Healthshare Diagnostics Ltd

The Riverside Clinic

Inspection report

Unit 3
Brentside Executive Centre, Great West Road
Brentford
TW8 9DR
Tel: 02030589099
www.globaldiagnostics.co.uk

Date of inspection visit: 14, 15, and 21 June 2022
Date of publication: 30/09/2022

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

Ratings

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

Summary of findings

Overall summary

The Riverside Clinic is operated by Healthshare Diagnostics Ltd. The clinic had been registered with CQC since 2020. The clinic offered services to NHS and privately funded patients, the majority of which were adults. Children above the age of 12 were seen at the outpatient clinic before May 2022, from then onwards only young adults 16 years old and above were seen for diagnostic imaging procedures.

The Riverside Clinic has a diagnostic suite which provides magnetic resonance imaging (MRI), digital radiography (X-ray), dual-energy X-ray absorptiometry (DEXA), mobile imaging unit used primarily for fluoroscopic imaging (X-ray image intensifier/C-arm), and ultrasound. The service employed radiographers who were supported by a team of consultant radiologists. Ultrasound was carried out by registered sonographers and consultant radiologists.

The centre is registered with the Quality Standards in Imaging (QSI). QSI has been developed jointly by the Royal College of Radiologists and the Society and College of Radiographers and is administered by the United Kingdom Accreditation Service (UKAS). The diagnostic imaging department was operational from 8 am to 10 pm Monday to Saturday and 9 am to 6 pm on Sundays.

The clinic provides services for children and young people between the age of 16 and 18 years old. The service had provided outpatient services to children aged 12 and over until May 2022. However, they had stopped providing these services at the time of our inspection. Diagnostic imaging provided was magnetic resonance imaging (MRI) for headaches and musculoskeletal issues. No complex scans, such as abdominal or gynaecological MRI's were undertaken, and no contrast dye was administered to patients under the age of 18. Clinical and medical oncology services were not provided. Of the 22319 patients seen between May 2021 and May 2022 seven were diagnostic imaging and 34 were outpatients (less than 0.1%)

The endoscopy unit consists of two procedure rooms, eight recovery rooms, and a decontamination suite. The types of procedure undertaken in the past twelve months were colonoscopy (884), flexible sigmoidoscopy (123), gastroscopy (1626), gastroscopy and colonoscopy (28), endoscopic gastric balloon (38). The service provides care for adults from the local area and the majority of the work is carried out under contract from the NHS (97%).

The outpatient department comprises of seven consulting rooms for the purpose of clinical assessment, diagnostic, and surgical planning. The department is fully equipped and staffed from 8 am to 8 pm each weekday.

The Riverside Clinic has a dedicated laminar flow (UCV) theatre, anaesthetic room, and dedicated 4 bed recovery bays. The main theatre is supported by a dedicated prep area. There is also a surgical wared with eight ensuite bedrooms.

The Riverside Clinic is registered with the Care Quality Commission to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease disorder or injury
- Surgical procedures

We inspected this service using our comprehensive inspection methodology. We carried out the inspection on 14 and 15 June 2022 and followed up with additional interviews on 21 June 2022.

This service had not previously been inspected.

Summary of findings

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

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Outpatients	Good	This was our first inspection of the service. We rated the service as good because: • There were enough qualified, trained staff to deliver safe care. • The service managed medicines safely and followed good practice with respect to safeguarding. • Patients had access to a wide range of specialists. Managers ensured that these staff received training, supervision and appraisal. • Staff worked well together as a multidisciplinary team and liaised well with local and regional providers to coordinate care. • Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. • Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood their individual needs. They involved patients and families and carers in care decisions. • The service was well led, and governance processes ensured clinics ran smoothly. **However:** • The service was not fully compliant with national guidance related to safe disposal of sharp waste. Outpatients was a small proportion of hospital activity. The main service was diagnostic imaging. Where arrangements were the same, we have reported findings in the diagnostic imaging section.
Medical care (Including older people's care)	Good	This was our first inspection of the service. We rated it as good because: • The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients,

Summary of findings

acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.

- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Learning from complaints was not always shared across departments.
- There were issues with the newly implemented patient record system.

Medical care is a small proportion of hospital activity. The main service was diagnostic imaging. Where arrangements were the same, we have reported findings in the diagnostic imaging section.

Summary of findings

Surgery

Good

This was our first inspection of the service. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Staff worked well together for the benefit of patients. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care

Surgery is a small proportion of hospital activity. The main service was diagnostic imaging. Where arrangements were the same, we have reported findings in the diagnostic imaging section.

Diagnostic imaging

Good

This was our first inspection of the service. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- The service planned care to meet the needs of their patients, they took account of patients' individual needs and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait long for treatment.

Summary of findings

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them, and kept good care records.
- Staff provided good care and treatment, they provided patients with pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and supported them to make decisions about their care, with access to good information. Key services were available when required.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities.

Services for children & young people

Good

This was our first inspection of the service. We rated it as good because:

- The service had enough staff to care for children and young people and keep them safe. Staff had training in key skills, understood how to protect children and young people from abuse. The service controlled infection risk well. Staff assessed risks to children and young people, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Staff worked well together for the benefit of children and young people, advised them and their families on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- The service planned care to meet the needs of local people, took account of children and young people's individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.

Summary of findings

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff were focused on the needs of children and young people

However:

- The service did not have a resuscitation or deteriorating child policy in place at the time of the inspection.

Children and young people are a small proportion of hospital activity. The main service was diagnostic imaging. Where arrangements were the same, we have reported findings in the diagnostic imaging section. We rated this service as good because it was safe, effective, caring, responsive, and well led.

Summary of findings

Contents

Summary of this inspection

How we carried out this inspection

We carried out the unannounced inspection visit to the service on 14 and 15 June 2022 and followed up with additional interviews and documents review on 21 June 2022.

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.

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

Areas for improvement

Action the service MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the service SHOULD take to improve:

- The service should consider how staff identify and respond appropriately to changing risks to people who use services, including deteriorating health and wellbeing, medical emergencies, or behaviour that challenges children and young people.
- The service should ensure that learning from complaints is shared across all departments.
- The service should ensure sharps bins are securely closed and compliance with sharps management guidance is monitored.
- The service should ensure that IT issues, related to newly implemented electronic patient record system, are resolved.
- The service should ensure all staff have fire safety and evacuation training and maintain a good working knowledge of emergency procedures.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Good	Inspected but not rated	Good	Good	Good	Good
Medical care (Including older people's care)	Good	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Diagnostic imaging	Good	Inspected but not rated	Good	Good	Good	Good
Services for children & young people	Good	Good	Insufficient evidence to rate	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Outpatients

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

Are Outpatients safe?

Good

We have not previously inspected this location. We rated safe as good. For records, see diagnostic imaging.

Mandatory training

The service provided mandatory training in key skills to all staff although completion rates needed to be improved.

Staff received and kept up to date with their mandatory training. Most mandatory training was delivered online and staff received protected time to complete this. Mandatory training was comprehensive and met the needs of patients and staff.

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

Safeguarding

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

Staff were confident and empowered in their approach to safeguarding and provided examples of how they would act on disclosures of abuse or issues, such as a suspicion of female genital mutilation.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. This was part of mandatory training and equality and diversity were built into policies and standard operating procedures.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

The out-patients team did not routinely provide care for children. However, they maintained child safeguarding training as good practice as they may come across patients elsewhere in the building.

Staff described a recent instance in which they had made a rare safeguarding escalation. They said the process worked well to protect the patient from potential harm.

Cleanliness, infection control and hygiene

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

Clinical areas were clean and had furnishings that were clean and well-maintained. Cleaning responsibilities were clearly defined, and dedicated cleaners maintained clinical areas. Staff described the housekeeping team as "amazing" and said they maintained high standards of environmental cleanliness. The team audited monthly compliance with the national 'bare below the elbows' standard. Audits demonstrated consistent 100% compliance.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Each area had a defined cleaning schedule and checklist. All areas we checked, including clinical and public areas, had up-to-date and fully completed schedules.

Staff followed infection control principles, including the use of personal protective equipment (PPE). Staff wore PPE correctly and changed individual items regularly.

Alcohol hand gel was available in all clinical areas, at the entrance, and in waiting areas. Signage clearly depicted local COVID-19 prevention rules and staff supported patients and visitors to follow them.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Staff used antibacterial wipes manufactured to an international standard to decontaminate contact surfaces in clinical rooms between patients.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well although there was room for improvement in the consistent management of clinical sharps.

The design of the environment followed national guidance. The service was compliant with the Department of Health and Social Care (DHSC) Health Building Note (HBN) 00/09 in relation to clinical environment design.

The service had enough suitable equipment to help them to safely care for patients. Hand washing sinks were compliant with DHSC standards and each sink had a poster displayed to depict best practice handwashing techniques.

Staff disposed of clinical waste safely and needed to improve systems for the management of sharps. The service used service level agreements to manage waste streaming, including the storage and disposal of hazardous waste, in line with DHSC HTM 07/01 (2013) in relation to the safe management and disposal of healthcare waste.

Good

Outpatients

The service was not fully compliant with DHSC HTM 07/01 and the Health and Safety Executive Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 in relation to sharp waste. For example, we saw a sharps bin colour-coded only for disposal of blades and phlebotomy contained syringes with prescription-only medicine. The colour-coding system should be adhered to so that waste streaming and disposal is safe. In other clinical areas, staff correctly used the sharps streaming system.

