London Medical London Diabetes

London Medical

Inspection report

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

Ratings

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

Summary of findings

Overall summary

We rated it as good because:

The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service managed infection risks well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines safely and the service managed safety incidents well and learned lessons from them.

Managers monitored the effectiveness of the service and made sure staff were competent. 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 to suit patients' needs.

Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs and helped them understand their conditions. They provided emotional support to patients, families, and carers.

The service planned care to meet the needs of their patients, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.

Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. Staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good	
Services for children & young people	Good	
Outpatients	Good	

Summary of findings

Contents

Summary of this inspection

Background to London Medical

London Medical began in 1991, as a specialist diabetes clinic. The current registered manager registered with CQC in 2010, and the service registered for regulated activities in 2011. The clinic provides diagnostic and screening procedures, outpatients and services for patients of all ages. These are centred around the care and treatment of diabetes that include ophthalmology, cardiology, endocrinology, and weight management.

We inspected diagnostic and screening services, outpatients and services for children and young people. You will find much of the information provided in the individual reports the same, but we have included it to make reading easier if you are only interested in outpatients for example.

We last inspected this service in January 2014. Under our criteria at the time, we found they had met all standards.

How we carried out this inspection

Our inspection was unannounced, and we used our comprehensive inspection methodology.

We spoke with directors, senior staff, consultants, nurses, pharmacy staff, administrative/reception staff and other staff. We examined 4 consultant practising privileges files, and 6 patient records. We spoke with 2 patients and 2 parents of young children attending appointments.

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.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Diagnostic and screening services	Good	Inspected but not rated	Good	Good	Good	Good
Services for children & young people	Good	Good	Good	Good	Good	Good
Outpatients	Good	Inspected but not rated	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Good

Diagnostic and screening services

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

Is the service safe?

Good

Mandatory training

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

Staff received and kept up to date with their mandatory training, which was comprehensive and met the needs of patients and staff. Staff received training in subjects such as safeguarding for vulnerable adults and children, infection prevention and control, basic life support, general data protection regulation (GDPR), complaints and learning disability and autism. All clinical staff were trained in immediate life support (ILS) and all senior clinical staff were also trained in immediate paediatric life support (IPLS).

The governance and clinical services director had oversight of training and alerted staff when training was due.

Some training was in groups and face to face at the clinic. Staff told us they had protected time for training and were emailed if training was due to expire. Training was undertaken during working hours and not in their own time.

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. The governance and clinical services director was the safeguarding lead. Together with a paediatric consultant they had received level 5 training in both vulnerable adult and child safeguarding. The clinical team were trained to level 3. The rest of the staff were trained in both vulnerable adult and child safeguarding to the required level and were aware of who the safeguarding lead was.

The service had an up-to-date safeguarding policy which covered vulnerable adults as well as children. The policy included numbers for the local authority safeguarding team and included a reporting procedure diagram.

The service provided two recent safeguarding referrals they had made. They demonstrated the service knew how to protect patients from abuse and the service worked well with other agencies to do so.

Good

Diagnostic and screening services

There had been an increase in the number of safeguarding incidents reported by staff which the service believed was reflected by the increase in children and young people being seen. This assured staff understood their safeguarding training and were reporting possible safeguarding concerns.

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.

Reception, consulting rooms and clinical areas were clean and had suitable furnishings which were visibly clean and well-maintained. All rooms were visibly clean, free from dust on high and low surfaces. Plaster on walls was all intact. Cleaning was carried out each evening. We were told it was the responsibility of each consultant to ensure rooms were cleaned between patients. Nurses were responsible for monitoring cleanliness and for cleaning and changing treatment beds.

Hand washing facilities including hand wash and sanitiser were available in all treatment and consultation rooms. Hand sanitising stations were in place throughout the service.

Sharps bins were dated correctly and were filled below the full line. Sharps bins and waste bins were both available in each treatment and consultation room.

Staff followed infection control principles, including the use of personal protective equipment (PPE). We saw staff washing their hands between patients.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. We saw 'I am clean stickers' on all equipment we checked and were all recently dated.

Infection prevention and control posters were on display in patient areas. This included information on mask wearing, cold and flu symptoms and what processes to follow.

The service employed an external company to carry out a yearly full infection control audit. We reviewed the last two year's reports which were extensive and demonstrated good compliance. In 2020, the service commissioned an external company to confirm they were complaint with the Covid-19 restrictions.

The service had a comprehensive infection and prevention control policy (IPC). It was in date and had a date by which it was due to be reviewed. There was a policy on the risk management of intravitreal injections (used to administer medications to treat a variety of retinal conditions) and endophthalmitis (inflammation of the inner coats of the eye, resulting from intraocular colonization of infectious agents with exudation within intraocular fluids, a potentially blinding condition) which included safety of the environment.

Environment and equipment

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

Good

Diagnostic and screening services

The service was based on the ground and first floor. There was a mixture of consultation rooms, some with ophthalmic equipment and other diagnostic items such as stress echocardiograms (ECG), testing, blood analysis, laser treatment (refractive, cataract and soft tissue and sport injuries and wound healing etc) and dual-energy X-ray absorptiometry (DEXA). These were separated into different areas. There were treatment bays for nurses to provide treatment, such as phlebotomy, intravenous iron and carry out investigative procedures and vaccinations.

The design, maintenance and use of facilities, premises and equipment kept people safe. The whole premises was wheelchair accessible via a lift and no step access.

There was a resuscitation trolley, defibrillator and anaphylaxis box located on both the ground and first floor. Both were checked daily each morning. Checklists showed the expiry date of each item and tallied with the items we checked.

The service had a resuscitation policy which set out the training required and what to do in an emergency. It also included an anaphylaxis algorithm and a cardiac arrest report form.

All treatment rooms were well equipped with items used daily such as dressings, face masks, drops. All were replenished daily by nursing staff. Replenishment was carried out by nurses through daily checks and on request of consultants.

Clinical waste was disposed of safely and collected at the end of each day by cleaners who placed all clinical waste into a large orange bin located in a secure locked cupboard that was collected on a weekly basis.

Air changes in the two minor procedure rooms was administered through a filtered air system. The air change rate was 12 times per hour.

We were told screens erected during the Covid-19 pandemic would remain in place as they created small seating spaces with privacy in the reception areas.

Fire extinguishers were in date secured to the walls with evacuation procedures/ instructions located nearby.

There were toilets available for patients on both floors, which included a dedicated female toilet on the first floor.

There were no patient beds or overnight stays.

The service complied with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017. Radiation risk assessments were carried out on all necessary equipment, and radiation doses monitored according to the Royal College of Radiologists' Guidelines.

We saw an in-date and updated copy of their ionising radiation local rules which included what was expected of staff and details of the medical physics expert (MPE), the radiation protection supervisor (RPS) and the radiation protection advisor (RPA). The local rules described procedures for using PPE and shielding, controlled area entry, use of the radiation equipment, use of personal monitoring devices and quality assurance testing.

We saw the latest DEXA RPA report, dated October 2022, which showed it passed all the quality control criteria.

The ophthalmology clinic used laser machines to treat retinal diseases, diabetic eye diseases, such as glaucoma. The consultant ophthalmologists were trained on the various laser machines as needed for their role.

The service had a specific COLD laser which helped to reduce inflammation and increase blood flow. It was only operated by one named consultant who consents each patient before treatment. The main door was lockable, and it had a permanent laser warning notice outside.

Equipment had been regularly serviced. Maintenance and service contracts were in place for the diagnostic and imaging equipment and the laser machines. The laser room used for ophthalmology was sectioned off from the rest of the corridor and had a 'laser in use' light above the door. It had a lockable door and windows permanently covered by laser proof blinds. Specialised laser goggles were available for carers or a parent to be in the room with a patient.

There had been no radiation or laser incidents.

The lead laser technician was the Laser Safety Officer or Laser Protection Supervisor and was responsible for maintaining safe laser use. An external Laser Protection Advisor (LPA) was available under contract with a local NHS hospital to ensure the lasers met national safety requirements. We saw a copy of the laser local rules produced by the LPA and noted all the consultants who used lasers in their role had signed the document.

