into their complaint. Complaints were acknowledged within 48 hours and responded to usually within a week. In the last twelve months, the provider received 14 complaints. We reviewed evidence of the two most recent complaints and found them to be well responded to.

## Is the service well-led?

# Outpatients

Requires Improvement 

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

## Leadership

**Leaders had the skills and abilities to run the service. 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 had a Medical Advisory Committee (MAC) chair and a clinical lead who provided clinical advice and support to the Registered Manager and the directors. Managers we spoke with were positive about the current clinical leaders in place, and stated that their experience and input was valuable in running the service.

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

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

The service was committed to developing their leaders. On inspection the service provided evidence of courses that managers attended with support from the organisation, and management spoke about how they had been supported into their roles.

## 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 service had a specified business plan for what it wanted to achieve going forward.

The provider also stated their vision was to be a family friendly multi-disciplinary one stop private healthcare clinic, offering high quality healthcare coupled with exceptional customer service.

## Culture

**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.**

Staff said they felt supported, respected and valued. Staff 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.

The services' culture encouraged openness and honesty, 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.

# Outpatients

## Governance

**Leaders operated governance processes throughout the service, however meeting records did not support effective review of meetings and their actions. 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.**

Consultants had the option to attend the Medical Advisory Committee (MAC) for the provider. Consultants stated that they were aware of the opportunity to attend MAC meetings and that they received information and actions from this meeting. Following inspection we reviewed copies of the MAC minutes for the last three meetings. While the minutes did include a section for actions to be completed, the minutes did not detail what actions were, when they should be completed by, or follow up of actions from previous meetings.

We also reviewed the MAC terms of reference which were completed in January 2020, which stated the terms were due for review every three years. Review had not taken place at the time of inspection, however the provider shared updated terms of reference after inspection which was dated February 2023.

At the time of inspection the service did not have a process for version control of policies and procedures, and we found versions of policies that were out of date with no plan for review. The service leadership stated that they were in the process of arranging a new online system for storing documentation such as policies and procedures, however paper policies we reviewed in some areas were out of date by several years. This meant that some guidance within these documents may no longer reflect best practice.

We reviewed minutes from other operational meetings, including health and safety meetings. These meetings also included a section for actions to be completed, but did not detail what actions were or follow up of actions from previous meetings.

Staff at all levels were clear about their roles and understood what they were accountable for, and to whom.

## Management of risk, issues and performance

**The service did not have arrangements for identifying, recording and managing clinical or operational risks.**

The service did not have an arrangement or dedicated process for identifying, recording and managing all clinical or operational risks. Following inspection, we were provided with risk assessments and detailed risk mitigation for building, environmental, and equipment risk. However, this was not a regular part of clinical governance meetings and did not include risks related to the delivery of service. Managers stated that any identified risks may be raised in the MAC meetings and monitored by management, however the service did not have a register of clinical risks or a process for recording how clinical and operational risks were being mitigated.

Managers stated that if results of audits fell below expectations the service developed plans to address the issues. We reviewed minutes from MAC meetings and found they discussed the audits.



# Outpatients

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in 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 the Medical Advisory Committee we viewed and responses to patient feedback.

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

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

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

## Engagement

**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 provided staff information through emails and in team meetings. This included feedback from patients, information on areas for learning based on reviews of performance, staff acknowledgements and awards, and other areas of quality and performance.

The service carried out regular staff surveys and provided evidence of a survey carried out in the last twelve months. The survey included questions on training, working environment, and personal development, and included space for qualitative comments. This allowed service managers and clinical leads to look at the results and review how the staff experience could be improved. Results from the staff survey we viewed were generally positive.

The provider also provided evidence of other ways staff satisfaction is monitored. For example the operations director held a regular meeting with 1 staff member every Friday for 15 minutes with no agenda. This meeting was diarised so each staff member knew when their meeting was coming up, and they were allowed to set the conversation.

The medical director organised exit interviews for all staff leaving the provider. As the medical director was not involved in day to day running of the clinic, this meant staff could feel more open to provide honest feedback.

The service had a public information blog examining different areas of health and wellbeing which was updated monthly.

The service had systems to gather feedback from dental staff through meetings and informal discussions. There was a dedicated WhatsApp group for dental staff so they could discuss issues relevant to the team.

# Outpatients






## Learning, continuous improvement and innovation

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

The dental team had appropriate quality assurance processes to encourage learning and continuous improvement. They were a member of a good practice dental certification schemes, including membership to the British Dental Association (BDA) and Dental Protection membership.

At the start of the war in Ukraine the senior management team approached the Association of Ukrainians in Great Britain and offered free healthcare to Ukrainian refugees. The leadership agreed with clinicians to offer this, including the dentistry provision. The provider also agreed with their pathology laboratory to offer refugees free blood tests. The service continue to run this scheme.

