

# Spire Windsor Clinic







## Quality Report

Highbury Place  
30 Frances Road  
Windsor  
Berkshire  
SL4 3AA  
Tel: 01753 665454  
Website: [www.spirehealthcare.com](http://www.spirehealthcare.com)

Date of inspection visit: 16 March 2017  
Date of publication: 08/06/2017

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

## Ratings

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

### Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

# Summary of findings

## Overall summary

Spire Windsor Clinic is operated by Spire Healthcare Ltd. The service provides diagnostic, imaging and consultation services. The clinic is part of Spire Thames Valley Hospital but is registered separately: people may attend both the clinic and the hospital, either by their own choice or at the request of their consultant. In addition to the services provided directly by Spire, independent practitioners provide consultations from the premises, these were not inspected, as they do not fall within the remit of this inspection.

The service has consultations for initial and follow up appointments with consultants providing surgery, medical care, services for children and young people, plain x-ray and MRI scans. There was also a treatment room for nurse-led follow up appointments and wound-dressing changes.

We inspected this service using our comprehensive inspection methodology. We carried out the announced part of the inspection on 16 March 2017, along with an unannounced visit to the hospital on 28 November 2016.

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

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

### Services we rate

We rated this service as Good overall.

We found good practice in relation to outpatient care:

- Staffing levels were sufficient to meet patient needs, and skill mix was planned and reviewed to ensure that patients were safe.
- We found a good incident reporting culture, staff were trained how to report and there was a willingness to learn from mistakes.
- The hospital had systems in place for reporting abuse and safeguarding patients.
- Equipment was maintained and appropriately checked.

### Leanne Wilson

Interim Head of Hospital Inspection, South Central Region

# Summary of findings

## Contents

### Summary of this inspection

Background to Spire Windsor Clinic	Page 5
Our inspection team	5
Information about Spire Windsor Clinic	5
The five questions we ask about services and what we found	6

### Detailed findings from this inspection

Overview of ratings	8
---------------------	---

Good



# Spire Windsor Clinic

**Services we looked at**

Outpatients and diagnostic imaging

# Summary of this inspection

## Background to Spire Windsor Clinic

Spire Windsor Clinic is operated by Spire Healthcare Ltd. The service opened in 2007. It is a purpose built private outpatient clinic in Windsor, Berkshire. It had seven consulting rooms and one treatment room. The diagnostic imaging suite consisted of a plain x-ray room, MRI scanning suite, changing facilities and an accessible toilet. In addition, there was an imaging reporting room located on the third floor of the building and a second in the MRI control room. The departments were all open

between 7.30am and 6.30pm on weekdays and occasional clinics were held on Saturday mornings from 8am-1pm, giving people of working age the flexibility to attend before or after work.

The clinic primarily serves the communities of the North Hampshire and Berkshire for both private (self-pay and insured) and NHS patients. It also accepts patient self-referrals and GP referrals from outside this area.

The hospital has had a registered manager in post since 1 August 2016

## Our inspection team

The team that inspected the service comprised a CQC lead inspector and one other CQC inspector. Leanne Wilson, Interim Head of Hospital Inspection, oversaw the inspection team.

## Information about Spire Windsor Clinic

The clinic is registered to provide the following regulated activities:

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

During the inspection, we visited the clinic. We spoke with six staff including registered nurses, reception staff, radiographers and senior managers. We did not speak to any patients as no clinics were running on the day we were there. During our inspection, we reviewed eight sets of patient records.

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

Two externally employed, regular resident medical officers (RMO) worked on a weekly rota.

Track record on safety (July 2015 to June 2016):

- No Never events
- No clinical incidents
- No serious injuries
- No complaints

### Services provided at the hospital under service level agreement:

- Clinical and or non-clinical waste removal
- Interpreting services
- Laundry
- Maintenance of medical equipment
- Pathology and histology
- RMO provision
- Specialist blood services

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We rated safe as good because:

- The clinic had a policy for the reporting of incidents, near misses and adverse events. Staff were encouraged to report incidents using the hospital's electronic reporting system.
- Staff we spoke with had a good understanding of the principles of being open with patients when things went wrong and senior staff understood the steps they needed to take if there was an incident which triggered the duty of candour.
- Equipment for use in an emergency was clean, well maintained and ready for use.
- The clinic used a Spire-wide policy for the safeguarding of vulnerable adults. We reviewed the policy, which sets out the roles and responsibilities of staff if they needed to escalate concerns about the safety and welfare of patients. Staff had appropriate knowledge of this.

