HCA Healthcare UK Elstree Waterfront Outpatients & Diagnostics Centre

Quality Report

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

Ratings

Overall rating for this location	**Good**
Are services safe?	Good
Are services effective?	Not sufficient evidence to rate
Are services caring?	Good
Are services responsive?	Outstanding
Are services well-led?	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

Elstree Waterfront Outpatients and Diagnostic Centre is operated by HCA Healthcare UK. The service was registered with the CQC in June 2017. The service provides outpatient services and diagnostic imaging including X-ray ultrasound and magnetic resonance imaging (MRI).

The service provides outpatient clinics and diagnostic imaging facilities for adults and children. During our inspection, we visited all services within the service. Services included outpatient appointments for preoperative and postoperative review, as well as outpatient treatments such as naso-endoscope and dermatology procedures. In the reporting period of May 2018 to April 2019, there were 7,091 outpatient attendances and 2,448 diagnostic imaging procedures completed. The outpatient appointments were a combination of patients accessing treatment and surgical outpatient consultations.

We inspected this service using our comprehensive inspection methodology. We carried out a short notice announced inspection on 18 June 2019.

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

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

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

Services we rate

We have not previously rated this service. At this inspection in June 2019, we rated this service as Good overall.

We found the following areas of good practice:

- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.
- 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.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held meetings with them to provide support and development.
- Healthcare professionals including radiographers, radiologists, nursing staff and consultants worked together as a team to benefit patients. They supported each other to provide good care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.

Summary of findings

- The service planned and provided integrated person-centred care in a way that was flexible, provided informed choice and met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service took a proactive and inclusive approach to understand and take account of patients' individual needs and preferences. There were innovative approaches to provide person-centred care, and staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- The service improved service quality and safeguarded high standards of care.

Following this inspection, we told the provider that it should make improvements, even though a regulation had not been breached, to help the service improve. Details are at the end of the report.

Nigel Acheson
Deputy Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Outpatients	Good	Outpatients was the main activity of the hospital. Where our findings in outpatients also apply to other services, we do not repeat the information but cross-refer to the outpatient section. We rated this service as outstanding in responsive, and good in safe, caring and well-led. We do not rate effective in outpatients.
Diagnostic imaging	Good	The service provided the provision of Magnetic Resonance Imaging (MRI) scanning, x-ray and ultrasound scanning. We rated this service as good because it was safe, caring, responsive and well-led. We do not currently collect sufficient evidence to enable us to rate the effective key question.

Summary of findings

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Good

Elstree Waterfront Outpatient & Diagnostics Centre

Services we looked at
Outpatients and diagnostic imaging.

Summary of this inspection

Background to HCA Healthcare UK Elstree Waterfront Outpatients & Diagnostics Centre

Elstree Waterfront Outpatients and Diagnostic Centre is operated by HCA Healthcare UK. The service provides outpatient services and diagnostic imaging through magnetic resonance imaging (MRI), X-ray and ultrasound. Services are provided for adults and children

The centre opened in June 2017 and is a private service in Elstree, Hertfordshire. The hospital primarily serves the communities of Elstree and surrounding areas of North London. It also accepts patient referrals from outside this area.

Elstree Waterfront is managed under The Wellington Hospital in St Johns Wood. The centre refers directly to Wellington Hospital for acute admissions for adults. The service also refers to The Portland Women and Children's' Hospital to cater for the needs of children and young people.

The centre has had a registered manager in post since registering with the CQC in September 2018. The service has not been previously inspected.

Our inspection team

The team that inspected the service comprised a CQC inspection manager, lead inspector, two additional CQC inspectors and one specialist advisor, with expertise in diagnostic imaging. The inspection team was overseen by a Bernadette Hanney, Head of Hospital Inspection.

Information about HCA Healthcare UK Elstree Waterfront Outpatients & Diagnostics Centre

Elstree Waterfront Outpatients and Diagnostic Centre offers a wide range of outpatient and diagnostic imaging services to private fee-paying patients. The centre offers a wide range of outpatient services including cardiology, phlebotomy, minor procedures, gastroenterology, ENT, gynaecology, urology, orthopaedics, endocrinology, rheumatology, pain and neurosurgery. The centre also provides paediatric care for children aged 0 to sixteen. Diagnostic imaging technology including magnetic resonance imaging (MRI), X-ray and ultrasound services are provided.

The service is registered to provide the following regulated activities:

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

Elstree Waterfront has 18 consultant rooms, five treatment rooms, and a plaster room. The centre has two floors. The ground floor consists of a main reception desk where patients are greeted by reception staff and registered. Also located on the ground floor is:

- The diagnostic imaging service.
- Eight consulting rooms.
- A plaster room.
- Two treatment rooms.
- A waiting area.

The second floor consists of:

Summary of this inspection

- A designated paediatric waiting area with toys and books.
- A nursing mother's room.
- Two paediatric consulting rooms.
- A paediatric treatment room.
- Eight consulting rooms.
- Two treatment rooms.

During the inspection, we visited the outpatient and diagnostic imaging service, which included the x-ray suite, MRI suite and ultrasound room. We spoke with 13 staff including registered nurses, reception staff, medical staff, radiographers, radiologists, and senior managers. We spoke with seven patients. During our inspection, we reviewed 14 sets of patient records.

There were no special reviews or investigations of the hospital ongoing by the CQC at any time during the 12 months before this inspection. This was the first inspection since registration with the CQC, which found that the service was meeting all standards of quality and safety it was inspected against.

Activity (1 May 2018 to 31 April 2019)

- In the reporting period 1 May 2018 to 31 April 2019, there were 2,448 diagnostic imaging procedures completed. Activity levels for all diagnostic imaging scans during this period are as follows:
  - 1,454 MRI scans (59%).
  - 562 X-ray scans (23%).
  - 432 Ultrasound scans (18%).
- In the reporting period 1 May 2018 to 31 April 2019, there were 7,091 outpatient appointments, which were a mix of self-funded and insured. Activity levels for outpatient appointments and minor operations in the outpatient service during this period are as follows:
  - 6044 adult appointments (85%)
  - 1047 paediatric appointments (15%)
  - 23 minor operations including tissue biopsies, removal of skin lesions and mole removal.

There were 80 physicians and 10 radiologists working at the service under practising privileges. The service employed five registered nurses, three radiographers, one radiology assistant and four receptionists.

Track record on safety (1 May 2018 to 31 April 2019)

- No never events reported.
- No serious incidents.
- No IR(ME)R/IRR reportable incidents.
- No incidences of healthcare acquired Meticillin-resistant Staphylococcus aureus (MRSA).
- No incidences of healthcare acquired Clostridium difficile (C. difficile).
- No incidences of healthcare acquired Escherichia coli (E-Coli).
- There was one complaint received for the outpatient service.

Services provided under service level agreement:

- Clinical, non-clinical and recyclable waste removal.
- Pathology, microbiology and histology services.
- Sterile services for medical instrumentation.
- Medical emergency transfers.
- Maintenance of medical and imaging equipment.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Good	Not rated	Good	☆ Outstanding	Good	Good
Diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Good	Not rated	Good	☆ Outstanding	Good	Good

Notes

We do not rate effective for outpatients and diagnostic imaging.

Good

Outpatients

Safe	Good
Effective	Not sufficient evidence to rate
Caring	Good
Responsive	Outstanding
Well-led	Good

Are outpatients services safe?

Good

We have not previously rated this service. At this inspection, we rated this service as **good**.

Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- Staff received effective mandatory training in safety systems, processes and practices. The hospital delivered an internal mandatory training programme for all staff members. Staff attendance was recorded to monitor compliance. The target compliance set by the centre for staff to complete mandatory training was 85%. Information provided showed that as of June 2019, 100% of staff were compliant with their mandatory training across the centre, including all staff in the outpatient service.
- Mandatory training courses in key skills were provided to staff and delivered either face to face at the HCA Healthcare UK corporate learning academy, or by e-learning training modules. Mandatory training topics covered key areas such as basic life support, manual handling, infection prevention and control, health and safety, fire safety, information governance, PREVENT and safeguarding. A mandatory training matrix was in place which detailed the training courses required, and the frequency of the training. We saw that time was scheduled into staff rotas to allow for mandatory training.
- All nursing and radiology staff were trained in intermediate life support (ILS) and paediatric basic life support (PBLS). The paediatric nurses were also trained in paediatric intermediate life support (PILS).
- Outpatient services were managed by the centre manager and outpatient sister, who shared responsibility for ensuring staff's mandatory training compliance. Individual staff's training needs were reviewed, and non-compliance discussed within the service. Staff were reminded to complete mandatory training and refresher modules during team meetings and via email.
- Staff knew how to access mandatory training and could find out when they were next due for an update. Staff spoke positively of mandatory training modules and felt able to access further assistance if required. Staff were confident they would be supported to attend additional training if required.
- Most consultants worked for the hospital under practising privileges and did not receive mandatory training from the service. They received training from their substantive NHS employer and HCA Healthcare UK had oversight of their completed training records. Consultants were required to provide annual confirmation of mandatory training completion in line with the practising privileges policy. Records provided by the service showed the majority of consultants completed their mandatory training at their substantive NHS posts, and had submitted supporting evidence. Practising privileges is an established process within independent healthcare where a consultant is granted permission to work in an independent hospital in the range of services they are competent to perform.

Good

Outpatients

- **Safeguarding**
- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**
- The centre had safeguarding policies and procedures available for staff with flowcharts detailing the process to be followed displayed throughout the centre. They had been reviewed and were up to date. Staff we spoke with were aware of the policies and understood their responsibilities in relation to safeguarding. Staff could describe what would constitute a safeguarding concern and the action they would take to raise concerns. We saw signs displayed within patient toilets which gave details of how to raise a safeguarding concern
- Details of who to contact in the event of a safeguarding concern, including contact numbers for making safeguarding referrals were displayed across the outpatient service. Staff could name the safeguarding lead for the organisation.
- The centre manager was the safeguarding lead and had been trained to safeguarding children level 4. Data provided by the centre showed that as of June 2019, all nursing staff, consultants and imaging staff (100%) were trained to safeguarding adults level 2 and safeguarding children level 3 as part of their mandatory training induction programme. Safeguarding training updates were available through HCA's online learning portal.
- Staff were aware of their responsibilities around child sexual exploitation and female genital mutilation (FGM). FGM comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. Staff had access to a flow chart for escalating concerns. Concerns could be escalated and referred to the safeguarding lead for the centre.
- Visitors to the hospital were required to sign in and wear a visible identification badge. This reduced the risk of unauthorised personnel entering the hospital and causing harm to patients and staff.
- The service had a chaperone policy. There were posters available informing patients about the availability of chaperones and staff were readily available to act as chaperones when needed. All patients were offered the choice of having chaperones during their consultations.
- The centre had systems in place to help patients who may be suffering from domestic violence. We saw that they had a process in place to discreetly offer assistance to a patient who they suspected may be suffering from domestic violence.
- From June 2018 to June 2019, the centre raised one safeguarding alert with the local safeguarding board. This related to an adult patient who had repeatedly not attended planned appointments. Staff at the centre had concerns regarding the patient's home life and escalated this both internally and externally.
- The centre's paediatric nurse attended the partnership meeting of a local safeguarding board where research on safeguarding children in affluent families was discussed. This focused on the barriers of identification and response to neglect within affluent families. The nurse developed and shared a presentation on the research, relating this to the needs of the local population which was then shared with other HCA sites.
- **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.**
- All areas we inspected within the outpatient service, including clinical and waiting areas, were visibly clean and tidy. Signed and dated daily cleaning schedules were in place throughout all areas such as the consultation rooms and treatment rooms, there were no gaps in these schedules identified at the time of the inspection.
- Housekeeping staff cleaned all outpatient service areas daily. Nursing staff cleaned outpatient consultation and treatment rooms after each patient use which was in line with hospital and national guidance.

- Handwashing facilities and hand gel sanitisers were available in every treatment and consultation room throughout the outpatient service. All hand wash sinks in the outpatient service were HBN compliant to allow correct hand hygiene and could be operated without the use of hands and had separate hot and cold taps. Hand washing posters were displayed above hand wash sinks.
- Staff received training on infection, prevention and control (IPC), and hand hygiene during their initial induction and as part of their mandatory training. Data provided by the centre showed that as of June 2019, 100% of staff across outpatient services had completed their IPC training either face to face or through e-learning. We were assured staff had up to date infection prevention and control knowledge.
- The centre completed hand hygiene audits monthly. Data provided showed for the first three quarters of 2018, compliance across the centre was between 97% and 100%. During our inspection, we reviewed recent audits, and these showed staff were 100% compliant with hand hygiene techniques.
- We saw patients and visitors applying hand gel when booking in at reception and when passing through waiting areas. Staff were observed washing their hands between patient appointments and following physical examinations. We observed staff being 'arms bare below the elbow'. Staff wearing uniforms with sleeves above the elbow improves the effectiveness of hand hygiene and helps to reduce the spread of infection.
- There were reliable systems in place to protect and prevent people from healthcare-associated infections. Data confirmed there had been no cases of hospital acquired Meticillin-resistant Staphylococcus aureus (MRSA), Methicillin-sensitive Staphylococcus aureus (MSSA), Clostridium difficile (C. difficile) or Escherichia coli (E-Coli) in the reporting period May 2018 to May 2019.
- Personal protective equipment (PPE), included gloves and aprons, were readily available in the consultation and treatment rooms. The examination couches present in each outpatient room were clean, intact and made of wipeable materials, which allowed them to be easily cleaned between patients. White paper rolls were used on the examination couches, which provided a protective barrier between patients and reduced the transfer of any bacteria between patient care. Disposable curtains were in use around examination couches and had been changed and dated in line with hospital policy.
- We observed effective decontamination processes and a defined cleaning pathway in place for flexible nasal endoscopes, flexible fibre optic tubes used for ear, nose and throat (ENT) procedures, which were fully compliant with the Health Technical Memorandum (HTM). Appropriate techniques were used to decontaminate the scopes in-between procedures, including 'three part' wipes used to decontaminate scopes used for invasive procedures. Staff received appropriate training on how to decontaminate the scopes appropriately and completed a yearly e-learning training module to ensure they were competent.
- There was a contract in place with an external provider to ensure the scopes were properly maintained, and they were sent off site after clinic sessions for a high-level decontamination at a local HCA hospital. An audit on the cleanliness of scopes was conducted quarterly. This showed 100% compliance.
- Infection prevention and control audits and staff uniform audits were completed monthly. These showed 100% compliance with infection control measures and staff uniform. Measures included use of personal protective equipment, hand hygiene and cleanliness.
- At the time of our inspection a tap in the baby changing room had tested positive for Legionella. Legionella is a type of bacteria that can cause Legionnaires' disease (a lung disease). The centre had all taps tested quarterly for Legionella and we saw it had tested positive in May 2019. The risk had been identified immediately, added to the risk register and mitigating actions put in place. These included marking the door as out of use, flushing the tap and adding a filter to the tap. The tap was re-tested, and it tested positive again. As such, they replaced the sensor tap with a manual tap and were in the process of obtaining a site survey on the tap. At the time of our inspection, the room was clearly marked as out of order.