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 told us that all senior nurses were paediatric life support and intermediate life support trained. All other nurses and health care assistants were basic life support trained.

In the event of a deteriorating patient there was NEWS2 assessment guidance attached to the wall of the cupboard where the resuscitation trolley was located. There was also guidance on anaphylaxis, choking and Resuscitation Council UK guidance. There was a policy for the deteriorating patient. There were arrangements with various private hospitals to which patients could be transferred or in an emergency staff would call 999 for an NHS ambulance.

The service had an adverse incident protocol for medical and non-medical emergencies with brief descriptions of who to contact.

Staff completed risk assessments for each patient pre-admission and on arrival. Staff completed and updated risk assessments for each patient. In addition to the consent and assessment form there was also a record of each patient's basic details, health questionnaire and risk assessment. Patients attended a pre-assessment appointment before the consultant appointment. If there were specific procedures requested by the consultant such as a blood test or breath test, then patients were re-directed to nurses. Such tests were usually carried out on the day of the appointment, but risk assessment meant specific pre-assessment risks such as medications, like antibiotics, were assessed before samples taken.

There was a policy on the risk management of intravitreal infections and endophthalmitis that included responding to suspected cases. There had been one reported case in the last year where procedures were followed, and an investigation carried out. There was an out of hours/night-time number for patients to contact in the event of suspected infections. Patients were told to attend their local hospital if there was any suspicion of an infection.

Good

Diagnostic and screening services

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 staff a full induction.

The service had enough staff experienced and suitably qualified staff to keep patients safe. Their mandatory training was kept up-to-date and they were encouraged to attend other training and courses.

New staff underwent a full induction programme, and their competency was checked during their probationary period.

The consultants worked at the service under practising privileges. At the time of our inspection the clinic had agreed for 90 consultants to have practising privileges at the clinic. We reviewed several consultants' records and noted practising privileges were granted and reviewed by the medical advisory committee (MAC). We saw there were thorough checks on consultants applying for practising privileges. All files contained details of application forms, curriculum vitae (CV), details of accreditation with professional bodies, interview reports, appraisals, revalidation and current disclosure and barring service (DBS) checks.

The granting of practising privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or clinic. Those working under practising privileges were contractually obligated by the service to keep up to date with training, working practices and to provide insurances and to comply with other such rules the service may demand.

The GP service was staffed on rota by 3 general practitioners. The service had a concierge and administration team, as well as a finance team.

The clinic did not employ locum or agency staff, but they had several experienced bank staff who were familiar with the clinic they could call on to cover leave, sickness, or vacancies. They were required to follow the same competencies as an employed member of staff.

Records

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

Patient notes were comprehensive, stored securely and authorised staff could access them easily. The digital record meant certain tasks had to have been completed before the patient could progress to the next stage of the pathway.

The patient records were paperless. Any paper document was scanned onto the system and then shredded. Patient records used a flagging system, so it was clear in the record if there was anything to be aware of. Records could have symbols down the side to alert staff to things such as safeguarding, allergies and mental health.

The service audited patient records every 6 months and examined 100 different records from across all clinical areas each time. On each audit they looked at 15 standard criteria. For criterion which fell below the 100% target, recommendations were made, and learning distributed to staff and consultants.

Patient information had been suitably protected. Computers were screen locked when not in use. Computers in areas where unauthorised persons could see the screens were fitted with privacy screens to prevent them being read by people other than the operator. Sample boxes did not include patient identifiable information.

Good

Diagnostic and screening services

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. They also learned from safety alerts and incidents to improve practice.

The service had certain medication authorised by a doctor and a pharmacist under Patient Group Directions (PGDS). PGDs provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber).

The service had three independent prescribers supporting consultants. The service offered new medication consultations. However, the outcomes from this work were not being measured yet.

Oxygen was securely stored in a suitable cupboard along with a resuscitation trolley and a defibrillator, which had been serviced recently. There was a notice on the door of the cupboard to with appropriate Control of Substances Hazardous to Health Regulations (COSHH) signs to alert staff and the emergency services.

Medicines kept on resuscitation trolleys were checked and were all in date.

Dedicated fridges were temperature checked daily by nurses and the pharmacist. An alarm also notified senior nurses and the pharmacy if fridges went outside of normal range.

We were told the service followed General Pharmaceutical Council standards and were compliant through pharmaceutical assessments and ongoing audits.

Two pharmacists and an assistant pharmacist were employed by the service and on site when the pharmacy was open. The service ran from 9:00am to 8:00pm, five days a week and opened on Saturdays on demand. Pharmacy hours followed the same working pattern as clinics.

The pharmacy was owned and staffed by the service, which could dispense medication against private prescriptions for their own patients and other private services. They also had a limited range of over-the-counter items. No controlled drugs were stored on the premises.

Incidents

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

Staff knew what incidents to report and how to report them. Staff were able to raise concerns and reported incidents and near misses. Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Staff told us they met to discuss and learn from the investigation of incidents. Staff were open and transparent and gave patients and families a full explanation if things went wrong. We saw evidence of learning from reported incidents.

Good

Diagnostic and screening services

Staff understood the duty of candour. Under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, registered persons (providers and registered managers) have a duty to act in an open and transparent way with relevant persons in relation to care and treatment provided to service users.

The service had an adverse incident policy and did regular adverse incident audits.

We saw evidence of incidents on the standing agenda and being discussed in the MAC and the integrated clinical governance committee meetings.

Patient safety alerts were reviewed at the clinical governance meeting and cascaded to staff as required.

The service was also a member of the independent sector complaints adjudication service (ISCAS).

Is the service effective?

Inspected but not rated

Evidence-based care and treatment

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

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

Clinical policies and procedures we reviewed were all in date and referenced relevant guidelines such as those of the National Institute of Health and Care Excellence (NICE), the Medicines and Healthcare products Regulatory Agency (MHRA), IRMER and the General Medical Council (GMC). Staff could access policies and procedures electronically.

The service conducted regular audits of laser quality assurance (QA), radiation QA, ultrasound QA and DEXA bone mass density scans.

Nutrition and hydration

Staff gave patients food and drink when needed. Patients could access specialist dietary advice and support.

Hot drinks and water were freely available in the ground and first floor reception areas.

Specialist support from staff, such as dietitians, was available for patients who needed it.

Pain relief

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

The service ensured patients who underwent laser or other eye surgical procedures without experiencing discomfort or pain. Staff prepared patients for procedures, which included anaesthetic eye drops prior to surgery.

During the procedure the consultants used topical anaesthetic to keep the patient comfortable.

Patients were prescribed anti-inflammatory eye drops to take home; with clear instructions on its use should they feel any discomfort in their eyes.

If non-surgical patients were in pain their consultant would be able to prescribe suitable pain relief.

Staff prescribed, administered and recorded pain relief accurately.

Patient outcomes

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

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

Managers and staff carried out a comprehensive programme of repeated audits, such as radiation and laser quality assurance, patient records, consent and IPC, to check improvement over time. Managers used the results to improve patients' outcomes.

Managers shared and made sure staff understood information from the audits via newsletters and staff meetings.

The service positively encouraged their patients to give relevant feedback and they also received feedback from their consultants. This information was presented to the MAC which enabled them to make judgements on the effectiveness of treatments and patient outcomes.

The service conducted a diabetes audit against NHS diabetes patient outcomes just so they were aware of how their outcomes compared.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. This was checked as part of pre-employment checks. All health care staff were registered with their appropriate professional bodies.

The service ensured it received evidence annually from doctors about appraisals and professional registrations as part of their practising privileges. To be accepted for practicing privileges, consultants underwent a strict governance process with at least 2 references taken. They had to provide a list of procedures they were competent to complete. This formed the scope of their practice, and they were not allowed to deviate from this or add to it, without approval from the MAC.

An annual audit was conducted of consultants with practising privileges to ensure they complied with the conditions set by the service. In addition, managers met with the GMC responsible officer twice a year for updates on GMC policy and procedures and to discuss any concerns they had for any consultant on practising privileges.

