

Medical Imaging Partnership Limited

Prime Health Harley Street

Inspection report

45 Queen Anne Street
London
W1G 9JF
Tel: 02070368800

Date of inspection visit: 24 November 2021
Date of publication: 11/02/2022

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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Inspected but not rated



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



Summary of findings

Overall summary

This is the first time we have inspected and rated this service. We rated it as requires improvement because:

- Diagnostic team meeting minutes were not consistently recorded, and it was not always clear what was discussed.
- Not all policies were in date at the time of the inspection.
- Staff had received safeguarding training however; this was not to the correct level in line with national guidance.
- The service did not have paediatric trained staff to care for children and young people and keep them safe.
- The service did not take into account the individual needs of children and young people.
- The service did not have a formal written criteria by which they assessed and accepted children and young people into the service.
- The service did not have formal processes and policies in place to reflect caring for children and young people and reference national guidance.

However:

- The service had enough staff to care for adult patients and keep them safe. The service-controlled infection risk well. Staff carried out risk assessments for patients and kept good care records. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment and managers monitored the effectiveness of the service. Staff worked well together for the benefit of patients, 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 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 adult 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. Staff were clear about their roles and accountabilities. The service engaged well with patients to plan and manage services and all staff were committed to improving services continually.

The rating of this location does not follow the CQC aggregation rules to rate. As children and young people made up less than 0.5% of total appointments, we have overruled the aggregation rules.

Following the inspection, we sent the provider a letter of intent following concerns identified in the children's and young people service. The provider responded with an action plan by the deadline set outlining actions they would take to improve the service.

Summary of findings

Our judgements about each of the main services

Service

Diagnostic imaging

Rating

Good



Summary of each main service

This is the first time we have rated this service. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- 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.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- 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.

However:

- Team meeting minutes were not consistently recorded, and it was not always clear what was discussed.
- Not all policies were in date at the time of the inspection.

Outpatients

Good



This is the first time we have rated this service. We rated it as good because:

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

Summary of findings

- 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.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- 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.

However:

- Not all policies were in date at the time of the inspection.

Outpatients was a small proportion of *centre's activity*. The main service was diagnostic imaging. Where arrangements were the same, we have reported findings in the diagnostic imaging section.

Services for children & young people

Inadequate



This is the first time we have rated this service. We rated this service as Inadequate.

- The service did not have paediatric trained staff to care for children and young people and keep them safe. Staff were not trained to a suitable level in safeguarding children in line with the Safeguarding Children and Young People: Roles and competencies for Healthcare Staff, Fourth Edition 2019 Intercollegiate Document.
- The service did not consider the individual needs of children and young people.
- The service did not have a formal written criteria by which they assessed and accepted children and young people into the service.

Summary of findings

- The service did not have formal processes and policies in place to reflect caring for children and young people that referenced national guidance.

However:

- Staff completed a risk assessment for children and young people admitted into the service.

Children and young people are a small proportion of the service's activity. The main services were diagnostic imaging and outpatients. Where arrangements were the same, we have reported findings in the diagnostic imaging and outpatients' section.

Summary of findings

Contents

Summary of this inspection

Background to Prime Health Harley Street

Page

7

Information about Prime Health Harley Street

7

Our findings from this inspection

Overview of ratings

9

Our findings by main service

10

Summary of this inspection

Background to Prime Health Harley Street

Prime Health Harley Street is operated by Medical Imaging Partnership Limited. It is a private diagnostic imaging and outpatient clinic in central London. Facilities include magnetic resonance imaging (MRI), ultrasound and five treatments rooms to run outpatient clinics including, orthopaedic, gynaecology, physiotherapy and osteopathy. The provider serves patients aged 13 years and over with private insurance or self-funded. The clinic also serves NHS patients where contract with local NHS services were agreed and in place.

At the time of the inspection there was a registered manager and nominated individual.

The service provides diagnostic imaging and outpatient services and is registered to provide the following regulated activities:

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

The service has not been inspected since it was registered with the CQC in December 2017.

On this occasion we inspected outpatients, diagnostic imaging and children and young people using our comprehensive inspection methodology.

Over the last 12 months the service saw 5641 patients of which 31 were children and young people.

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 and outpatient service.

How we carried out this inspection

We inspected this service using our comprehensive inspection methodology. We inspected the diagnostic and outpatient department and services for children and young people. We carried out the unannounced part of the inspection on the 24 November 2021 and spoke with patients and staff via telephone following the onsite visit.

During the inspection, the inspection team:

- Spoke with the centre manager, business unit director, director of clinical governance and 12 members of staff.
- Spoke with four patients.
- Looked at a range of policies, procedures, audit reports and other documents relating to the running of the service.

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

Summary of this inspection

Areas for improvement

Action the service **MUST** take is necessary to comply with its legal obligations. Action the service **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 **MUST** take to improve:

Children and young people

- The service must ensure there is a separate waiting area for children and young people separately to adult areas or if this cannot be accommodated, risk assessments and protocols in place to keep children and young people safe. Regulation 12(2)(a)(b)
- The service must ensure that the outpatient clinic has access to a registered nurse (child branch) at all times to see children and young people aged 13-18 years in an outpatient setting and outpatient nursing staff are able to demonstrate they are competent to care for a child. Regulation 12(2)(c)”
- The service must ensure they have a clear formal written criteria for which clinics patients aged 13-18 years are accepted into and the type of patient they will accept. Regulation 12(2)(b)
- All staff must be trained at a suitable level in children’s safeguarding in line with the Safeguarding Children and Young People: Role and Competencies for Healthcare Staff, Fourth Edition 2019 Intercollegiate Document, to ensure children and young people are protected from abuse. Regulation 13(2)
- Staff must have access to a safeguarding lead trained to level 4 in children’s safeguarding in line with the Safeguarding Children and Young People: Role and Competencies for Healthcare Staff, Fourth Edition 2019 Intercollegiate Document, to ensure children and young people are protected from abuse. Regulation 13(2)
- The service must ensure policies, procedures and guidance reflect the service provided for children and young people and refers to national guidance and legislation. Regulation 17 (2)(b)

Action the service **SHOULD** take to improve:

Service wide

- The service should ensure policies are in date and revised by the review date stated on the policy log.

Diagnostic Imaging

- The service should ensure that team meeting minutes are consistently recorded to reflect discussions held.
- The service should ensure learning from incidents is discussed at team meetings.

Children and young people

- The service should display signs to make parents and guardians aware that children and young people must be accompanied at all times.






Our findings

Overview of ratings

Our ratings for this location are:

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

Diagnostic imaging

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

Are Diagnostic imaging safe?