- We saw several children's toys located in the paediatric waiting area. The toys appeared visibly clean, and we saw a cleaning schedule which showed they were cleaned daily.

Environment and equipment

- **The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.**
- The service had suitable premises and equipment and looked after them well. All clinical areas and equipment were compliant with health building and infection prevention and control standards.
- The outpatient service had 18 individual consultation rooms, five treatment rooms, a plaster room, two dirty utility rooms and three waiting areas over two floors. Of the five treatment rooms, one was specialised for use by ENT.
- All consultation rooms had examination couches surrounded by disposable curtains, appropriate hand wash and hand sanitiser facilities, personal protective equipment dispensers, and chaperone posters on display. All consultation rooms we saw were lockable and were equipped with a desk and chairs.
- All equipment we checked was within its expiry date. The maintenance and repair of equipment, the flexible nasal-endoscopes for example, was completed through contracts with external suppliers. An equipment servicing schedule and log book was in place and equipment was assessed annually as safe for use. All equipment we observed had evidence of safety testing where appropriate, and staff in the outpatient service could demonstrate regular equipment checks were in place. Electrical equipment had been portable appliance tested, and all equipment observed was compliant. Staff told us there were usually no problems or delays in getting repairs completed.
- Fire extinguishers were visible and dated. Staff we spoke with explained the evacuation procedure and told us that they regularly attend fire prevention updates.
- Emergency equipment such as a resuscitation trolley and anaphylaxis bag were located throughout the outpatient service, were in date and available to staff in a medical emergency. They were well equipped and maintained, with daily and weekly checks recorded. We found no issues or concerns with the recordings. A resuscitation trolley audit was completed monthly. This audit showed the trolley had been checked daily. We looked at three months of audits and saw that they were all 100%. The trolleys were secured with non-tamper tags, which would alert staff if the bag had been opened. This would prompt staff to checks its contents to ensure it was safe to use. The resuscitation equipment was easily accessible, with one trolley located on the ground floor and another on the first floor of the outpatient service.
- The paediatric waiting area was secured by two automatic electronic doors, which were closed when patients were waiting for appointments. This prevented unauthorised access to the paediatric areas and prevented children from leaving the department. A manned reception desk was located next to the waiting area doors to allow staff to monitor entry and exit.
- All clinical rooms had appropriate facilities for the disposal of clinical waste and sharps. Clinical waste was separated and disposed of in the appropriate bin, all bins were foot-operated. Sharps disposal bins (secure boxes for disposing of used needles) were clean, closed, not overfilled, were labelled appropriately and did not appear to contain inappropriate waste. The service conducted a sharps audit quarterly, which checked that the correct containers were used, they were labelled correctly and that they were not overfilled. We reviewed the last audit and saw 100% compliance.
- The Control of Substances Hazardous to Health Regulations (COSHH) 2002, state that employers need to either prevent or reduce their workers exposure to substances that are hazardous to their health. We found that all hazardous substances were kept in a locked cupboard and saw evidence of up to date COSHH risk assessments to support staff's exposure to hazardous substances.
- Staff received training on health and safety during their initial induction and as part of their mandatory

training. Data provided by the centre showed that as of June 2019, 100% of staff across outpatient services had completed their health and safety training either face to face or through e-learning.

- A consumable equipment audit was conducted every six months. We reviewed the last audit, which showed 100% compliance.

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.**
- All patients were required to complete a medical history questionnaire, which included the patient's past medical history, known allergies, infection risks and details of medication they were taking. This information was reviewed to ensure potential risks were identified prior to treatment.
- We saw emergency call bells were located throughout the outpatient service. These sounded an alarm when activated, which triggered a 'crash' response from staff across the centre so that an unwell or deteriorating patient could receive prompt assistance.
- All nursing and radiology staff were trained in intermediate life support (ILS) and paediatric basic life support (PBLS). The paediatric nurses were also trained in paediatric intermediate life support (PILS).
- The outpatient service had not fully embedded Local Safety Standards for Invasive Procedures (LocSSIPs), however following our inspection the service told us LocSSIPs had been developed and they were waiting for to be reviewed and signed off at a corporate level. This was to ensure that local standards developed at the centre were in line with standards developed at other HCA sites. LocSSIPS are local policies designed to support hospitals to provide safer surgical care and to allocate responsibility for each clinical speciality that carried out procedures. LocSSIPs the service had developed mainly related to dermatological procedures such as removal of skin tags.
- The outpatient service was well prepared for an emergency activation and response. Staff told us they had never had to respond to an emergency activation, however in preparation they undertook practice emergency scenarios yearly, and additional scenarios were run by the link nurse for resuscitation on an ad hoc basis. Any concerns raised during the scenario exercise were discussed at centre wide meetings and learning was fed back to staff during team meetings.
- The centre had a clear pathway and process in place for the assessment of patients who became unwell within the outpatient service. In an emergency, staff called an ambulance and patients were transferred to the emergency department of an NHS hospital.
- The centre did not undertake any procedures under general anaesthesia/sedation. All local anaesthesia is administered by a consultant.
- The centre did not have any staff working alone and always ensured that there were at least two members of staff always present.
- The 'Five steps to safer surgery', World Health Organisation (WHO) surgical safety checklist, was used, in line with National Patient Safety Agency (NPSA) guidelines. We saw the process being completed by nursing staff and consultants in the outpatient service which included a briefing, sign-in, timeout, sign-out and debriefing. Staff generally demonstrated a good understanding of the procedure.
- WHO checklist compliance was measured by reviewing completion of forms for patients undergoing minor operation procedures. Audit results provided for March to May 2019 which showed 100% compliance with the WHO checklist.

Nurse 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, agency and locum staff a full induction.**
- The outpatient department had a full establishment of nurses in post. Data provided by the service showed there were five whole time equivalent (WTE) nurses in post, including one sister, two adult nurses and two

paediatric nurses. At the time of our inspection in June 2019 there was one nursing vacancy. We were told they were not currently recruiting to this post due to their relatively limited activity numbers.

- Staffing requirements were reviewed and planned three months in advance of clinical sessions and were amended as and when necessary. Staff told us that the team were flexible and changed their shifts to cover staff shortages. The outpatient sister told us that the service did not use any bank or agency staff. This meant patients could be assured that staff were familiar with the service provided, the needs of the patients and that staff had completed required training.
- Data provided by the service showed that there were no unfilled shifts. Staff sickness across the centre, as of June 2019, was reported at 1.32% for all staff across outpatients and imaging. Staff told us back to work interviews were completed when they returned following a period of sickness. The outpatient service had access to nursing staff from the local HCA hospital to cover in the event of staff absence.
- All new staff underwent an induction process to ensure they received adequate support and supervision. The induction process included the completion of competencies and training requirements.
- All professional staff within the outpatient service were registered with their respective professional bodies and the register was checked as part of the hospital's recruitment process.
- The paediatric consultants we spoke with were very complimentary about the paediatric nursing staff, saying that they were 'terrific' and a 'stand out feature'.

Medical 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, agency and locum staff a full induction.**
- Consultants worked across the outpatient service and delivered clinics for specialties which included orthopaedics, cardiology, paediatrics, gastroenterology, plastic surgery, gynaecology, spinal surgery and sports and exercise medicine.
- Most medical staff and were not directly employed by the centre, they worked within the centre under practising privileges. Practicing privileges were granted to consultants who treated patients in the outpatient service, that carried out procedures they would normally carry out within their scope of practice within their substantive post in the NHS.
- To obtain practising privileges consultants completed an application form, provided evidence of a current Disclosure and Barring Service (DBS) certificate, a copy of their most recent appraisal and confirmation of good occupational health. Applications were reviewed by the centre's chief medical advisor and the company's medical advisory committee.
- Practising privileges were reviewed yearly by the corporate credentialing team and the medical advisory committee, and consultants were required to provide updated documentation as part of their practising privileges review.
- We reviewed two practising privilege files and saw that these were all completed appropriately. All staff had evidence of professional indemnity insurance, scope of practice, professional registration with the General Medical Council and evidence of revalidation.
- If a consultant wished to start offering a new treatment at the centre, processes were in place to ensure that this was within their scope of practice. Any requests required documentation of competency in the area and were reviewed by the medical governance committee and medical advisory committee.
- We saw that one consultant was employed directly by the centre.
- The outpatient clinics were planned at least three months in advance. This meant the department was able to arrange appropriate nursing and administrative staffing cover to support delivery of the service.

- Consultants were responsible for ensuring arrangements were in place to cover planned leave and any other circumstances such as sickness. Consultants were required to give' notice of any leave.

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 records were managed in a way that kept patients safe and protected their confidential and sensitive information from being shared incorrectly. Staff received training on information governance as part of their mandatory training programme. Data provided by the centre showed that as of June 2019, 100% of staff across outpatient services had completed their information governance training either face to face or through e-learning.
- The centre received patient referrals through a secure email or telephone call from the referring consultant or hospital. All appointments were booked in advance as the service did not accept walk ins.
- The majority of records were stored electronically. Patient demographic details (such as name, date of birth and address) and minor procedure notes, were stored electronically. Blood and electrocardiograms (ECG) test requests were recorded on paper documents and stored securely in locked cupboard within a treatment room. Consultant appointment notes were hand written and legible. Consultants took responsibility for their records and took them away after consultations.
- We saw each consultant was registered as an information commissioner with the Information Commissioner's Office (ICO). This meant they were legally responsible for ensuring they were held confidentially and stored appropriately. The consultation notes were not audited by the centre due to the consultants having legal responsibility for them.
- During our inspection, we saw no patient identifiable data (PID) was left unattended or in public view and computers were locked when not in use. Electronic records could only be accessed by authorised personnel. Computer access was password protected and staff used individual account log-in details.
- Nursing records were audited monthly. We saw that 10 sets of notes were reviewed, and that 100% of those reviewed were compliant with record keeping standards.

Medicines

- **The service used systems and processes to safely prescribe, administer, record and store medicines.**
- There was an HCA Healthcare UK corporate medicines' management policy. The purpose of the policy was to make suitable arrangements for the recording, safe-keeping, handling and disposal of medicines.
- Staff were aware of the policies involving medicines management and knew where they were located on the staff intranet.
- The outpatients service had appropriate lockable storage facilities for medicines, such as cupboards and fridges. Keys to the medicine cupboards were stored in accordance with national guidance and held by nursing staff to prevent unauthorised staff from gaining access.
- All medicines we inspected were within their expiry dates and records showed that the fridge temperatures were maintained within the required temperature for the safe storage of medicines. Medicines' management regulations stated minimum and maximum temperatures of locked medicine refrigerators. We saw that fridge and room temperatures were continuously monitored electronically by an automated system, and staff were alerted if there were recordings outside of the recommended range. Fridge and room temperatures were manually recorded during and following a power cut.
- A medicines expiry audit occurred monthly. We reviewed the audits from March to May 2019 and saw they were all 100% compliant.
- All medicine cupboards and fridges were clean and tidy. The medicines refrigerators were kept locked.

- We found no controlled drugs (CDs) being stored or administered within the outpatient's service. Controlled drugs such as prescription medications that are designated a controlled drug in the United Kingdom are regulated by the government.
- We found patient group directions (PGDs) were being used within the outpatient's service when taking blood from children. A patient group direction is a written instruction for the supply or administration of licenced medicines to groups of patients by a named authorised health professional, without individual prescriptions. There are used for a well-defined group of patients for a specific condition.
- Emergency drugs were kept on the resuscitation trollies and staff documented daily checks. All emergency drugs were within their expiry date. There was a clear pathway to replenish consumables and to avoid stock depletion. Supplies were replenished frequently to avoid shortages and staff told us that they had no issues in requesting medication.
- The centre did not have an onsite pharmacy, however staff told us that they had a good relationship with the pharmacy at a local HCA hospital who provided a courier service. Nursing staff in the outpatient service had a list of medication they could order from the local HCA hospital, which included stock medication, anaphylaxis kits and resuscitation trolley drugs.

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.**
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and lessons learned were shared with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- An incident reporting policy was in place. This was in date and version controlled. This outlined the types of incidents to report, how to categorise harm and the process for carrying out root cause analysis (RCA) when incidents occurred. Flow charts were attached to the policy which were easily readable for staff to refer to if needed.
- There was an electronic reporting system in place to allow staff to report incidents. There was a positive incident reporting culture in the outpatient service; all staff we spoke with had received training and were encouraged to report incidents. Staff knew how to access the system and their responsibilities to report incidents. Staff told us they were provided with feedback after reporting an incident and learning from incidents was shared across areas through staff meetings, daily huddles, monthly reports and emails.
- There were no never events reported for across the outpatient's service from May 2018 to May 2019. Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.
- We saw that from May 2018 to May 2019, 40 incidents had been reported on the centre's electronic reporting system. None of these had been classified as serious incidents. The majority of these were adult patients who did not attend or paediatric patients who were not brought. Excluding these, themes included estates issues, blood collection issues and double booked appointments. All incidents were managed appropriately.
- Learning from incidents was embedded. We saw that following incidents the centre manager shared learning with the wider corporation through the quality and safety board meetings, and within the centre through team meetings and posters.
- During the reporting period from May 2018 to May 2019, there were 109 incidents reported within the outpatient's service, all of which were rated with a severity of none – no harm caused. Examples of changes to practice following incidents included having chaperones present during coil fittings to help reassure women during the procedure and staff being clear about pricing costs prior to starting treatment.