Good



### Are services effective?

We do not currently collate sufficient evidence to rate effective:

- Care and treatment was provided in line with evidence-based guidelines and best practice.
- The clinic carried out clinical and non-clinical audits, both corporately and locally led.
- The clinic used a training system that allowed staff to record their training that managers could also view for governance purposes.
- Staff told us they received an annual appraisal from their line manager. They told us the appraisal process was structured and effective.

Not sufficient evidence to rate



### Are services caring?

We have not rated caring as we did not see or speak with any patients during the inspection, however we found area's of good practice:

- Outpatient and diagnostic services were delivered by caring, committed and compassionate staff.
- Although we did not see any patient interactions as there were no clinics running, all staff in the clinic had received specific training on providing compassionate care.
- Staff we spoke with had an understanding of the emotional impact care and treatment could have on patients.

Not sufficient evidence to rate



# Summary of this inspection

## Are services responsive?

We rated responsive as good because:

- The clinic planned consultations and treatment for patients. Appointment times were flexible in response to patient need and to give patients choice.
- The clinic ensured that the numbers and skill mix of staff was appropriate for the patients attending the clinic.
- The individual needs of patients were met, as far as possible, by the clinic. Adjustments would be made where necessary to accommodate patients with additional needs, for example, those living with dementia.
- The clinic had a complaints procedure and policy. The clinic had not received any complaints.

Good



## Are services well-led?

We rated well-led as good because:

- Staff we spoke with felt that managers were accessible and that there was an 'open door' approach.
- Staff we spoke with were proud to work at the clinic, and of the standard of patient care, they delivered.
- The clinic displayed its vision, values and mission statement for the staff to see. The mission statement was "to bring together the best people who are dedicated to developing excellent clinical environments and delivering the highest quality patient care." The vision was "to be recognised as a world class health care business". The values were; "Caring is our passion. Succeeding together, driving excellence, doing the right thing, delivering our promises and keeping it simple."
- The Hospital Director at the nearby Spire Thames Valley Hospital held regular staff forums that discussed the strategy for the hospital and clinic. This was underpinned with communication at senior management team, heads of department and team leader level.

Good



# Detailed findings from this inspection

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients and diagnostic imaging	Good	Not rated	Not rated	Good	Good	Good
Overall	Good	Not rated	Not rated	Good	Good	Good

# Outpatients and diagnostic imaging

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

## Are outpatients and diagnostic imaging services safe?

Good 

We rated safe as good.

### Incidents

- The clinic had a policy for the reporting of incidents, near misses and adverse events. Staff were encouraged to report incidents using Spire's electronic reporting system. The staff we spoke with were able to describe the process of reporting incidents and understood their responsibilities to report these.
- No radiation incidents had been reported by the clinic in the year prior to the inspection. These are incidents where patients had received an unnecessary dose of radiation for some reason. Staff told us they would report these incidents using the reporting system and inform the manager of the diagnostic imaging department. The manager would then, where appropriate to do so, notify the Care Quality Commission (CQC).
- Advice regarding radiation incidents was sought from the lead radiographer that was based at the Spire Dunedin hospital who acted as the radiation protection advisor for several local Spire facilities.

### Duty of Candour

- The duty of candour is a regulatory duty relating to openness and transparency and requires providers of

health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person.

- Staff told us that no incident had occurred that triggered the duty of candour process, in the year prior to the inspection.
- Staff we spoke with had a good understanding of the principles of being open and honest with patients when things went wrong, and senior staff understood the steps they needed to take if there was an incident which triggered the duty of candour.

### Cleanliness, infection control and hygiene

- The clinic used a Spire group-wide infection prevention and control manual. The policy provided information and advice to staff on use of personal protective equipment, hand hygiene and infection isolation precautions.
- The outpatient, physiotherapy and diagnostic imaging departments were visibly clean and tidy.
- The clinic was inspected by the infection prevention and control lead from the Spire Thames Valley hospital, who also chaired the infection prevention and control committee. This was attended by representatives of the outpatient, physiotherapy and diagnostic imaging departments. There was a clear route for infection prevention and control concerns to be escalated.
- We saw that all clinical staff followed the 'bare below the elbow' policy to allow thorough hand washing and reduce the risk of cross infection.