Good 

This is the first inspection of this service. 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. Staff could access their training record on an online platform which alerted staff by email when training was about to expire and needed to be renewed. Training was delivered face to face and via e-learning. We reviewed the training matrix and found there was an overall compliance of 97% which was above the expected target of 90%.

The mandatory training was comprehensive and met the needs of patients and staff. Training included infection prevention and control, patient consent and Immediate life support training by e-learning and practical sessions.

Managers monitored mandatory training and alerted staff when they needed to update their training. The registered manager had oversight of the training matrix and told us they reviewed this regularly and alerted staff when training was due.

Consultants working under practicing privileges provided evidence to the registered manager of training within their substantive roles in the NHS. Training certificates were reviewed and added to training system.

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. Safeguarding training for adults and children formed part of the mandatory training programme. We reviewed the training matrix and found the service was 100% compliant with all safeguarding training, administrative staff to level 1 and clinical staff to level 2. However, clinical staff were not trained to level 3 in children's safeguarding in line with the Safeguarding Children and Young People: Roles and competencies for Healthcare Staff, Fourth Edition 2019 Intercollegiate Document.

Diagnostic imaging

The service had a named safeguarding lead who was trained to level 3 in line with the company policy. Staff we talked to knew who the safeguarding lead was.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff we talked with had a good understanding of safeguarding issues to be aware of and the process to take if they had concerns. We saw a safeguarding flow chart on display in the radiographer's room.

Over the last 12 months the service had not submitted a safeguarding referral.

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 suitable furnishings which were clean and well-maintained.

The service generally performed well for cleanliness. The infection prevention and control audits were carried out monthly. We reviewed the last three months and found the service had achieved 100% compliance. The service carried out a monthly hand hygiene audit. The audit included observing hand hygiene and that staff were bare below the elbows. We reviewed the last six months and found they were 100% compliant. We observed staff asking patients to use hand sanitiser and staff sanitising their hands before and after patient contact. All staff we observed were bare below the elbow and observed good hand hygiene.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. We reviewed the daily cleaning list for the cannulation room and magnetic resonance imaging (MRI) suit and found these had been completed every day. Staff logged this on the electronic system.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff had access to gloves and facemasks and all staff we observed were wearing facemasks, in line with the COVID-19 guidance.

Radiographers cleaned equipment after patient contact and were responsible for cleaning the MRI unit, the control panel and all working surfaces. We observed staff completing these tasks.

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 waiting area was clean and spacious. Staff told us they used a second waiting area when there were more than five people. We observed patients being taken to the second area to help with social distancing.

Facilities and premises were appropriate for the services being delivered. The MRI suite could only be accessed with a key card meaning access to the areas was restricted. The cannulation room was next to the MRI room and was fully stocked and clean ready for use.

Staff carried out safety checks of specialist equipment. A weekly checklist was carried out for clinical areas which included ensuring quality assurance checks were carried out of the MRI scanner. Results were all logged electronically and showed for the last five weeks all checks had been carried out and passed.

Diagnostic imaging

The service had a formal agreement with the MRI manufacturer to service the MRI scanner every six months. We reviewed the last two service reports and found the MRI had passed the full system quality assurance and listed recommendations for maintenance.

The service carried out a monthly image quality audit. We reviewed the last four months and found that the service scored 100%.

The service had a service level agreement (SLA) with an NHS provider for specialist magnetic resonance safety advice and testing services. Managers told us they could contact the medical physics expert at any time with patient safety concerns and expect a response within one working day. The medical physics expert carried out an annual quality assurance measurement and magnetic resonance (MR) safety audit. We reviewed the report for January 2021 and found most areas passed with one area highlighted as mild concern with action to be taken.

We found equipment was marked as MR safe meaning it could be taken into the scanning room. For example, the patient trolley outside the room was MR safe and would be used if a patient needed to be removed from the scanner in an emergency.

The resuscitation trolley was outside the scanning room. It contained resuscitation for equipment adults and was checked daily by staff. We reviewed the daily checklists and found they were consistently completed.

Staff disposed of clinical waste safely. Clinical waste was stored securely away from other waste. Managers told us there was an SLA in place with a private contractor to dispose of waste weekly.

Assessing and responding to patient risk

Staff completed risk assessments for each patient and removed or minimised risks.

Staff knew how to respond to a sudden deterioration in a patient's health and how to access the deteriorating patient procedure. Due to the nature of the service there had been no deteriorating patients in the last 12 months.

All staff had received basic life support (BLS) training and clinical staff immediate life support (ILS) training. A life support grab bag was located outside of the scanning room for use in an emergency.

Staff completed risk assessments for each patient before being scanned. The centre used a "pause and check" system. Pause and check consisted of a system of three-point demographic checks to correctly identify the patient, as well as checking with the site or side of the patient's body that was to have images taken and the existence of any previous imaging the patient had received. All patients had a risk assessment completed which included checking whether patients were pregnant.

The provider had an MRI safety policy which included identifying any known risks to patients. It referenced national guidance, for example MHRA guidance for pregnant patients.

Staff knew about and dealt with any specific risk issues. The radiologist we spoke with could describe how they would escalate unexpected or significant findings. Staff would contact the referrer by telephone and follow this up with an urgent report.

Patients had access to a call bell during the MRI scan to alert staff if they required assistance.

Diagnostic imaging

Staffing

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

The service had enough clinical and support staff to keep patients safe. There were three radiographers, one resident medical officer (RMO) two health care assistants (HCA), a facilities clerk and three receptionists. At the time of the inspection there was a vacancy for one radiographer. The service used a regular bank radiographer to provide cover when required.

The manager could adjust staffing levels daily according to the needs of patients. All appointments were pre-booked and the service booked patients in-line with the capacity of the service. The registered manager told us they had a minimum of one radiographer and one HCA working at the same time and scans would not go ahead without appropriate levels of staffing. The registered manager was a qualified radiographer and would provide cover when necessary.

There was an induction programme for substantive and bank staff which included training on how to use the diagnostic imaging equipment.

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.

Records were stored securely electronically. Images and reports were only accessible on systems that were password protected.

The service received referrals through a secure email from referring consultants. These were sent to a central booking team for triage or directly to the centre for booking locally.

The service carried out a monthly audit of patient records. Staff checked 20 patient records to ensure information was recorded correctly, for example that the referral was attached, and the patient's personal details were checked and correct. We reviewed the last three months and found that the service was 100% compliant.