Good

Outpatients

- From April 2015, healthcare providers were required to comply with the Duty of Candour Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain notifiable safety incidents and provide reasonable support to the person. The registered manager and staff we spoke with were aware of the duty of candour regulation and their responsibilities regarding the legislation. They described how they would apply the principles by being open and honest with patients at all times, admit mistakes and provide a full apology.
- A business continuity management plan was in place. This went out of date for review two weeks before our inspection. We requested an updated version and one was provided accordingly. This included details of who to contact in case of power cuts and lift failure.
- The centre did not have any backup generators in case of a power cut. Due to the nature of the care carried out at the centre this was deemed appropriate.

Are outpatients services effective?

Not sufficient evidence to rate

We inspected but did not rate effective.

Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.**
- Specialities within outpatient services delivered care and treatment in line with the National Institute for Health and Care Excellence (NICE) national guidelines. Staff told us they followed national and local guidelines and standards to ensure effective and safe care.
- Policies were up to date and assessed to ensure they did not discriminate based on race, nationality, gender, religion or belief, sexual orientation or age. Staff told us they were kept up to date with changes in policies by the outpatient sister and the centre manager at team meetings. Staff we spoke with in the outpatient's service had a good awareness of and had read local policies. They could give us examples of how to find policies and when they had used them.
- We saw examples of policies referring to evidence - based guidance from professional bodies. For example, the chaperone policy referred to professional guidance from the General Medical Council (GMC), and the consent policy referred to the Mental Capacity Act 2005.
- An audit schedule was in place. This set out the timescale for competing various audits including infection control, consumable expiry dates, emergency equipment, a variety of imaging audits and environmental safety audits, among others.
- The outpatients service completed regular clinical and administrative audits, which included patient waiting times upon arrival for outpatient appointments, consent, hand hygiene and infection, prevention and control. During our inspection, we saw copies of these audits, which showed a high level of compliance against recorded measures. For example, data from the hand hygiene audit in the outpatient service showed between March and May 2019, staff were 100% compliant.
- Results and findings from audits were reported at monthly team meetings, where trends were identified, and action plans created to improve the service to patients. For example, recent waiting time audits identified that some orthopaedic clinics were running late. This was due to consultants requesting imaging during clinic appointments, and then reviewing the patient with the result following their scan during the same clinic session. This reduced the need for patients to return for a follow up appointment, however it delayed following patients from being seen promptly. An action plan was developed, with the recommendation that clinic appointment times for new patients be increased to allow more time for imaging reviews.
- A quality safety dashboard was in place, which allowed the manager to have oversight of complaints and incidents. Plans were in place to also include patient feedback in this dashboard.

Nutrition and hydration

- **Staff gave patients enough food and drink to meet their needs.**
- Although outpatients visited the department for short periods of time, staff ensured patients had enough food and drink to meet their needs during their visit.
- Patients were offered complimentary drinks when they arrived for their appointment, which included a selection of hot and cold drinks.
- Staff offered patients who appeared anxious or distressed a drink and aided patients who required additional support to take refreshments.
- Diabetic patients were offered appointments at suitable times, for example early in the morning or following lunch. The service provided food and drinks to support their needs are required and had access to hypoglycaemia boxes.

Pain relief

- **The service managed patients' pain effectively.**
- Pain relief was not routinely administered within outpatients as patients attended for short periods, except for when patients were attending for invasive procedures. Consultants would normally prescribe relevant pain medication for patients under their care.
- Consultants during the outpatient appointment would assess and discuss existing pain management issue for patients if required.
- Patients could contact the outpatient service directly and speak to a nurse or their consultant if they were experiencing pain after a procedure.
- GPs were advised of a patient's treatment and prescription plan to support continuity of care on discharge from the outpatient service.
- Staff monitored pain levels of children using age appropriate tools for pain assessment, which included pictures and diagrams to aid understanding.

Patient outcomes

- **Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.**
- Information about the outcomes of patient's care and treatment was routinely collected and monitored. The outpatient service undertook regular clinical audits and took appropriate action to monitor and review the quality of the service.
- The outpatient service had an audit schedule in place to monitor compliance with policies and against guidelines. Audits included hand hygiene, infection control, World Health Organisation (WHO) checklists, and adult waiting times. Audits were completed monthly, quarterly or annually depending on the audit schedule. Staff confirmed results were shared at relevant meetings such as daily huddles and the patient safety quality group.
- We reviewed audit outcomes from January to May 2019, which demonstrated the intended outcomes for people are being achieved. Most audits completed demonstrated 100% compliance against set criteria. However, the WHO checklist audit in February 2019 highlighted an issue in completing the WHO from on sign in. The outpatient service had appropriate action plans in place to improve compliance, and every subsequent month the compliance was 100%.
- The outpatient service contributed to the HCA Healthcare UK's corporate audit programme. This included audits of patient health records, infection prevention and control, resuscitation, controlled drugs, consent, safeguarding, hand hygiene, medicines management and consent.
- Results of audits were discussed at local quality and governance meetings and the centre benchmarked itself against other organisations also owned by HCA, specifically regarding patient feedback. Patient feedback levels were high, and outcomes showed that patients were happy with the care they received, with 90% of patients saying they care they received was excellent.

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 received a comprehensive induction when they started work at the centre to ensure competence, skills

and confidence. This included a HCA Healthcare UK corporate induction and a local induction. The local induction included orientation to the staff member's particular area and local competencies. Staff said they found the inductions helpful.

- The outpatient service supported nurses and an induction pack to support their learning was made available.
- Staff confirmed they had been assessed to ensure they were competent in their role. We saw a competency folder in place which demonstrated staff had been appropriately assessed, Poor or variable staff performance was identified through complaints, incidents, feedback and appraisal. Staff were supported to reflect, improve and develop their practice through education and one to one meetings with their manager.
- Throughout our inspection, we found staff received training to support the delivery of care and service needs. For example, two adult nurses had attended and completed a preassessment course, to support the outpatient service in delivering preassessment appointments.
- We reviewed seven employee files and saw that all had evidence of two references, Disclosure and Barring Service (DBS) checks, occupational health checks and evidence of professional registration where required.
- The centre ensured qualified nursing, radiology and medical staff continued to maintain their registration. We saw that all staff were registered with their appropriate professional bodies, including the General Medical Council (GMC), the Nursing and Midwifery Council (NMC) and the Health and Care Professions Council (HCPC). There was a 100% completion rate for revalidation of registration for nurses, radiographers, radiologists and for consultants working under practicing privileges.
- Consultants applying for practising privileges had to demonstrate their competency prior to undertaking any new procedures in the outpatient service. This was done by seeking evidence from their NHS practice. An appraisal proforma was in place. This covered topics such as compliance with mandatory training, objectives, the company's values and their performance review. We reviewed seven employee files and saw all had evidence of a recent appraisal.
- Staff had regular one to one informal meetings with their manager and completed a mid-year six month review and yearly appraisal. All staff within the outpatient service had received an appraisal within the last 12 months prior to the inspection. Staff told us they had access to training regarding their professional development and had opportunities to work at other locations to develop their skills.

Multidisciplinary working

- **Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.**
- There was a strong multi-disciplinary team (MDT) approach across areas we visited. Staff of all disciplines, clinical and non-clinical, worked alongside each other throughout the centre. We observed good collaborative working and communication amongst all members of the service. Staff reported that they worked well as a team.
- Staff were courteous and supportive of one another. Nursing staff, radiographers and consultants reported good working relationships. We heard positive feedback from staff of all groups about the excellent teamwork.
- One stop clinics were not provided by the outpatient service, where staff from different specialities worked together during the patients' outpatient appointment. However, staff told us they were flexible and would make arrangements for the patients to see various members of different specialities during an attendance to the hospital, if this was required. Patients who required diagnostic imaging were often able to be scanned either during or following their outpatient appointment, with staff from both outpatients and diagnostic imaging services coordinating scans in line with clinic sessions. Staff in the outpatient's service told us they had a positive working relationship with the diagnostic imaging service

- We observed in patient records that GPs were kept informed of treatments provided; follow up appointments, and medications to take on discharge.
- For treatments not available at the centre, patients could be referred to the local HCA hospital, or other specialist locations throughout the HCA Healthcare UK network.

Seven-day services

- **Key services were available six days a week to support timely patient care.**
- Outpatient services provided a six-day service.
- The outpatient service ran clinics Monday to Friday from 8am to 8pm, and 8am to 4pm on Saturdays. Staff cover was provided between these times.
- Referrals were prioritised by clinical need and urgency. Staff told us if an urgent referral was made the centre would assess appointments and prioritise patients according to their clinical needs and requirements of the referring consultant.
- Appointments were flexible to meet the needs of patients. While the centre did not see patients without pre-booked appointments, there was an exception for patients referred for blood tests who would be seen on arrival, without a pre-booked slot. Same day appointments with consultants were offered.

Health promotion

- **Staff gave patients practical support and advice to lead healthier lives.**
- The service supported people to live healthier lives and care was planned holistically using health assessments where appropriate.
- Staff took the opportunity, if it arose and was appropriate, to discuss smoking cessation, weight reduction, and drug and alcohol misuse with patients.
- There were patient information leaflets and materials on display in the waiting rooms. These included 'preventing falls', guides to 'safe sex' and 'smoking cessation'. Patients were also given information regarding their medical condition and planned minor operations either during or prior to their appointment with a consultant.

Consent and Mental Capacity Act

- **Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.**
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. Medical staff supported patients to make decisions in line with relevant legislation and guidance. All staff had completed mental capacity training as part of their mandatory training.
- Staff told us they rarely encountered patients with dementia or who lacked capacity. However, they were able to describe the process they would follow if they suspected a patient lacked capacity, which including seeking advice and support from the dementia lead.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004. All staff had received mental capacity training.
- Patients told us they had been given clear information about the benefits and risks of their procedure in a way they could understand prior to signing the consent form. Patients said they were given enough time to ask questions if they were not clear about any aspect of their treatment.
- Formal consent for patient's undergoing a minor procedure was completed by the consultant providing care in an outpatient's appointment. All patients undergoing a minor procedure were required to verbally re-consent on the day of the procedure. We reviewed three patient records and saw consent had been documented.

Good

Outpatients

Are outpatients services caring?

Good

We have not previously rated this service. At this inspection, we rated this service as **good**.

Compassionate care

- **Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**
- We saw staff being caring and compassionate with patients and their relatives. Patients praised staff for their kindness and understanding of their needs. Staff treated patients with dignity and respect and spoke in a respectful and friendly manner. Staff members spent time with patients and interacted with them during tasks and clinical interventions.
- We observed caring interactions with patients whilst they were booking in at the main reception or being assisted in the services. Patients were welcomed into the centre and directed to free refreshments in the waiting area. Staff introduced themselves to patients, explained their role what would happen during the consultation, including any minor procedures. Staff responded sympathetically to queries in a timely and appropriate way.
- Staff responded compassionately to pain, discomfort, and emotional distress in a timely and appropriate way. Staff responded well to people's questions and concerns. Staff quickly recognised when someone might need some extra reassurance or support and provided it tactfully.
- The paediatric consultants we spoke with were very complimentary about the paediatric nursing staff, saying that they were 'terrific' and a 'stand out feature'.
- One parent, whose children had attended the centre, said that it was an 'excellent service'. We were told that they had previously used other independent health providers but that they 'did not compare'.
- We saw consultants greeting patients in the reception area before taking them into the consultation room.
- Consultants closed consulting room doors during patient care to protect the privacy and dignity of patients. Staff used signs to confirm when a treatment or consulting room was 'in use', and we saw that staff knocked and asked permission before entering a room.
- The centre had a quarterly patient's satisfaction survey. Data provided between January and March 2019, showed a response rate of 51.4%, of which 90% of the 168 respondents said the quality of care provided by the centre was excellent, and 100% would recommend to family and friends. There were no overall negative responses received.

Emotional support

- **Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.**
- Staff provided emotional support to patients to minimise their distress. We spoke with patients and relatives who all felt that their emotional wellbeing was cared for. Staff had a good awareness of patients with complex needs and those patients who may require additional support should they display difficult behaviours during their visit to outpatients.
- Staff understood the impact that a patient's care, treatment, and condition had on them and the impact it could have on their wellbeing and on those close to them, both emotionally and socially. Staff provided emotional support whilst caring for patients and were allowed time to provided whatever emotional support patients needed.
- Staff understood the emotional stress of patients having a minor procedure. Staff told us they were supportive and reassured patients before procedures to minimise their anxiety and stress.
- The paediatric nurses provided exceptional emotional care to children and young people who visited the centre for treatment. A consultant told us they recommended the centre to parents when children needed a blood test, as the paediatric nurses were able to provide reassurance and ensure the test was not a traumatic experience.

Good

Outpatients

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 involved patients and those close to them in decisions about their care and treatment. Patients we spoke to said they felt involved, and had been given the opportunity to ask questions, and felt comfortable and reassured.
- All patients told us they were provided with a good, clear explanation and were provided with written information about their condition. Patients told us they had had been kept 'well-informed' of the treatment plan and that they felt able to raise any concerns with the consultant.
- Appointment letters contained clear information about appointments and what to expect. Details of how to get to the centre and specialist information depending on which clinic they were attending were also included with appointment letters.
- Staff encouraged patients to give feedback through satisfaction questionnaires.
- Patients told us they were made aware of the costs of consultations and minor procedures before attending, which were included in an information pack sent to all new patients. This information was also available on the corporate website, at reception, and over the phone with the corporate billing team.

Are outpatients services responsive?

Outstanding ☆

We have not previously rated this service. At this inspection, we rated this service as **outstanding**.

Service delivery to meet the needs of local people

- **The service planned and provided integrated person-centred care in a way that was flexible, provided informed choice and met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.**
- The outpatient service offered appointments for wide range of specialties to meet the needs of the patients. These included
- The hospital was located in close proximity to an acute NHS hospital, and offered the opportunity to engage highly skilled consultants across a wide range of specialties to deliver high standards of care and outcomes to patients.
- Scheduling of appointments was completed in line with requirements for the procedure, for example availability of equipment and specialists, while also taking patient choice into account. The outpatient service offered early and late appointments, as well as appointments on Saturdays. Patients could also telephone for advice outside of their appointment times.
- Patients attending for outpatient and diagnostic imaging appointments had access to an adjacent free car park.
- The outpatient service had appropriate facilities to meet the needs of patients awaiting appointments. The outpatient service had three reception and waiting areas, which were all in use and manned during our inspection. There was sufficient seating in the waiting areas, and a separate waiting area for paediatric patients. The waiting areas provided wheelchair accessible bathrooms, and access to hot and cold refreshments.
- There were sufficient toilets within the service for use by male and female visitors, which were clean and regularly checked. Disabled toilets, baby changing, and a nursing room were also provided.
- There were patient information leaflets and materials on display in the waiting rooms. These included 'preventing falls', guides to 'safe sex' and 'smoking cessation'. Patients were also given information regarding their medical condition and planned minor operations either during or prior to their appointment with a consultant. Patients were given information on how to find the centre and parking arrangements at the time of booking.
- Signage throughout the outpatient service was clear, visible, and easy to follow.