The diabetes team and the paediatric diabetes team had regular multidisciplinary team meetings attended by consultants, senior nurses and dieticians.

Good

Diagnostic and screening services

Managers gave all new staff a full induction tailored to their role before they started work, this included bank staff. Managers supported staff to develop through yearly, constructive appraisals of their work. They made sure staff received any specialist training for their role. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

The DEXA machine was operated by a suitable trained and authorised technician and the lasers and ultrasound machines were operated by suitable trained and authorised consultants. Relevent staff also had laser protection and ionising radiation (medical exposure) regulations (IRMER) safety training**.**

The service ensured staff were competent for their roles initially by interviews, references, checking employment history and disclosure and barring service (DBS) checks etc, before employment and inductions, appraisals, and probationary periods after employment.

Staff files have competencies logged so it was clear who was able to carry out certain professional tasks. The senior phlebotomist signed off competencies around taking bloods.

All clinical staff undertook sepsis training and specific senior nurses have undertaken yellow fever training. Sepsis is the body's extreme response to an infection. It is a life-threatening medical emergency. yellow fever, .

Multidisciplinary working

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

There was good multidisciplinary team (MDT) working between consultants, nurses, healthcare assistants, imaging staff, physiotherapists and administrative staff to deliver the best patient care. Staff we spoke with described good working relationships between different types of staff, junior staff were treated respectfully by senior staff and told us they felt valued. They worked consistently with external referring clinicians to ensure patients received safe treatment when it was needed.

The diabetes team and the paediatric diabetes team had regular meetings attended by consultants, senior nurses, dieticians. All complex adult cases were discussed monthly.

Seven-day services

Key services were available to support timely patient care.

The service was open Monday to Friday between 8.30am and 8pm and Sunday between 9am and 2pm. Saturday opening was by agreement with individual consultants.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support available in reception areas, treatment and consultation rooms.

Staff assessed each patient’s health when admitted and provided support for any individual needs to live a healthier lifestyle. They gave patient’s examples of diet, sleep, exercise etc to improve health.

Good

Diagnostic and screening services

Consent and Mental Capacity Act

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

The service had a comprehensive consent policy, due for review in April 2024. It contained links to the service's consent guidance notes.

Staff gained consent from patients for their care and treatment in line with legislation and guidance and made sure patients consented to treatment based on all the information available. Patient consent was recorded in the patient's record.

Consent was specific to procedure and treatment. There were different patient information leaflets available for each procedure. The consultant would explain the consent process to the patient. There was a comprehensive consent and assessment form. Intravitreal injections also had a converted world health organisation (WHO) formatted consent process added to it. The digital patient record required clinicians to state the procedure or treatment which then directed them to the appropriate consent form. It meant that without consent the procedure would not commence.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. Staff knew how to access the policies on the mental capacity act via the clinic's intranet.

Mental health training is covered under mandatory training for clinical staff. A learning disability and autism awareness training course was available and 17 staff out of 23 had undertaken the training in 2023. That included most of the nursing staff and some of the reception and appointment staff. We were told other staff would continue to be trained.

Is the service caring?

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 were able to have confidential conversations with receptionists and we observed helpful, friendly and respectful interactions between staff and patients. There were private rooms which could be used to have private conversations if necessary. Staff used screens when patients were undergoing DEXA scans. All appointments and minor procedures occurred in private rooms.

There was information in waiting areas and treatment rooms informing patients about the availability of a chaperone for their appointment.

Good

Diagnostic and screening services

Emotional support

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

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

Staff had received chaperone training so they could further support patients.

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

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 talked with patients, families and carers in a way they could understand and gave patients a chance to ask any questions they had. Patients were given opportunity to ask questions. Patients we spoke with stated they did not feel rushed or persuaded to go through with treatment. Instead, they felt they were given enough information to make an informed choice themselves.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The feedback was consistently positive, across both public reviews on the internet and private feedback.

Is the service responsive?

Good

Service delivery to meet the needs of their patients

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

Managers planned and organised services, so they met the needs of their patients. The service provided diagnostic scans for patients from across the country and abroad. Patients could access services and appointments in a way and at a time that suited them.

Facilities and premises were appropriate for the services being delivered. The service had a reception area with adequate seating on both the ground and the first floor. Seating for patients in the waiting area was segregated by clear plastic screening.

Managers monitored and took action to minimise missed appointments. The service had a low rate of patients not attending. For the few patients who did not attend managers ensured they were contacted, and new appointments arranged if required.

Good

Diagnostic and screening services

The consultants worked together with the NHS for some patients' diabetic care. We were told patients sometimes access the service to get the initial appointment for the insulin pump and then transfer their ongoing care to the NHS. The service would liaise with the patient's GP to ensure they could access the care they needed.

Meeting people's individual needs

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

The service had information leaflets available in languages spoken by the patients and local community. Managers made sure staff and patients, loved ones and carers could get help from interpreters or signers when needed. Language line was available on demand on all staff digital tablets. Staff told us a large proportion of patients were from overseas and the interpreting service was regularly used. We were told by managers staff were encouraged to use the interpreting services rather than rely on relatives. The service had access to an Arabic liaison officer as they were a large proportion of the patient group.

There were patient information leaflets and posters in all patient areas. This included information on fees and payment, complaints, patient feedback and immunisation.

Information and advice leaflets were available in patient areas and in treatment rooms on specific conditions, types of practice and equipment. For example, diabetes eye conditions.

In the field of diabetes management, we were told the service and consultants frequently worked with NHS counterparts to provide better patient care.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times for treatment were in line with national standards.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes.

Staff supported patients when they were referred or transferred between services.

Appointments, where possible, were coordinated with other service providers within the service to limit the travel time for patients and to smooth the process of attending multiple appointments.

Managers worked to keep the number of cancelled appointments to a minimum. In fact, that rarely happened, but managers made sure they were rearranged as soon as possible.

All patients at the clinic were either self-funded or funded through private health insurance.

Learning from complaints and concerns

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

Good

Diagnostic and screening services

The service clearly displayed information in patient areas about how to raise a concern. There were patient information leaflets and posters how to raise a concern or complaint.

Staff understood the policy on complaints and knew how to handle them.

The service had signed up for the independent sector complaints adjudication service (ISCAS). This meant patients could use the independent service to adjudicate if they were not satisfied with the conclusion of their complaint.

The service used the newsletters and staff meetings to share lessons from complaints or adverse incidents. Staff spoke with all people who complained and when required sent duty of candour letters.

The service's website had a link to their complaints policy and details on how to complain.

In 2023, the service had two complaints at the time of our inspection. Both were classed as no harm and were satisfactorily dealt with.

Is the service well-led?

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.

The senior management team consisted of a Chairman, a Chief Executive Officer (CEO), the Medical Director, the Governance and Clinical Services Director and a Chief Operating Officer (COO). The Medical Director was also the CQC registered manager.

There was a management structure with clear lines of responsibility and accountability. There was a clear organisational structure, which detailed which staff were responsible for clinical governance, risk management, operational procedures and administration. Staff at all levels were clear about their roles and understood what they were accountable for and to whom.

Managers were eager to promote an open culture and maintained an open-door policy for all employees. Staff we spoke with confirmed this, saying that managers were friendly, approachable, and focused on improving service and promoting staff development and wellbeing. Staff understood their roles and how to escalate problems.

Staff we spoke with knew who the senior management team and the department leads were.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The vision for the service was outlined in the services statement of purpose as 'One Team, Patient First, Keep it Simple'.

Good

Diagnostic and screening services

The vision was to become the UK's leading private specialist outpatient clinic, building an outstanding reputation in the fields of diabetes, ophthalmology, cardiology and endocrinology, as well as in obesity and weight management.

Their mission statement stated 'Our management team, consultants, and specialist support staff are committed to giving care at every level. We continually assess our services, staff, facilities, and processes to ensure this standard is maintained. London Medical is committed to delivering the highest standard of care'.

The service had a clinical governance strategy poster which reminded staff information about audits, complaints, safeguarding, risk, serious incidents and other matters.

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.

The service's focus was on patient experience, personal one-to-one service, and access to consultants throughout the patient journey. The service had created a culture and environment to attract highly skilled, motivated staff, who shared their passion and enthusiasm.