Staff maintained a register for products subject to the Control of Substances Hazardous to Health regulations (COSHH). This included product description sheets issued and updated by manufacturers and confirmation of locked storage and access control.

Assessing and responding to patient risk

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

Staff responded promptly to any sudden deterioration in a patient's health. The nature of the service meant this was a rare occurrence and staff maintained training and simulated practice to ensure they were prepared. Outpatient nurses were trained in immediate life support (ILS) and all other staff were trained in basic life support (BLS). Staff were up-to-date with latest guidance from the Resuscitation Council UK in relation to resuscitation practice during the pandemic.

All staff were trained as chaperones and patients or clinicians could request this, including at short notice. Posters advertising chaperones were on display in all out-patient areas.

Staff shared key information to keep patients safe when handing over their care to others. This ensured continuity of care when people moved between services or received care from different staff in this service. For example, a significant proportion of work in outpatients involved caring for patients on a pathway that required diagnostic imaging and surgery. Consultants and surgeons worked closely together to ensure transfers between types of treatment were safe and informed by effective planning.

Staff completed practical, simulation-based immediate life support training that included competency testing and feedback. However, staff said they had not completed fire and evacuation training and did not demonstrate clear understanding of local procedures. After our inspection the provider sent us evidence of staff training in evacuations and fire safety.

Staff displayed visual sepsis identification and 'red flag' treatment guidance in clinical areas and knew how to escalate a concern.

Consultants used an out-patients version of the World Health Organisation surgical safety checklist to ensure minor procedures were safe and in line with best practice guidance.

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.

Good

Outpatients

The service had enough staff to keep patients safe. Most outpatient services were consultant led and a small nursing team provided support with areas, such as service coordination, minor operations, chaperoning, and phlebotomy. A registered nurse was the out-patient lead. They were supported by one permanent nurse, one bank nurse, and a healthcare assistant. A sonographer provided ultrasound guided injection services in the department.

Two physiotherapists provided an out-patient service for patients referred by NHS teams.

In the previous six months, the service employed agency nurses on 28 occasions and bank nurses on eight occasions.

Consultants led specialist clinics with support from nurses. Consultants worked substantively for other healthcare providers and delivered care and treatment under practising privileges with agreed time commitments to this clinic.

The service was recruiting to fill one vacant nurse post.

Managers used bank and agency staff effectively.

Managers made sure all bank and agency staff had a full induction and understood the service. The senior team ensured temporary and flexible staff had access to the same support, training, and resources as permanent staff.

Medicines

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

Out-patient nurses carried out periodic medicines audits with the pharmacist, including for storage and stock management. The most recent audit took place in May 2022 and found good standards of practice.

Staff understood the protocols to use in the event of temperature deviations in storage rooms and fridges. They had acted quickly when a fault with ventilation equipment meant an area used to store medicines exceeded the manufacturer's safe maximum. Staff liaised with the pharmacy contractor to replace the medicines affected and ensured engineers repaired the equipment.

The service had introduced new protocols and training for nurses to use syringe drivers in the pain clinic.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.

Staff knew what incidents to report and how to report them. The provider used an electronic incident reporting and management system.

Staff raised concerns and reported incidents and near misses in line with provider policy. Staff discussed incidents during a daily site briefing, which enabled the whole team to learn from findings.

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

Good

Outpatients

Are Outpatients effective?

Inspected but not rated

We do not currently rate effective for out-patients.

For patient outcomes, multidisciplinary working, and seven-day services, please see diagnostic imaging.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance including from the National Institute for Health and Care Excellence (NICE).

Consultants carried out minor operations in out-patients. Staff used an adapted version of the World Health Organisation (WHO) surgical safety checklist to monitor safety standards.

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

Pain relief

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

Staff prescribed, administered and recorded pain relief accurately. Consultants within medical specialties provided individualised care for patients who experienced chronic pain and referred them to specialist teams.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance to provide support and development.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The senior team encouraged staff to undertake professional development, including advanced competencies for clinical staff. Staff spoke positively about this and told us they were happy with training and development opportunities.

Managers gave all new staff a full induction tailored to their role before they started work. All staff completed an induction on joining the service.

Managers supported staff to develop through yearly, constructive appraisals of their work.

The provider supported the learning and development needs of staff. Staff used NHS continuing professional development (CPD) standards and practical competencies.

Good

Outpatients

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

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Most clinics were led by consultants and nurses were empowered to develop clinical competencies to introduce new, specialist services. For example, nurses had trained to deliver platelet-rich plasma (PRP) clinics. PRP is a new technique to accelerate healing of injured musculoskeletal systems.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in patient areas. This included printed material specific to lifestyle support, such as healthy living and exercise.

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle. Consultants documented health promotion guidance and advice in patient records.

The service kept printed copies of treatment information and health promotion sheets for key procedures. Staff discussed these with patients to help them make the most of their care and promote improved health outcomes. The team produced patient education information for treatments that were less commonly understood, such as minor treatment that used fat tissue to promote orthopaedic healing.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The patient records system required staff to document consent before assessment and treatment.

Consultants and nurses used a detailed consent documentation process before any investigation or treatment. This required them to discuss the intended benefits and common risks with each patient and to note any concerns the patient raised. Where an interpreter was present, they signed the consent form to note the patient had fully understood the information. This reflected good practice.

Are Outpatients caring?

Good

We have not previously inspected this location. We rated caring as good.

Good

Outpatients

Please see diagnostic imaging.

Are Outpatients responsive?

Good

We have not previously inspected this location. We rated responsive as good.

For learning from complaints and concerns, please see diagnostic imaging.

Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met the changing needs of the local population. The senior team had a clear understanding of the regional health economy and had established links with NHS providers to identify gaps in provision. The provider was actively expanding its reach and presence in direct response to increased demand in specific clinical areas.

The service minimised the number of times patients needed to attend, by ensuring patients had access to the required staff and tests on one occasion. The service had a dedicated phlebotomy room and consultants arranged same-day diagnostics.

Facilities and premises were appropriate for the services being delivered. The service had suitable facilities to meet the needs of patients. This included accessible toilets, private waiting areas, baby changing facilities, and refreshments. All areas of the building were accessible by wheelchair.

Staff worked to minimise the number of patients who did not attend (DNA) appointments by contacting them in advance with appointment reminders using their preferred method of communication. In the previous nine months, surgery and outpatients reported a joint DNA rate of 7%.

The provider had introduced a new physiotherapy service that provided care for NHS patients. This was an initiative with a local clinical commissioning group to reduce waiting times.

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.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Staff supported patients living with dementia and learning disabilities by using 'This is me' documents and patient passports. Staff facilitated escorts and chaperones for patients living with dementia and were trained to provide assistance, including help understanding printed communications.

Good

Outpatients

Staff had access to language interpretation services. While this was usually organised in advance of an appointment, staff could obtain on-demand telephone support. Staff said they did not allow family members to translate for patients, which reflected good safeguarding practice.

Staff undertook mental health and suicide prevention training.

Staff provided patients with printed information to take home with them after a treatment or minor procedure. For example, the dermatology clinic undertook skin biopsies that often involved patients receiving stitches and bleeding. Staff provided detailed guidance of what to expect and what to do if something unexpected happened. This included contact details for the most appropriate local urgent care centre to the patient's home address.

Access and flow

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

Most patients received care and treatment within private insurance plans whilst some were referred by other independent healthcare services and NHS services.

Consultants led medical specialties and clinics were based on patient demand and their availability and capacity. The providers senior team worked with each consultant to establish clinic times and frequencies that offered patients choice and convenience.

When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible. Clinic cancellations were very rare and there had been no such occurrences in the previous six months.

Consultants were working with the provider to implement later clinic times to meet demand. This included podiatry and dermatology clinics until 6.30pm on some days.

Are Outpatients well-led?

Good

We have not previously inspected this location. We rated well led as good.

For vision and strategy, governance, management or risk, issues, and performance, and information management, please see diagnostic imaging.

Leadership

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

Good

Outpatients

An outpatient lead nurse was responsible for the service on a day-to-day basis. They supported their team and worked with the administration team and visiting consultants to help the service run safely and smoothly.

Staff said the senior leadership team were visible and approachable and they appreciated the efforts of the clinical director to provide a supportive working environment. The out-patients lead and hospital senior staff encouraged staff to develop into more senior and specialist roles and provided support with training opportunities.

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

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients and staff could raise concerns without fear.

Staff said the provider supported them to achieve a good work-life balance and said they had positive, collaborative working relationships with consultants. One member of staff said the friendly and supportive culture made them happy to work there and that they never felt alone when they needed help.

Some staff were unsure if the provider had a formal whistleblowing policy but said they felt confident in approaching any member of the senior hospital or provider team in the event they had concerns. We confirmed the provider had a policy to support staff with whistleblowing.

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

Engagement

Leaders and staff actively and openly engaged with patients and staff to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Staff said they felt involved in the operation and planning of the organisation and felt able to contribute to development. The senior team paid attention to detail on the best way to engage with staff and incorporate their views into the service. Consultants worked with the hospital team to implement new clinics and improved patient access, such as later opening times.

The service worked with clinical commissioning groups and NHS services to identify opportunities for greater joint working and service implementation. For example, the service had recently introduced a physiotherapy service as part of an initiative to reduce NHS waiting times.