- Access to waiting areas and outpatient consultation rooms on the first floor could be reached by both stairs and a lift available for use by patients.
- All services provided reflected the needs of the population and ensured flexibility, choice and continuity of care. The service did not provide one stop clinics where all investigations, diagnosis, and treatment planning were carried out in one day, however staff would accommodate patient's different appointments in one day when possible. Patients attending for an outpatient appointment with a consultant could have diagnostic procedures completed at the same time and did not always need a second appointment to discuss the outcome. Turnaround times for scans were short, with scans reported same day which allowed patients to be seen in clinic immediately following their scan.
- Written information on medical conditions, procedures and finance was available and accessible throughout the service.
- During our inspection, we saw patients were seen promptly and were able to see consultants of their choice. They were able to book their next available appointment with their chosen consultant.
- The service considered the needs of local people when developing services. During the development of an autism service the centre arranged for a mother of an autistic child to come in and talk to staff. They explained how autistic children might feel and ways to reduce their anxiety.

Meeting people's individual needs

- **The service provided a holistic experience based on the entire of the patient and took a proactive and inclusive approach to understand and take account of patients' individual needs and preferences. There were innovative approaches to provide person-centred care, and staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.**
- Patient needs were central to service delivery and was responsive to patients' needs and feedback and made changes accordingly. We were told how a patient had mentioned that they had to travel to another HCA site to see a breast cancer physiotherapist, and how if they were at the centre it would be more convenient for them. As a result, the centre manager arranged for a breast cancer physiotherapist to run a clinic once a week. Due to word of mouth, the clinic saw five patients per clinic at the time of our inspection.
- Other examples of changes made following feedback included changing sensor taps to manual taps following a patient's hand bag getting wet and better signage to improve visibility from the road.
- As a result of previously low engagement with paediatric patients in their patient feedback survey, the paediatric nurses developed a new survey with emojis and fun pens shaped into bones and grass to encourage children to complete them.
- During paediatric appointments, the paediatric nurses were available to sit and reassure children, including those with learning difficulties or autism. Staff told us that during the last 15 minutes of the clinic appointment, they sat with and played with the children, to allow for the parents to discuss with the consultant, and to have adequate time to ask questions without distraction.
- To reduce anxiety in children undergoing blood tests, the paediatric nurses used a range of distraction techniques, such as playing with bubbles, games and toys, and they had a distraction box which contained objects such as rain maker and books to read. Staff told us that they had previously sung popular children's songs such as 'baby shark'. The paediatric nursing staff had also developed a cartoon character called 'Blobby' that explained to them about the procedure in a way they could understand and gave them activities such as colouring and a maze to distract them. The paediatric nurses had carried out research prior to designing the character and were involved in several projects aimed at improving the experience for children attending the service. Parents we spoke with spoke very highly of the care they gave anxious children during blood tests.
- Worry bears were available for young children having treatments or blood tests to help reassure them.
- There was innovative use of equipment to provide a pleasant experience for children, and to reduce anxiety when undergoing procedures such as blood

tests. For example, there was a variety of toys, books and electronic games consoles available for children and teenagers to play with whilst waiting for their appointment. Following feedback from older children, the centre purchased a virtual reality headset that could be plugged into children's mobile phones to distract them when having tests or interventions. They also had two retro gaming consoles which staff told us were very popular with the older children.

- All paediatric consultation rooms had been adapted and decorated so it was child friendly.
- Sensory toys were available, including a lava lamp, for children with learning difficulties.
- The service identified the communication needs of people with a disability or sensory loss at the referral or initial appointment stage.
- The service provided appropriate translation services, and sign language interpreters, when required. Translation services were available through a private contracted service. This included British Sign Language as well as other spoken languages. The centre had access to a telephone interpreter if they could not attend the centre at short notice.
- There were hearing loops (a sound system available to assist patient's wearing a hearing aid) available at each of the outpatient and main centre reception areas.
- Leaflets were able to be printed in two languages other than English and had easy read and large font leaflets available.
- Patients told us that they were given detailed explanations about their appointment and treatment as well as written information. Appointment letters contained clear information about appointments and what to expect. Details of how to get to the centre and specialist information depending on which clinic they were attending were also included with appointment letters. The hospital provided this information in different formats, for example in other languages for people whose first language was not English.
- The service had a chaperone policy. There were posters available informing patients about the availability of chaperones and staff were readily available to act as chaperones when needed. All patients were offered the choice of having chaperones during their consultations.
- High-back chairs were available in most waiting areas to accommodate older patients or those with mobility issues. Following patient feedback, specialist chairs were ordered which were more comfortable for patients who had undergone scoliosis repair. Bariatric chairs were available in the main outpatients waiting area.
- There were procedures in place to make sure patients who were self-funding were aware of fees payable. Staff told us they would provide quotes and costs and aimed to ensure that patients understood the costs involved. Leaflets were available that explained the payment options, and procedures and gave advice of who to contact if there were any queries. The hospital website also clearly described the different payment options available.
- The outpatient service was accessible to patients with a physical disability. While clinics were located over two floors, patient lifts were available for patients who were required to attend the first floor. Waiting areas and consultation rooms were accessible to wheelchair users.
- Staff told us they rarely saw patients with complex needs. However, when they did, appointment times would be extended to ensure patients were not rushed. Staff also ensured reasonable adjustments were made before the patient's appointment to meet their individual needs.
- A dementia link nurse was in place, and a dementia toolkit was available for patients living with dementia. However, patients in the later stages of dementia with more complex needs, were not routinely treated at the centre. The admissions process identified patients with mental health needs, or those living with dementia. Staff were aware they could seek guidance for patients living with dementia from the centre's link nurse for dementia.

Access and flow

Good

Outpatients

- **People could access the service when they need it, in a way and at a time that suited them and received the right care promptly. Waiting times from referral to treatment were minimal and managed appropriately.**
- The outpatient service offered access to appointments and treatment in a timely manner for self-funding patients. Patients were referred into the centre via a variety of methods. These included GP referrals, the contact centre, the website or via their specific consultant.
- The centre had a corporate contact team and an in-house reception which processed all new referrals. Consultants at the centre reviewed and prioritised all referrals based on clinical need and urgency before accepting. Reception staff managed appointments and referrals to ensure patients were seen by the appropriate consultants and were seen at a convenient time for them.
- There was no waiting list for outpatient appointments, and patients told us they had access to the service when they needed it. Outpatient 'hot clinic' appointments could be offered, which were the same or next day appointments. Some consultants offered ad hoc clinics. The service had capacity to offer appointments at short notice within 24 hours of referral being accepted.
- Access to outpatient appointments was fast and all patients told us they were more than satisfied with the amount of time it had taken to obtain an appointment. Patients also told us they were able to book appointments at times that suited them.
- Patients who required diagnostic imaging scans were offered to be scanned either during or following their outpatient appointment, with staff from both outpatients and diagnostic imaging services coordinating scans in line with clinic sessions.
- While the centre did not see patients without pre-booked appointments, there was an exception for patients referred for blood tests who would be seen on arrival, without a pre-booked slot. Following the blood test, results were generally available same day.
- The service monitored patients who did not attend (DNA) their appointments. They were contacted and offered the earliest available appointment or one which was suitable to them. If a patient did not attend two consecutive appointment offers, they were either referred back to their GP, for re-referral if appropriate, or their referrer was contacted to encourage them to ensure the patient attended
- During the inspection, we saw outpatient clinics and saw that they flowed smoothly with very little delay. Appointments and clinics generally ran to time, and reception or nursing staff would advise patients of any delays on arrival, and while they waited for their appointment. Patients we spoke to said they were seen on time.
- Paediatric waiting times were audited monthly. This audit looked at whether patients waited more than 15 minutes beyond their appointment time. This captured all the paediatric patients who attended the centre. We reviewed the outcomes for the first three quarters of 2018 and saw that there was 100% compliance for all three.
- Previously adult waiting times were not audited. However, due to delays in orthopaedic clinics the centre started auditing them in quarter three of 2018. This showed that 73% of patients were seen in a timely fashion. We requested updated figures on inspection for both adult and paediatric waiting lists and saw that paediatric waiting times remained at 100% and adult waiting times fluctuated between 82% and 97% between January and June 2019. The target was for all patients to be seen within 85 minutes of their booked appointment slot. An action plan was in place to improve adult waiting times. This included making some consultant appointments longer to allow more time, and for nursing staff to remind consultants when their appointment slot was almost finished.

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.**

Good

Outpatients

- The outpatient service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- The service had a complaints policy in place. This was in date and version controlled. This set out the process for resolving complaints. The deadline for resolving complaints was 20 working days. Staff we spoke with were aware of the complaints procedure.
- Three complaints had been received during the reporting period of November 2017 to June 2019. One of these involved a potentially misread scan in the diagnostic imaging service, resulting in unnecessary treatment. This was investigated and found that the treatment had been necessary but there had been issues in communication. We saw that it was resolved within the timescale noted in the policy.
- On inspection, we requested further details regarding complaints and saw that two complaints had been received since November 2018. These involved a piece of equipment being unavailable for a treatment and a misquote for an allergy testing. We saw both outcome letters and saw that these were dealt with appropriately and within the services timeline target for resolving.
- We saw that information leaflets regarding children's conditions were created as a result of patient feedback. As such, leaflets were made available on topics such as 'recognising sepsis in children'. Patients also commented on the lack of signage when driving to the centre and following feedback additional signage was placed at a higher level to improve visibility of the centre.
- Patient information leaflets were on display in waiting areas titled 'How to make a complaint', which detailed how to make a complaint. The information leaflet informed patients how they could provide general feedback in a patient satisfaction questionnaire, or raise a formal complaint in person, by telephone, and in writing by letter or email.
- Staff in the outpatient service said that if a patient raised a concern or wanted to make a complaint they would try to resolve it locally to prevent escalation. Where this was not possible, the complaint was referred to the sister and escalated to the centre manager.
- From November 2017 to June 2019, there were two complaints in the outpatient service. No complaints had been referred to Parliamentary and Health Service Ombudsman (PHSO) or the Independent Sector Complaints Adjudication Service (ISCAS). One related to equipment being unavailable, and the other was related to the communication of charges.

Are outpatients services well-led?

Good

We have not previously rated this service. At this inspection, we rated this service as **good**.

Leadership

- **The service had managers at all levels who were compassionate, effective and with the right skills and abilities to run a service providing high-quality sustainable care.**
- The outpatient service had a clear management structure in place with defined lines of responsibility and accountability. The service was led by a sister who had been in post since the centre open in 2017. Staff told us that the sister provided strong leadership and all staff reported they were approachable. Nursing staff said they welcomed the key roles of responsibility they had been allocated within the service. We found staff were enthusiastic and proud to work within the outpatient service.
- In all areas of the outpatient service, staff told us they could approach immediate managers and senior managers with any concerns or queries. Staff throughout the outpatient service told us they felt supported, respected and valued by their immediate line managers, and they were visible and approachable.
- Staff saw their managers daily and told us they were visible and listened to them. Any changes made were communicated through centre meetings, newsletters and emails.

Good

Outpatients

- Staff told us the outpatient service was a good place to work, everyone was friendly, they had sufficient time to spend with their patients and they were proud of the work they did. There was a culture of openness and honesty and they felt they could raise concerns without fear of blame.
- The centre was managed on a daily basis by the centre manager. They reported to the deputy chief executive officer of the HCA group, who was also the registered manager. The deputy chief executive officer came to the centre and held 'town hall' events every few months. This gave them a chance to tell staff about any upcoming changes and receive feedback from front line staff. The chief nursing officer and medical advisor were both based at other HCA sites but visited the centre occasionally.
- A new chief executive officer (CEO) had been in place three months at the time of our inspection in June 2019. We were told that they had already been employed by the HCA group as a chief executive of one of HCA's American hospitals. Senior staff who had met the new CEO spoke highly of them and the skills and leadership they brought to the organisation.
- Directly reporting to the centre manager was the sister who managed the nursing staff, the imaging superintendent who managed the imaging staff, and the patient administrative supervisor, who managed the administrative staff.
- As part of the staff feedback exercise in July 2018 we saw staff had said 'our manager is extremely supportive and always endeavours to resolve any issues we have'.
- Staff we spoke with spoke highly of the centre manager, saying that they were always available and approachable.

Vision and strategy

- **The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff and patients.**
- The outpatient service did not have its own vision and strategy. The vision of the service was aligned with HCA Healthcare UK vision and strategy. All staff we spoke to could describe the vision of HCA Healthcare UK.
- The vision for HCA, the company that owned the centre was 'exceptional people, exceptional care'. This was filtered down to the centre, and staff there had used these values to make a dignity pledge. This pledge was signed by all staff at the centre, and focused on the values of compassion, respect and dignity.
- A corporate strategic framework was in place which outlined their desires to deliver high quality care, improve access and convenience, drive operational excellence, strengthen doctor - partner relationships, become the patients' provider of choice and develop comprehensive service lines.
- The centre manager had created a local business plan. This included a 'swot' analysis (strength, weakness, opportunity and threats) in order to plan how to maintain and expand their vision for the service.

Culture

- **Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. There were high levels of satisfaction across all staff, who were proud of the organisation.**
- Managers across the outpatient service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff we spoke with felt supported by both the centre manager and the outpatient sister.
- Staff described the culture at the centre as being open and honest and felt they were listened to by senior managers.
- All staff had worked at the centre since it opened in 2017, and there was a high staff retention rate amongst all staff. Staff said they felt valued by managers and colleagues.
- All staff we met were welcoming, friendly and helpful. They were very proud of where they worked, enthusiastic about the care and services they provided, and said they were happy working for the service. We observed staff practice and saw that they were polite and professional with all patients and families.