Managers supported an open and honest culture, leading by example and promoting the service's values. Managers expressed pride in the staff and the services they offered.

All staff we spoke with felt supported, respected and valued. They told us the culture was centred on the needs and experience of people who used the service.

Staff we met were welcoming, friendly and helpful. It was evident that staff cared about the services they provided and told us they enjoyed working at the service. They were enthusiastic about the care and services they provided.

We observed staff work collaboratively and shared responsibility in the delivery of good quality care. Staff were aware of their roles in the patient experience and were committed to providing the best possible care for their patients.

Staff said they felt their concerns were addressed, and they could easily talk with their managers. Staff reported there was a no blame culture when things went wrong.

Patients told us they were very happy with the services offered and did not have any concerns to raise. They felt they were able to raise any concerns with the team without fearing their care would be affected.

Governance

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

The service had an embedded governance system. They had an annual audit programme and carried out audits to make sure staff maintained high quality care.

The Medical Advisory Committee (MAC) met 4 times a year. The meetings had standing agenda items and were minuted. We were told the responsible officer from the GMC designated body could be approached to advise on medical issues if

needed. Patient outcomes, as well as research and publications were discussed at these meetings. The service's website had a clear explanation of what the MAC did and a way for people to contact the committee. The MAC was described as having 2 main purposes; overseeing, representing and advising the service on professional issues and ensuring quality patient care.

It was the MAC, who after assuring itself of the qualifications and suitability of a consultant, agreed they should be allowed practising privileges at the service.

Consultants working under practising privileges had adequate levels of professional indemnity insurance.

The service had an integrated governance committee meeting also held 4 times a year but on different months. That meeting covered a similar agenda, and both were attended by the clinical director, the chief operating officer, the governance and clinical services director (also in their role as nursing lead), and the CQC lead and pharmacy advisor.

Information from all those meetings were passed to service staff and consultants for information and training purposes. The service also had a newsletter circulated to staff and consultants which had links to the latest audit results, bitesize training and learning from adverse incidents.

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.

There was a systematic programme of repeated clinical and internal audits carried out by the service. We were told all audits were assisted by an additional clinical governance person whose specialist role was audit. Patient records, risk assessments, laser and radiation quality assurance and certain health conditions were included in the audit list.

The service used a risk register to monitor key risks. These included relevant clinical and corporate risks to the organisation and action plans to address them. Risks were discussed at the regular governance meetings. We were provided with an up-to-date copy of the risk register and were able to see the current risks and how they were addressed.

The service had a business continuity plan that could operate in the event of an unexpected disruption to the service. The clinic had plans in place to cope with unexpected events such as: electrical failure, data management incidents or a fire on the premises for which they had an evacuation plan.

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.

The service's information systems were reviewed by the senior management team and met requirements of the General Data Protection Regulation (GDPR). GDPR was also a standing agenda item to be discussed at both the MAC and integrated governance committee meetings.

Staff underwent information governance training and had a named person to contact if they were concerned about any breaches.

Good

Diagnostic and screening services

The clinic regularly audited their clinical performance and engaged with staff and patients to review and improve the service.

Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment. There were arrangements in place to make sure the confidentiality of patient information held electronically was secure. Staff were aware of how to use and store confidential information. This was in line with the General Data Protection Regulation. During our inspection, we found computer terminals were locked when not in use to prevent unauthorised persons from accessing confidential patient information.

Staff were able to access policies and procedures via the service's intranet. The policies and procedures were comprehensive and organised into a single document register which made it easy for staff to access via the service's intranet.

There were data privacy notices on display to patients in the entrance area. This included information on the data protection officer, how the service collected information, how they used patient records and information.

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We noted on the risk register there were a number proposed GDPR risks which had been discussed and mitigated against.

Engagement

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

The service routinely gathered people's views and experiences. They used these to shape and improve services. They ensured patients had multiple platforms to give feedback, to try and get as much feedback as possible. Patients were able to do this electronically either online to the service or one of the internet review sites. If patients were unable to access the internet, the service was able to provide paper feedback forms.

Feedback was requested from staff at regular staff meetings and in their one-to-one meetings. Staff told us they were comfortable to comment on future plans or changes to the service.

The service was able to work with patients and their NHS medical team, particularly in the field of diabetes.

The service had an employee and communication policy that set out how they would interact with the staff from induction, annual appraisals, staff feedback forms, satisfaction surveys and exit interviews.

They held regular all staff meetings, when feedback from the management team was given to the staff. Often, a meal was provided at the conclusion of the meeting.

The latest staff survey dated spring 2023, was largely positive. Both clinical and administrative staff were included. Over 90% of staff believed the patient care offered to staff was excellent or above average. Almost 90% of the staff were happy to continue working at the service and over 91% said they felt safe in the workplace.

Good

Diagnostic and screening services

Learning, continuous improvement and innovation

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

Managers promoted continuous improvement by conducting and reviewing audits, monitoring staff training and continued learning, holding management and staff meetings and cascading results of staff surveys, risks and complaints.

Staff informed us they were encouraged to learn, develop and improve their skills.

The service had clear procedures all staff needed to follow to implement new technologies and techniques. We spoke with a consultant who told us; “The service was always looking for the best technology for patients. Things can happen quicker here as they are forward thinking. A new insulin pump has just been released and we have training next week”.

The service told us:

- The first clinic to offer intravitreal therapy for age related macular degeneration and the first clinic to use Avastin intravitreally and to audit and report our experience.
- The quantitative carotid ultrasound with volumetric plaque assessment is unique to the service and enables the cardiologists and lipidologists to assess progression and regression of atherosclerosis in time and direct appropriate therapy to patients.

Good

Services for children & young people

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

Is the service safe?

Good

Mandatory training

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

Staff received and kept up to date with their mandatory training, which was comprehensive and met the needs of patients and staff. Staff received training in subjects such as safeguarding for vulnerable adults and children, infection prevention and control, basic life support, general data protection regulation (GDPR), complaints and learning disability and autism. All senior clinical staff plus specific consultants and GPs are trained and annually recertified in both immediate paediatric life support (IPLS) and immediate life support (ILS).

The governance and clinical services director had oversight of training and alerted staff when training was due.

Some training was in groups and face to face at the clinic. Staff told us they had protected time for training and were emailed if training was due to expire. Training was undertaken during working hours and not in their own time.

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. The governance and clinical services director was the safeguarding lead. Together with a paediatric consultant they had received level 5 training in both vulnerable adult and child safeguarding. The clinical team were trained to level 3 for both vulnerable adult and child safeguarding. The rest of the staff were trained in both vulnerable adult and child safeguarding to the required level and were aware of who the safeguarding lead was.

The service had an up-to-date safeguarding policy which covered vulnerable adults as well as children.

The service also had an up-to-date safeguarding child protection policy and procedures document which set out the various types of abuse, informed staff how to report any concerns and identified who the safeguarding leads were. The policy included numbers for the local authority safeguarding team, included a reporting procedure diagram and had a section on children of diplomatic families and who to contact with any concerns.

Good

Services for children & young people

There was a policy on the standard of care for children and young people attending the service and template reporting forms for Gillick competency assessment (Gillick competence is concerned with determining a child's capacity to consent). The service also provided templates for reporting child sexual exploitation (CSE), female genital mutilation (FGM) and a standard safeguarding incident report form.

The service provided us with two recent safeguarding referrals they had made. They demonstrated the service knew how to protect patients from abuse and the service worked well with other agencies to do so.

There had been an increase in the number of safeguarding incidents reported by staff which the service believed was reflected by the increase in children and young people being seen. This assured staff understood their safeguarding training and were reporting possible safeguarding concerns.

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.

Reception, consulting rooms and clinical areas were clean and had suitable furnishings which were visibly clean and well-maintained. All rooms were visibly clean, free from dust on high and low surfaces. Plaster on walls was all intact. Cleaning was carried out each evening. We were told it was the responsibility of each consultant to ensure rooms were cleaned between patients. Nurses were responsible for monitoring cleanliness and for cleaning and changing treatment beds.