# Services for children & young people

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

## Is the service 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 training.**

Staff received and kept up to date with their mandatory training. The mandatory training was comprehensive and met the needs of children, young people and staff. Modules such as chaperoning, governance, prevention of radicalisation and medication awareness addressed specific needs of children.

For further information please refer to the Outpatients section of this report.

### Safeguarding

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

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.

The Medical Chambers Kensington provided services for young people under the age of 18. Staff had received the appropriate training in identifying safeguarding risks related to children and young people, and the service had a nominated child safeguarding lead.

Staff knew how to identify children at risk of or suffering significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns. We were given examples where the service had appropriately escalated safeguarding concerns. This included contacting local authority safeguarding teams if necessary

For further information please refer to the Outpatient section of this report.

# Services for children & 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 equipment and the premises visibly clean.**

For further information please refer to the Outpatient section of this report.

## Environment and Equipment

**The design, maintenance and use of facilities, premises and equipment kept people safe. However there was no dedicated waiting area for younger patients. Staff were trained to use equipment. Staff managed clinical waste well.**

The service had suitable clinical facilities to meet the needs of children and young people's families, however there was not a dedicated waiting area for children or young patient, or dedicated time slots for young patients. This meant that children or young people could be sharing waiting with adults patients. For further information please see the Responsive section of this report.

The service had enough suitable equipment to help them to safely care for children and young people. Resuscitation equipment was available and suitable for all age ranges of children and young people. The emergency bag was located on the ground floor and contained appropriately sized equipment including airways, oxygen masks, tubing, anaesthetic face masks and resuscitator for manual ventilation.

Resuscitation equipment for patients was stored in an unsecure closet next to the reception desk, and the bag itself was not securely locked. This meant that staff could access the equipment and medications in the emergency bag (including controlled medications) without this access being appropriately recorded. The bag and resuscitation accessories were also stored on the floor of the closet under coats which presented an infection control risk. Following inspection, the service provided evidence of the resuscitation bag being secured and moved to a new location. The service also improved the process for checking the resuscitation equipment in line with national guidance.

For further information please refer to the Outpatient section of this report.

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for patients to minimise risk in some areas of the service, but not in others. Staff identified and quickly acted upon patients at risk of deterioration.**

Following inspection, the service provided evidence of risk assessments available for patients. For dental patients, there was evidence of consideration of risk to patients undertaking x-rays, allergies, IPC risks and other possible risk factors. The service also provided sufficient evidence of managing environment and health and safety risks for staff and patients. However, we did not see sufficient use of clinical risk assessments for other outpatients including young people.

Staff knew about and dealt with any specific risk issues. Training modules were completed annually by staff including recognising emergencies including for children and young people. Training included staff being able to demonstrate knowledge of how to activate an emergency call and locate emergency equipment.

For further information please refer to the Outpatient section of this report.

# Services for children & young people

## 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 staff a full induction.**

The service had enough staff to keep patients safe. We viewed evidence of staffing levels 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.

Each clinical staff member had a contract to work with the service. This included agreement in regard to working hours with the service, mandatory training, professional accreditation, and completion of checks with the Disclosure and Barring Service (DBS). The clinic manager had overall responsibility for reviewing staff fitness to practice with the service, and provided evidence on inspection of carrying out this duty.

For further information please refer to the Outpatient section of this report.

## 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 children and young people safe. There were doctors who specialised in treating children who paediatric cases were referred to.

As part of the practising privileges application and on an ongoing basis, consultants' scope of practice was regularly reviewed including paediatric experience and activity.

For further information please refer to the Outpatient section of this report.

## 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 clinical staff could access them through personal logins. The centre used a mixture of an electronic patient record system (EPRS) and paper records for some things (eg consent). The EPRS was used to store all of the patients records and any paper records were scanned onto the electronic record.

Patients could access their electronic record when requested, and the service could also provide information to other healthcare professionals involved in their care. Clinicians could also share the EPRS with the acute providers if needed, so information on patients using multiple sites could be easily transferred.

For further information please refer to the Outpatient section of this report.

## Medicines

**The service used systems and processes to safely prescribe, administer, and record medicines. However, there were some examples where issues on storing medicines had not been escalated.**

Staff stored and managed medicines and prescribing documents in line with the provider's policy. 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.

# Services for children & young people

The service did not hold any controlled medications on site (excluding medication in the emergency bag).

For further information please refer to the Outpatient section of this report.

## Incidents

**Staff recognised and reported incidents and near misses. Managers investigated incidents, however it was not clear where actions from incidents were consistently recorded or monitored.**

Staff knew what incidents to report and how to report them. The service had an incident investigation process to report incidents to the Registered Manager, which staff we spoke with were aware of.

The service had an incident investigation proforma and an incident policy, however it was not clear where incident investigations were reported or where actions from incidents investigations were shared with staff. Incidents and complaints were reviewed at the MAC meetings, however minutes from the MAC did not reflect review of action plans related to incidents or review of progress in relation to incident investigations. It was also not clear how clinical staff received feedback or learning regarding incidents that were reported.