Good

Outpatients

- We saw that the culture of all the areas we visited during our inspection centred on the needs and experiences of the patients. For example, if a mistake happened this was handled in a sensitive and open way. Staff felt empowered to make decisions and to challenge if required to ensure patient care constantly improved.
- Managers had a good knowledge of performance in their areas of responsibility and they understood the risks and challenges to the service.
- The culture across both the outpatient and diagnostic imaging services was positive, with all staff stating how friendly and approachable everyone in the team was. All staff we spoke with were positive about working at the centre and said it was a 'pleasant place to work' and that they felt 'safe' working there. This was evidenced in low sickness rates.

Governance

- **The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care to flourish.**
- The outpatient service had governance systems that ensured there were structures and processes of accountability in most areas to support the delivery of good quality services. The outpatient sister reported directly to the senior leadership team with clear lines of escalation in place.
- All staff from the outpatient service attended meetings through which governance issues were addressed. The meetings included the patient safety quality group (PSQG), which was an Elstree Centre wide meeting, attended by staff from both outpatients and imaging. There was a standard agenda which covered topics such as infection control, health and safety, safeguarding, information governance and patient satisfaction. Minutes were descriptive and were circulated to the wider team for information. There was a list of attendance and an action log to monitor progress against identified actions. Feedback from these meetings was mostly provided to staff during team meetings. Whilst outpatient nursing staff attended PSQG, there was no regular team meeting solely for outpatient staff.
- Governance processes were effective to ensure all outpatient staff received an appraisal.
- Clinical staff members were clear on their objectives and understood how they contributed to the centre's success. The outpatient sister identified training needs of staff through appraisal and supported completion of specialist training to support patient care.
- A governance structure was in place. The centre's patient safety quality group fed into the company's patient quality safety board and medical governance committee. This in turn was reported on at the executive board and the medical advisory committee. The centre's registered manager attended the executive board meetings, the medical governance committee and the medical advisory committee.
- We were provided with copies of patient safety quality group minutes dating from August 2017 to November 2018. We saw that incidents, changes to the risk register, patient feedback and audit outcomes were discussed. All local staff attended these, including consultants if they were on site, nursing and radiology staff and administrative staff. Minutes from these were shared after the meetings via email, with the centre manager attaching read receipts so they could ensure all staff had seen them.
- We were provided with the copies of four patient quality and safety board minutes. We saw that incidents were discussed and learning shared. We saw that the centre manager attended these meetings. We saw mention of the centre twice within the four meetings, regarding putting an external supplier onto their risk register and the centre completing regulatory assessments.
- At the corporate level there were a variety of committees and meetings, which included sub-committees on clinical audit and effectiveness, infection control, and safeguarding. Sub-specialty councils, for example, lower limb musculoskeletal fed into department boards which fed into the senior clinical management committee.

Managing risks, issues and performance

Good

Outpatients

- **The service had systems to identify, monitor and manage risk effectively. Incidents, complaints and audits were analysed thoroughly and reported to the management team.**
- In the outpatient service, there was a programme of internal audits used to monitor compliance with policies such as hand hygiene, infection control, and adult waiting times. Audits were completed monthly, quarterly or annually depending on the audit schedule. Staff confirmed results were shared at relevant meetings such as daily huddles and the patient safety quality group
- Local risk assessments for the outpatient service were in place and overseen by the sister and centre manager. Staff we spoke to in the outpatient service described their understanding of what constituted as a risk and were confident they would raise any concerns they believed impacted on safe patient care.
- A corporate risk register was in place which covered high level risk such as information governance and finance debt recovery. The centre did not have any high-level risks; therefore, no risks were sited in relation to the centre on the corporate risk register.
- The site level risk register provided to us prior to the inspection had three risks detailed. These were that the front doors did not close completely, leading to a cold reception, a risk of people slipping on the floor, and that during monthly paediatric allergy testing there were more patients than chairs in the paediatric waiting room. This meant some paediatric patients waited in the main waiting room which was accessed by the stairs. There was a risk that a paediatric patient could run and fall down the stairs. Controls were in place to reduce these risks, including heaters in the colder months, a non-slip mat by the door, and staff supervised children in the waiting area. These risks had review dates but not added dates, and therefore, we were unsure how long the risks had been present. There were no risk managers assigned to oversee each risk and therefore, we were unsure who was taking responsibility for this. Following our inspection, the centre provided us with evidence to show that the date the risk was opened, and the risk manager was recorded electronically, and would be included in future site level risk registers.
- We saw that risks were reviewed and deleted as appropriate once the risk had been removed. For example, we reviewed a later copy of the risk register, dated March 2019, and saw that the risk regarding paediatric waiting areas had been removed. During our inspection we asked about this and were told it had been removed as it was felt that it was not a risk. The centre had managed the risk for six months, seen that there had been no incidents or near misses and therefore, decided it was no longer necessary.
- On site, we saw an updated copy of the centre's risk register that had two risks. One was the reception doors not closing properly, as before, and one was that they had tested positively in the baby changing room for legionella. We saw mitigating actions were in place for both risks and the centre manager was proactively trying to remove the risks. We saw that planning permission had been sought to improve the front entrance and new taps and an out of order sign was on display at the baby changing room. Each risk had an assigned risk owner, the date they were added, evidence of progress and a date for review or removal of the risk.
- A departmental risk assessment was also in place. This outlined risks such as fire safety, security, manual handling and control of substances hazardous to health (COSHH). We saw adequate controls had been put in place to reduce these risks. Examples included regular fire drills, a rule against lone working, manual handling training, and COSHH risk assessments.
- The centre had service level agreements with two providers; one to provide mobile standing CT and one for audiology services. We saw that contractual agreements were in place and were reviewed yearly.
- A comprehensive audit schedule was in place. Almost all of the audits completed by the centre had 100% compliance rate. For those that did not, for example, the adult waiting times audit, action plans were in place to improve this. All audit outcomes were fed into the HCA audit group.

Managing information

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

- Information needed to deliver effective care and treatment was available to relevant staff in a timely and accessible way.
- Electronic patient records were easily accessible to staff, and staff at any HCA site could review and update them. As such, this meant that if patients attended multiple HCA sites, there was clear continuity of care in the records.
- The outpatient service used both paper and electronic records. Patient demographic details (such as name, date of birth and address) and minor procedure notes, were stored electronically. Blood and electrocardiograms (ECG) test requests were recorded on paper documents and stored securely in locked cupboard within a treatment room.
- Results of diagnostic and blood tests were available electronically which all relevant staff could access.
- Patient discharge letters were sent electronically to the patent's GP, where possible, or were printed and posted if necessary. The service kept a copy and an additional copy was given to the patient.
- Staff confirmed they received information in a variety of methods, which included; team meetings, notice boards and newsletters.
- Electronic systems were used to monitor quality of care. There was a risk management system where incidents and complaints were recorded. There were also systems in place to ensure that data and notifications were submitted to external bodies as required.
- All staff had completed General Data Protection Regulation (GDPR) training and understood their responsibilities. Staff were encouraged to report any potential data breaches, and the centre had a procedure for reporting breaches to the information commissioner.
- Computers were password protected and locked when not in use. We saw that computers were not accessible to patients.
- All consultants were registered with the Information Commissioner's Office (ICO) to be authorised information commissioners.
- Policies were stored on the centre's intranet and were easily accessible. Staff we spoke to could locate and access relevant polices and key records easily. All staff had access to the centre's intranet to gain information on policies and national guidance, and to access online e-learning training.
- The paediatric nursing team had developed a paediatric newsletter that was circulated around the centre and to other HCA sites. This included information on sepsis awareness, the dangers of too much screen time for children and information on how to download mobile phone applications (apps) for children's charities.
- Data provided by the centre showed that as of June 2019, 100.0% of all staff had completed their information governance training either face to face or through e-learning.

Engagement

- **The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. Services were developed with stakeholder involvement, and there were innovative approaches to gather feedback from people who use the service.**
- A quarterly patient experience survey was conducted at the centre. Data from 2019 (the most recent at the time of the inspection) showed that there was limited uptake for the first quarter (January to March), with only two responses. As such, the leadership team encouraged all staff to actively seek survey responses, which led to an increase of 80 responses for the second quarter (April to June).
- Paediatric patient feedback was also sought at the centre. Age specific paediatric questionnaires were used, and the information obtained benchmarked against other sites within the HCA group. We saw that 29 responses were obtained and 100% of those said that staff were kind to them. In order to encourage paediatric feedback staff used fun pens shaped into bones and grass and emoji clipboards, which encouraged the children and young people to complete the questionnaires.

Good

Outpatients

- The centre also sought feedback from staff. We saw that they had launched a campaign called 'be proud' in July 2018. Feedback given by staff in relation to this was very positive with staff stating, 'I am extremely proud to work within [the centre]', 'we care about the individuality of each patient', and 'we go the extra mile…[we] give an excellent service to our patients'.
- A staff engagement survey called 'vital voices' had been held in June 2019. This had 100% completion rate and 93% engagement rate, which was higher than the HCA average. An action plan had been put in place to improve on the on the one area below the organisations benchmark; opportunities for staff to learn and grow. The action plan stated that this would be discussed with the team and that all staff would have development plans.
- The HCA group ran a programme called 'epic employee of the quarter' where an employee from the HCA group would be highlighted for their work. The centre kept a book of all their staff's 'epic' moments, and we saw that these were filled with examples of staff assisting patients and colleagues.
- The centre also engaged with the wider community. One paediatrician at the centre had arranged a 'new mums' day where babies, their parents and carers attended the centre. Therapists were on hand to give advice on weaning, sleep and developmental play. Feedback from attendees was very positive. Paediatric nursing staff planned to develop the 'activity and education morning' further and planned to run another session focused on toddlers. Two consultants had expressed interest being involved.
- Following the success of the paediatric newsletter, the paediatric nursing team planned to develop and launch a HCA group wide version in collaboration with teams from local HCA sites.
- The centre had been asked by a local GP practice to provide training to their reception staff on recognising symptoms of sepsis in children. The two paediatric nurses developed and delivered a training presentation to them, which was well received.

Learning, continuous improvement and innovation

- **The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation. Staff were empowered to lead and deliver change, with innovation celebrated.**
- The centre was continuously trying to improve and innovate new ways of helping their patients. Examples included inviting the mother of an autistic child to speak to staff and help develop a new autistic service and starting a breast cancer physiotherapy clinic for one patient, which then expanded to five patients.
- Following feedback from teenagers that the toys in the waiting area were too young for them, the centre manager bought two 'retro' electronic games consoles for them to play with. These had been very popular with teenagers and received excellent patient feedback.
- Worry bears were available for young children having treatments or blood tests to help reassure them.
- The centre had a virtual reality headset that could be plugged into children's mobile phones to distract them when having tests or interventions.
- The paediatric nursing team had developed a cartoon character to help younger children understand blood tests and make them feel more at ease about them.
- Sensory toys were available, including a lava lamp, for children with learning difficulties.

Good

Diagnostic imaging

Safe	Good
Effective	Not sufficient evidence to rate
Caring	Good
Responsive	Good
Well-led	Good

Are diagnostic imaging services safe?

Good

We have not previously rated this service. At this inspection, we rated this service as good.

Mandatory training

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.**
- Staff working within the diagnostic service were 100% compliant with all mandatory training modules against a set target of 85%.
- Mandatory training modules included key areas such as basic and immediate life support, infection control, duty of candour, ethics, safeguarding, mental capacity, PREVENT and manual handling. Training was provided through a combination of e-learning modules and face-to-face sessions at the HCA Healthcare UK corporate learning academy.
- Staff accessed their training record online to see when they were due to update their training. The superintendent radiographer monitored staff compliance with mandatory training. Staff were emailed to prompt them to book onto and complete training, prior to their training expiring. Study days were scheduled into staff rotas to allow for mandatory training.
- Staff working with radiation had appropriate training in the regulations, radiation risk and use of radiation. All staff working as operators under IR(ME)R (Ionising Radiation (Medical Exposure) Regulations 2000) had undertaken a recognised academic course of training and were registered with the HCPC (Health & Care Professions Council).
- Radiographers who inserted intravenous access devices to patients requiring contrast medium had received cannulation training and were all up to date with refresher training. Contrast medium is a substance administered into a part of the body to improve the visibility of internal structures during radiography.

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.**
- All staff working in the diagnostic service were trained to safeguarding adults' level two and safeguarding children level three. The centre manager was the safeguarding lead and had been trained to safeguarding children level four. This was in line with the recommendations from the Intercollegiate Document adult safeguarding: roles and competencies for health care staff (August 2018) and the Intercollegiate Document safeguarding children and young people: roles and competencies for healthcare staff (January 2019).
- Safeguarding processes were in place, with flowcharts detailing the process to be followed displayed in staff areas. A safeguarding manual was located within the diagnostic service and staff knew how to access it when required.

Good

Diagnostic imaging

- Staff we spoke with had not made any safeguarding referrals; however, all staff were able to confidently tell us how they would identify a safeguarding issue and what action they would take.
- Staff were aware of the concerns around child sexual exploitation (CSE) and female genital mutilation (FGM). Staff had access to a flow chart for escalating concerns. If staff were concerned about any patients, they would refer to the safeguarding lead for the service.
- Appropriate arrangements were in place to safeguard children and young people under the age of 18. Children were accompanied to appointments by a parent and there was always a paediatric nurse available. When a child was due for a scan, the paediatric nurse attended the diagnostic service to support the child during the scan. For older children, the paediatric nurse would attend on the request of radiographers but could always be contactable for advice and support.
- The centre had an up-to-date chaperone policy and notices were displayed offering chaperones to patients in waiting areas, scanning rooms and patient changing areas. Staff were available for any patient requiring chaperoning.
- There were processes in place to ensure the right person received the right diagnostic procedure at the right time. The service checked three points of identification and used the society of radiographers pause and check guidance. 'Have you paused and checked' posters were on display to staff throughout the diagnostic service to prompt staff to follow the process.