Hand washing facilities including hand wash and sanitiser were available in all treatment and consultation rooms. Hand sanitising stations were in place throughout the service.

Sharps bins were dated correctly and were filled below the full line. Sharps bins and waste bins were both available in each treatment and consultation room.

Staff followed infection control principles, including the use of personal protective equipment (PPE). We saw staff washing their hands between patients.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. We saw 'I am clean stickers' on all equipment we checked and were all recently dated.

Infection prevention and control posters were on display in patient areas. This included information on mask wearing, cold and flu symptoms and what processes to follow.

The service employed an external company to carry out a yearly full infection control audit. We reviewed the last two year's reports which were extensive and demonstrated good compliance. In 2020, the service commissioned an external company to confirm they were complaint with the Covid-19 restrictions.

The service had a comprehensive infection and prevention control policy (IPC). It was in date and had a date by which it was due to be reviewed. There was a policy on the risk management of intravitreal injections (used to administer medications to treat a variety of retinal conditions) and endophthalmitis (inflammation of the inner coats of the eye, resulting from intraocular colonization of infectious agents with exudation within intraocular fluids, a potentially blinding condition) which included safety of the environment.

Good

Services for children & young people

Environment and equipment

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

The service was based on the ground and first floor. There was a mixture of consultation rooms, some with ophthalmic equipment and other diagnostic items such as stress echocardiograms (ECG), testing, blood analysis, laser treatment (refractive, cataract and soft tissue and sport injuries and wound healing etc) and dual-energy X-ray absorptiometry (DEXA). These were separated into different areas. There were treatment bays for nurses to provide treatment, such as phlebotomy, intravenous iron and carry out investigative procedures and vaccinations.

The design, maintenance and use of facilities, premises and equipment kept people safe. The whole premises was wheelchair accessible via a lift and no step access.

There was a resuscitation trolley, defibrillator and anaphylaxis box located on both the ground and first floor. Both were checked daily each morning. Checklists showed the expiry date of each item and tallied with the items we checked. The bottom drawer of the trolley had been labelled and contained paediatric and specific equipment. The anaphylaxis box had different colours for adult and paediatric to make sure the correct equipment could be used.

The service had a resuscitation policy which set out the training required and what to do in an emergency. It also included an adult and paediatric anaphylaxis algorithm and a cardiac arrest report form.

In the phlebotomy room there was a separate tray for paediatric patients, with different colours than that for adults and a specific tourniquet for very small babies.

All treatment rooms were well equipped with items used daily such as dressings, face masks, drops. All were replenished daily by nursing staff. Replenishment was carried out by nurses through daily checks and on request of consultants.

Air changes in the two minor procedure rooms was administered through a filtered air system. The air change rate was 12 times per hour.

We were told screens erected during the Covid-19 pandemic would remain in place as they created small seating spaces with privacy in the reception areas.

Fire extinguishers were in date secured to the walls with evacuation procedures and instructions located nearby.

There were toilets available for children and young people on both floors, which included a dedicated female toilet on the first floor. This toilet area could also be accessed by men to use the baby changing facilities which were outside of the women's toilet area.

There were no patient beds or overnight stays.

The ophthalmology clinic used laser machines to treat retinal diseases, diabetic eye diseases, such as glaucoma.The consultant ophthalmologists were trained on the various laser machines as needed for their role.

The service had a specific COLD laser which helped to reduce inflammation and increase blood flow. It is only operated by one named consultant who consents each patient before treatment. The main door was lockable, and it had a permanent laser warning notice outside. Children and young people referred by maxillofacial consultants were treated with this laser.

Clinical waste was disposed of safely and collected at the end of each day by cleaners who placed all clinical waste into a large orange bin located in a secure locked cupboard that was collected on a weekly basis.

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 told us that all senior nurses were paediatric life support and intermediate life support trained. All other nurses and health care assistants were basic life support trained.

In the event of a deteriorating patient there was NEWS2 assessment guidance along with a paediatric emergency drug guidelines chart attached to the wall of the cupboard where the resuscitation trolley was located. There was also guidance on anaphylaxis, choking and Resuscitation Council UK guidance. There was a policy for the deteriorating patient. There were arrangements with various private hospitals to which patients could be transferred or in an emergency staff would call 999 for an NHS ambulance.

The service had an adverse incident protocol for medical and non-medical emergencies with brief descriptions of who to contact.

Staff completed risk assessments for each patient pre-admission and on arrival. Staff completed and updated risk assessments for each patient. In addition to the consent and assessment form there was also a record of each patient's basic details, health questionnaire and risk assessment. Patients attended a pre-assessment appointment before the consultant appointment. If there were specific procedures requested by the consultant such as a blood test or breath test, then patients were re-directed to nurses. Such tests were usually carried out on the day of the appointment, but risk assessment meant specific pre-assessment risks such as medications, like antibiotics, were assessed before samples taken.

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 staff a full induction.

The service had enough staff experienced and suitably qualified staff to keep patients safe. Their mandatory training was kept up-to-date and they were encouraged to attend other training and courses.

The service had one full time paediatric nurse and the governance and clinical services director was also a paediatric nurse. They arranged their leave so there is always a trained paediatric nurse on duty. The service had 3 paediatric diabetic nurses and other nurses had paediatric competences signed off.

New staff underwent a full induction programme, and their competency was checked during their probationary period.

The consultants worked at the service under practising privileges. At the time of our inspection the clinic had agreed for 90 consultants to have practising privileges at the clinic. We reviewed several consultants' records and noted practising privileges were granted and reviewed by the medical advisory committee (MAC). We saw there were thorough checks on consultants applying for practising privileges. All files contained details of application forms, curriculum vitae (CV), details of accreditation with professional bodies, interview reports, appraisals, revalidation and current disclosure and barring service (DBS) checks.

Good

Services for children & young people

The granting of practising privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or clinic. Those working under practising privileges were contractually obligated by the service to keep up to date with training, working practices and to provide insurances and to comply with other such rules the service may demand.

The GP service was staffed on rota by 3 general practitioners. The service had a concierge and administration team, as well as a finance team.

The clinic did not employ locum or agency staff, but they had several experienced bank staff who were familiar with the clinic they could call on to cover leave, sickness, or vacancies. They were required to follow the same competencies as an employed member of staff.

Records

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

Patient notes were comprehensive, stored securely and authorised staff could access them easily. The digital record meant certain tasks had to have been completed before the patient could progress to the next stage of the pathway.

The patient records were paperless. Any paper document was scanned onto the system and then shredded. Patient records used a flagging system, so it was clear in the record if there was anything to be aware of. Records could have symbols down the side to alert staff to things such as safeguarding, allergies and mental health.

The service audited patient records every 6 months and examined 100 different records from across all clinical areas each time. On each audit they looked at 15 standard criteria. For criterion which fell below the 100% target, recommendations were made, and learning distributed to staff and consultants.

Patient information had been suitably protected. Computers were screen locked when not in use. Computers in areas where unauthorised persons could see the screens were fitted with privacy screens to prevent them being read by people other than the operator. Sample boxes did not include patient identifiable information.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. They also learned from safety alerts and incidents to improve practice.

The service had certain medication authorised by a doctor and a pharmacist under Patient Group Directions (PGDS). PGDs provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber).

The service had three independent prescribers supporting consultants. The service offered new medication consultations. However, the outcomes from this work were not being measured yet.

Oxygen was securely stored in a suitable cupboard along with a resuscitation trolley and a defibrillator, which had been serviced recently. There was a notice on the door of the cupboard to with appropriate Control of Substances Hazardous to Health Regulations (COSHH) signs to alert staff and the emergency services.

Medicines kept on resuscitation trolleys were checked and were all in date.

Dedicated fridges were temperature checked daily by nurses and the pharmacist. An alarm also notified senior nurses and the pharmacy if fridges went outside of normal range.

The service used diabetes insulin pumps and followed a patient pathway to monitor patients. All children and young people had access to a consultant or paediatric diabetes specialist nurse for at least the first 12 weeks of treatment. All insulin was prescribed by a consultant.