# Outpatients and diagnostic imaging

- Personal protective equipment (PPE), such as gloves and aprons, were readily available for staff in all clinical areas, to ensure their safety when performing procedures. We observed staff used them appropriately.

## Environment and equipment

- The outpatient patient department had seven consulting rooms and one treatment room. The diagnostic imaging suite consisted of a plain x-ray room, MRI scanning suite, changing facilities and an accessible toilet. In addition, there was an imaging reporting room located on the third floor of the building and a second in the MRI control room.
- Access to the diagnostic imaging department was via a secure door with an electronic keypad. This ensured that patients were always accompanied into the controlled area and there was no unauthorised access.
- In all of the consulting rooms, diagnostic imaging rooms, the treatment rooms, and the main reception, there was a call bell system to allow patients or staff to signal for help. If a button was pressed, staff within the clinic would be alerted. Staff told us that each week a different call button in the hospital was tested.
- Equipment we checked across the outpatient and diagnostic imaging departments was appropriately safety tested. We found labels on each piece of equipment saying when the next check was due, and none of these were out of date.
- Staff we spoke with were clear about procedures to follow if faulty or broken equipment was found. The x-ray and MRI machines were maintained and checked by an external contractor. We saw records which confirmed this. Staff told us that engineers were responsive to breakdown calls.
- Resuscitation equipment was located at reception. This was found to be clean, well maintained and ready for use in an emergency. It was checked every day the clinic was open. We saw records to confirm this.
- We saw evidence that waste was properly separated and managed. In all of the clinical rooms we saw pedal operated bins for clinical and non-clinical waste, in addition to separate sharps bins which had been signed and dated when assembled.

- Appropriate personal radiation protective equipment was available for staff and patients in the diagnostic imaging department. We saw a range of lead gowns for radiation protection and glasses for staff and patients. These were checked every six months for signs of wear and to ensure they remained effective. Staff in the diagnostic imaging department wore personal radiation dose meters, which were checked at regular intervals in accordance with current guidelines.
- There was emergency oxygen stored in the MRI control suite. This was in date, appropriately stored, and ready for use.

## Medicines

- Medicines were stored safely and securely in the outpatient's area. We saw the medicines were stored in a locked room and the keys to cupboards were held by the lead nurse on duty.
- Private prescription pads were seen to be held securely with a log of issued prescriptions correctly maintained. This reduced the risk of a prescription being lost or stolen, and provided governance assurance of good medicine management processes.
- Medicines requiring temperature-controlled storage were in a locked refrigerator. We saw records of daily monitoring of this. Staff were aware of what to do in the event of the refrigerator going out of temperature range.
- In the diagnostic imaging suite, no contrast media was used or stored as the staff had assessed the use of contrast media was high risk.

## Records

- We saw eight sets of patient records and found these were completed, legibly and signed.
- We saw patients' information and medical records were managed safely and securely. During clinics, all patient records were kept in a locked office and transferred to the consultant when the patient arrived for their appointment. Staff told us they had no difficulty in retrieving patient notes for clinic appointments. Records of nursing treatment were also held securely on-site and archived appropriately.

# Outpatients and diagnostic imaging

- All the staff we spoke with were aware of their responsibilities around the safekeeping of records and the confidentiality of patient information. Patient identifiable information such as patient records were stored securely in locked cabinets.
- The Picture Archiving and Communications System (PACS) is a nationally recognised system used to report and store clinical patient images. This system was available and used across the x-ray and imaging department.
- Image transfers to other hospitals were managed electronically via a secure system.

## Safeguarding

- There were policies in place for children's and vulnerable adult's safeguarding.
- The Head of Clinical Services for Spire Thames Valley hospital was the safeguarding lead for the clinic and had received level three for both adult and children safeguarding training. The safeguarding lead demonstrated a clear understanding of their responsibilities concerning both adult and children safeguarding concerns.
- Nursing and radiography staff we spoke with demonstrated a good awareness of what to do if they had a safeguarding concern and who to contact should they require advice.
- Staff confirmed to us that level two safeguarding vulnerable adults and children was included in their mandatory training. Staff training records confirmed this.