Medicines

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

Staff followed systems and processes to prescribe and administer contrast safely. Staff stored medicines securely in the MRI room which was part of an area accessible with a staff key card. The room and fridge temperatures were recorded and logged electronically, we reviewed this and found temperatures were in range.

The service did not store or administer controlled drugs.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learnt 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.

Diagnostic imaging

Staff knew what incidents to report, how to report them and were encouraged to do so. Staff we spoke with told us they all had access to the electronic reporting system and managers encouraged them to report all incidents. Reporting incidents was included as part of the mandatory induction programme.

Patient safety alerts were cascaded from head office to the registered manager who was responsible for sharing these with staff. Staff told us incidents and alerts were discussed at bi-monthly team meetings. We reviewed the minutes for the last four meetings and found that incidents were not discussed at the meeting in November 2021 which meant learning opportunities were lost.

Managers shared learning with their staff about never events that happened elsewhere. The provider sent a monthly governance newsletter to all staff which included learning outcomes and actions broken down into different categories.

The service had no never events, serious incidents in the last 12 months.

Staff received training in the duty of candour. Staff we spoke with understood the principles of duty of candour and the importance of being open and honest. Over the last 12 months, the provider had not had to invoke duty of candour.

The service reported all discrepancies in reports as an incident. Radiologists received direct feedback from referrers and peer reviewers in the event a discrepancy was found. The service had no discrepancies in the last 12 months.

Are Diagnostic imaging effective?

Inspected but not rated 

We do not rate effective for 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 protected the rights of patients subject to the Mental Health Act 1983.

Staff mostly followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Policies were all developed at a corporate level, the policy log showed all policies had a review date and responsible person listed and at the time of our inspection most policies were in date. There were 16 policies flagged as having passed the review date of July 2021 out of a total of 191 policies.

Staff were told when policies had been updated. Staff had to read the update and confirm on the online platform they had read and understood the policy. This was recorded and monitored by the leaders of the service.

Staff knew how to access policies and guidance. Staff we spoke with knew how to find policies and showed us the online platform where all policies and guidance were stored.

Policies we reviewed referenced national guidelines. For example, the informed patient consent policy referenced the Mental Capacity Act 2005 and the Royal College of Radiologists.

Diagnostic imaging

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. All staff received training on the mental capacity act and at the time of the inspection the service was 100% compliant.

Nutrition and hydration

Patients were not offered food in the centre. Patients had access to water, tea, hot chocolate and biscuits in the waiting room.

Pain relief

Staff monitored patients to see if they were in pain.

Staff told us diagnostic imaging patients did not require pain relief and the service did not provide pain relief. Staff assisted patients into comfortable positions for imaging prior to the scan commencing.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. For example, the service carried out peer reviews of reports. We reviewed the audit for the last three months and found each review was given a score of one to five, one being definite omission or misinterpretation and five being no disagreement. All but one of the peer reviews scored five meaning the reviewer agreed with the findings. The review that scored four included documentation of the discussion of the review held between the radiologists and an agreed outcome. The service consistently scored five meaning peer reviews found images were interpreted correctly.

Managers shared and made sure staff understood information from the audits. Records showed that staff discussed the outcome of the image quality audits at the MRI staff forum.

The service was accredited by Quality Standard for Imaging (QSI). QSI was developed by The Royal College of Radiologists and the College of Radiographers to define a quality imaging service.

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. Radiographers were employed as substantive staff and professional registration was checked at the time of their employment. Radiologists were employed under practising privileges. We reviewed the practising privileges compliance matrix and found the service had clear oversight including professional registration and indemnity insurance.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff we spoke with told us they had received an appraisal and found it to be a useful way to discuss future development and training. Staff employed under practising privilege's had to supply a copy of their NHS appraisal. This was logged on the practicing privileges matrix. Managers flagged when the appraisal was due or overdue which reflected in individual's compliance score and therefore their ability to work for the service. At the time of the inspection all staff were compliant with those due an appraisal in the next three months flagged on the system.

Diagnostic imaging

All staff had a current DBS check in place.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Staff we spoke with had discussed training with their line manager and some members of staff had received approval to access funding for additional training, however due to COVID-19 the training had been delayed.

Staff received an induction specifically for their role. We saw the checklist used for clinical and non-clinical staff and found they were relevant to their roles and stored in staff employee files. For example, the radiographer's induction checklist included training on the MRI scanner and all equipment. We reviewed competency sign off for six radiographers and found they were all signed and dated and were 100% compliant.

Staff received additional training in cannulation and phlebotomy. We reviewed certificates for four members of staff who had received this training.

Multidisciplinary working

Diagnostic imaging staff did not participate in multidisciplinary meetings for patient care and treatment. They would speak with referring clinicians on an ad hoc basis when required.

Seven-day services

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

The centre opened Monday to Sunday from 8am – 8pm.

Health promotion

The service did not provide health advice to patients attending for an MRI or ultrasound scan.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care. 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 received training in the Mental Capacity Act as part of their mandatory training. Staff could describe and knew how to access the policy on the Mental Capacity Act on their online platform.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff received training in gaining patient consent as part of their mandatory training. We observed staff gaining consent from patients before the scan started as part of the pre-scan checklist.

Staff clearly recorded consent in patients' records. The service carried out a monthly audit of the World Health Organisation (WHO) checklist which included consent. We reviewed the audit and found the service was 100% compliant.

Are Diagnostic imaging caring?

Diagnostic imaging

This is the first inspection of this service. We rated it as good.

Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients in a respectful and considerate way. We saw reception staff support patients completing their paperwork discreetly, protecting patient's personal information.

Patients said staff treated them well and with kindness. Patients we spoke with told us they were happy with the service and all staff were friendly and put them at ease. We observed staff interacting with patients in a kind professional way.

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 help, emotional support and advice when they needed it. The radiographers would talk to patients via headphones during the MRI scan, explaining what was happening. We observed staff talking with a patient who was claustrophobic to reassure them through the procedure. However, one patient commented that as the MRI was so loud it was sometimes difficult to hear staff.

Patients could choose a radio station to listen too whilst the scan was taking place, helping to reduce any anxiety they had.

Staff understood the emotional and social impact that a person's care or condition had on their wellbeing and on those close to them. Staff we spoke with emphasized that each image was a patient waiting for a result and understood waiting for results was an anxious time for patients.

Staff understood and respected patients cultural and religious needs. Staff told us they would use a separate waiting area for patients who did not want to wait in a mixed sex area due to religious beliefs.

Staff supported patients and helped them maintain their privacy and dignity. Patients used a private changing room away from public areas to prepare for the scan and led patients directly to the MRI scanning unit.