We were told the service followed General Pharmaceutical Council standards and were compliant through pharmaceutical assessments and ongoing audits.

Two pharmacists and an assistant pharmacist were employed by the service and on site when the pharmacy was open. The service ran from 9:00amto 8:00pm, five days a week and opened on Saturdays on demand. Pharmacy hours followed the same working pattern as clinics.

The pharmacy was owned and staffed by the service, which could dispense medication against private prescriptions for their own patients and other private services. They also had a limited range of over-the-counter items. No controlled drugs were stored on the premises.

Incidents

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

Staff knew what incidents to report and how to report them. Staff were able to raise concerns and reported incidents and near misses. Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Staff told us they met to discuss and learn from the investigation of incidents. Staff were open and transparent and gave patients and families a full explanation if things went wrong. We saw evidence of learning from reported incidents.

Staff understood the duty of candour. Under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, registered persons (providers and registered managers) have a duty to act in an open and transparent way with relevant persons in relation to care and treatment provided to service users.

The service had an adverse incident policy and did regular adverse incident audits.

We saw evidence of incidents on the standing agenda and being discussed in the MAC and the integrated clinical governance committee meetings.

Patient safety alerts were reviewed at the clinical governance meeting and cascaded to staff as required.

Good

Services for children & young people

The service was also a member of the independent sector complaints adjudication service (ISCAS).

Is the service effective?

Good

Evidence-based care and treatment

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

Staff followed up to date policies to plan and deliver high quality care according to best practice and national guidance. There was a clearly marked clinical governance folder with specific paediatric guidelines stored with the resuscitation equipment for ease of access.

Clinical policies and procedures we reviewed were all in date and referenced relevant guidelines such as those of the National Institute of Health and Care Excellence (NICE), the Medicines and Healthcare products Regulatory Agency (MHRA), IRMER and the General Medical Council (GMC). Staff could access policies and procedures electronically.

Managers checked to make sure staff followed guidance using audits and annual appraisals.

Nutrition and hydration

Staff gave patients food and drink when needed. Patients could access specialist dietary advice and support.

Hot drinks and water were freely available in the ground and first floor reception areas.

Specialist support from staff, such as dietitians, was available for patients who needed it.

Pain relief

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

During the procedure the consultants used topical anaesthetic to keep the patient comfortable.

If children and young people were in pain their consultant would be able to prescribe suitable pain relief. If the children were unable to communicate the service had an emoji chart so they could indicate their pain level.

Staff prescribed, administered and recorded pain relief accurately.

Patient outcomes

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

Outcomes for children and young people were positive, consistent and met expectations, such as national standards.

Good

Services for children & young people

Managers and staff carried out a comprehensive programme of repeated audits of paediatric services to check improvement over time. Managers used the results to improve patients' outcomes.

Managers shared and made sure staff understood information from the audits via newsletters and staff meetings.

The service positively encouraged children and young people to give relevant feedback and they also received feedback from their consultants. This information was presented to the MAC which enabled them to make judgements on the effectiveness of treatments and patient outcomes.

The service conducted a diabetes audit against NHS diabetes patient outcomes just so they were aware of how their outcomes compared.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of children and young people. This was checked as part of pre-employment checks. All health care staff were registered with their appropriate professional bodies.

The service ensured it received evidence annually from doctors about appraisals and professional registrations as part of their practising privileges. To be accepted for practicing privileges, consultants underwent a strict governance process with at least 2 references taken. They had to provide a list of procedures they were competent to complete. This formed the scope of their practice, and they were not allowed to deviate from this or add to it, without approval from the MAC. An annual audit was conducted of consultants with practising privileges to ensure they complied with the conditions set by the service. In addition, managers met with the GMC responsible officer twice a year for updates on GMC policy and procedures and to discuss any concerns they had for any consultant on practising privileges.

Managers gave all new staff a full induction tailored to their role before they started work, this included bank staff. Managers supported staff to develop through yearly, constructive appraisals of their work. They made sure staff received any specialist training for their role. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

The service ensured staff were competent for their roles initially by interviews, references, checking employment history and disclosure and barring service (DBS) checks etc, before employment and inductions, appraisals, and probationary periods after employment.

Staff files have competencies logged so it was clear who was able to carry out certain professional tasks. Some registered general nurses (RGN) had received training and had competencies signed off to enable them to see paediatric patients. The senior phlebotomist signed off competencies around taking bloods.

All clinical staff undertook sepsis training and specific senior nurses have undertaken yellow fever training. Sepsis is the body's extreme response to an infection. It is a life-threatening medical emergency.

Multidisciplinary working

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

Good

Services for children & young people

There was good multidisciplinary team (MDT) working between consultants, nurses, healthcare assistants, imaging staff, physiotherapists and administrative staff to deliver the best patient care. Staff we spoke with described good working relationships between different types of staff, junior staff were treated respectfully by senior staff and told us they felt valued. They worked consistently with external referring clinicians to ensure children and young people received safe treatment when it was needed.

The diabetes team and the paediatric diabetes team had regular multidisciplinary meetings attended by consultants, senior nurses and dieticians. All paediatric cases were discussed weekly.

Seven-day services

Key services were available to support timely patient care.

The service was open Monday to Friday between 8.30am and 8pm and Sunday between 9am and 2pm. Saturday opening was by agreement with individual consultants.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support available in reception areas, treatment and consultation rooms.

Staff assessed each child and young person's health when admitted and provided support for any individual needs to live a healthier lifestyle.

The service supported family lifestyle change. They gave parents and carers examples of diet, sleep, exercise etc to improve health showing a diabetic child how they can all manage change not just the patient.

Consent and Mental Capacity Act

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

The service had a comprehensive consent policy, due for review in April 2024. It contained links to the service's consent guidance notes.

Staff gained consent from patients or their parent/carer for their care and treatment in line with legislation and guidance and made sure everyone consented to treatment based on all the information available. Patient consent was recorded in the patient's record.

Consent was specific to procedure and treatment. There were different patient information leaflets available for each procedure. The consultant would explain the consent process to children and young people and their families. There was a comprehensive consent and assessment form. Intravitreal injections also had a converted world health organisation (WHO) formatted consent process added to it. The digital patient record required clinicians to state the procedure or treatment which then directed them to the appropriate consent form. It meant that without consent the procedure would not commence.

Good

Services for children & young people

The service used Gillick competencies and Fraser guidelines. Staff understood how to apply relevant age specific consent procedures and the importance of involving children in their care. We were shown a nurse masterclass presentation which was used in staff training. It included details of the consent process for children and young people.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. Staff knew how to access the policies on the mental capacity act via the clinic's intranet.

Mental health training is covered under mandatory training for clinical staff. A learning disability and autism awareness training course was available and 17 staff out of 23 had undertaken the training in 2023. That included most of the nursing staff and some of the reception and appointment staff. We were told training for additional staff would continue.

Is the service caring?

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 children and young people. Staff took time to interact with children and young people and those close to them in a respectful and considerate way.

Children and young people were able to have confidential conversations with receptionists and we observed helpful, friendly and respectful interactions between staff and children and young people. There were private rooms which could be used to have private conversations if necessary. All appointments and minor procedures occurred in private rooms.

There was information in waiting areas and treatment rooms informing children and young people about the availability of a chaperone for their appointment.

Staff interacted with children to make them feel comfortable. We observed staff using good distraction techniques with children which helped children feel calm and secure during procedures.

A sensory wall toy was available in the area where most of the children and young people wait for their appointments.

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 children and young people and those close to them help, emotional support and advice when they needed it.

Staff had received chaperone training so they could further support patients.

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.

Good

Services for children & young people

Staff understood and respected the personal, cultural, social and religious needs of children and young people and their parents/carers and how they may relate to care needs.

Staff used play techniques to help children understand their condition. The diabetes service used 'Rufus the bear who has type 1 diabetes' to help children understand their newly diagnosed condition.

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. They ensured a family centred approach.

Staff talked with children and young people, families and carers in a way they could understand and gave patients a chance to ask any questions they had. Children and young people we spoke with stated they did not feel rushed or persuaded to go through with treatment. Instead, they felt they were given enough information to make an informed choice themselves.