## Mandatory training

- Staff completed a number of mandatory training modules as part of their induction and updated them in line with the current training policy. Training included infection control, basic life support, fire safety, equality and diversity and adult and children's safeguarding level one and two.
- Training was mostly delivered through Spire's online learning packages but there was also face-to-face teaching and practical sessions offered. Staff reported they completed online learning and booked dates for the practical and face-to-face teaching sessions.

- Training was monitored by the outpatient and diagnostic department leads. We saw electronic training records that showed all staff were up to date with their mandatory training.
- Staff we spoke with were positive about the training provided and were confident they would be supported to attend additional training if requested.

## Assessing and responding to patient risk

- Processes were in place and followed to ensure the right patient received the correct radiological investigation. A senior radiographer reviewed all requests before patients were x-rayed or scanned.
- All patients undergoing an MRI scan were asked a series of safety questions in the privacy of the control room before they were admitted into the scan room.
- There was a cross checking system in outpatients to ensure the correct patient identity. Reception staff checked patient details on arrival. The consultant or nurse, when calling through the patient, carried out a further check. The clinical staff rechecked the patient details once in the consultation room, to ensure the patient and their notes and any electronic records related to the same patient.
- Patients at the hospital always had access to a registered medical officer (RMO) from the Spire Thames Valley hospital if required. RMO's were trained in advanced life support. They provided medical support to the patient and outpatient staff if a patient became unwell.
- We observed good practice for reducing exposure to radiation in the diagnostic imaging department. Local rules were available and had been signed by all members of staff, which indicated they had read the rules. Diagnostic imaging staff had a good understanding of protocols and policies.
- We observed good radiation compliance during our visit. The department displayed clear warning notices, doors were shut during examination and warning lights were illuminated. We saw radiographers referring to the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER) for patient's examinations. A radiation protection supervisor was contactable if required, which complied with IRMER. A radiation protection adviser service was provided by an external contractor.

# Outpatients and diagnostic imaging

- There was clearly visible and appropriate radiation hazard signage outside the x-ray rooms for staff and patients.
- Lead aprons limit exposure to radiation to keep patients and staff safe. We saw lead aprons available in the x-ray room.
- Imaging request cards included pregnancy checks for staff to complete to ensure women who may be pregnant informed radiographers before any exposure to radiation. We noted there was a pregnancy safety poster displayed on the door to the x-ray room.

## Nursing staffing

- There were no set guidelines on safe staffing levels for the clinic. Staff reported they had sufficient numbers of staff, based on their experience and clinic levels, to meet the workflow and patient needs in a safe manner. The outpatient clinics were staffed by registered nurses.
- Staff teams had regular meetings to share important updates, such as changes to planned clinics or staffing for the day.
- Staff were willing to be flexible when needed and told us they enjoyed the work, and patient safety was a priority.

## Medical staffing

- Consultants that used the Windsor Clinic all had practising privileges (permission to practise as a medical practitioner in that hospital) with the Spire Thames Valley hospital and used the clinic for outpatient consultations. Clinics were scheduled to meet patient demand.

## Emergency awareness and training

- The clinic shared a business continuity plan with Spire Thames Valley hospital, which covered a number of major potential incidents, such as bomb explosion, fire, flood, loss of power, communication or water. The plan included action cards to follow for each emergency and specific instruction for the diagnostic imaging and outpatient departments for the continuity of services, and staff were aware of this.

## Are outpatients and diagnostic imaging services effective?

Not sufficient evidence to rate 

We inspected but did not rate 'effective', as we do not currently collate sufficient evidence to rate this.

## Evidence-based care and treatment

- Patient's care and treatment was planned and delivered in line with current evidence based guidance, best practice and legislation. Information about patient's care and treatment, and their outcomes, were routinely collected and monitored. Policies and procedures followed approved guidelines such as National Institute for Health and Care Excellence (NICE) and Royal College of Radiologists standards. This included policies such as privacy and dignity, safeguarding, medicines, incident reporting, consent and clinical supervision.
- There was evidence of local audits, for example hygiene and infection control, pharmacy and prescription pads.
- Audits of compliance with Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R) were completed annually. Actions taken as a result of these audits were seen. Imaging Dosing Reference Levels were audited to ensure that patients were being exposed to the correct amount of radiation for an effective, safe image.
- Staff attended meetings for outpatients and radiology to promote shared learning.