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.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. We reviewed the patient satisfaction survey results for the last 12 months which showed, over 95% of patients had a positive overall experience of the service.

Diagnostic imaging

Patients gave positive feedback about the service. We spoke with three patients and all had a positive experience in the service and would recommend it to family and friends.

Are Diagnostic imaging responsive?

Good 

This is the first inspection of this service. 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 people who chose to use the service.

Managers planned and organised services to meet the changing needs of the people who used the service. Appointments were booked at a time convenient to patients and appointments between the outpatient department (OPD) and diagnostic department were coordinated so patients could be seen on the same day.

The service did not operate a waiting list and patients were seen promptly. Patients we spoke with told us they were impressed by how quickly they were offered an appointment.

Managers ensured that patients who did not attend appointments were contacted. All missed appointments were recorded electronically, and patients were contacted to rebook any missed appointments. Over the last 12 months, data showed the service had a did not attend (DNA) rate of 0.85%.

Meeting people's individual needs

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

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service had a standard operating procedure in place for staff to follow if interpretation or sign language services were required. Services were available by telephone and video conference and were booked in advance.

The centre was fully wheelchair accessible. There was an entrance with a ramp and door bell, a lift to access the different levels and an accessible toilet. The service had a wheelchair to assist patients if needed.

The service had a private parking space that patients could book in advance. This had been arranged in response to COVID-19 to ensure patients could avoid using public transport if they wished. Patients were sent details of where to park and were met by a member of staff.

Access and flow

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

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes. The service had a contract to provide MRI scans for the NHS. There was a service level agreement in place and the service met the target 96.13% of the time.

Diagnostic imaging

Managers worked to keep the number of cancelled appointments to a minimum. Cancellations were logged as an incident and staff told us cancelled appointments were usually when equipment required maintenance. Patients were rescheduled to a time convenient for them.

Managers and staff worked to make sure patients did not stay longer than they needed to. All appointments were booked in advance to avoid large numbers of patients in the waiting area and staff told us they were given sufficient time to see each patient. Appointment times had increased due to COVID-19 to allow additional time to sanitise the area.

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 learnt with all staff. The service included patients in the investigation of their complaint.

Patients knew how to complain or raise concerns. Patients we spoke with told us they would contact the service if they had a complaint and felt comfortable to do so. Information about how to raise a concern was displayed in the entrance hall.

Staff understood the policy on complaints and knew how to handle them. Staff we spoke with told us they had received training in complaints handling and were encouraged to resolve minor concerns at the time to avoid a formal complaint.

All complaints and feedback were logged electronically. We reviewed the online system and found it included action taken, learning outcomes and how they were shared. Data showed over the last 12 months the service received five complaints, two from referrers and three from patients. There were no themes identified.

Managers told us they took complaints seriously and could give an example of how they used patient feedback to improve the service and change practice. Staff were due to receive additional customer service training which was due to take place after the inspection.

The provider had a complaints management policy, this was in date and was version controlled. It included a matrix with a timeline, details of how to respond to complaints and details for Parliamentary and Health Service Ombudsman and Independent Sector Complaints Adjudication Service (ISCAS) for patients to contact if they were unhappy with the outcome of a complaint raised.

Are Diagnostic imaging well-led?

This is the first inspection of this service. We rated it as good.

Leadership

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

Diagnostic imaging

The service had a centre manager with a radiography background, supported by the business unit director. The corporate management structure was at head office and local leaders met with corporate management weekly.

Managers demonstrated an understanding to the challenges to quality and sustainability for the service. They understood their impact on the wider system and issues around staff retention system wide.

Managers were visible and approachable. Staff we spoke with knew who local and corporate leaders were and told us they were always available to talk to and made time to listen to them.

Staff were encouraged to develop and take on a senior role. There was a history of staff development and promotion into senior roles and senior leaders told us this was an active strategy to retain skilled and competent staff.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. Leaders and staff understood and knew how to apply it.

The provider had a vision and strategy for the service. The ethos for care was to ensure patients had access to high quality diagnostic imaging tests and reports, when they required it. Staff understood the role they played in delivering care within the vision and it created a positive work environment.

Managers had a clear vision for the service. They could give examples of how the service planned to develop locally, with upgrades to equipment and the possibility of offering new clinical services.

Staff we spoke with knew what the values were and how to incorporate them into their daily practice. For example, they were able to provide examples of working as a team and showing empathy.

Future plans for the provider were discussed at the senior leadership team monthly meeting which was attended by local leadership.

The service had a statement of purpose which outlined to patients the standards of care and support services the centre would provide.

The provider produced an annual quality account which outlined plans for the future and improvements to be made in 2022.

Culture

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

Staff we met were welcoming, helpful and friendly. Staff we spoke with were proud to work for the service and told us they worked well as a team.

Staff told us they worked in a supportive environment and they were able to speak up about concerns and were supported by managers to do so. They felt they could speak to managers openly and there was a no blame culture if things went wrong.

Diagnostic imaging

Staff understood duty of candour and the need to be open and transparent and give patients and families a full explanation when things went wrong.

Managers supported an open and honest culture by leading by example and promoting the service's values. We heard this was promoted by interacting with staff daily. Managers expressed pride in the staff and gave examples of how staff adapted to changes brought about by the Covid-19 pandemic.

Patients we spoke with told us they felt comfortable to raise a concern if they needed to and were actively encouraged to provide feedback.

Governance

Leaders operated effective governance processes, throughout the service. 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.

There was an effective clinical governance structure which included a range of meetings at provider and local level including, the corporate clinical advisory committee, group senior leadership team meeting and local clinical governance and incident reporting. The governance structure showed a clear path for information to be fed up to board level and feedback to local level.

The centre had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service. Risk assessments such as fire, Legionella, health and safety had been completed and the action plans implemented.

The service held monthly team meetings with staff. Staff told us they attended these and found them a useful way of sharing information. However, we found team meetings were not minuted consistently. We reviewed three sets of minutes from August to November 2021 and found the minutes for November 2021 did not include an agenda and there was no evidence of discussion from learning from incidents or audits.

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.

The service maintained a risk register that documented the type of risk, location, risk rating, owner, review date, description and controls in place. The risk register used a scoring matrix to give each risk a rating. The registered manager was responsible for reviewing and updating the local risk register and risks were discussed at clinical governance meetings.

The service had a systematic programme of clinical and internal audits carried out to monitor quality and performance. For example, between 8-10% of diagnostic reports were peer reviewed to ensure accuracy in reporting. Staff could review audits on the online platform to see how they performed.