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

Learning, continuous improvement and innovation

Leaders encouraged innovation and participation in research.

The service demonstrated a pro-active approach to development and expansion. For example, they successfully implemented extended pain management clinics in response to demand.

Good

Outpatients

The service had developed and implemented an innovative online health improvement tool to support patients experiencing lengthy waits for joint replacement or spinal surgery. The tool used an established evidence base to promote psychological wellbeing and reduce muscle deconditioning by directing patients with exercises. Staff had evaluated the usefulness of the tool, which was being adopted by NHS services, as an example of excellent practice.

For our detailed findings on learning, continuous improvement and innovation, please see the diagnostic imaging report.

Good

Medical care (Including older people's care)

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

Are Medical care (Including older people's care) safe?

Good

This was our first inspection of the service. We rated safe as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff.

Managers monitored mandatory training and alerted staff when they needed to update their training.

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

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse.

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

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Good

Medical care (Including older people's care)

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

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.

Clinic areas were clean and had suitable furnishings which were clean and well-maintained.

The service generally performed well for cleanliness. We reviewed the April IPC audit for patient equipment which showed issues that were found during the audit. It detailed actions taken and showed that they had been completed and closed off. We also reviewed the environment IPC audit for endoscopy which showed a 98% compliance rate. The hand hygiene audit for the three months prior to inspection showed 100% compliance.

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

There was a monthly decontamination audit undertaken by the decontamination lead. We reviewed the audit for April 2022 which showed a 99% compliance rate.

Staff followed infection control principles including the use of personal protective equipment (PPE).

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

Environment and equipment

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

The design of the environment followed national guidance. We saw that the built environment was fully compliant with NHS England Health Building Note HBN00/09 (Infection control in the built environment) and HBN 00/10 (Design for flooring, walls, ceilings, sanitary ware and windows).

The decontamination room was managed to a high standard by the decontamination lead. It was compliant with HTM 01/06 (Management and decontamination of flexible endoscopes).

There were eight recovery rooms and two procedure rooms. There was a crash trolley within the unit which included all required equipment. We saw that this was all within date.

Staff carried out daily safety checks of specialist equipment.

The service had enough suitable equipment to help them to safely care for patients.

Staff disposed of clinical waste safely.

Assessing and responding to patient risk

Good

Medical care (Including older people's care)

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

Staff completed risk assessments for each patient. All patients undergoing an endoscopy procedure required a pre-admission risk assessment. The risk assessment policy stated that patients undergoing colonoscopy, gastroscopy and flexible sigmoidoscopy would receive their pre-admission assessment by telephone. A face-to-face appointment would be undertaken if deemed necessary by the pre-assessment team.

The service had inclusion and exclusion criteria for endoscopy. Exclusion criteria included children under 18, patients requiring general anaesthetic, and patients with a BMI of 40 or above. This ensured that any risk patients would be seen at a more appropriate facility.

Staff knew about and dealt with any specific risk issues. Staff we spoke with told us of an example of a patient who had incorrectly continued their medication before the endoscopy when they should have stopped taking it, and they explained this to them and rescheduled the procedure.

Staff shared key information to keep patients safe when handing over their care to others.

Shift changes and handovers included all necessary key information to keep patients safe. They held a daily huddle each morning before clinic started to discuss any key issues for the day. We observed an endoscopist and their team handing over to recovery staff and giving all relevant information.

Staffing

Nurse staffing

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

The service had enough nursing and support staff to keep patients safe.

Managers accurately calculated and reviewed the number of nurses and healthcare assistants needed.

The number of nurses and healthcare assistants matched the planned numbers.

The service had some vacancies. To ensure they had safe staffing, they used regular bank nurses, who were familiar with the service. The vacant roles were being recruited into.

Medical staffing

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

The service had enough medical staff to keep patients safe.

Good

Medical care (Including older people's care)

The medical staff matched the planned number. Medical staff all worked in the NHS and worked at this service under practising privileges. They informed the service know their availability well in advance to allow for lists to be planned. In the event they had to take unexpected leave, medical staff arranged for another clinician to cover them.

There were no vacancies for medical staff.

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. However, there were some issues with the new electronic record system.

We reviewed four sets of patient records. All included the appropriate patient details, consent, the name and grade of the doctor/nurse, risk assessment, and all were signed and dated.

Staff told us there were some issues with the electronic record system which caused confusion for staff and added to their workload.

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

Records were stored securely.

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

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. We reviewed the pharmacy audit action plan for endoscopy and saw that any issues were recorded, and actions put in place with target dates and a named responsible person.

Medicines were only prescribed by clinicians and were clearly recorded in patient notes.

Staff stored and managed all medicines and prescribing documents safely.

Staff learned from safety alerts and incidents to improve practice.

Incidents

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

Good

Medical care (Including older people's care)

All staff knew what incidents to report and how to report them. We saw the incident log for endoscopy for the last 6 months which showed 47 incidents had been reported. Themes included abusive behaviour, equipment, and information governance.

Staff raised concerns and reported incidents and near misses in line with the provider policy.

Staff reported serious incidents clearly and in line with trust policy.

Staff received feedback from investigation of incidents, both internal and external to the service.

Staff met to discuss the feedback and look at improvements to patient care.

There was evidence that changes had been made as a result of feedback. Managers told us about an incident involving a patient who had epilepsy and the service had not received sufficient information on their referral. They told us of change made to the pre-assessment process as a result of this.

Managers investigated incidents thoroughly. Managers debriefed and supported staff after any serious incident.

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

Are Medical care (Including older people's care) effective?

Good

This was our first inspection of the service. We rated effective as good.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

All policies were available for staff on the intranet.

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

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.

Good

Medical care (Including older people's care)

Patients needed to fast before some procedures and to empty their bowels for other procedures. Staff clearly explained to patients what they needed to do and had tailored advice for patients who were diabetic or had dietary restrictions. Food and drink was available for patients after their procedure.

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice.

Staff prescribed, administered and recorded pain relief accurately. Patients were shown how to use Entonox so they were able to use it during their procedure. If patients required sedation, this would be agreed in advance so the patient could arrange for someone to accompany them home.

Patient outcomes

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

The service participated in relevant national clinical audits. The service reported all procedures into the national endoscopy database. This database collected all endoscopic procedures and produced reports on each consultant who completed them.

Outcomes for patients were positive, consistent and met expectations, such as national standards.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time.

Managers used information from the audits to improve care and treatment.

The service was working towards JAG accreditation.

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

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.

Managers gave most new staff a full induction tailored to their role before they started work. However, one recently appointed member of staff had not had a formal induction. There was an induction booklet for new staff which included detailed information for staff who were not from an endoscopy background.

Good

Medical care (Including older people's care)

Managers supported staff to develop through yearly, constructive appraisals of their work.

The clinical educator supported the learning and development needs of staff. The lead nurse told us they were looking into more face to face training and conferences for staff to attend face to face now that there was more opportunity since the height of the pandemic.

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

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role.

Managers identified poor staff performance promptly and supported staff to improve.

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

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. We attended the Endoscopy User Group (EUG) and saw that there was full representation and involvement including nurses, health care assistants and endoscopists.

Patients had their care pathway reviewed by relevant consultants.

Seven-day services

Key services were available to support timely patient care.

The endoscopy clinic ran on Tuesdays, Thursdays, Fridays and Saturdays. Pre-assessment clinics ran on Mondays and Wednesdays.

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

Health promotion

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

Good

Medical care (Including older people's care)

The service had relevant information promoting healthy lifestyles and support. Staff told us they gave patients discharge information. They used an external organisation who published endoscopy aftercare information. For patients who had a colonoscopy and subsequent diagnosis of haemorrhoids, they were given information on their condition.

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

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

Staff gained consent from patients for their care and treatment in line with legislation and guidance.

Staff made sure patients consented to treatment based on all the information available.

Staff clearly recorded consent in the patients' records.

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

Are Medical care (Including older people's care) caring?

Good

We rated caring as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

We observed two patient procedures including their admission into the procedure room and their transfer to the recovery room. We saw that staff communicated well with patients and took time to explain the procedure to them.

Patients said staff treated them well and with kindness.

Staff followed policy to keep patient care and treatment confidential.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

Good

Medical care (Including older people's care)

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

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it.

Consultants took the lead on breaking unexpected news to patients, with a nurse there for additional support for the patient.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

Consultants we spoke with were passionate about ensuring patients had adequate information about their procedure in order to put them at ease.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. The service called patients two days following a colonoscopy to follow up with them. We observed patients being given information leaflets following their procedure.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this.

Patients gave positive feedback about the service.

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

Are Medical care (Including older people's care) responsive?

Good

We rated responsive as good.

Service planning and delivery to meet the needs of the local people

Good

Medical care (Including older people's care)

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

Managers planned and organised services so they met the changing needs of the local population. The majority of patients for endoscopy were NHS patients. Over the last 12 months, 3% of patients were private and 97% NHS.

Most referrals came from GPs and hospitals. The clinic had a coordinator who liaised with them if needed. They could call GPs directly, or pass to their bookings team if needed.

Facilities and premises were appropriate for the services being delivered. All recovery rooms were private rooms to ensure patients had privacy.

Managers monitored and took action to minimise missed appointments.