Children and young people and their families could give feedback on the service and their treatment and staff supported them to do this. The feedback was consistently positive, across both public reviews on the internet and private feedback.

In July 2022, the service conducted a paediatric patient survey. Although there was low uptake it was predominantly positive. There were plans to repeat the survey in the current year.

We spoke with a diabetic nurse who talked about the importance of including children in conversations about their care. We were told when children go to school, they have less supervision, so they need to be able to understand and manage their condition at an early age.

Parents could contact the service for advice and staff had weekly phone calls with parents or more if required.

Is the service responsive?

Good

Service delivery to meet the needs of their patients

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

Managers planned and organised services, so they met the needs of their patients. The service provided diagnostic scans for children and young people from across the country and abroad. Patients could access services and appointments in a way and at a time that suited them.

Facilities and premises were appropriate for the services being delivered. The service had a reception area with adequate seating on both the ground and the first floor. Seating for patients in the waiting area was segregated by clear plastic screening. On the day of inspection we saw a number of parents with children's pushchairs or travel buggies but these were easily accommodated and did not pose any sort of hazard.

Managers monitored and took action to minimise missed appointments. The service had a low rate of patients not attending. For the few patients who did not attend managers ensured they were contacted, and new appointments arranged if required.

The consultants worked together with the NHS for some patients' diabetic care. We were told children and young people sometimes access the service to get the initial appointment for the insulin pump and then transfer their ongoing care to the NHS. The service would liaise with the patient's GP to ensure they could access the care they needed.

The number of children and young people attending the service had increased by over 335% since 2019, with the largest increases in the 0 to 5 age groups. A paediatric services audit was conducted with data collected between January 2019 and December 2021. An action plan was developed to manage the increase, and the service repeated the audit between April 2022 and March 2023. In the latest audit they noticed a reduction in the number of children under 5 seen by the clinic.

The service could treat diabetic children from newborn to adult, but the majority of children and young people are aged 4 to 25.

The service separated children's clinics by having most children and young people clinics held on Fridays. However, services were not always available and were dependent on when each consultant is available to run a clinic.

Meeting people's individual needs

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

The transition from paediatric to adult diabetic care was managed through care planning. Young people were seen until the age of approximately 25 as part of the transition to safe adult care. We were told by the service that diabetes can be hard to stabilise and therefore, they wanted patients to transition in a stable way and the age of transition will depend on the child and young person. The service had consultants trained in managing the transition from child to adult care.The diabetic nurse was dual paediatric and adult trained to also help this transition.

All clinical staff and other patient facing staff had undertaken training in disability and autism. The service recognised the impact of long term illness such as diabetes on children, young people and their familes and offered psycological counselling.

The service had information leaflets available in languages spoken by the patients and local community. Managers made sure staff and patients, loved ones and carers could get help from interpreters or signers when needed. Language line was available on demand on all staff digital tablets. Staff told us a large proportion of patients were from overseas and the interpreting service was regularly used. We were told by managers staff were encouraged to use the interpreting services rather than rely on relatives. The service had access to an Arabic liaison officer as they were a large proportion of the patient group.

There were patient information leaflets and posters in all patient areas. This included information on fees and payment, complaints, patient feedback and immunisation.

Information and advice leaflets were available in patient areas and in treatment rooms on specific conditions, types of practice and equipment. For example, diabetes eye conditions.

Good

Services for children & young people

In the field of diabetes management, we were told the service and consultants frequently worked with NHS counterparts to provide better patient care.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times for treatment were in line with national standards.

Managers monitored waiting times and made sure children and young people could access services when needed and received treatment within agreed timeframes.

Staff supported children and young people when they were referred or transferred between services.

Appointments, where possible, were coordinated with other service providers within the service to limit the travel time for patients and to smooth the process of attending multiple appointments.

Managers worked to keep the number of cancelled appointments to a minimum. In fact, that rarely happened, but managers made sure they were rearranged as soon as possible.

All patients at the clinic were either self-funded or funded through private health insurance.

Learning from complaints and concerns

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

The service clearly displayed information in patient areas about how to raise a concern. There were patient information leaflets and posters how to raise a concern or complaint.

Staff understood the policy on complaints and knew how to handle them.

We spoke with two parents who told us they had not had to make a complaint but were confident any complaint would be taken seriously by the service.

The service had signed up for the independent sector complaints adjudication service (ISCAS). This meant patients could use the independent service to adjudicate if they were not satisfied with the conclusion of their complaint.

The service used the newsletters and staff meetings to share lessons from complaints or adverse incidents. Staff spoke with all people who complained and when required sent duty of candour letters.

The service's website had a link to their complaints policy and details on how to complain.

In 2023, the service had two complaints at the time of our inspection. Both were classed as no harm and were satisfactorily dealt with.

Is the service well-led?

Good

Services for children & young people

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.

The senior management team consisted of a Chairman, a Chief Executive Officer (CEO), the Medical Director, the Governance and Clinical Services Director and a Chief Operating Officer (COO). The Medical Director was also the CQC registered manager.

There was a management structure with clear lines of responsibility and accountability. There was a clear organisational structure, which detailed which staff were responsible for clinical governance, risk management, operational procedures and administration. Staff at all levels were clear about their roles and understood what they were accountable for and to whom.

Managers were eager to promote an open culture and maintained an open-door policy for all employees. Staff we spoke with confirmed this, saying that managers were friendly, approachable, and focused on improving service and promoting staff development and wellbeing. Staff understood their roles and how to escalate problems.

Staff we spoke with knew who the senior management team and the department leads were.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The vision for the service was outlined in the services statement of purpose as 'One Team, Patient First, Keep it Simple'.

The services vision was to become the UK's leading private specialist outpatient clinic, building an outstanding reputation in the fields of diabetes, ophthalmology, cardiology and endocrinology, as well as in obesity and weight management.

The service had a vision for children and young people's services. It stated it was dedicated to the child's total health and well-being.

Their mission statement stated 'Our management team, consultants, and specialist support staff are committed to giving care at every level. We continually assess our services, staff, facilities, and processes to ensure this standard is maintained. London Medical is committed to delivering the highest standard of care'.

The service had a clinical governance strategy poster which reminded staff information about audits, complaints, safeguarding, risk, serious incidents and other matters.

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.

Good

Services for children & young people

The service's focus was on patient experience, personal one-to-one service, and access to consultants throughout the patient journey. The service had created a culture and environment to attract highly skilled, motivated staff, who shared their passion and enthusiasm.

Managers supported an open and honest culture, leading by example and promoting the service's values. Managers expressed pride in the staff and the services they offered.

All staff we spoke with felt supported, respected and valued. They told us the culture was centred on the needs and experience of people who used the service creating a safe space for children and young people.

Staff we met were welcoming, friendly and helpful. It was evident that staff cared about the services they provided and told us they enjoyed working at the service. They were enthusiastic about the care and services they provided.

We observed staff work collaboratively and shared responsibility in the delivery of good quality care. Staff were aware of their roles in the patient experience and were committed to providing the best possible care for their patients.

Staff said they felt their concerns were addressed, and they could easily talk with their managers. Staff reported there was a no blame culture when things went wrong.

Patients or their parents/carers told us they were very happy with the services offered and did not have any concerns to raise. They felt they were able to raise any concerns with the team without fearing their care would be affected.

Governance

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

The service had an embedded governance system. They had an annual audit programme and carried out audits to make sure staff maintained high quality care.

The Medical Advisory Committee (MAC) met 4 times a year. The meetings had standing agenda items and were minuted. We were told the responsible officer from the GMC designated body could be approached to advise on medical issues if needed. Patient outcomes, as well as research and publications were discussed at these meetings. The service's website had a clear explanation of what the MAC did and a way for people to contact the committee. The MAC was described as having 2 main purposes: overseeing, representing and advising the service on professional issues and ensuring quality patient care.

It was the MAC, who after assuring itself of the qualifications and suitability of a consultant, agreed they should be allowed practising privileges at the service.

Consultants working under practising privileges had adequate levels of professional indemnity insurance.