## Pain relief

- Consultants were able to provide private prescriptions to patients who required pain relief.
- Patients were given advice on pain relief they may need to use at home, during their recovery from their outpatient procedure.

## Nutrition and hydration

- Complimentary hot and cold beverages were available in reception.

## Patient outcomes

- Nursing staff in the clinic monitored patient outcomes and incidents such as surgical site infections. Any concerns about a patient's wound, level of pain or range of movement would be communicated directly with the consultant.

# Outpatients and diagnostic imaging

- The diagnostic imaging department collected information on images which were rejected, because the image quality meant they could not be used. We were told that this information was available to the radiation protection adviser, who could review trends in the number of images rejected and, if deemed appropriate, put in place actions to reduce this.

## Competent staff

- All staff had the right qualifications, skills, knowledge and experience to do their job when they started in post, or when they took on new responsibilities.
- All staff administering radiation were appropriately trained to do so. The staff in the diagnostic imaging department had worked there for a number of years and were always supervised in accordance with legislation set out under IR(ME)R 2000.
- All nurses and radiographers had received an appraisal in the last year. Staff described the appraisal process as a valuable experience, and felt that their learning needs were addressed; they were also given the opportunity to attend courses to further their development.
- Consultants wanting to work at the clinic had to apply for practising privileges. This process was managed by the Spire Thames Valley hospital. This was done by completing the consultants handbook and application form as well as submitting the relevant documents such as disclosure and barring service checks, appraisal, GMC registration information and evidence of Medical Indemnity Insurance. This information was collated and the medical advisory committee reviewed and approved accordingly. Practising privileges for consultants were granted by the medical advisory committee. This met quarterly and discussed applications for the granting of practicing privileges. Practising privileges were reviewed for each consultant by the Spire Thames Valley hospital director and matron every two years. They also reviewed activity reports for individual consultants. If concerns were raised regarding individual consultants practice, this would be reviewed urgently, with the involvement of the chair of the MAC if necessary.
- The medical advisory committee (MAC) monitored consultants' practice to ensure consistency with their specialty and compliance with the Spire consultants'

handbook. This included assessment of reports relating to clinical performance of individual consultants at the request of the Clinical Governance Committee or the Hospital Director.

- Clinical staff held regular educational programmes. These were attended by GPs, radiologists, radiographers and physiotherapists. A specialist, for that particular clinical topic, ran the clinical educational with input from all attendees. We reviewed the programme for "The Windsor Knee Clinic Educational Programme - June 2016", and found the following topics were discussed: "An orthopaedic perspective on barefoot and minimalist running", "greater trochanteric pain syndrome", "management of posterior cruciate ligament (PCL) injuries- an evidence based review". All attendees received CPD points and the sessions were held free of charge.

## Multidisciplinary working

- Staff across the clinic worked together with a multidisciplinary approach to patient care and treatment.
- We observed there was effective team working, between all staff groups. Staff told us they felt supported by other staff groups and there was good communication across the clinic.

## Access to information

- All images and reports in the diagnostic imaging department were stored on an electronic system, which was accessible by radiographers, radiologists and relevant consultants.
- The diagnostic imaging department had access to an image exchange portal, which enabled the service to securely access and share images with NHS or other independent hospitals.
- Consultants who worked in the clinic had access to the computer programme which scheduled their clinics. This meant that they and their secretaries were able to review the clinic times and patients scheduled for that clinic.

# Outpatients and diagnostic imaging

- All of the hospital policies and procedures were stored on the intranet, which was accessible to all staff and procedures specific to the diagnostic imaging department were stored on a shared folder, which was accessible to relevant staff.
- All appointment letters sent to private patients included a charging sheet to ensure they were aware of any charges before attending their appointment.
- GP referral letters would also be available for private patients, unless self-referring.