The provider had a system for managing patient safety alerts. All alerts were updated centrally from head office and cascaded to the registered manager for discussion with staff at team meetings. Staff received email notification when there were updates to policies and guidance and had to electronically sign off that they had read and understood them. This was monitored by the registered manager.

Diagnostic imaging

The service had a business continuity plan in place in the event of an unexpected disruption to services.

Information Management

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

The service used an application to manage their clinical audits and to share the results.

The service used an online platform which all staff logged into using a password to access the information they needed for their role. For example, they could access incident reporting, audits, mandatory training and policies.

Clinical records were stored electronically and were password protected.

The service managed data in line with data protection legislation and staff received training in information governance. The data protection policy reference current legislation. However, the policy was four months out of date and should have been renewed in June 2021.

The service submitted statutory notifications to the Care Quality Commission.

Engagement

Leaders and staff actively and openly engaged with patients and staff to plan and manage services.

The centre carried out a patient satisfaction survey and encouraged feedback from patients. This was logged electronically and reported to the board. The centre used the feedback to improve the service and staff could give an example of this information being used to improve the service. Between February 2021 and November 2021, the overall satisfaction rate with the service was 95.16%.

Managers engaged with staff regularly. The Chief Executive Officer (CEO) sent a weekly email to staff with updates and held a bi-weekly call for all staff to attend. Staff told us they attended the calls and found them a good way of connecting with the leadership.

Staff attended a service workshop to help them feel engaged with the brand and values of the company.






Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services.

The provider produced an annual quality account which reported on performance and identify where improvements could be made to continually improve the service. For example, reporting and learning were highlighted as an important aspect of the service moving forward and the introduction of governance newsletters was reported to have helped share learning across the organisation.

The centre was responsive to patient feedback. Staff had attended additional customer service training following feedback from a patient in an online review to continually improve how they interacted with patients and their families.

Outpatients

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

Are Outpatients safe?

Good 

This is the 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 service provided statutory and mandatory training using a combination of 'face to face' sessions and e-learning. The staff training matrix demonstrated 97% compliance.

Staff spoke positively about training opportunities provided by the service and managers encouraged staff to identify training useful for their role.

The mandatory training was comprehensive and met the needs of patients and staff. It included basic life support, infection control, safeguarding children and adults level two and three, the Mental Capacity Act, health and safety and manual handling.

Managers monitored mandatory training using a training matrix and alerted staff when they needed to update their training. Consultants completed mandatory training with their substantive NHS employer and provided annual confirmation of completion of this training to the service in line with the practising privileges policy. Records provided by the service showed consultants were up-to-date with mandatory training.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Safeguarding children and adults level two formed part of the mandatory training programme. All staff had completed training to level two. However, clinical staff were not trained to level 3 in children's safeguarding in line with the Safeguarding Children and Young People: Roles and competencies for Healthcare Staff, Fourth Edition 2019 Intercollegiate Document.

Outpatients

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. All staff had completed training in equality and diversity.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. There was a clear escalation pathway to get help with immediate concerns. The registered manager was trained to level three and was the safeguarding lead.

Patients we spoke with said they felt safe and were always treated respectfully by staff.

The organisation had a defined recruitment pathway and procedures to help ensure that the relevant recruitment checks had been completed for all staff. These included a disclosure and barring service (DBS) check.

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 visibly clean and had suitable furnishings which were clean and well-maintained. Each consulting room had a disposable privacy curtain and staff marked each curtain with its first date of use.

The service generally performed well for cleanliness. Staff cleaned equipment after patient contact. Items were visibly clean and dust-free, and we saw completed daily cleaning check lists. Staff used single use equipment where appropriate.

Staff followed infection control principles including the use of personal protective equipment (PPE). The centre provided staff PPE such as gloves, aprons and face visors. We observed all staff wore PPE where necessary.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Hand-washing and sanitising facilities were available for staff and visitors in the centre. The service completed audits such as infection control, environmental and hand hygiene regularly. Records showed the service performed consistently to a high standard (100%). We observed good hand hygiene practices by staff.

Physiotherapists cleaned the therapy gym every 90 minutes in accordance with guidance issued by the Chartered Society of Physiotherapy (CSP).

Patients we spoke with said the environment was clean.

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 service had suitable facilities to meet the needs of patients. The consultation rooms were all well-equipped including couches and trolleys for carrying the clinical equipment required.

The service had enough suitable equipment to help them to safely care for patients. Resuscitation equipment was on a purpose-built trolley and was visibly clean. Single-use items were sealed and in date. Resuscitation equipment had been checked daily and an up-to-date checklist confirmed all equipment was ready for use.

Outpatients

Staff disposed of clinical waste safely. Clinical waste disposal was provided through a service level agreement. Clinical waste and non-clinical waste were correctly segregated and collected separately.

The service completed a fire risk assessment and an action plan was implemented. Staff were trained for a fire evacuation response.

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 could respond promptly to any sudden deterioration in a patient's health. There was a protocol for managing any sudden deterioration in a patient's health and staff knew how to access it. Staff said they had not responded to a deteriorating patient in the last 12 months because of the nature of the service.

All staff were trained in basic life support (BLS) as a minimum and clinical staff were trained in immediate life support (ILS). The service had a range of appropriate emergency equipment readily available. Emergency grab bags including airway support equipment and rescue medicines were available.

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly. Checks included taking a full medical history including patient's medication. Each patient completed a Covid-19 risk assessment prior to attending an appointment. Patients accessing the nutritionist completed a lifestyle questionnaire.

All staff were trained as chaperones and this could be requested, by the patient or their clinician, at short notice.

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.

The service had enough staff to keep patients safe. There were four physiotherapists, a nutritionist two health care assistants (HCA), a facilities clerk and three receptionists.

The manager could adjust staffing levels daily according to the needs of patients. Outpatient appointments were pre-booked, which meant senior staff could plan staffing levels accurately.

The service had low vacancy rates. The service was fully staffed at the time of our inspection.

The service had low turnover rates. There had been no turnover of clinical staff in the previous 12 months. The service did not use agency staff.

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. The medical staff provided services as self-employed consultants under practising privileges and worked in the NHS. We saw evidence that all medical staff had valid professional registrations, medical indemnity insurance, completed mandatory training and appraisals.

Outpatients

The service did not use an established number for medical staff as services were offered on an advance planning model based on patient demand. The service had access to 10 orthopaedic consultants and a gynaecologist.

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. All patient's data, medical records and scan results were documented on the centre's secure patient electronic record system. Records were password protected and stored securely

The centre received patient referrals through a secure email or telephone call from the referring consultant or hospital.