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.
- Reliable systems were in place to prevent and protect people from a healthcare-associated infection.
- Imaging staff were 'arms bare below the elbow'. This is an infection prevention and control strategy to prevent the transmission of infection from contaminated clothing and enables healthcare staff to thoroughly wash their hands and wrists.
- Handwashing facilities were available throughout the diagnostic service, including clinical areas and toilets. We observed staff washing their hands using correct hand hygiene techniques. Hand sanitiser gel was available in reception and in all rooms within the diagnostic service. Hand washing information posters were displayed throughout the diagnostic service.
- A supply of personal protective equipment (PPE), which included latex-free gloves and aprons, were available and accessible.
- The diagnostic service was visibly clean, tidy and well maintained. The general cleaning of the diagnostic service was done by housekeeping staff. Records were in place to show that housekeepers maintained a regular cleaning schedule. We found 'I am clean' stickers on equipment throughout service with a date showing when equipment was last cleaned. Cleaning equipment was available and stored securely.
- Clinical equipment in scanning rooms were cleaned by radiography staff. We saw cleaning was recorded on a daily check sheet which was reviewed by the superintendent radiographer.
- Staff followed best practice guidance for the routine disinfection of ultrasound equipment (European Society of Radiology Ultrasound Working Group, Infection prevention and control in ultrasound – best practice recommendations from the European Society of Radiology Ultrasound Working Group (2017)). The ultrasound transducer was decontaminated with disinfectant wipes between each patient and at the end of each day.
- Waste was handled and disposed of in a way that kept people safe. Staff used the correct system to handle and sort clinical and non-clinical waste. Cleaning products were kept in lockable cupboards in locked rooms. Spill kits were available to safely clean up any bodily fluid spillages. We saw evidence that staff had undergone training to use them.

- Sharps disposal bins (secure boxes for disposing of used needles) were located as appropriate across the diagnostic service which ensured the safe disposal of sharps, for example needles. They were all clean and not overfilled. Labels were correctly completed to inform staff when the sharps disposal bin had been opened.
- Infection, prevention and control audits were completed within the diagnostic service monthly. We reviewed audits completed in January 2019, demonstrating 100% compliance across all measures. Measures included use of personal protective equipment, hand hygiene and cleanliness.

Environment and equipment

- **The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.**
- The diagnostic service included the magnetic resonance imaging (MRI) suite, x-ray suite, ultrasound consultation room, a patient toilet and two patient changing rooms. The diagnostic service had clear signage and visual prompts to assist with patients and visitors attending the service.
- All areas were located on the ground floor of the Elstree outpatients centre. The service had a separate reception and waiting area that was accessible to all. The waiting area was clear of clutter and contained a suitable number of chairs to meet patient needs.
- Access to the diagnostic suites and patient changing rooms were protected with doors secured with a keypad entry system, which restricted unauthorised access.
- Changing rooms contained patient lockers, which were used to store belongings whist the patient underwent their scan. Emergency alarms were located in patient toilets and changing areas as well as scanning rooms.
- Risk assessments had been carried out on all imaging equipment. Risk assessments addressed occupational safety, as well as considering risks to people who use services.
- Local rules were available in MRI and x-ray scanning rooms. Local rules identified the risks associated with MRI and x-ray, including steps taken by staff to ensure scanning procedures were completed safely. For example, the service had local rules (IRR) and employers' procedures (IR(ME)R) in place to protect staff and patients from ionising radiation. The service had a health and safety executive (HSE) registration certificate for use of ionising radiation, which they provided us with following the inspection.
- Records showed radiographers had been inducted and trained on the imaging equipment they used. Data provided by the service showed all staff working as operators under IR(ME)R had undertaken a recognised academic course of training and were either registered with the Health & Care Professions Council (HCPC). We observed records indicating staff had read the local IR(ME)R procedures.
- The diagnostic service had arrangements to restrict access and control the area where there was ionising radiation. We saw illuminated radiation warning signs were correctly located outside the x-ray suite. Warning lights were checked daily and underwent a six-monthly audit, demonstrating 100% compliance in March 2019. Signs on the x-ray door explained safety rules and a red tape was used as a physical barrier across the door when in use.
- We saw pregnancy warning signs located around the diagnostic service to warn people there was a risk of radiation.
- Appropriate personal protective equipment (PPE) was used. Lead aprons were available in x-ray and used by staff and carers when needed. Aprons were checked bi-annually to ensure they were not damaged. There were regular annual audits and testing of lead aprons; the most recent radiation safety PPE audit was completed in February 2019, demonstrating 100% compliance.
- Radiographers had a valid in-date radiation monitoring badge and radiation doses were monitored. We saw the service completed regular radiation dose monitoring reports.
- There were appropriate warning notices in different languages to advise people about the risks of the MRI scanner and its strong magnetic field on the door to the MRI suite. This was in line with the Medicines and Healthcare Produces Regulatory Agency (MHRA)

national guidance. However, the service did not display a five-gauss line plan diagram within MRI suite to demonstrate the perimeter where the magnetic field is considered a safe level of exposure. We provided feedback to the service following our inspection and the service provided evidence that the local rules had been updated and a diagram had been placed on the MRI suite door. Furthermore, the service provided us with a copy of their electromagnetic fields exposure and risk assessment which was completed in June 2019. This also included the five-gauss line plan diagram.

- Adult and paediatric resuscitation equipment, for use in an emergency, was easily accessible. Resuscitation equipment had been checked daily and was safe and ready for use in an emergency. Staff maintained an up-to-date checklist for all equipment. Staff also had access to a magnetic resonance (MR) safe stretcher which they could use to transfer a patient out of the scanner during a medical emergency.
- An observation area allowed visibility of all patients during MRI scans. There was sufficient space around the scanners for staff to move and for scans to be carried out safely. Patients had access to an emergency call buzzer, ear plugs and defenders during scanning. A microphone enabled contact between the radiographer and the patient.
- Emergency pull cords were available in areas where patients were left alone, such as toilets. Emergency stop buttons were available within the MRI scanning room which patients could press if they wanted the scan to stop or for staff in an emergency.
- All equipment belonging to the service was labelled in line with Medicines Healthcare products Regulatory Agency (MHRA) recommendations, for example, 'MR safe', 'MR conditional' and 'MR unsafe'. This ensured all staff knew which items could and could not be safely taken into the scanning room. Staff we spoke with understood their responsibilities relating to the use of equipment in an MRI environment.
- The diagnostic service had an equipment quality assurance (QA) programme in place. For example, a bi-monthly x-ray QA audit was completed with 100% compliance in 2019. A physicist QA report was completed in x-ray in February 2019. Local testing of MRI equipment was completed daily, for example, MRI coils were tested daily by the radiographers.
- Servicing and maintenance of the premises and equipment was carried out using a planned preventative maintenance (PPM) programme. Diagnostic imaging equipment used at the centre was serviced annually and maintained by a recognised service team. We saw evidence MRI and x-ray equipment had the necessary acceptance checks and critical examination reports to demonstrate the outcome of testing safety features and warning devices. However, servicing reports were not always accessible on site. Following the inspection, we requested specific service reports such as an oxygen monitoring and magnetic resonance injector system reports, which were provided.
- There was a system to ensure repairs to broken equipment were carried out quickly, so patients did not experience delays to treatment. However, during the inspection, we did not see evidence on site that fault logs were completed. Following the inspection, we were provided with evidence that fault logs in MRI, x-ray and ultrasound were recorded electronically.

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.
- Radiographers screened all referrals against set criteria and determined whether there were any reasons why the scan could not be undertaken. If they had any concerns, they referred them to a radiologist for a review before offering the patient an appointment.
- Processes and practices were in place to safeguard patients, staff and visitors. All patients were asked to complete a safety questionnaire upon arrival to identify any potential risks undergoing specific diagnostic imaging procedures. For example, the magnetic resonance imaging (MRI) safety questionnaire asked whether the patient (or visitor) had a pacemaker, a prosthesis, if they were pregnant,

if they had any shrapnel injuries or any known allergies. Furthermore, patients were advised of the risks of having any MRI unsafe equipment and clothing on them and requested to sign a disclaimer.

- The service used a "pause and check" system to reduce the risk of referrer error. Pause and check consisted of a system of three-point demographic checks to correctly identify the patient in reducing, as well as checking with the site or side of the patient's body requiring a scan. It also confirmed any previous imaging the patient had received. There were only two patients booked in on the day of the inspection, however, we observed staff effectively following the "pause and check" procedure.
- There were local rules (IRR) and employer's procedures in place (IR(ME)R) which protected staff and patients from ionising radiation.
- We saw a six-point identification IR(ME)R checklist in the diagnostic imaging room. This ensured patient safety by verifying staff scanned the right patient and right part of the body. This required staff to ask patients identification questions and ask about pregnancy status. The centre could carry out pregnancy tests where required and staff would discuss any concerns with the radiologist. Records we checked showed the six-point identification checklist was routinely used. Bi-monthly IR(ME)R pause and check audits demonstrated 100% compliance with this procedure.
- The service completed regular documentation audits. For example, a monthly World Health Organisation (WHO) checklist for radiological interventions audit was completed to ensure appropriate safety checks had been completed and documented before, during and after an MRI scan. Audits from January to March 2019 demonstrated 100% compliance. Compliance in April 2019 was 99% and 95% in May 2019.
- Staff made sure patients requiring intravenous contrast medium during their scan had a specific blood test to check their kidney function within three months of the appointment. The radiologists were responsible for reviewing blood test results prior to prescribing contrast medium for a patient. Contrast medium is a substance administered into a part of the body to improve the visibility of internal structures during radiography. Furthermore, intravenous (IV) contrast was administered to patients in a sterile environment within the ultrasound room.
- There was a defined pathway to guide staff on what actions to take if unexpected or abnormal findings were found on a scan. Scans were reviewed by the radiologist within 24 hours and staff described examples where they have contacted consultants to escalate concerns. Reports for such findings were completed urgently to ensure further investigations or treatment was provided promptly.
- In the event of a patient expressing they felt unwell, staff had access to radiologists who were on site whilst clinics ran. The service also had access to the Elstree outpatients nursing team, and consultants who would attend to review the patient. For children, the paediatric nurse was contacted straight away, if not already present, to review the child. There was a management of deteriorating patient and transfer protocol in place. All staff were aware of the policy, how to access it and understood the procedure for transferring patients. Furthermore, there were procedures in place relating to when imaging procedures must be stopped.
- Anaphylaxis and hypoglycaemia emergency boxes were accessible and located in the ultrasound room to respond to deteriorating patients. For example, the anaphylaxis box was used for patients requiring contrast medium prior to an MRI scan should they experience a reaction. Staff had not yet needed to use these, however were trained and felt confident to use them in an emergency.
- There had been no medical emergencies within the diagnostic service. However, there was a policy in place to transfer patients to the nearest acute hospital in the event of a medical emergency. All diagnostic imaging staff were trained in intermediate life support (ILS) and paediatric basic life support (PBLS). The paediatric nurses were also trained in paediatric intermediate life support (PILS). In an emergency the diagnostic service was assisted by an emergency resuscitation team who attended all medical emergencies within the Elstree outpatient centre.

Good

Diagnostic imaging

- A standard operating procedure (SOP) for the evacuation of a patient from the MRI scanner was in place and regularly practised. The practice sessions included radiographers, nurses and paediatric nurses. However, there was a discrepancy in the SOP relating to handling and moving the patient. We provided feedback to the service and following the inspection, the SOP was immediately reviewed and updated.
- The service had named staff fulfilling the essential roles of radiation protection advisor (RPA), medical physics expert and radiation protection supervisor (RPS). The RPA carried out an annual risk assessment and produced a report in January 2019, demonstrating 100% compliance. This audit reviewed the diagnostic service radiation procedures, protocols and practices against the legislative requirements and associated guidance. The superintendent radiographer was the appointed RPS who was on site within the diagnostic service and up to date with relevant training. Staff said the radiation protection advisor (RPA) and the medical physics expert (MPE) were readily accessible online or through the telephone for providing radiation advice.
- Emergency pull cords were available in areas where patients were left alone, such as toilets and changing areas. Emergency stop buttons were available within the MRI scanner which patients could press if they wanted the scan to stop.
- There was an emergency 'stop' switch located in the MRI suite, which staff could activate if they needed to urgently stop the magnets in the scanner from working. The radiographers could confidently describe the process to quench the magnet.

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, agency and locum staff a full induction.
- Usual daily staffing, Monday to Friday consisted of one superintendent radiographer, two radiographers and one radiographer assistant. A radiographer and two radiography assistants from the main site at Wellington Hospital covered clinics on Saturdays.
- The service had ten consultant radiologists who regularly worked within the service. Consultant radiologists were not directly employed by the service, they worked within the centre under practice privileges. Practicing privileges were granted to consultants who treated patients in the outpatient service, that carried out procedures they would normally carry out within their scope of practice within their substantive post in the NHS. The service had processes in place to ensure consultants had professional indemnity insurance, scope of practice, professional registration with the General Medical Council and evidence of revalidation.
- Radiologists were on duty alongside radiographers throughout the week and weekend to support the radiographers, review scans and produce reports. We saw a rota for radiologists was displayed in the control room and the reception area.
- The superintendent radiographer managed the rota to ensure there were always four staff members on duty during the week and three at the weekend, to support the needs of patients and maintain staff safety.
- From 1 June 2018 to 31 May 2019, the service reported an average sickness rate of 2.29% for diagnostic imaging staff. The service had access to radiographers based at other HCA Healthcare UK sites close by to cover in the event of staff absence.
- From April 2018 to March 2019, agency staff covered two radiographer shifts due to prolonged staff sickness. We saw evidence of an orientation to the service had been completed. The manager told us the service did not routinely use bank and agency staff.
- There were no reported vacancies and a 0% turnover rate since the service opened in 2017.

Records

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

Good

Diagnostic imaging

- Patient records were managed in a way that kept patients safe and protected their confidential and sensitive information from being shared incorrectly. Staff received training on information governance as part of their mandatory training programme. At the time of our inspection, the service reported a 100% compliance rate with this training.
- The centre received patient referrals through a secure email or telephone call from the referring consultant or hospital.
- The majority of patient information was stored electronically. Patient's data and scan results were documented via an electronic record system. Electronic records could only be accessed by authorised personnel. Computer access was password protected and staff used individual log-ins. Paper documentation such as completed patient safety questionnaires were stored securely.
- The centre provided referrers with electronic diagnostic imaging reports which were encrypted. An encrypted disk was provided to patients on request.
- We reviewed two patient records and found these had all been fully and clearly completed.