Managers ensured that patients who did not attend appointments were contacted. If patients missed three appointments, they were referred back to their NHS hospital for review.

The service included Saturday endoscopy appointments to help meet the needs of patients and fit in with their lives.

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.

There was a designated 'quiet room' in the endoscopy unit for prayer and for using when discussing unexpected news with patients.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. Staff told us of a recent example where a telephone interpreting service was used with a patient throughout their procedure.

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

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The waiting time for the three months before inspection was on average 15 days, which was well within the NHS target of 6 weeks.

Good

Medical care (Including older people's care)

Managers and staff worked to make sure patients did not stay longer than they needed to.

Managers worked to keep the number of cancelled appointments to a minimum.

When patient appointments were cancelled, patients were offered the earliest appointment available. Managers made sure appointments were rearranged as soon as possible and within national targets and guidance.

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. However, learning was not shared across departments.

Patients gave feedback and there was information available about how to give feedback, including on posters in the clinic.

Staff told us they did not hear of learning from complaints from other departments within the clinic.

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

Are Medical care (Including older people's care) well-led?

Good

We rated well-led as good.

For vision and strategy, management of risk, issues and performance, information management and engagement please see the diagnostic imaging section of this report.

Leadership

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

The service was led by a gastroenterologist and a lead nurse. Staff we spoke with said leaders were approachable and visible. They were involved in the day to day running of the clinic.

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

Culture

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

Good

Medical care (Including older people's care)

The team worked effectively together and staff were able to raise issues. There was an open culture.

Staff told us they were proud of the quality of the service provided. They were passionate about providing good care to patients, treating them with dignity.

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

Governance

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

The service held monthly meetings for the endoscopy team including the clinic manager. There were also quarterly Endoscopy User Group meetings. We attended one of these during our inspection and saw that items covered included working towards JAG accreditation, National Endoscopy Database submissions, audits and action plans, patient satisfaction, IT issues, equipment servicing, staff survey results, policy changes and updates, and incidents and complaints.

The service had an audit programme including patient satisfaction, IPC and medicines management.

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

Learning, continuous improvement and innovation

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

A consultant was working on creating videos to put online about endoscopy to inform patients about what to expect in the procedure to help put them at ease.

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

Good

Surgery

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

Are Surgery safe?

Good

We have not previously inspected this location. We rated safe as good.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. At the time of our inspection, 85% of staff were up to date with their training.

The mandatory training was comprehensive and met the needs of patients and staff.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, and dementia.

Managers monitored mandatory training and alerted staff when they needed to update their training.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. They understood the provider's escalation pathways and who to contact in the event they received an allegation of abuse or found evidence of female genital mutilation.

Staff knew how to make a safeguarding referral and who to inform if they had concerns.

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

Good

Surgery

Cleanliness, infection control and hygiene

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

Ward areas were clean and had suitable furnishings which were clean and well-maintained. A dedicated housekeeping team followed specific cleaning protocols to ensure theatres and the ward were maintained to the provider's standards for cleanliness.

Staff used records to identify how well the service prevented infections. The team audited monthly compliance with the national 'bare below the elbows' standard. Audits demonstrated consistent 100% compliance.

Staff followed infection control principles, including the use of personal protective equipment (PPE).

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

Staff worked effectively to prevent surgical site infections. There had been no infections reported in the previous 12 months.

Environment and equipment

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

Patients could reach call bells and staff responded quickly when called. All patient bedrooms on the ward were individual and en-suite.

The design of the environment followed national guidance and staff carried out daily safety checks of specialist equipment. The service had enough suitable equipment to help them to safely care for patients.

The nurse theatre lead had worked as part of an expert working group on the prevention and management of surgical fires in the UK. As part of this work, they had completed expert risk assessments in each surgical modality. Staff had a good overall understanding of fire risks and evacuation procedures and the nursing team had participated in a simulated evacuation from theatres to test their response and actions in an emergency.

Staff logged and tracked surgical accountable items in line with Association of Perioperative Practice (AfPP) standards, including in pre-, mid-, and post-surgical protocols. This was part of the service's locally derived safety standards (LocSSIPs) and staff checked completed tracking as part of the sign-out process. Theatre staff prepared sterile service equipment in advance and the clinic had a service level agreement with area hospitals to provide maintenance or replacement equipment in the event of a system failure.

Staff stored and managed chemicals in line with the Control of Substances Hazardous to Health regulations (COSHH) and risk assessments and product safety sheets were readily available.

Staff disposed of clinical waste safely.

Good

Surgery

The service was fully compliant with DHSC HTM 07/01 and the Health and Safety Executive Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 in relation to sharps waste.

Assessing and responding to patient risk

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

Staff used the national early warning scores (NEWS2) tool to identify deteriorating patients and escalated them appropriately. Monthly audits showed staff consistently achieved 100% compliance with correct use of the tool.

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. Surgeons used the World Health Organisation (WHO) surgical safety checklist during each procedure and the theatre lead audited standards monthly. The team had adapted the checklist into a separate version for cataract surgery. The audits found consistently good practice, with over 99% compliance against expected standards. The theatre lead worked with individual staff to implement improvements, such as the need to pause during the list to check safety.

Staff knew about and dealt with any specific risk issues. Staff assessed patients for venous thromboembolism (VTE) risk on admission and adapted surgical processes to meet individual risks. Staff audited a sample of 10 patient records every month to assess standards of risk assessment. In the previous three months, audits demonstrated over 99% compliance with best practice.

All the staff we spoke with demonstrated a good understanding of the signs of sepsis and the action they would take.

All staff were trained as chaperones and staff arranged this in advance at the pre-operative stage. Staff could organise a chaperone at short notice on request at any stage of care.

Staff shared key information to keep patients safe when handing over their care to others, such as from theatres to ward staff. Shift changes and handovers included all necessary key information to keep patients safe.

Staff maintained emergency and resuscitation equipment on the inpatient ward. This included an automatic external defibrillator (AED), airways support equipment and rescue medicines. The equipment was shared with outpatients, which was located adjacent to the ward.

The provider required there to be a member of staff trained to immediate life support (ILS), on shift at-all-times. When surgical activity was taking place, a member of staff with advanced life support (ALS) training was available, which met Resuscitation Council (UK) guidelines.

Staffing

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

The service had enough nursing and support staff to keep patients safe. Department leads used AfPP and Association of Anaesthetists guidance on safe staffing levels and skill mix to ensure services were safe to run.

Good

Surgery

A theatre nurse lead and ward manager were each responsible for their respective areas. The ward lead was a senior staff nurse and typically worked night shifts, which helped to support patients with a more senior presence when there were fewer clinicians on site. Senior staff nurses, staff nurses, and healthcare assistants delivered care in both areas.

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

The ward manager could adjust staffing levels daily according to the needs of patients.

The service had low vacancy rates. The service was recruiting for three scrub nurses, a senior ward nurse, a pre-assessment nurse, and a theatre HCA.

The service had low rates of bank and agency nurses. In the previous six months, employed agency nurses on 28 occasions and bank nurses on eight occasions.

Managers made sure all bank and agency staff had a full induction and understood the service.

A resident medical officer (RMO) was on shift whenever surgical patients were in the clinic and provided on-demand care overnight for post-operative patients.

The provider maintained a record of appraisals from the responsible officer of each consultant who worked under practising privileges.

The service arranged good levels of clinical cover out of hours. A consultant remained in the hospital overnight whenever surgery inpatients were accommodated in the ward and an on-call anaesthetist was available to attend within 30 minutes. The service always had a consultant on call during evenings and weekends.

Records

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

Patient notes were comprehensive, and all staff could access them easily. The service used a combination of electronic and paper records, which were stored securely with restricted or encrypted access.

Staff in pre-assessment carried out a spot-check audit of patient records in March 2022. The audit checked for the documentation of nine areas including mental health and social history, the results of observations, and evidence of discharge advice. The audit found 93% compliance with the expected standards and staff undertook refresher training on good record standards.

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

Medicines

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

Good

Surgery

Staff followed systems and processes to prescribe and administer medicines safely. The service audited medicines management in May 2022 and found consistently good standards of practice.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines. Staff completed medicines records accurately and kept them up-to-date.

Staff stored and managed all medicines and prescribing documents safely. They managed the storage and administration of controlled drugs in line with national standards. For example, staff labelled each container with the date they were opened and the latest discard date.

The service had an antimicrobial stewardship group that worked with staff to ensure the safe use of medicines in surgery. Multidisciplinary professionals participated in the group and the provider had an up to date policy based on national best practice.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses.

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with provider policy.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong. Staff had a good understanding of the purpose of the duty and knew how to implement it in line with the provider's policy.

Staff met to discuss the feedback and look at improvements to patient care, both internal and external to the service. This included learning from joint investigations where incidents had occurred with other providers that impacted patient care.

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

Are Surgery effective?

Good

We have not previously inspected this location. We rated effective as good.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

Good

Surgery

Pre-assessment staff audited patient care monthly against National Institute for Health and Care Excellence (NICE) national guidance 45, in relation routine pre-operative tests for elective surgery. The audit selected a random sample of 20 patients each month across different specialties and reflected consistently good practice, with 100% compliance in the previous three months.

For our detailed findings on evidence-based care and treatment, please see the diagnostic imaging report.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.