When patients transferred to a new team, there were no delays in staff accessing their records. Staff had access to the electronic record system.

Medicines

Medicines were not stored or administered in the outpatients department and written prescriptions were not offer in this service.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. 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. The service used an electronic incident reporting system and all staff we spoke with were familiar with how to report incidents. Incident reporting training was included in the staff induction programme, which all staff completed when they commenced their employment at the centre.

Staff said there was a good reporting culture and that they were encouraged to report 'near miss' situations.

The service had no never events or serious incidents in the previous 12 months.

All staff had training and understood the duty of candour. They were open and transparent and understood how to give patients and families a full explanation if things went wrong. Staff could give an example of an incident where the duty of candour requirements applied.

Are Outpatients effective?

Inspected but not rated 

We do not rate effective for outpatients.

Outpatients

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 mostly followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Clinical policies and procedures we reviewed were all in date and referenced relevant guidelines such as National Institute of Health and Care Excellence (NICE), the Royal Colleges, Health and Care Professions Council (HCPC), the Chartered Society of Physiotherapy. Staff could access policies and procedures electronically.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. Staff made sure patients living with mental health problems and learning disabilities received the necessary care to meet all their needs. All staff had completed training on the Mental Capacity Act.

Nutrition and hydration

Staff said patients were not generally offered food in the centre; however, they were offered coffee, tea, hot chocolate or biscuits. We observed a central area with coffee, tea, hot chocolate and biscuits.

Diabetic patients were offered an early appointment in the morning or straight after lunch.

Pain relief

Staff said patients did not require pain relief. However, staff described how they would offer support to patients who reported being in pain by referring them to one of their consultants to manage it.

Patient outcomes

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

Staff carried out repeated audits to check improvement over time. Physiotherapists used specific functional scores and indexes to determine treatment success. Treatment outcomes were audited bi-monthly. From March to November 2021 there was a 93% improvement in patient outcome.

The gynaecologist completed an audit of the efficiency, reliability and cost effectiveness of intrauterine contraceptive devices (IUCD). From August 2020 to July 2021 patients were reviewed six weeks after the procedure. The review included a pelvic examination and an ultrasound scan. There were no complications during the reporting period.

Staff used information from the audits to improve care and treatment. For example, physiotherapists were able to determine the treatment that worked best for different patient groups.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The consultants, physiotherapists and nutritionist were registered with their appropriate professional bodies.

Outpatients

The service ensured it received evidence annually from medical practitioners about appraisals and registrations as part of their practising privileges.

A new staff member told us they had received a full induction tailored to their role and felt well-supported. There was evidence of completed induction. Managers made sure staff received any specialist training for their role and we saw evidence of this when we reviewed staff training files.

Managers supported staff to develop through yearly, constructive appraisals of their work. Appraisal rates for this service were 100%. Staff told us they had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Multidisciplinary working

Doctors 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. Physiotherapists worked closely with the orthopaedic consultants and often did joint consultations. They discussed complex cases to determine the best clinical pathways for patients.

Staff worked across health care disciplines and with other agencies when required to care for patients. For example, a team of physiotherapists provided pre-planned treatment in a dedicated gym in the department. The orthopaedic consultants had a range of expertise within the group such as specialists for the shoulder and elbow, back, knee, hip, foot and ankle.

The orthopaedic consultants worked with the nutritionist to provide a more holistic approach to patient care. For example, patients with musculoskeletal disorders (MSD) received information on weight optimisation, diet and nutrition.

Staff worked closely with the referrers to enable patients to have a prompt diagnosis and treatment pathway. If they identified concerns, they discussed these with the referrer

Patients could see all the health professionals involved in their care at one-stop clinics. Staff told us patients could have a consultation, scan and a review appointment on the same day.

Seven-day services

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

The centre opened Monday to Sunday from 8am – 8pm.

Health promotion

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

The service had relevant information promoting healthy lifestyles. The nutritionist developed an online programme including a series of podcast on a healthy diet and lifestyle changes.

Outpatients

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle. The nutritionist asked patients to complete a three-day food diary and lifestyle questionnaire prior to their appointment. Patients received individualised health promotion advice based on their medical conditions and other needs.

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 explained how they would carry out and document a capacity assessment if required.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff described how they gained patient consent including explaining the risks and benefits associated with the procedure.

Staff made sure patients consented to treatment based on all the information available. Patients we spoke with confirmed they had been asked for, and had given, their consent for the procedure they had attended for.

Staff clearly recorded consent in the patients' records. Records we reviewed all included signed consent forms.

All clinical staff received and kept up to date with training in the Mental Capacity Act and patient consent. Staff could describe and knew how to access policies on the Mental Capacity Act and patient consent.

Are Outpatients caring?

This is the first inspection of the service. 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. Patients we spoke with said the service was professional and efficient.

The results of the patient satisfaction survey showed the service was consistently rated high for compassionate care. From February 2021 to December 2021 96% of patients said they were satisfied with the service and 94% said they would recommend the service to family and friends.

The results of the physiotherapy survey showed 95% patient satisfaction. Patients who used the gynaecology services for IUCD placement reported a high level of satisfaction.

Outpatients

Patients said staff treated them well and with kindness. Staff were very kind, helpful and reassuring. Patients said they received personalised and holistic care.

Staff followed policy to keep patient care and treatment confidential. We observed discreet interactions that protected patient's personal information

Emotional support

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

Staff understood the impact that patients care, treatment and condition had on the patient's wellbeing. Staff we spoke with stressed the importance of treating patients as individuals with different needs.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff gave examples of how they would reassure nervous patients and answer any questions. Patients said staff helped them to feel calm and relaxed.

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. Staff understood the anxiety associated with various procedures and supported patients as much as possible.

Staff understood and respected patients cultural and religious needs. For example, patients could sit in a private waiting area if they did not wish to sit with anyone from the opposite sex for religious reasons.

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. Staff explained the importance of patient-led discussions and explained how they facilitated these. The manager ensured these needs were met through staff training and service adaptation.

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 informed decisions about their care. Staff at all levels were invested in delivering care that was informed or led by patients. Staff said the most important outcomes were those the patients wanted to achieve.

Patients gave positive feedback about the service. Overall patient satisfaction for outpatients was 96%.

Are Outpatients responsive?

This is the first inspection of the service. We rated responsive as good.

Outpatients

Service delivery to meet the needs of people who use the service

The service planned and provided care in a way that met the needs of people who use the service.

Managers planned and organised services, so they met the changing needs of patients. The centre provided services in physiotherapy, orthopaedics, gynaecology and nutrition and lifestyle medicine.