Medicines

- **The service used systems and processes to safely prescribe, administer, record and store medicines.**
- The medicines cupboards we inspected were locked, secure and all stock was within expiry dates. Only authorised staff had access to keys for the medicine cupboard.
- Contrast media was safely stored in the drug cupboard within the ultrasound room. Contrast media is a substance introduced into a part of the body to improve the visibility of internal structures during radiography. We saw records which showed there was a contrast checklist and point of care testing to assess a patient's risk in using the contrast agents. Contrast was only administered when a radiologist was present.
- Fridge temperatures were checked and recorded daily and were within the required range to store medicines safely.
- Radiographers were authorised to work under patient group directions (PGDs) to administer contrast media and other medicines required during diagnostic imaging scans. PGDs are written directions that allow the supply and or administration of a specific medicine by a named authorised health professional to a well-defined group of patients for a specific condition.
- Allergies were clearly documented on referral forms and safety questionnaires. Allergies were verbally checked during the diagnostic imaging safety checklist.
- Emergency drugs were kept on the resuscitation trollies and staff documented daily checks. All emergency drugs were within their expiry date.
- There were no controlled drugs (CDs) kept or administered in the diagnostic imaging service.
- For our detailed findings on medicines please see the Safe section in the outpatient report

Incidents

- **The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.**
- There was an effective system in place for reporting incidents.Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses. Staff could identify and describe situations requiring completion of an incident form. Staff told us there was a good reporting culture and they were encouraged to report 'near miss situations.
- The service did not report any never events in the 12 months prior to our inspection. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all providers. The event has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.

Good

Diagnostic imaging

- In accordance with the Serious Incident Framework 2015, the service did not report any serious incidents in the 12 months prior to our inspection. Furthermore, there had been no reported IR(ME)R incidents.
- Staff could describe how they would manage and report IR(ME)R incidents. Managers told us that all incidents would be reported following the incident reporting procedure and escalated to the radiation protection advisor and committee. There was a medical physics expert available for advice when needed. We saw evidence of shared learning following IR(ME)R incidents at other sites.
- Staff told us they reported incidents on an online system. We reviewed the incident reporting log for the 12 months prior to the inspection and saw that incidents were reported in the diagnostic service. For example, we saw two incidents of no harm that were recorded, investigated with appropriate action being taken to reduce the risk of it happening again.The service demonstrated changes to practice which we observed during the inspection and lessons learnt feedback was displayed on staff notice boards. We reviewed team meeting minutes for November 2018 and found evidence that specific incidents and learning were discussed with the team.
- Patient safety was promoted through shared learning of incidents from other locations within the provider organisation. These incidents were discussed and fed back to staff across the organisation during staff meetings and through electronic bulletins and in-house newsletters.
- Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 is a regulation, which was introduced in November 2014. This regulation requires the organisation to be open and transparent with a patient when things go wrong in relation to their care and the patient suffers harm or could suffer harm, which falls into defined thresholds. The duty of candour regulation only applies to incidents where severe or moderate harm to a patient has occurred.
- Staff understood the duty of candour process and the need for being open and honest with patients when errors occur. At the time of our inspection, they had not reported any incidents that met the threshold for the duty of candour regulation.

Are diagnostic imaging services effective?

Not sufficient evidence to rate

We inspected but did not rate effective.

Evidence-based care and treatment

- **The service provided care and treatment based on national guidance and evidence-based practice.**
- Patient needs were assessed, and their care and diagnostic scans were delivered in line with evidence-based guidance, standards and best practice.
- Staff adhered to the 'Paused and Checked' checklist, which is designed as a ready reminder of the checks that needed to be made when any scan is undertaken. This was in line with national standards outlined by the Society and College of Radiographers (SCoR). Records we checked showed checklist was routinely used.
- Care and procedures were delivered in line with the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R), guidelines from the National Institute for Health and Care Excellence (NICE), the Royal College of Radiologists (RCR), SCoR and other national bodies. Staff we spoke with demonstrated a good understanding of the national legislation that affected their practice. For example, in line with NICE guidance, staff ensured all patients who required contrast media received a blood test to check their kidney function before proceeding with the scan.
- Processes were in place to ensure the correct radiation doses were set for adults and children. The service had diagnostic reference levels (DRL) for safe radiation doses available for all the examinations performed and all staff had access to a radiation reference manual. Local and national DRLs were displayed

within the diagnostic service. Activity for each exposure was optimised so the lowest practicable dose to the patient was given. Radiographers recorded the DRL used.

- DRL levels were regularly audited and the outcomes were monitored at quarterly radiation protection committee meetings.
- A yearly audit of the diagnostic services radiation protection arrangements was completed in January 2019 by the radiation protection advisor. The audit reviewed the services radiation procedures, protocols and practices against legislative requirements associated with the guidance. The service demonstrated 100% compliance with the audit.
- Radiographers and radiologists followed evidence-based protocols when scanning of areas or parts of the body. Scanning protocols for x-ray and MRI were mostly pre-programmed onto scanning software on computers in the control rooms. Radiographers also had face to face access to radiologist advice during clinics.
- Staff told us they were kept up to date with changes in policies through the imaging manager and centre manager at team meetings. Clinical policies and procedures were available on the intranet and staff were aware of how to access them.
- We saw no evidence of any discrimination, including on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief, and sexual orientation when making care and treatment decisions.

Nutrition and hydration

- **Patients had access to enough hydration to meet their needs.**
- Patients were offered complimentary drinks when they attended for their scan. This included a selection of hot drinks and cold water.
- Processes were in place to ensure patients who were diabetic and were required to fast before their scan, were booked in at suitable times. The service provided food and drinks to support their needs as required and had access to hypoglycaemia boxes.

Pain relief

- Patients were asked by staff if they were comfortable during their appointment, however no formal pain monitoring was undertaken. Staff described how they would offer support to patients who reported being in pain by referring them to a consultant.

Patient outcomes

- **Staff monitored the effectiveness of care and treatment.**
- Information about the outcomes of patient's care and treatment was routinely collected and monitored. The service undertook regular clinical audits and took appropriate action to monitor and review the quality of the service. Please see the outpatient report for further information.
- Processes were in place to audit practice against guidelines. The service had an audit schedule which set out timescales for competing various audits. Audits included patient consent, radiation safety warning notice checks, IRMER compliance, radiation personal protective equipment checks, x-ray reject analysis, reporting time audits, radiation protection arrangement audits, equipment quality assurance audits and World Health Organisation (WHO) checklist audits.
- We reviewed audit outcomes from January to May 2019, which demonstrated the intended outcomes for people were being achieved. Most audits completed, demonstrated 100% compliance against set criteria. However, the WHO checklist audit in April and May 2019, demonstrated 99% and 95% compliance respectively. The service had appropriate action plans in place to improve compliance.
- The quality of diagnostic images was regularly audited by the service and the outcomes were shared with staff. For example, a reject analysis audit was completed every two months as part of the services quality assurance programme. A reject analysis report monitors the level of images not of an adequate standard. We reviewed the report for images audited in April and May 2019. The report demonstrated 95% of images during this period were of an acceptable level. Whilst the level was within acceptable limits, the

report had recommendations and an action plan to improve the quality of images. For example, advice to staff in supporting patients to remain still during scans.

- Peer review audits were completed by radiologists monthly to review the quality of images and reports produced. Peer review audits were not completed for x-ray and ultrasound scans. A 10% sample of MRI reports were selected across the HCA Healthcare UK, including Elstree diagnostic service. The service was unable to break this down to those reports completed at Elstree outpatients centre only. Furthermore, some reports were unclear as there were discrepancies in the audit criteria and actual numbers reviewed, therefore the information was not accurate.
- Results of audits were discussed at local quality and governance meetings, where the outcomes were benchmarked against other HCA Healthcare UK locations.
- The service did not participate in the Imaging Services Accreditation Scheme (ISAS). Staff told us they intended to gain accreditation, however there were no timescales for this, however staff told us they intended to do so.

Competent staff

- **The service made sure staff were competent for their roles.** Managers appraised staff's work performance and held meetings with them to provide support and development.
- Staff had the right qualifications, skills, knowledge and experience to do their job when they started their employment, took on new responsibilities and on a continual basis. The service operated a comprehensive mandatory and statutory training programme which ensured relevant knowledge and competence was maintained and updated throughout the lifespan of employment with the organisation.
- All radiographers were Health and Care professionals Council (HCPC) registered and met the standards to ensure delivery of safe and effective services to patients. Clinical staff were required to complete continued professional development (CPD) to meet their professional body requirements. All radiographers had revalidated their professional registrations in a timely manner.
- Staff had regular informal meetings with their manager. Staff underwent a six and 12 month review of their performance with their manager. All staff within the diagnostic service had received an appraisal within the 12 months prior to the inspection. Staff told us they had access to training regarding their professional development and had opportunities to work at other locations to develop their skills.
- We saw induction checklists completed for all staff working within the diagnostic service, including temporary staff used. We also saw evidence of staff safety checklists being completed to ensure staff were safe to work in the diagnostic service.
- Radiographers underwent a comprehensive competency sign off before they were able to complete specific clinical tasks and operate scanning equipment. Each radiographer had a competency workbook which was updated and signed off by the superintendent radiographer.

Multidisciplinary working

- **Healthcare professionals including radiographers, radiologists, nursing staff and consultants worked together as a team to benefit patients**. They supported each other to provide good care.
- Staff were appropriately involved in assessing, planning and delivering patient's care and treatment.
- Staff worked closely with referring consultants, this ensured a smooth pathway and prompt diagnosis for patients. Staff told us they had good working relationships with consultants. Staff were able to provide examples of how good working relationships with radiologists and consultants improved the outcomes for patients.
- We saw positive working relationships between radiographers and radiologists. Diagnostic appointments were organised so there was always a specialist radiologist available for advice, support and to review scans. A radiologist we spoke with told us they had good working relationships with

radiographers and consultants. Furthermore, the service worked well with consultants and staff told us they co-ordinated scans in line with consultant clinics to improve team working.

- The diagnostic team worked well with the wider outpatient team at Elstree outpatients. For example, the emergency procedures in MRI were tested regularly with the nursing team in the outpatient service. The service also worked closely with paediatric nurses to support children attending the diagnostic service.
- We heard positive feedback from staff of all grades about the excellent teamwork.

Seven-day services

- The service was not open seven days a week. The diagnostic service was open Monday to Thursday from 8am to 8pm, Friday 8am to 6pm and Saturday from 9am to 1pm. Radiographers and radiologists were available during opening times and the service was supported by the Wellington Hospital as part of the wider HCA Health UK group. Consultants were also on site during the service opening times.
- Appointments were flexible to meet the needs of patients. Appointments were offered at short notice and on a walk-in basis with an appropriate referral.

Health promotion

- **Staff gave patients practical support and advice to lead healthier lives.**
- There were leaflets displayed providing health advice to patients such as nutrition, exercise, alcohol consumption and smoking.

Consent and Mental Capacity Act

- **Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.** They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- There were processes to ensure patients consented to procedures. Patients completed a safety questionnaire before their procedure, and by signing the form, the patients were giving consent to the scan. Radiographers checked the details of the form before they took patients to the scanning room and would verbally check the patient was still happy to go ahead with the scan.
- Staff had an effective understanding of gaining consent. They were aware of what to do if they had concerns about a patient and their ability to consent. Staff would seek guidance from the referrer, radiologist or consultant before proceeding with a scan.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children Acts 1989 and 2004. All staff had received mental capacity training.
- Staff had an awareness of Gillick competence for patients under 16 years of age. Gillick competence is concerned with determining a child or young person's capacity to consent to medical treatment without the need for parental permission. Staff told us they only see children with a parent present. Paediatric nurses were readily available for support and attended scan appointments when required.
- There were no patients attending at the time of inspection, who lacked capacity to make decisions in relation to consenting to treatment. Staff told us if, for example, a patient with a learning disability or a person living with dementia was due to attend, they would be advised to attend with a relative or carer to provide the necessary support. Staff were also able to seek advice and support from a dementia lead at the Elstree outpatients centre.
- We reviewed two patient records and saw consent had been documented in both records.
- A patient we spoke to told us they were referred by a consultant and were provided with information to decide to proceed with the scan and helped them to understand their treatment

Good

Diagnostic imaging

Are diagnostic imaging services caring?

Good

We have not previously rated this service. At this inspection, we rated this service as good.

Compassionate care

- **Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**
- All staff we spoke with were very passionate about their roles and were dedicated to making sure patients received patient-centred care. We observed staff treating and assisting patients in a compassionate manner.
- During our inspection, we spoke with three patients about various aspects of their care. Feedback was very positive about the kindness and care they received from staff, describing their experience as being "excellent" and they were "very happy with the service".
- We observed staff introducing themselves to a patient at the start of the appointment; they also explained their role, and fully described what would happen during the scan. Patients told us staff took time to talk through the procedures and offer reassurance.
- Processes were in place to maintain a patients' privacy and dignity. Three patients we spoke to told us their privacy and dignity was always maintained. Patients told us they were provided with private areas to change their clothes and felt comfortable at all times.
- The service obtained patient feedback through a patient satisfaction survey, however this was not specific to the diagnostic service.

Emotional support

- **Staff provided emotional support to patients, families and carers to minimise their distress.** They understood patients' personal, cultural and religious needs.
- Staff understood the impact that a patient's care, treatment or condition had on their wellbeing, both emotionally and socially. Staff supported patients through their investigations, ensuring they were well informed and knew what to expect. For example, staff told us they updated patients regularly about how long they had been in the Magnetic Resonance Imaging (MRI) scanner and how long they had left.
- Patients could communicate directly with the radiographer during all scans and through an intercom system for patients undergoing an MRI. Patients told us staff provided reassurance throughout the procedure
- Staff told us they provided extra time for patients who were nervous or patients attending for an MRI scan who were claustrophobic (a phobia of enclosed spaces). This procedure can often make patients feel nervous. Staff allowed time for patients to adjust to the scanning room. Music was available at the patients request. One patient we spoke to told us staff were very reassuring and felt they were very accommodating of their anxieties about undergoing a procedure. Patients fed back staff were very calm, patient and allowed them as much time as was needed to feel comfortable to undergo a scan.

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 communicated with patients to ensure they understood their care, treatment and condition. Staff took the time to explain the procedure and what would happen during their scan.
- Staff recognised when patients and their relatives needed additional support to help them understand and be involved in their care and enable them to access this.
- The service allowed for a parent, family member or carer to remain with the patient for their scan if they were anxious and it was safe to do so.
- Patients we spoke with told us they were involved with decisions about their care and treatment and were aware of what the next steps were.

Good

Diagnostic imaging

- Patients fed back they were made aware of the costs of procedures before the scan. This information was also available on the corporate website and at reception.

Are diagnostic imaging services responsive?