There had been no incidents reported related to children and young people in the last two years.

For further information please refer to the Outpatient section of this report.

## Is the service effective?

Good 

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

## Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice, however there was not a process for ensuring policies were regularly reviewed and updated.**

For further information please refer to the Outpatients section of this report.

## Nutrition and hydration

**Staff gave patients enough refreshments to meet their needs. The service made adjustments for patients' religious, cultural and other needs.**

For further information please refer to the Outpatients section of this report.

## Pain Relief

**Staff assessed and monitored patients regularly to see if they were in any pain or discomfort.**

For further information please refer to the Outpatients section of this report.

## 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.**

For further information please refer to the Outpatients section of this report.

# Services for children & young people

## 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.**

Clinical and administrative staff were experienced, qualified and had the right skills and knowledge to meet the needs of children, young people and their families. There were responsible leads for the service for the treatment of children and young patients.

For further information please refer to the Outpatients section of this report.

## Multidisciplinary Working

**Healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.**

For further information please refer to the Outpatients section of this report.

## Seven-day services

**Key services were available to support timely patient care.**

For further information please refer to the Outpatients section of this report.

## Health Promotion

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

For further information please refer to the Outpatients section of this report.

## Consent

**Staff supported patients to make informed decisions about their care and treatment. The provider gained patients' consent, however documentation for recording consent were not in line with best practice. Staff knew how to support patients who lacked capacity to make their own decisions.**

Staff understood how and when to assess whether a child or young person had the capacity to make decisions about their care. Staff made sure children, young people and their families consented to treatment and this was recorded. The consent policy took account of relevant legislation and guidance and was accessible by all staff.

We viewed examples of the consent forms on inspection. Although consent forms recorded the written consent of the patient, consent forms and processes did not demonstrate that patients received sufficient information to make informed decisions in line with national guidance. Such information includes risks related to procedures, alternatives to treatment, and risks related to the treatment not being carried out. Following inspection, the provider stated that this information is recorded by clinicians in the patient health record, however this was not stipulated in the provider's consent policy. This meant the provider did not have sufficient processes in place to ensure informed consent was being recorded, and meant that consent forms may not reflect informed decisions even if these discussions took place in appointments.

For further information please refer to the Outpatients section of this report.

## Is the service caring?

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

# Services for children & young people

## Compassionate Care

**Staff treated patients 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. The culture and values of the service were to be respectful and caring which was also highlighted to staff through how it lived its values. Staff interacted with patients in a friendly and compassionate way, took time to answer questions and treat them with dignity.

For further information please refer to the Outpatients section of this report.

## Emotional Support

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

Staff understood the emotional and social impact that a child or young person's care, treatment or condition had on their wellbeing.

For further information please refer to the Outpatients section of this report.

## 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.**

Feedback about the service from children and young people was positive. The service responded to negative or passive reviews from patient surveys and online reviews. This included families of children and young people.

For further information please refer to the Outpatients section of this report.

## Is the service responsive?

Good 

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.**

For further information please refer to the Outpatients section of this report.

## 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.**

The service had waiting facilities to meet the needs of patients' families, however there was no specific paediatric waiting area or facilities for young patients. Families could accompany patients on visits and were able to wait in communal areas or accompany patients to their consultation, but paediatric patients may be unaccompanied in the same waiting areas as adult patients.

For further information please refer to the Outpatients section of this report.



# Services for children & young people

## Access and Flow

**People could access the service when they needed it and received the right care promptly.**

For further information please refer to the Outpatients section of this report.

## 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.**

For further information please refer to the Outpatients section of this report.

## Is the service well-led?

Requires Improvement 

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

## Leadership

**Leaders had the skills and abilities to run the service. 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.**

Leaders had the skills and abilities to meet the needs of children and young people. This included specific clinical leads for the delivery of care to paediatric patients.

For further information please refer to the Outpatients section of this report.

## 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 service had a specified business plan for what it wanted to achieve going forward.

For further information please refer to the Outpatients section of this report.

## Culture

**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.**

For further information please refer to the Outpatients section of this report.

## Governance

**Leaders operated governance processes throughout the service, however meeting records did not support effective review of meetings and their actions. 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.**

We identified issues on inspection in regard to the providers governance and risk management processes. These processes would also relate to the provider's services for children and young people.

For further information please refer to the Outpatients section of this report.

# Services for children & young people

## Management of risk, issues and performance

**The service did not have arrangements for identifying, recording and managing clinical or operational risks.**

We identified issues on inspection in regard to the providers governance and risk management processes. These processes would also relate to the provider's services for children and young people.

For further information please refer to the Outpatients section of this report.

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in 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.**

For further information please refer to the Outpatients section of this report.

## Engagement

**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.**

For further information please refer to the Outpatients section of this report.

## 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.**

For further information please refer to the Outpatients section of this report.