Patients could access services and appointments in a way and at a time that suited them. Appointments were generally arranged on the telephone or by email. The service did not operate a waiting list and staff said that all patients were seen promptly. Patients we spoke with confirmed being able to access the centre in a timely manner and were impressed with how quickly and easily the appointment was arranged.

The service minimised the number of times patients needed to attend the centre, by ensuring patients had access to the required staff and tests on one occasion. Appointments could be coordinated between the outpatient department (OPD) and diagnostic imaging. For example, patients were seen in the orthopaedic clinic and had their scans booked immediately following their consultation.

The service monitored and took action to minimise missed appointments. Missed appointments were recorded electronically and patients contacted to rebook appointments.

Facilities and premises were appropriate for the services being delivered. Consulting rooms were all equipped with examination beds and individual medical consumable storage trolleys. The physiotherapy gym was well equipped with exercise and rehabilitative equipment.

The service used technology innovatively to ensure people had timely access to treatment, support and care. The physiotherapists had an application to assist with advanced planning. The application provided flexibility by allowing physiotherapist and patients to monitor and change exercise routines or rearrange appointments. Patients could also communicate with physiotherapists through the application.

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.

There was access for wheelchair users and the service kept an extra wheelchair if needed. There was an accessible toilet and shower facilities. The physiotherapy gym was equipped to provide treatment to patients who used mobility equipment, including wheelchairs.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. The nutritionist assessed patient's mental health needs prior to their first appointment by sending a questionnaire. The physiotherapists assessed patient's mental health needs at their first appointment.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. For example, the nutritionist considered the patient's religion and culture before providing dietary advice.

Outpatients

Managers made sure staff, and patients, loved ones and carers could access interpreters or signers when needed. Staff used the electronic pathway to document information that helped them deliver tailored, individualised care. For example, staff noted where patients had needs in relation to language, hearing, sight and mobility. Where the referring doctor noted this in advance, staff prepared for their appointment by offering additional support.

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

Access and flow

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

Staff provided patients with enough time during appointments to discuss concerns and answer their questions.

Staff supported patients when they were referred or transferred between services. Clinical pathways were developed to reduce the burden on patients to attend multiple appointments and were designed to offer a seamless treatment experience. Staff assisted patients by making and coordinating appointments between the different services. For example, patients had consultations, scans and reviews on the same day.

The service did not have waiting times and patients booked their appointments at their convenience.

Managers and staff worked to make sure patients did not stay longer than they needed to. Appointment times were set in advance with time in-between for cleaning in line with COVID-19 guidance.

A concierge provided a meet and greet service for patients. Patients were escorted from the private car park and provided with refreshments while waiting for their appointment.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received.

Patients, relatives and carers knew how to complain or raise concerns. Information on how to make a complaint was available at the centre.

Staff understood the complaints policy. Staff were trained to resolve minor concerns as part of an approach to meet individual expectations and avoid minor issues escalating into a formal complaint.

Staff knew how to acknowledge and investigate complaints. We spoke with staff who were able to identify how to support a complaint, be it informal or formal, and how it was escalated and managed by senior managers. All staff had received training on conflict resolution.

The service had not received a complaint in the previous 12 months.

Outpatients

Are Outpatients well-led?

Good 

This is the first inspection of the service. We rated well-led as good.

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

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

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. Leaders and staff understood the strategy and knew how to apply it.

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

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. The service had an open culture where patients, their families and staff could raise concerns without fear.

The service's focus was on patient experience and personalised service. The service had created a culture and environment to attract highly skilled, motivated staff, who shared their passion and enthusiasm.

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

Governance

Leaders operated effective governance processes, throughout the service. 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 regular progress meetings between the leadership team and physiotherapists during the refurbishment of the gym.

The service had quarterly staff meetings. The centre manager said learning was cascaded to staff. All staff members had a work email account and updates were sent to staff via email.

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

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. booked

Outpatients

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

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.

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

Engagement

Leaders and staff actively and openly engaged with patients and staff, to plan and manage services.

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

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. Leaders encouraged innovation.





The physiotherapists used focused shockwave therapy to increase treatment options, depth, precision and patient comfort in more complex cases. The centre accepted referrals from other physiotherapists to provide this service. Physiotherapists were developing new clinical pathways for the use of focused shockwave therapy particularly in the field of men's health.

The nutritionist participated in a community-based cookery school and provided webinars to other healthcare professionals on topics such as making a healthy plant-based meal.

The orthopaedic consultants had an educational evening where they had case based discussions on examination, investigations, diagnosis, treatment options and outcome.

The service used technology innovatively to ensure patients had timely access to treatment, support and care. The orthopaedic consultants used an application to help patients to be more informed about pre- and post-operative care. The physiotherapists used an application to monitor how well patients committed to their exercise and to change them virtually if required.

Services for children & young people

Safe	Inadequate 
Effective	Inspected but not rated 
Responsive	Inadequate 
Well-led	Inadequate 

Are Services for children & young people safe?

Inadequate 

This is the first time we have rated this service. We rated this service as Inadequate.

Mandatory training

The service did not provide mandatory training in paediatric care to staff who required it.

Staff did not complete annual paediatric life support training, as well as basic life support training for adults.

Nursing and medical staff received and kept up-to-date with their mandatory training but mandatory training did not include any specific additional clinical training in paediatrics. For example, nursing staff had not received additional training to ensure they were competent to care for children and young people.

See information under this sub-heading in the outpatient department section.

Safeguarding

Staff had training on how to recognise and report abuse but this training was not at the right level.

Staff did not have the correct level of children's safeguarding training. All clinical staff had received safeguarding children level 2 training and at the time of the inspection were 100% compliant. However, clinical staff were not trained to level 3 in children's safeguarding in line with the Safeguarding Children and Young People: Roles and competencies for Healthcare Staff, Fourth Edition 2019 Intercollegiate Document.

The service did not have access to a member of staff trained to level 4 in safeguarding children in line with national guidance.

The registered manager had completed training in safeguarding children at level 3.

See information under this sub-heading in the outpatient department section.

Cleanliness, infection control and hygiene

Services for children & young people

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

See information under this sub-heading in the outpatient department section.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment did not keep young people safe.

The service did not have suitable facilities to help them to safely care for children and young people. The service did not have a separate waiting area for children and young people.

See information under this sub-heading in the outpatient department section.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each child and young person however there were no policies and procedures to support this.

Staff carried out a risk assessment for children and young people using the service. However, staff did not use a nationally recognised tool to identify children or young people at risk of deterioration and escalate them appropriately. The service did not have a standard operating procedure for the management of a deteriorating child.