Staff made sure patients had enough to eat and drink including those with specialist nutrition and hydration needs. Staff provided drinks and snacks and the administration team ordered more substantial meals according to dietary needs and individual preferences.

Staff fully and accurately completed patients' fluid and nutrition charts where needed and used a nationally recognised screening tool to monitor patients at risk of malnutrition.

Patients waiting to have surgery were not left nil by mouth for long periods. Staff ensured patients understood fasting requirements during pre-operative assessments

Pain relief

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

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Patients received pain relief soon after requesting it.

Staff prescribed, administered and recorded pain relief accurately. Staff audited standards of pain management monthly with a random sample of patient documentation. In the previous three months, the audits found 100% compliance with expected standards.

Patient outcomes

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

Outcomes for patients were positive, consistent and met expectations, such as national standards. The service benchmarked surgery using the NHS Getting It Right First Time (GIRFT) framework. This helped staff to understand patient outcomes linked with length of stay against national standards.

The service reported no surgical site infections in the previous three months. There were no emergency readmissions, returns to surgery, or emergency transfers out in the previous nine months.

Good

Surgery

Staff ensured patients had arranged transport to take them home after a procedure and had a responsible person with them for the first 24 hours.

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

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.

Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work

Managers made sure staff attended team meetings or had access to full notes when they could not attend. The team met monthly and minutes showed staff used the time to ensure they were up to date with policy changes, and opportunities for learning, such as outcomes of incidents.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. Staff spoke positively about this approach and said they had opportunities to train in different specialties, such as supporting ophthalmology procedures and to carry out electrocardiograms (ECGs).

The diagnostic imaging service had offered surgical nurses the opportunity to undertake imaging training to help support the delivery of the MRI service.

Multidisciplinary working

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

Staff held ad-hoc multidisciplinary meetings to discuss patients and improve their care. Staff adapted the service to be multidisciplinary by nature where this would benefit patients. For example, orthopaedic surgeons provided a weekend pain clinic for patients admitted to the surgical ward.

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

Seven-day services

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

Theatres were open seven days a week and consultants provided scheduled care in line with patient needs.

Good

Surgery

Health promotion

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

The service had relevant information promoting healthy lifestyles.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. This included through improved diet or exercise after a surgical procedure.

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

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained consent from patients for their care and treatment in line with legislation and guidance. The nature of the service meant it was very rare for staff to encounter a patient with reduced capacity to make decisions. However, they maintained knowledge and understanding to act appropriately to protect people from harm.

Staff made sure patients consented to treatment based on all the information available and clearly recorded consent in the patients' records.

Staff received and kept up to date with training in the Mental Capacity Act.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act.

Staff demonstrated consistent attention to detail in consent processes. For example, they acted quickly to address a problem when a referring hospital submitted incorrect consent documentation with a patient who was booked for surgery.

Staff audited consent processes and documentation using a monthly sample of patients. In the previous three months, the service demonstrated consistently good standards, with 100% compliance in all measures.

Are Surgery caring?

Good

We have not previously inspected this location. We rated caring as good.

Compassionate care

Good

Surgery

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed this across the whole pathway from arrival to discharge.

Staff followed policy to keep patient care and treatment confidential.

Staff understood and respected the individual needs of each patient.

One patient we spoke with said, “Staff are wonderful, they have a good attitude and are helpful.” They felt treated with dignity and respect by staff.

Staff encouraged patients to complete post-treatment questionnaires. Patients consistently rated the service in positive terms. For example, a patient had noted, “Staff are excellent, smiling through from security, to the doctors, and nurses and health care assistant.”

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. The team facilitated additional support to patients, such as enabling a relative to accompany a patient during a procedure when they were anxious.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations.

Staff understood the emotional and social impact that a person’s care, treatment or condition had on their wellbeing and on those close to them. They were sensitive in their interactions with patients and understood the long-term changes associated with some surgery. Staff discussed these issues openly and honestly with patients.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment.

Staff talked with patients, families and carers in a way they could understand and offered additional time for discussions.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this.

Staff supported patients to make decisions about their care. For example, anaesthetists discussed the differences between local and general anaesthetic with patients and supported them to make the right choice for them.

Good

Surgery

Are Surgery responsive?

Good

We have not previously inspected this location. We rated responsive as good.

For learning from complaints and concerns, see diagnostic imaging.

Service delivery to meet the needs of local people

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

Managers planned and organised services with NHS trusts and clinical commissioning groups, so they met the needs of patients. Most surgery was delivered as part of NHS waiting list initiatives and the team prioritised treatment based on NHS service requests.

Facilities and premises were appropriate for the services being delivered. All inpatient bedrooms were en-suite.

Managers ensured that patients who did not attend (DNA) appointments were contacted. In the previous nine months, surgery and outpatients reported a joint DNA rate of 7%.

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

Meeting people's individual needs

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

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Patients with such needs were usually under the care of their referring NHS trust and had established care plans in place. Staff in this clinic supported patients with adapted communication and coordinated care with their substantive doctor.

The service had information available in other languages and provided interpreters as needed.

Patients were given a choice of food and drink to meet their cultural and religious preferences where they stayed in the ward overnight.

For our detailed findings on meeting people's individual needs, please see the diagnostic imaging report.

Access and flow

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

Good

Surgery

The service did not monitor referral to treatment (RTT) or waiting times. Surgery was provided on request from NHS trusts as part of regional waiting list initiatives. Trusts retained responsibility for all care timing and waiting lists.

Managers and staff worked to make sure patients did not stay longer than they needed to. Staff worked together to plan discharges in advance and ensure patients could recover at home with the most appropriate care plan.

Managers worked to keep the number of cancelled operations to a minimum. In the previous nine months, 19% of appointments were cancelled for non-clinical reasons. Of these, 67% were cancelled by the patient and 2% were cancelled when the clinic was able to offer an earlier appointment. Unavailability of staff accounted for 8%.

External stakeholders assessed patients for the suitability of surgery in line with national standard levels as part of the admissions process. The clinic acted as a facilitator for these providers to work through lengthy backlogs caused by COVID-19 and reflected good practice.

For our detailed findings on access and flow, please see the diagnostic imaging report.

Are Surgery well-led?

Good

We have not previously inspected this location. We rated well led as good.

For vision and strategy, governance, and learning, continuous improvement and innovation, see diagnostic imaging.

Leadership

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

A theatre lead and ward manager both led their respective departments day to day. They coordinated patient flow together and worked with surgeons and anaesthetists to ensure the smooth operation of the service.

Staff said they felt supported by departmental leaders and said there were opportunities for development and progression.

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

Culture

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

Good

Surgery

Staff at all levels said they enjoyed working in the clinic and felt the working culture was supportive and welcoming. Consultants and anaesthetists said they felt the clinic was safely staffed and had a good leadership structure.

Staff had a clear focus on patient safety and could undertake training as part of their professional development. For example, the ward manager was undertaking advance life support (ALS) training.

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

Management of risk, issues and performance

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

Lead nurses attended the daily hospital huddle and worked with colleagues to ensure each area had enough resources and staff cover for the planned clinical activity.

The theatre team managed a comprehensive risk register specific to the service. They reviewed risks regularly and each item had a named lead member of the team. Staff prepared risk mitigation strategies based on national best practice from the Association for Perioperative Practice and the Association of Anaesthetists.

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

Information Management

Staff could find the data they needed. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Staff completed data protection and security training and managed confidential information appropriately.

Data protection audits in line with international standard ISO27001 indicated consistently good standards of practice.

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

Engagement

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

The service engaged with consultants working under practising privileges to develop working practises that improved care. Surgeons had provided numerous unsolicited feedback letters that reflected their satisfaction with team cohesion, high standards of clinical care, and standards of clinical governance.

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

Good

Diagnostic imaging

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

Are Diagnostic imaging safe?

Good

We rated it as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training. The mandatory training of patients and staff met service profile and patient needs. Managers monitored mandatory training and alerted staff when they needed to update their training.

Training included manual handling, data management and information governance, health and safety, and basic life support amongst others. The frequency of the training varied depending on the subject and job role.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. There was a named safeguarding lead who had completed level 4 safeguarding training for adults and children (only adults were seen at the clinic). Staff knew how to identify adults at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and whom to inform if they had concerns.

To ensure patients were safeguarded, the provider undertook suitable recruitment checks to confirm staff qualifications, experience, and if they were of good character. The provider had arrangements to be informed of any issues related to the staff's professional conduct. They maintained regular disclosure and barring service (DBS) checks for clinical and non-clinical staff that had direct contact with patients.

Cleanliness, infection control and hygiene

Good

Diagnostic imaging

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

Clinic areas were clean and had furnishings that were clean and well-maintained. Staff regularly wiped clean and disinfected frequently touched objects, such as armchairs in the waiting areas and door handles, to prevent cross-contamination. The clinical areas were suitably designed and easy to maintain clean.

The service performed well for cleanliness. They carried out infection prevention and control audits and, where shortcomings were identified, they developed an action plan to address them.

Staff followed infection control principles including the use of personal protective equipment (PPE). They implemented recommendations from the COVID-19 infection prevention and control guidance.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.

The design of the environment followed national guidance. We observed evacuation routes were unobstructed and staff undertook suitable fire safety checks.

The service had enough suitable equipment to help them safely care for patients. Staff carried out visual safety checks of specialist equipment. Equipment was serviced and its safety was tested annually or when staff observed any malfunctions. Staff reported that the equipment they used was new and of high quality, which meant they could provide reliable service and good quality imaging to support diagnostics.