Good

We have not previously rated this service. At this inspection, we rated this service 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. It also worked with others in the wider system to plan care.**
- The service was accessible to all patients on the ground floor of the Elstree outpatients centre. The service has a separate reception and waiting area and had sufficient seating, toilets and changing rooms. Refreshments were readily available.
- The service offered a range of diagnostic procedures including Magnetic Resonance Imaging (MRI), x-ray and ultrasound. Patients attending for an outpatient appointment with a consultant could have diagnostic procedures completed at the same time.
- Appointments were made flexibly to suit the patient needs. The service offered appointments in the evenings and on Saturdays. Patients we spoke to told us they were able to choose an appointment to suit their needs.
- Signage throughout the diagnostic service was clear, visible, and easy to follow. Patients were given information on how to find the unit and parking arrangements at the time of booking.
- Staff were confident and competent assisting patients who required assistance with their mobility.

Meeting people's individual needs

- **The service was inclusive and took account of patients' individual needs and preferences.** Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- The diagnostic service was accessible to all patients. There was sufficient space for wheelchair users, and an accessible toilet and changing room was located within the diagnostic service.
- Staff told us they rarely saw patients with complex needs. However, when they did, appointment times would be extended to ensure patients were not rushed. Staff also ensured reasonable adjustments were made before the patient's appointment to meet their individual needs.
- Some staff had undergone dementia awareness training, however all staff were aware of the individual needs of patients living with dementia. Staff told us they encouraged carers or relatives to stay with the patient whilst they underwent the scan. There was also a dementia lead in the centre who could be contacted for support with patients living with dementia.
- There was access to a hearing loop system fitted in the waiting area for patients with hearing difficulties.
- For non-English speaking patients, the service provided patients with an interpreting service. Staff also had access to a telephone interpreting service. Staff told us leaflets were available in different languages.
- Staff provided patients with information leaflets and written information to explain the scan process. Staff told us these were readily available in different languages if required. We also saw leaflets for parents to explain the process for children and how to support them during the scan.
- Patient information leaflets such as a guide to magnetic resonance imaging (MRI), ultrasound and x-ray were displayed in waiting rooms and reception. There were also information leaflets for parents of children undergoing scans. These leaflets included information about what the scan would entail and what was expected of the patient before and after the scan appointment.

- Specific information sheets were provided to patients. For example, patients requiring a contrast agent for their MRI scan were provided with advice sheets. These outlined symptoms that may indicate a reaction and what to do in the event of an allergic reaction.
- Staff tried to ensure the needs of children and young people were met during their scan. Child friendly prints were used as décor within scanning rooms to distract children. Tours of the diagnostic service were offered to children, including showing them examples of images. Staff encouraged parents to remain in the scanning room whilst their child underwent the scan, if this was safe to do so. Children were also supported by a paediatric nurse.
- The service had provisions in place for patients who had a raised body mass index. Larger chairs were provided in the waiting area and larger couches were available in the ultrasound room. The magnetic resonance imaging (MRI) suite had a wide-bore scanner which could accommodate larger weights.
- Nervous, anxious and claustrophobic patients were invited to have a tour of the unit prior to their appointment so they could familiarise themselves with the room and the scanner. Staff also encouraged patients to bring in their own music for relaxation and to bring someone with them for support, who could be present in the scan room, if necessary. Microphones were built into the scanner to enable two-way conversation between the radiographer and the patient. MRI patients were given an emergency stop button if they wanted the procedure to end.

Access and flow

- **People could access the service when they needed it and received the right care promptly.**
- The service did not have a waiting list for diagnostic procedures and patients told us they had access to timely scans. Staff told us they offered appointments to meet patient needs and had capacity to offer appointments within 24 hours of the patient booking.
- Referrals were prioritised by clinical urgency. The service had capacity to accommodate walk in patients and urgent referrals. We reviewed the clinic timetable for the week of and following the inspection. The timetable demonstrated sufficient capacity to accommodate urgent scan appointments on the day and within 24 hours of booking. All three patients we spoke to confirmed they were offered appointments within one to two days from booking.
- Patients attending the centre for an outpatient appointment with a consultant that required a diagnostic scan were offered appointments for the scan on the same day following their consultant appointment.
- A process was in place to monitor waiting times at provider level which included other HCA Healthcare UK locations. Whilst this included Elstree diagnostic service, reporting was not specific to Elstree diagnostic service. Following the inspection, the service provided us with an audit of 100 diagnostic scans reviewed across all services managed under the Wellington hospital from 1 January to 28 February 2019. The service set a target for all scan procedures to be completed within 7 days of referral. The sample looked at those appointments booked through the service contact centre, excluding walk in patients. The audit demonstrated that 44% of patients were seen within 48 hours of referral and 46% within 7 days. Furthermore, the audit showed that 10% were seen beyond the 7-day target, however, this was through patient choice.
- Appointments generally ran to time; reception staff would advise patients of any delays as they signed in. Staff told us they would keep patients informed of any ongoing delays. Three patients we spoken to told us they were seen on time.
- There was a process in place to ensure patients who did not attend (DNA) appointments were followed up. Radiographers telephoned patients who missed their scan and offered them a new appointment. If a patient did not attend two consecutive appointments, staff contacted the referrer. Staff told us that DNA appointments were rare.
- No appointments were cancelled by the service in the 12 months before the inspection took place.
- Scan reports were completed by radiologists that were on-site daily to review images that were ready for reporting immediately after the scanning appointment took place. This meant there was a quick turnaround for reports to be sent back to the referring

clinician. In some cases where the consultant referred directly from the outpatient appointment, the consultant received the report immediately following the scan. This meant that the consultant had fast access to information to diagnose and treat patients.

- Clinically urgent scans were flagged by radiographers and those requiring a specialist radiologist report would be escalated to the appropriate radiologist.
- Managers told us that diagnostic reports produced by radiologists, were all completed within 24 hours of the scan appointment. The service completed monthly audits of a random selection of 50 scans completed. The service provided us with an audit report for April 2019. The audit showed that all 50 reports were completed within 24 hours of the scan appointment, achieving the 24-hour report turnaround target set by the service. Furthermore, 20% were completed in less than one hour; 30% completed between one to two hours; 22% between two and six hours; and 28% between six and 24 hours.

Learning from complaints and concerns

- **It was easy for people to give feedback and raise concerns about care received.** The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- The diagnostic service had not received any formal complaints in the 12 months prior to the inspection.
- Patient information leaflets, explaining how patients could feedback and raise concerns or complaints, were displayed in the waiting area.
- Staff understood how to respond to patient feedback and complaints. Staff told us they would initially try to resolve a complaint or concern in a timely manner. Staff were able to describe how they would escalate any concerns or complaints received.
- For our detailed findings on complaints please see the responsive section in the outpatient report.

Are diagnostic imaging services well-led?

Good

We have not previously rated this service. At this inspection, we rated this service as good.

Leadership

- **The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.**
- For our detailed findings on the leadership of the service, please see the well-led section of the outpatient report.
- The superintendent radiographer (SR) led the imaging service and was an experienced radiographer. The SR was supported by the Elstree outpatient centre manager and corporate the Wellington Hospital imaging manager for HCA Healthcare UK. Leaders demonstrated an awareness of the service's performance, limitations and the challenges it faced.
- Leaders in the service had completed or were in the process of completing management qualifications. Furthermore, the SR was the radiation protection supervisor for the service and had completed a three-day radiation protection supervisor training. The SR was supported corporately by the radiation protection advisor in ensuring the service was compliant with radiation regulations.
- Staff we spoke to told us managers within the diagnostic service were visible, approachable and supportive.

Vision and strategy

- **The service had a vision for what it wanted to achieve and workable plans to turn it into action, which it developed with staff and patients.**
- The diagnostic imaging service at Elstree outpatients and diagnostic centre was aligned with HCA Healthcare UK vision and strategy. All staff we spoke to could describe the vision of HCA Healthcare UK. Following the inspection, the service submitted their imaging strategy (February 2019) and Imaging quality

strategy (2019 – 2021) that was reviewed in June 2019. These strategies were for The Wellington Hospital group which included Elstree outpatients and diagnostic centre.

- For our detailed findings on the vision and strategy, please see the well-led section of the outpatient report.

Culture

- **Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.**
- For our detailed findings on the culture of the service, please see the well-led section of the outpatient report.
- Staff felt supported, respected and valued. We spoke with five members of staff who all spoke positively about the culture of the service and described it as 'supportive' and 'like a family'. There was a sense of ownership and pride in the service provided. Staff told us they felt valued as part of the team and their contribution mattered.
- We observed staff worked collaboratively and shared responsibility in the delivery of good quality care. We observed positive working relationships between staff of all levels.
- The service operated an open and honest culture. Whilst the diagnostic service did not have many incidents or complaints, the service demonstrated a no-blame culture. For example, we reviewed two incidents reported, found steps were taken to learn lessons and learning was shared with others.
- Patients we spoke to all commented on the calm and relaxing environment and friendliness of the staff.

Governance

- **The service improved service quality and safeguarded high standards of care.**
- The superintendent radiographer attended a quarterly radiation protection committee and reported into the patient safety and quality group. There was an agenda and minutes for the meetings showing actions to be completed, timescales and the responsible person. For example, radiation protection training compliance, audits, local rules and risk assessments were discussed. The committee had oversight of all risks and requirements of the radiation regulations.
- The diagnostic team held bi-monthly team meetings, led by the superintendent radiographer where staff were updated on key topics. We reviewed the meeting minutes for March and May 2019. Staff were updated on topics such as key changes in the regulations, audit outcomes, radiologist cover arrangements, quality checks, safeguarding, patient satisfaction and training compliance.
- The imaging team attended bi-monthly site meetings with the wider team at Elstree outpatients. We reviewed meeting minutes for March, May and June 2019. The minutes had actions with persons responsible and timescales for completion.
- For our detailed findings on the governance of the service, please see the well-led section of the outpatient report.

Managing risks, issues and performance

- **The service had systems to identify, monitor and manage risk. Incidents, complaints and audits were analysed and reported to the management team.** Performance of the service was monitored by the management team; however, the performance of the service was not always at Elstree diagnostic level but at provider level.
- Local risk assessments for MRI and x-ray were in place and were overseen by the superintendent radiologist. Risks regarding ionising radiation were monitored through the local radiation protection committee which fed into the corporate radiation protection committee.
- There were processes in place to monitor the performance of the HCA Healthcare UK provider, however, the outcomes were not always specific to Elstree diagnostic service. For example, the service provided us with an audit to monitor waiting times from referral to first scan appointment, however, the data provided was provider level and not specific to Elstree outpatients service. Whilst the service did not provide its own performance data, we were assured

that there was no waiting time for the service. We also saw evidence that audits and actions were communicated with the service and discussed at local team meetings.

- For our detailed findings on managing risk, issues and performance of the service, please see the well-led section of the outpatient report.

Managing information

- **The service used secure electronic systems with security safeguards. The service collected, analysed, managed and used information to support its activities, however, some reports were unclear and systems for storing information were not always consistent.**
- We reviewed image report accuracy audit reports from July 2018 to June 2019. We found inaccuracies in the reports in terms of dates and content. For example, the audit ranking criteria was inconsistent across the reports we reviewed. In a report for audits completed from July 2018 to December 2018, the ranking criteria in the methodology section was 0 (no improvement required) to 4 (major issues or errors). The results section of the report demonstrated the findings using a 1 to 5 ranking, but no descriptors were provided to tell the reader what the scores meant. However, written findings indicated the audit did not contain any major issues. It was therefore unclear what the outcomes were. We provided feedback to the Imaging services manager who acknowledged there were inconsistencies and would address them.
- During the inspection, we noticed there were both paper and electronic information systems that were not always consistent. For example, we requested to see staff mandatory training records and were provided with a folder with training compliance for staff. This folder was not up to date, therefore did not provide an accurate record of training compliance for the diagnostic service. Electronic systems to record and monitor training compliance were in place and these were up to date. Furthermore, the imaging service had folders with information such as radiation compliance information, local rules and engineering records. However, these folders were not always updated. For example, the engineer handover logs, health and safety executive (HSE) registration certificate for the use of ionising radiation, and some engineering reports were not up to date.
- For our detailed findings on managing information, please see the well-led section of the outpatient report.

Engagement

- **The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.**
- For our detailed findings on engagement of the service, please see the well-led section of the outpatient report.

Learning, continuous improvement and innovation

- **The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.**
- We found the diagnostic service responded proactively to concerns and feedback we provided to them following the inspection.For example, we provided feedback about a discrepancy in the standard operating procedure for evacuating the MRI room in an emergency. The service amended the procedure accordingly and provided us with an updated version. Furthermore, following our feedback, the service put in place notices and diagrams within the MRI suite to demonstrate the perimeter where the magnetic field is considered a safe level of exposure. This demonstrated a commitment to continuous learning.
- For our detailed findings on learning, continuous improvement and innovation of the service, please see the well-led section of the outpatient report.

Outstanding practice and areas for improvement

Outstanding practice

We found examples of outstanding practice in this service.

- In the outpatient service, the paediatric nursing staff had developed a cartoon character called 'Blobby' and accompanying booklet to reduce anxiety in children undergoing blood tests. 'Blobby' explained to them about the procedure in a way they could understand and gave them activities such as colouring and a maze to distract them. The paediatric nurses had carried out research prior to designing the character and were involved in several projects aimed at improving the experience for children attending the service. Parents we spoke with spoke very highly of the care they gave anxious children during blood tests.

Areas for improvement

Action the provider SHOULD take to improve

- The service should ensure local policies for invasive procedures are embedded and continue working towards national NatSSIP and LocSSIP implementation.
- The service should continue to monitor delays to orthopaedic clinics and make further improvements to reduce waiting times.
- The service should review its systems for monitoring and storing key management information in the diagnostic service to ensure that all relevant information is up to date. For example, training records and engineering reports.
- The provider should consider reviewing its process and criteria for completing diagnostic image and report audits to ensure that the outcomes measures are consistent with the methodology and the reports are correctly dated. Furthermore, the service should consider implementing peer review audits across all diagnostic modalities provided at Elstree including ultrasound and x-ray.
- The service should consider separating out its diagnostic performance and quality audits from the wider HCA Healthcare UK, to ensure outcomes of audits reflect the performance and quality in the Elstree diagnostic imaging service. For example, waiting time and did not attend audits.
- The service should consider participating in the Imaging Services Accreditation Scheme (ISAS).