See information under this sub-heading in the outpatient department section.

Nurse staffing

The service did not have nursing staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment.

The service had nursing and support staff but none of these staff had paediatric training. The healthcare assistants had not completed additional training to help them provide care and treatment to children and young people.

Medical staffing

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

The service had enough medical staff to keep children and young people safe. As part of their practising privileges medical staff were only allowed to work within the scope of practice of their NHS work.

See information under this sub-heading in the outpatient department section.

Services for children & young people

Records

We did not review any health records for children as part of the onsite inspection.

Medicines

The service did not store or administer medicines to children and young people. The outpatient service did not offer written prescriptions and children could not access a scan requiring medicines, for example contrast.

See information under this sub-heading in the diagnostic department section.

Incidents

The service had not received any complaints from patients between the ages of 13 – 18 years old, however there was a policy in place should they occur.

Are Services for children & young people effective?

Inspected but not rated 

We do not rate effective for diagnostic imaging and outpatients.

Evidence-based care and treatment

The service did not provide care and treatment based on national guidance and evidenced-based practice.

Staff did not have access to up-to-date policies to plan and deliver high quality care according to best practice and national guidance for children and young people.

See information under this sub-heading in the outpatient department section.

Nutrition and hydration

See information under this sub-heading in the outpatient department section.

Pain relief

See information under this sub-heading in the outpatient department section.

Patient outcomes

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

Competent staff

Services for children & young people

The service did not make sure staff were competent for their roles.

The service did not have access to paediatric trained nurses or support staff in line with national guidance.

See information under this sub-heading in the outpatient department section.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit children, young people and their families. They supported each other to provide good care.

See information under this sub-heading in the outpatient department section.

Seven-day services

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

See information under this sub-heading in the outpatient department section.

Health promotion

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

See information under this sub-heading in the outpatient department section.

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.

The consent policy included details for gaining consent for children and young people and referred to current legislation and national guidance. It included Gillick competence guidelines to ensure young people could understand what they were consenting for and were able to make decisions. Gillick competencies are used in medical law to decide whether a child under 16 can consent to their medical treatment, without the need for parental permission or knowledge.

See information under this sub-heading in the outpatient department section.

Are Services for children & young people responsive?

This is the first time we have rated this service. We rated this service as Inadequate.

Service delivery to meet the needs of local people

Services for children & young people

The service did not plan and provide care in a way that met the needs of young people accessing the service.

The service was not designed to provide care to meet the needs of children and young people. For example, they did not have a separate waiting area for children and young people which meant they mixed with adults while waiting.

Following the inspection, in response to concerns raised, the service provided an action plan detailing action they had taken and planned to take. They had developed the Admission Criteria for Children and Young Persons. This included a waiting room procedure for staff to follow to reduce the risk of children and young people mixing with adults in the waiting area. A notice for waiting areas had been developed making it clear that children and young people must be accompanied by a parent or guardian.

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

Meeting people's individual needs

The service did not take into account of children, young people and their families' individual needs and preferences.

The service was not designed to meet the individual needs of children, young people and their families. For example, there were no specific times set for children and young people to access scans or outpatient appointments. The service had not considered in policies and procedures how the needs of adults and children and young people were different.

Following the inspection, in response to concerns raised, the service provided an action plan detailing action they had taken and planned to take. They had developed the Admission Criteria for Children and Young Persons which included a procedure for staff to follow for children and Young People accessing services. The procedure states, where possible appointments would be booked at the beginning or end of a clinic to avoid mixing with adults whilst liaising with parents or guardians to be flexible around school times.

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

Access and flow

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

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

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included children, young people and their families in the investigation of their complaint.

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

Are Services for children & young people well-led?

Services for children & young people

Inadequate 

Inadequate 

This is the first time we have rated this service. We rated this service as Inadequate.

Leadership

Leaders did not have the skills and abilities to run the service for children and young people.

Leaders had not taken into account how the services needed to be adapted to care for children and young people.

Vision and Strategy

The service did not have a vision and strategy that included children and young people.

Culture

While the service had an open culture where patients, their families and staff could raise concerns without fear. There were no specific arrangements in place to meet the needs of children.

There were no children and young people questionnaires, or feedback processes and their views were not actively sought.

Governance

The governance structure for the service did not take into consideration children and young people.

The service did not have policies and procedures in place to support the care for children and young people.

Management of risk, issues and performance

The service had not identified risks associated with the care and treatment of children and young people.

The leaders had not identified the issues relating to children and young people we found on inspection. They had not recognised the specific needs of children and young people and that these were not being met.

Information Management

The service did not collect data to show an understanding of performance and make decisions to improve care for children and young people.

Data the service collected did not differentiate between adults and children. Therefore, there was no evidence to show how the service used data to improve care for children and young people.

Engagement

Services for children & young people

The service did not engage with children and young people to help improve the service.

The service did not have a plan to engage separately with children and young people to capture their unique perspective of the service provided. The service had not received feedback relating specifically to children and young people.

Learning, continuous improvement and innovation

There was no evidence of continuous improvement in the service provided for children and young people.

The service did not have evidence to show how they used learning and innovation to improve services for children and young people. They did not collect data and information to separate adults and children's services and show how the service continually improved.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

- The service did not have staff trained at a suitable level in children's safeguarding in line with the Safeguarding Children and Young People: Role and Competencies for Healthcare Staff, Fourth Edition 2019 Intercollegiate Document, to ensure children and young people are protected from abuse. Regulation 13(2)
- The service did not have access to a safeguarding lead trained to level 4 in children's safeguarding in line with the Safeguarding Children and Young People: Role and Competencies for Healthcare Staff, Fourth Edition 2019 Intercollegiate Document, to ensure children and young people are protected from abuse. Regulation 13(2)

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- The service did not have policies, procedures and guidance to reflect the service provided for children and young people or refer to national guidance and legislation. Regulation 17 (2)(b)

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- The service did not have a separate waiting area for children and young people and waited in a mixed area

This section is primarily information for the provider

Requirement notices

with adults. The service did not have a risk assessment or protocol in place to keep children and young people safe if a separate waiting area could not be accommodated. Regulation 12(2)(a)(b)

- The outpatient service did not have access to a registered nurse (child branch) at all times to see children and young people aged 13-18 years in an outpatient setting and outpatient nursing staff were not able to demonstrate they were competent to care for a child. Regulation 12(2)(c)
- The service did not have a clear formal written criteria for which clinics patients aged 13-18 years were accepted into and the type of patient they would accept. Regulation 12(2)(b)