Staff working in the radiation designated area had access to up-to-date local rules. The service had a radiation risk assessment. The service contracted an external radiation protection adviser (RPA) who carried out a review of the procedure and protocols and advised the provider on the safe and compliant use of ionising radiation. There was clear signage displayed outside of the rooms in line with the Ionising Radiation Regulations. Access to areas where diagnostic imaging activity took place was controlled to restrict the exposure of any employees who would not normally be exposed to ionising radiation in the course of their work. The department was always locked when authorised staff were not present. Staff used personal radiation dosimeters to monitor levels of exposure and to ensure these were within safe ranges.

Equipment was labelled to indicate it was safe to use within the MRI proximity. No additional equipment could be brought into the controlled area unless it was essential for the patient's care and it was clearly labelled as compatible at the appropriate field strength or had been declared as compatible by the lead radiographer or the safety adviser.

In the event of a major equipment failure, resulting in serious malfunction, staff were advised to use the 'emergency off' button that would immediately and safely switch off electrical power to the system. The patient could then be safely evacuated.

The service had suitable facilities to meet the needs of patients. They could support social distancing guidance in the large waiting area.

Good

Diagnostic imaging

Staff disposed of clinical waste and sharps safely.

Assessing and responding to patient risk

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

Staff completed annual basic life support or immediate life support training, depending on their role. In case of a medical emergency, staff told us they would escalate to members of staff who were allocated to respond to any medical emergencies. Staff had access to emergency medicines and equipment, such as a defibrillator or access to oxygen, should a patient experience breathing difficulties. Staff were aware of emergency protocols and how to act should a rapid evacuation be needed, for example, from an MRI machine. Staff asked patients if they had any metal fragments in their body and if any potential metal implants were safe and compatible with the scanning machine. Staff were trained in recognising signs of sepsis (septicaemia; life-threatening reaction to an infection).

Staff reviewed individual risks for each patient before admission, using a standardised tool, and reviewed this on the day when the procedure was undertaken. Staff checked if patients did not have any allergies, asked if women were not pregnant and informed them of the potential risks of radiation exposure. They also offered a rapid detection pregnancy test if there was any doubt. To ensure patients' safety, the provider had identified exclusion criteria and circumstances that would prevent a patient to be referred to the service for a diagnostic imaging procedure; these were identified in cooperation with the local NHS commissioners.

Patients were monitored by suitably trained and experienced staff during the procedure. Patients were assessed before they underwent the procedure.

Staff shared key information to keep patients safe when handing over their care to others. There were protocols for escalating urgent findings to minimise the risk of delayed care. If a second opinion was required, this was to be requested and followed up and actioned within 24 hours.

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, they did not use agency staff. Staff were provided with induction.

The service had enough radiographers, sonographers, radiologists, and support staff to keep patients safe.

The manager could adjust staffing levels according to the needs of patients.

The service had low vacancy rates and low turnover rates. Many of the staff had worked at the clinic for many years, which ensured continuity of care standards.

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.

Good

Diagnostic imaging

Patient notes were comprehensive, and all staff could access them easily.

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

Records were stored securely.

Medicines

The service did not prescribe, administer, record or store medicines.

There were no controlled drugs stored or used by the department.

Contrast agents, used for enhanced MRI scans, were only managed by a trained member of staff and administered as prescribed by the patient group directions (PGDs).

The service had systems to ensure staff knew about safety alerts and incidents.

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. When things went wrong, staff apologised and gave patients honest information and suitable support.

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

Staff raised concerns and reported incidents, serious incidents, and near misses in line with the provider policy.

The service had no “never events” during the past twelve months before the inspection. Never events are serious, largely preventable safety incidents that should not occur if the available preventative measures are implemented. They include things like wrong-site surgery or foreign objects left in a person's body after an operation. Staff undertook safety checks to prevent them. Safety checks included confirmation of the patient's identity and type of scan among other checks.

Staff understood the duty of candour. The duty of candour is a general duty to be open and transparent with people receiving care from healthcare providers. Staff were open and transparent and aware of the requirement to provide patients with a full explanation if things went wrong.

There was evidence that changes had been made as a result of feedback, incidents, or near misses.

Are Diagnostic imaging effective?

Inspected but not rated

We do not currently rate effective for diagnostic imaging services.

Good

Diagnostic imaging

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Staff followed up-to-date policies to plan and deliver high-quality care according to national guidance.

There were systems to review procedures and ensure they conformed with the national guidance. Clinical practice was reviewed through the use of clinical practice audits, outcomes of which were shared to facilitate learning and improvements.

Nutrition and hydration

Patients were not required to fast before procedures. Patients had access to cold and hot beverages.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain.

Staff monitored patients' comfort during the procedure to ensure patients were comfortable.

The department served patients that were acutely well and did not prescribe nor administer any pain relief medicines.

Patient outcomes

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

The service had limited opportunities to participate in national clinical audits.

Senior managers told us outcomes for patients were positive, consistent, and met expectations. The service had limited opportunities to benchmark itself against other providers but collected clinical data related to patients' outcomes. The provider used an external auditing company to audit a minimum of 5% of ultrasound scans, x-ray, and MRI scans quality. As DEXA reports were generated via software, no external auditing was involved. The service monitored the time it took to provide reports on undertaken scans and, in the majority of cases, reported on findings on the same day.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.

Managers gave all new staff a full induction tailored to their role before they started work.

Good

Diagnostic imaging

Radiographers were appraised in accordance with the standards of proficiency for radiographers' requirements annually. All staff at the clinic were appraised annually. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Staff were aware of safety procedures, work instructions, emergency procedures, and operating instructions for the diagnostic imaging equipment. The service had a standard operating procedure for training provision and a competency framework developed to assess staff skills against set performance criteria. All staff who worked within the diagnostic imaging department had their skills assessed by the senior radiographer and were signed off by them as competent to use the equipment safely**.**

Managers made sure staff attended staff meetings, which were also used for learning and information sharing, or had access to notes when they could not attend.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role.

Multidisciplinary working

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

Staff held regular and effective staff meetings to discuss patients and improve their care. Radiographers and support staff worked well together to ensure information related to a patient's pathway was shared. Staff worked together to promote the delivery of good clinical outcomes.

Radiographers worked within surgery team when they used image intensifier; they contributed to MDT meetings concerning those patients. Other generic multidisciplinary meetings did not apply to the patient group and scope of care.

Seven-day services

Key services were available when required to support timely patient care.

There were arrangements for patients to call for support seven days a week should a patient need any support related to the diagnostic procedure.

The clinic was able to offer flexible appointments to suit individual patients' needs, they were operational Monday to Sunday.

Health promotion

Staff assessed each patient's health on the day of their scan. There were limited opportunities for the service to engage with the health promoting initiatives as their involvement in patient care was episodic.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Good

Diagnostic imaging

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.

Staff gained consent from patients for their care and treatment in line with legislation and guidance.

Staff made sure patients consented to diagnostic procedures based on all the information available.

Staff recorded consent in the patients' records. The provider audited consent records to ensure these were accurate and fully completed; the results of the audits were positive.

Access to information

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

The provider undertook a clinical notes audit to ensure staff completed documents, such as safety checks. Audits suggested that documents were accurately completed.

Patient records reviewed by us on the day of the inspection, for patients who underwent diagnostic imaging procedures at the clinic, were complete.

Are Diagnostic imaging caring?

Good

We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took the time to interact with patients in a respectful and considerate way.

Patients we spoke with said staff treated them with kindness. They felt they had been offered enough time to ask any questions they had, and staff were able to explain the benefits and risks involved in undertaking procedures.

The feedback provided through patient feedback forms, gathered by the provider, indicated patients were satisfied with the service provided by the clinic. Patients' feedback was in majority very positive. They commented that staff were "efficient and professional", "pleasant and helpful", and that they "gave confidence".

The service monitored feedback provided by patients via the internet. They responded to it through appropriate consumer review websites, where required. The feedback provided was mostly positive with patients being complimentary of the care and treatment offered, staff friendliness, and their professional conduct.

Good

Diagnostic imaging

Staff followed a policy to keep patient care and treatment confidential.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude.

Emotional support

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

Staff offered patients and those close to them help, emotional support and advice when they needed it. There was information displayed on the availability of a chaperone, who could be present during the scan.

Understanding and involvement of patients and those close to them

Staff supported and involved patients to make decisions about their care and treatment.

Staff made sure patients understood their care and treatment. Staff talked with patients in a way they could understand. We observed radiographers explaining procedures in simple language and patiently repeated information when they felt additional reassurance was required.

Patients could give feedback on the service and their treatment and staff supported them to do this.

Are Diagnostic imaging responsive?

Good

We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of patients. It also worked with others to plan care.

Managers planned and organised services, so they met the needs of the patients.

The service was involved with the development of the ultrasound referral pathway for the population of North West London as part of the local radiology network.

Facilities and premises were appropriate for the services being delivered. They reflected the profile of the service and were designed to ensure a good patient experience.

The service had systems to help care for patients in need of additional support or specialist intervention.

Meeting people's individual needs

Good

Diagnostic imaging

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.

The provider told us that patients' treatment plans were tailored to their individual needs.