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

- All clinical staff had to complete a module on the Mental Capacity Act 2005 (MCA) as part of their mandatory training. All staff in the clinic had completed the training. This was above the target for completing 95% of mandatory training.
- The clinic used a Spire group-wide consent policy which we saw addressed situations where patients lacked the ability to give consent.
- Staff we spoke with understood the principles of consent and the Mental Capacity Act 2005. Staff told us that it was a consultant-led service and if a patient lacked capacity to provide consent for any procedure they would escalate it to the responsible consultant and not continue with the treatment. The consultants would carry out any capacity assessments where required.
- Verbal consent was given for most general x-ray and OPD procedures carried out. Some consultants also sought written consent from patients for some specific procedures.
- Guidance about obtaining informed consent of parent or carer and a child were included in Spire's consent policy published in January 2016. The policy covered that a child under the age of 16 can consent to treatment if the healthcare professional responsible for the child's care has assessed him/her as being 'Gillick' competent. This means that they have sufficient maturity and understanding to make the decision in question. Where a child is not Gillick competent, consent can be given by someone on their behalf who

has 'parental responsibility', this was also defined in the policy. The policy also covered consent in young children. Staff we spoke with, that were qualified to care for children were aware of the issues around consent.

## Are outpatients and diagnostic imaging services caring?

Not sufficient evidence to rate 

We inspected but have not rated caring as we did not see or speak with any patients during the inspection.

## Compassionate care

- Outpatient and diagnostic services were delivered by caring, committed and compassionate staff. Although we did not see any patient interactions as there were no clinics running, all staff in the clinic had completed the mandatory training module in 'Compassion in Practice'.
- Within the outpatient, department and physiotherapy there were individual consulting rooms displaying 'free/engaged' signs on the door. This provided privacy and dignity to patients during their consultation.
- The clinic used a Spire group-wide policy for using chaperones for appointments. We reviewed the policy, which listed the types of procedures which a chaperone must be offered for. We saw signs in every clinic room and imaging room that informed patients that they could ask for a chaperone for any appointment. Staff we spoke with said they acted as chaperones, in particular for clinics which involved intimate examinations. They said a record was made when there was a chaperone at the appointment.

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

- In the reception area, we saw there was information on TV screen and leaflets informing private patients that they would be responsible for the cost of their treatment, including any additional tests or minor procedures which they might need.
- During our inspection, we saw there was a wide range of health promotion literature in waiting areas.

## Emotional support

# Outpatients and diagnostic imaging

- Staff we spoke with had an understanding of the emotional impact care and treatment could have on patients. Especially if there was a possibility of unexpectedly bad news during the appointment.
- Within diagnostic imaging, families and carers were invited to stay with patients during scans if a patient was particularly anxious and the patient agreed. The family member or carer had to complete a safety questionnaire prior to being allowed to stay.

## Are outpatients and diagnostic imaging services responsive?

Good 

We rated responsive as good.

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

- The clinic offered a range of outpatient specialities to meet the needs of the local people; 60% of appointments were for orthopaedic surgery; 15% for plastic and cosmetic surgery, 5% for male and female fertility, 5% for cardiology, 3% for physiotherapy, 2% for dermatology, 5% respiratory and less than 5% or fewer for the other specialities offered.
- The departments were all open between 7.30am and 6.30pm on weekdays and occasional clinics were held on Saturday mornings from 8am-1pm, giving people of working age the flexibility to attend before or after work.
- We saw magazines and newspapers readily available in the reception area. There were chairs of varying heights to allow post-operative patients to sit comfortably. There was a television for patients to watch while they waited.
- On-site car parking at the clinic was available and this was free of charge.
- There were written information leaflets in the reception area about general health and wellbeing and services offered by the clinic. This included information leaflets on topics such as, information on fees, pain management, cosmetic surgery, women's health and breast health.

- The consultants' secretaries arranged patient appointments with the outpatient reception team. They liaised with patients and gave them a choice of time for their appointment
- Patients could have their x-rays carried out by the clinic on the same day as their appointment. Staff in the imaging department reviewed clinic lists daily to determine if any patients would require an x-ray. They liaised with nursing staff accordingly to schedule patients for imaging.
- Radiologists reported on images and scans within 48 hours of the patients' investigation.

### Meeting people's individual needs

- The clinic used a Spire group-wide equality and diversity policy. All staff in the clinic had to complete equality and diversity training as part of their mandatory training. All staff at the clinic had completed the training.
- Appropriate seating was available in the reception waiting area. Raised-height chairs were provided for post-operative orthopaedic patients that might have difficulty standing from low heights.
- Private changing facilities were available for patients in the diagnostic imaging department. Rooms contained lockers where patients could safely store belongings.
- All written information, including pre-appointment information and signs were in English. Staff told us these were available on request in other formats, such as other languages, pictorial or braille, through a national contract. Staff told us there were low numbers of patients whose first language was not English. Staff could organise face to face or telephone translation as necessary if the patient had a specified communication need.
- There was written information about procedures carried out in the clinic and other topics, such as knee arthroscopy and cosmetic surgery.
- Imaging requests via the Radiology Information System (RIS) included pregnancy checks for staff to complete to ensure women who may be pregnant informed radiographers before any exposure to radiation.