The service could arrange for translation and interpretation services on demand. They would adjust service delivery to meet individual needs. The service operated a dementia protocol developed to ensure those with dementia were booked into the most appropriate setting within the clinic, duration of the appointment was extended to give the patient more time to be comfortable.

There was an accessible toilet for patients who had mobility difficulties. Staff did not use any specialist equipment to support the patient's mobility. Patients seen at the department would need to be able to transfer independently. Staff told us that patients were informed of the limitations at the time when the initial appointment was booked and their contract with the NHS provider specified that the service was not equipped to support patients with increased mobility support needs. The service could offer an MRI compatible wheelchair that patients could use to move into the MRI room. The patient would still need to be able to transfer independently from their wheelchair onto the DEXA or X-ray machine or to the wheelchair offered by the service and then onto the MRI sliding bed once in the MRI scanning room.

The service could provide a British sign language interpreter should there be a need.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times were in line with patients' expectations and were communicated at the point of initial contact.

Staff monitored access and made sure patients could access services when needed and received treatment within agreed timeframes. The provider monitored waiting times from referral to scan for all patients. In 2022, it was on average 20 days for a DEXA scan, 22 days for an MRI scan, 18 days for X-ray and 42 days for an ultrasound scan. The provider told us that patients that were referred from the NHS service were often delayed in their pathway at the point of referral. The service had a protocol for dealing with urgent referrals and reporting urgent findings to ensure no delays in treatment were experienced. The service took a maximum of 3 days to report on findings and in many cases, reporting was completed on the day of the scan.

Staff worked well to keep the number of cancelled appointments to a minimum. Patients were contacted before their appointment to prevent nonattendance.

When patients had their appointments cancelled, although it was a rare occurrence, staff made sure they were rearranged as soon as possible.

Learning from complaints and concerns

It was easy for people to give feedback and raise care concerns received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service responded to complaints in a timely way, making changes where needed based on the feedback of patients.

Good

Diagnostic imaging

The service provided information about how to raise a concern. The service had information leaflets on how to provide feedback, including how to make complaints. The service told us it was planning to join an independent private complaints service. NHS service-related complainants could have their cases referred to the Ombudsman.

Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints, which were recorded in a complaint tracking system. We found that all complaints received an initial acknowledgement within three days. The provider told us it was responding substantively to all its complaints within its 28-day target.

Managers shared feedback from complaints with staff and learning was used to improve the service.

Are Diagnostic imaging well-led?

Good

We rated it as good.

Leadership

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

The Executive Director (ED) had responsibility for the overall management of the clinic. The ED was supported by finance, operations, Head of Clinical Services, and clinical leads. There was a simple management structure with clear lines of responsibility and accountability. Staff told us the ED was visible, approachable, and supportive. The ED demonstrated a clear understanding of how the service helped to support NHS and private patients within the local health economy. The ED led the monthly management meeting with all department leads.

The diagnostic imaging department was led by the imaging lead who reported to the head of clinical services. The ultrasound service formed a separate unit and was managed by the clinical director for diagnostics. Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced.

Vision and strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on the sustainability of services and aligned with local plans within the wider health economy.

The ED and the other leaders of the service had a vision for the service to provide a caring and high-quality service aligned to support the local community. At the time of our inspection, the service was in the process of developing new areas of activity in ophthalmology for NHS patients and gastric surgery for private patients.

Good

Diagnostic imaging

Staff were aware of and able to name the values that aimed to drive service delivery and guide them at work: integrity, empathy, passion, and a can-do culture. The objective of the clinic and its staff was to provide “safe, effective services, to the highest of standards, in clean, comfortable and well-maintained surroundings.” They also wanted to focus on “treating patients with compassion, respect and dignity and consideration of their individual needs.”

The plans leaders of the department spoke about were focused on patient care and potential service development driven by patients’ feedback and their needs. For example, the diagnostic imaging department was looking to organise an additional changing room to improve the flow of the service and minimise patients' waiting times.

Culture

Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

All staff we spoke with were happy working in the service. Staff enjoyed the company of their co-workers and teams worked together to put the needs of the patient first. The service’s manager supported staff to go on additional training courses.

Staff said they could raise concerns without fear and the service manager worked to support them. Staff were open and honest with patients if things went wrong and apologised. Staff could access wellbeing and counselling services through the corporate provider.

Staff of the diagnostic imaging department told us that they enjoyed working at the clinic and felt they could make a difference in patients' lives. Staff felt the senior leadership team recognised their work and supported them with career progression.

We observed effective and professional communication between staff which supported the delivery of safe care.

Governance

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

The executive director oversaw the service’s governance processes. There were clear processes for ensuring safe care and high standards were upheld. There was a monthly governance meeting covering key areas.

The service had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service. Staff were clear about their roles and responsibilities. The ED told us learning from audits and identified through other quality monitoring activities was circulated.

The department had an ultrasound quality group, radiation safety group, and magnetic resonance imaging safety group. Those groups were overseen by the patient safety committee which met monthly. The hospital had quarterly health and safety committee that reported to the corporate committee and the executive board.

The radiation safety group meetings were attended by the diagnostics clinical director/ clinical assurance lead, the imaging lead, radiation supervisors, and the radiation protection advisor (RPA) amongst others. The RPA was

responsible for providing radiation protection advice on the implementation of ionising radiation regulations to the company and its staff. The group was tasked with reviewing policies to ensure they met legal requirements and Quality Standard for Imaging (QSI) accreditation. They would also review incidents involving ionising radiation (there were no such incidents reported by the service in 2021/2022) and safety notices sent out by equipment manufacturers to outline actions to be taken to reduce the risk of death or serious injury associated with the use of a medical device. The group had oversight of the training requirements for clinical staff who use ionising radiation for the diagnosis or treatment of patients. staff.

There was a 'morning huddle' at 9.15 am for about 30 mins. This meeting was attended by a member of staff from each department and reviewed the activity and any key issues for the day, such as outstanding maintenance and identifying the members of the crash team.

The provider had a Medical Advisory Committee (MAC) which met four times a year. The MAC was chaired by an anaesthetic consultant. The MAC was represented by all key areas of the service. The MAC also approved and removed consultant practicing privileges. If a doctor was not active for six months, their practicing privileges were suspended by the MAC.

There were 34 doctors with practicing privileges working for the provider. We examined the personal files for three of them and found that they had been correctly reviewed and approved by the MAC. Decisions were agreed upon formally during various governance meetings attended by the managers of the clinic and the clinical staff as required. The provider had systems for developing policies and procedures to ensure they reflected the published guidelines and sector-specific standards.

Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Managing risks, issues, and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

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

There was a corporate risk register and a local risk register. The local risk register was reviewed every month and as needed. Risks on a local level reflected risks identified on inspection, such as the risk of COVID19 infection and risk of an IT (Information Technology) outage or loss of connectivity. We did not identify major risks the provider was not aware of nor did we identify risks that were not listed on the provider's risk register already. Managers encouraged staff to discuss risks at the monthly staff meeting as part of the standing agenda.

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

Staff contributed to decision-making to help avoid any potential issues compromising the quality of care.

The service undertook local audits to identify learning and used them to improve the service and quality of the care and treatment.

Good

Diagnostic imaging

The provider had a system for managing critical safety alerts. They acted upon safety alerts and reviewed the practice in line with recommendations to ensure alerts' recommendations were complied with and risks were minimised.

Managing information

The service collected reliable data and analysed it. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Staff could find the data they needed, in easily accessible formats, to understand performance, and make decisions and improvements. Managers proactively monitored demand, activity and capacity and made decisions with the host NHS trusts to meet key performance indicators.

The information systems were integrated and secure. The service passed a recent International Organisation for Standardisation (ISo) data protection audit. Patient data was moved securely from the NHS system to the provider's own electronic patient record system. Staff were aware of their responsibilities of data or notification submissions to external organisations as required.

The service was registered with the Information Commissioner Office (ICO), and they were aware of their reporting requirements concerning data mishandling incidents; they told us during 2021 there were no incidents that would need to be reported to ICO.

Engagement

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

Staff were encouraged to participate in the yearly corporate staff survey, with a high response rate across the site. Staff survey results we reviewed were positive overall and identified areas and opportunities for improvement.

The service sought the views of patients through text messaging, paper forms, computer tablets and a feedback form on their website, they were also developing a QR code for feedback.

Leaders of the service collaborated with staff and the host NHS trust to help improve services for patients. For example, there were active members of local clinical groups, such as the North West London Endoscopy reference group and the local NHS radiography group.

Learning, continuous improvement and innovation

All staff were committed to continuous learning and improving services. Leaders encouraged innovation and participation in research.

The provider was developing a digital innovation platform to expand digital triage and self-selection, which was being audited by the University of East Anglia.

Good

Diagnostic imaging

Staff were encouraged to develop in a variety of ways, for example, to obtain sonographer qualifications. This was achieved by offering clinical mentoring by the Clinical Director, daily clinical supervision by buddying up with a senior member of staff, providing clinical placements, which were essential to the course completion, and investing in training.

Healthcare assistants were supported in the process of obtaining their nursing qualifications by the provider funding exams, providing clinical placements, and mentoring.

Good

Services for children & young people

Safe	Good
Effective	Good
Caring	Insufficient evidence to rate
Responsive	Good
Well-led	Good

Are Services for children & young people safe?

Good

This service has not been rated before. We rated it as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training, which was comprehensive and met the needs of children and young people. This included sepsis in paediatrics, paediatric resuscitation and suicide prevention. This meant that staff received effecting training in processes and practices relating to children and young people.

Information provided by the service demonstrated that of the 28 registered staff, 55% had completed sepsis in paediatrics whilst 82% had completed paediatric resuscitation training. The training was completed on a rolling basis and information provided demonstrated that although nine staff had yet to complete the sepsis in paediatric module, none had expired meaning that staff had undertaken the training within the last twelve months, which is in line with the National Institute of Health and Clinical Excellence guideline NG51 Sepsis: recognition, diagnosis and early management.

Paediatric resuscitation had been completed by 89% of the 9 unregistered staff members.

Clinical staff completed training on recognising and responding to children and young people with mental health needs. A module, mental capacity act and young people aged 16 and 17, had been completed by 86% of the 28 registered staff and meant that staff were aware of the potential needs of young people with mental health needs.

Safeguarding

Staff understood how to protect children, young people and their families from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Good

Services for children & young people

Staff received training specific for their role on how to recognise and report abuse in children and young people. 100% of staff (15 non-registered and 1 registered) had completed level two children's safeguarding training, whilst 74% of the 27 registered staff and 78% of the nine non-registered staff had completed level three children's safeguarding training. Of the 9 members of staff outstanding, only 1 had not completed the training within the last twelve months. This was in line with the Royal College of Paediatric and Child Health intercollegiate document Safeguarding Children and Young People.

79% of both registered and non-registered staff had completed a separate module in female genital mutilation.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Staff knew how to make a safeguarding referral and who to inform if they had concerns, including a designated safeguarding lead who operated an on-call system with the deputy safeguarding lead to ensure staff could seek support whenever they needed to.

Staff followed safe procedures for children visiting the department. Staff gave examples of rescheduling appointments for people who had brought a child along to an appointment.

Cleanliness, infection control and hygiene

Please see diagnostic core service

Environment and equipment

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

Staff carried out daily safety checks of specialist equipment which included paediatric resuscitation equipment, oxygen masks and defibrillator pads. Checks had been undertaken daily in line with the service policy and medications, sharps etc were kept securely.

The service had suitable facilities to meet the needs of children and young people's families. Doors had slam protection hinges and a disabled toilet had a baby change facility. Clear markings were on all no entry areas. These had both writing and symbols so that people could understand regardless of their reading ability.

Lighting could be turned down, and headphones were provided, and music played for patients with sensory, behavioural or mental health needs.

Assessing and responding to patient risk

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

Good

Services for children & young people

The service did not have a deteriorating child policy in place at the time of the inspection. This meant that staff may not identify or respond appropriately to changing risks of children and young people who use the services, including deteriorating and medical emergencies. The service had a paediatric basic life support algorithm for staff to follow, this was within the resuscitation policy for the service.

Staff trained in intermediate life support for adults and children were assigned the role of resuscitation team member daily at the beginning of shift. This meant that there was a dedicated team ready to respond in the eventuality of a seriously unwell patient.

Clinical observations of children were not required to be taken during diagnostic appointments for children and young people.

Staff completed an initial risk assessment in the form of a safety questionnaire for each child and young person on their arrival. This included three points of identification, reason for attendance, site for scan and any known allergies. This meant that the right person received the right treatment. This was in line with the Society and College of Radiographers pause and check guidance and the Royal College of Radiographers patient identification guidance and advice document.

Contrast dye and complex MRI's, such as gynaecological and abdominal, were not undertaken by the service for people under the age of 18. These procedures were undertaken at a specialist facility elsewhere.

A safety huddle was held each morning and contained any relevant detail relating to any young people such as, safeguarding concern, looked after children, allergies etc. This meant the team had sight of any relevant information to assist them in keeping the patient safe.

When young people were discharged from the service, information was shared with the general practitioner and any other relevant professional making the diagnostic referral.

Staffing

Please see diagnostic imaging core service

Records

Please see diagnostic imaging core service

Medicines

The service did not administer any medication, please see diagnostic imaging core service

Incidents

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

Good

Services for children & young people

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

Staff raised concerns and reported incidents and near misses relating to children and young people in line with trust policy. Two incidents had been reported between June 2021 and June 2022. These both related to adult service users attending with children. In each case managers had investigated incidents thoroughly.

Staff met to discuss the feedback and improvements were made to children and young people's care.

The service had no "never events" in the last twelve months.

Staff and managers were able to give examples of when duty of candour would apply and what it meant.

Are Services for children & young people effective?

Good

This service has not been inspected before We rated it as good.

Evidence-based care and treatment

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

The service was accredited in ISO27001, an international standard on information security, and was working towards the quality standards for imaging accreditation.

Please see diagnostic imaging core service.

Nutrition and hydration

Please see diagnostic imaging core service

Pain relief

Pain relief was not administered

Patient outcomes

Staff did not monitor the effectiveness of care and treatment. To use the findings to make improvements and achieved good outcomes for children and young people.

The service did not participate in any national clinical audits relating to children and young people. This was because there were not any suitable ones available.

Good

Services for children & young people

Local audits undertaken, such as hand hygiene and documentation audits, were not separated by adult and young people due to small number (less than 0.1%) seen within the service.

Competent staff

Please see diagnostic imaging core service

Multidisciplinary working

Please see diagnostic imaging core service

Seven-day services

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

Staff could call for support from a resuscitation support team seven days a week and a resident medical officer during times when surgery was being delivered.

Health promotion

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

The service had information promoting healthy lifestyles and support on display around the hospital including posters about smoking cessation.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a child or young person had the capacity to make decisions about their care. Gillick competence relates to children and young people under the age of 16 and essentially is designed to assess whether the child has the maturity to make their own decisions and to understand the implications of those decisions according to the National Society for the Prevention of Cruelty to Children. Staff had completed a training module in the mental capacity act and young people aged 16 and 17 which included Gillick competence, this meant that staff knew how to appropriately gain consent from patients.

Five records of 16- and 17-year olds were checked for consent. In all, consent had been documented appropriately.

Are Services for children & young people caring?

Insufficient evidence to rate

This service has not previously been inspected. We did not have enough evidence to rate this domain.

Good

Services for children & young people

During the inspection no young people attended the service. No enquiries about good care or concerns around care of young people had been received by the Care Quality Commission and, although a large amount of positive patient feedback was provided by the service, this did not specifically relate to young people.

Are Services for children & young people responsive?

Good

This service has not been rated before We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served.

Managers monitored and took action to minimise missed appointments, this included a text prompt and telephone call prior to the appointment. Any missed appointments were rebooked as quickly as possible.

Managers ensured that children, young people and their families who did not attend appointments were contacted. A was not brought policy was in place, this policy was within its review date and contained important information on what to do if a young person was not brought for their appointment, including making contact with the referrer. Staff knew and understood what to in those circumstances.

Meeting people's individual needs

The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help children, young people and their families access services.

Staff made sure children and young people living with mental health problems, learning disabilities and long-term conditions received the necessary care to meet all their needs. This included booking out lengthier appointment times, pre-procedure visits and carers accompanying patients during their procedures if required.

The service had information leaflets available which could be printed in languages spoken by the children, young people, their families and local community and could access translation services when required.

Appointment letters sent out to patients explained not to bring children to adult appointments as they could not be left alone during the procedure.

Access and flow

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

Good

Services for children & young people

When children and young people had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance. The service monitored cancelations. They broke this information down into whether the cancellation was the service or whether the patient did not attend. This information was mapped against total activity, total non-activity and percentage of did not attend and cancelled appointments. This information was not broken down to young people due to the small numbers of activity.

Therefore, please see diagnostic imaging core service.

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 clearly displayed information about how to raise a concern in patient areas meaning that people could easily share their feedback.

The service monitored which area a complaint was from, whether it was formal or informal, what the response was and whether a resolution had been reached and the date when the service had responded. No complaints had been received by the service relating to children and young people between May 2021 and May 2022.

Please see diagnostic imaging core service.

Are Services for children & young people well-led?

Good

This service has not been rated before We rated it as good.

Leadership

Please see diagnostic imaging core service.

Vision and Strategy

Please see diagnostic imaging core service.

Culture

Please see diagnostic imaging core service.

Governance

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

Good

Services for children & young people

We reviewed governance meeting minutes from July 2021, November 2021 and May 2022. Performance, executive director updates, incidents, risk register, complaints, key performance indicators and patient feedback were all discussed as standing agenda items. The minutes of the MAC meeting on the 11th May 2022 demonstrated that information relating to the attendance of 16 to 18 years only are allowed on site for non-contrast MRI NHS appointments. This information was fed down to colleagues throughout the service and, also featured as part of the minutes recorded in the 27th May 2022 team leader meeting.

Management of risk, issues and performance

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

24 risks were listed on the clinical risk register for the provider, none of these related to children and young people.

Please see diagnostic imaging core service

Information Management

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

When children and young people were discharged from the service, information was shared with their general practitioner or referrer to ensure their care was continued appropriately.

The service had effective arrangements to ensure that data and notifications were submitted to external bodies as required. For example, an updated statement of purpose had been submitted to the Care Quality Commission informing the assessment and treatment of children under the age of 16 were no longer provided by the service.

Engagement

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

Please see diagnostic imaging core service.

Learning, continuous improvement and innovation

Please see diagnostic imaging core service.