### Access and flow

# Outpatients and diagnostic imaging

- We noted there was a 'Pregnancy Safety Poster' displayed on the door to the x-ray room, to further alert patients to notify the radiographer if they are or may be pregnant.

## Learning from complaints and concerns

- The clinic used a Spire group-wide complaints policy. We reviewed the policy, which sets out the two stage procedure for complaints from NHS patients and three stage procedure for complaints from private patients. Stage one involved an investigation and response by the hospital. If a complaint went to stage two, it was reviewed by Spire Group's medical director for private patients or an independent investigation by the Parliamentary and Health Service Ombudsman for NHS patients. For private patients the complaint could then be escalated to stage three, which was an independent investigation by the Independent Sector Complaints Adjudication Service (ISCAS).
- There had been no complaints that originated from the Windsor Clinic. Incidents and complaints were discussed as part of regular staff meetings held at Spire Thames Valley hospital. Staff from the clinic attended these meetings and cascaded information and potential learning to colleagues via team meetings.

## Are outpatients and diagnostic imaging services well-led?

Good 

We rated well-led as good.

## Leadership and culture of service

- The senior leadership and management for the Windsor clinic came directly from Spire Thames Valley hospital.
- Staff in the clinic told us there was a good relationship between the medical and nursing staff.
- The clinic had a Spire group-wide whistleblowing policy in place and posters on staff noticeboards which informed staff of the policy. Staff we spoke with told us they would be comfortable speaking up if they had a concern to either their managers or directly to the senior management team.

## Vision and strategy for this core service

- The clinic displayed its vision, values and mission statement for the staff and public to see. The vision for the clinic mirrored that of Spire Thames Valley hospital and was "to be recognised as a world class health care business". The values were; "Caring is our passion, succeeding together, driving excellence, doing the right thing, delivering our promises and keeping it simple."
- Staff spoke passionately about the service they provided and the care they offered to patients but they were unable to articulate what the vision was for the individual departments that we visited.
- The clinic had agreed a three-year business and clinical strategy, which included six areas of focus. This included the need to increase self-paying private patients, to develop off-site diagnostics, and improve patient satisfaction.

## Governance, risk management and quality measurement

- The clinic was a satellite of Spire Thames Valley hospital despite a separate CQC registration. The clinic's governance, risk management and quality measurement processes were integrated with the Spire Thames Valley hospital.
- There was a defined governance and reporting structure in the Spire Thames Valley hospital, which the clinic fed into. Managers from the hospital departments attended the clinical governance committee, heads of department meetings, health and safety committee meetings and the infection prevention and control committee meetings. The outpatient clinical lead attended all these meetings for the OPD and cascaded and shared information with the local team based at the clinic.
- Staff were able to describe what an incident was and how to report them, however there was limited incident reporting taking place. The clinic was a small facility with a small but established staff base and concerns were discussed verbally. There is a potential missed opportunity for learning by not gathering data regarding potential incidents and near misses.

## Public and staff engagement

# Outpatients and diagnostic imaging

- Patients were encouraged to leave feedback about their experience by the use of a patient satisfaction questionnaire and for NHS patients by the Friends and Family Test (FFT).
- There was a staff newsletter produced by the Spire Thames Valley hospital which encompassed the Windsor clinic. This gave information about upcoming education sessions which staff could attend for learning. The newsletter also reported on charity events and fund raising that hospital staff had been involved in. Staff awards were also reported.
- The Spire Thames Valley hospital ran staff forums and had a committee for staff to engage with management. Staff from the clinic attended the forums and cascaded information to colleagues at local team meetings.

## **Innovation, improvement and sustainability**

- Radiologists who worked at the clinic had developed a Windsor orthopaedic radiologist group. The group met monthly to discuss case studies in order develop the process for reporting on images more responsive. The group included consultants, radiologists, radiographers, physiotherapists, occupational therapists and nurses.