The service had an integrated governance committee meeting also held 4 times a year but on different months. That meeting covered a similar agenda, and both were attended by the clinical director, the chief operating officer, the governance and clinical services director (also in their role as nursing and paediatric lead), and the CQC lead and pharmacy advisor.

Information from all those meetings were passed to service staff and consultants for information and training purposes. The service also had a newsletter circulated to staff and consultants which had links to the latest audit results, bitesize training and learning from adverse incidents.

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.

There was a systematic programme of repeated clinical and internal audits carried out by the service. We were told all audits were assisted by an additional clinical governance person whose specialist role was audit. Patient records, risk assessments, laser and radiation quality assurance and certain health conditions were included in the audit list.

The service used a risk register to monitor key risks with a red, amber and green (RAG) rating system. These included relevant clinical and corporate risks to the organisation and action plans to address them. Risks were discussed at the regular governance meetings. We were provided with an up-to-date copy of the risk register and were able to see the current risks and how they were addressed. There was a specific section of the register which dealt with risks relating to children and young people and covered facilities, staffing, training, and safeguarding. Those sections of the register were RAG rated green.

The service had a business continuity plan that could operate in the event of an unexpected disruption to the service. The clinic had plans in place to cope with unexpected events such as: electrical failure, data management incidents or a fire on the premises for which they had an evacuation plan.

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.

The service's information systems were reviewed by the senior management team and met requirements of the General Data Protection Regulation (GDPR). GDPR was also a standing agenda item to be discussed at both the MAC and integrated governance committee meetings.

Staff underwent information governance training and had a named person to contact if they were concerned about any breaches.

The clinic regularly audited their clinical performance and engaged with staff and patients to review and improve the service.

Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment. There were arrangements in place to make sure the confidentiality of patient information held electronically was secure. Staff were aware of how to use and store confidential information. This was in line with the General Data Protection Regulation. During our inspection, we found computer terminals were locked when not in use to prevent unauthorised persons from accessing confidential patient information.

Good

Services for children & young people

Staff were able to access policies and procedures via the service's intranet. There were several policies related to children and young people or contained specific information relating to the care of younger patients.The policies and procedures were comprehensive and organised into a single document register which made it easy for staff to access via the service's intranet.

There were data privacy notices on display to patients in the entrance area. This included information on the data protection officer, how the service collected information, how they used patient records and information.

We noted on the risk register there were a number proposed GDPR risks which had been discussed and mitigated against.

Engagement

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

The service routinely gathered people's views and experiences. They used these to shape and improve services. They ensured patients had multiple platforms to give feedback, to try and get as much feedback as possible. Patients were able to do this electronically either online to the service or one of the internet review sites. If patients were unable to access the internet, the service was able to provide paper feedback forms.

Feedback was requested from staff at regular staff meetings and in their one-to-one meetings. Staff told us they were comfortable to comment on future plans or changes to the service.

The service was able to work with patients and their NHS medical team, particularly in the field of diabetes.

The service had an employee and communication policy that set out how they would interact with the staff from induction, annual appraisals, staff feedback forms, satisfaction surveys and exit interviews.

They held regular all staff meetings, when feedback from the management team was given to the staff. Often, a meal was provided at the conclusion of the meeting.

The latest staff survey dated spring 2023, was largely positive. Both clinical and administrative staff were included. Over 90% of staff believed the patient care offered to staff was excellent or above average. Almost 90% of the staff were happy to continue working at the service and over 91% said they felt safe in the workplace.

Learning, continuous improvement and innovation

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

Managers promoted continuous improvement by conducting and reviewing audits, monitoring staff training and continued learning, holding management and staff meetings and cascading results of staff surveys, risks and complaints.

Recognising the substantial increase in children and young people being seen in the service the governance and clinical director and another member of the team produced a 37-page report titled 'Driving improvements in care standards and outcomes for Children and Young people'. Following on from the report an action plan was produced with 68 items to ensure the service could handle the increase in terms of staffing, facilities and most importantly patient safety. The paediatric services audit will help maintain standards and drive improvements.

Good

Services for children & young people

Staff informed us they were encouraged to learn, develop and improve their skills.

The service had clear procedures all staff needed to follow to implement new technologies and techniques. We spoke with a consultant who told us; “The service was always looking for the best technology for patients. Things can happen quicker here as they are forward thinking. A new insulin pump has just been released and we have training next week”.

The service told us:

- The children and young people diabetes service for Type 1 patients and their treatment with pumps was unique in the private sector.
- They were the only private clinic offering a paediatric growth assessment service.

Good

Outpatients

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

Is the service safe?

Good

Mandatory training

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

Staff received and kept up to date with their mandatory training, which was comprehensive and met the needs of patients and staff. Staff received training in subjects such as safeguarding for vulnerable adults and children, infection prevention and control, basic life support, general data protection regulation (GDPR), complaints and learning disability and autism. All clinical staff were trained in immediate life support (ILS) and all senior clinical staff were also trained in immediate paediatric life support (IPLS).

The governance and clinical services director had oversight of training and alerted staff when training was due.

Some training was in groups and face to face at the clinic. Staff told us they had protected time for training and were emailed if training was due to expire. Training was undertaken during working hours and not in their own time.

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. The governance and clinical services director was the safeguarding lead. Together with a paediatric consultant they had received level 5 training in both vulnerable adult and child safeguarding. The clinical team were trained to level 3 in both vulnerable adult and child safeguarding. The rest of the staff were trained in both vulnerable adult and child safeguarding to the required level and were aware of who the safeguarding lead was.

The service had an up-to-date safeguarding policy which covered vulnerable adults as well as children. The policy included numbers for the local authority safeguarding team and included a reporting procedure diagram.

The service provided two recent safeguarding referrals they had made. They demonstrated the service knew how to protect patients from abuse and the service worked well with other agencies to do so.

Good

Outpatients

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.

Reception, consulting rooms and clinical areas were clean and had suitable furnishings which were visibly clean and well-maintained. All rooms were visibly clean, free from dust on high and low surfaces. Plaster on walls was all intact. Cleaning was carried out each evening. We were told it was the responsibility of each consultant to ensure rooms were cleaned between patients. Nurses were responsible for monitoring cleanliness and for cleaning and changing treatment beds.

Hand washing facilities including hand wash and sanitiser were available in all treatment and consultation rooms. Hand sanitising stations were in place throughout the service.

Sharps bins were dated correctly and were filled below the full line. Sharps bins and waste bins were both available in each treatment and consultation room.

Staff followed infection control principles, including the use of personal protective equipment (PPE). We saw staff washing their hands between patients.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. We saw 'I am clean stickers' on all equipment we checked and were all recently dated.

Infection prevention and control posters were on display in patient areas. This included information on mask wearing, cold and flu symptoms and what processes to follow.

The service employed an external company to carry out a yearly full infection control audit. We reviewed the last two year's reports which were extensive and demonstrated good compliance. In 2020, the service commissioned an external company to confirm they were complaint with the Covid-19 restrictions.

The service had a comprehensive infection and prevention control policy (IPC). It was in date and had a date by which it was due to be reviewed. There was a policy on the risk management of intravitreal injections (used to administer medications to treat a variety of retinal conditions) and endophthalmitis (inflammation of the inner coats of the eye, resulting from intraocular colonization of infectious agents with exudation within intraocular fluids, a potentially blinding condition) which included safety of the environment.

Environment and equipment

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

The service was based on the ground and first floor. There was a mixture of consultation rooms, some with ophthalmic equipment and other diagnostic items such as stress echocardiograms (ECG), testing, blood analysis, laser treatment (refractive, cataract and soft tissue and sport injuries and wound healing etc) and dual-energy X-ray absorptiometry (DEXA). These were separated into different areas. There were treatment bays for nurses to provide treatment, such as phlebotomy, intravenous iron and carry out investigative procedures and vaccinations.

The design, maintenance and use of facilities, premises and equipment kept people safe. The whole premises was wheelchair accessible via a lift and no step access.

There was a resuscitation trolley, defibrillator and anaphylaxis box located on both the ground and first floor. Both were checked daily each morning. Checklists showed the expiry date of each item and tallied with the items we checked.

The service had a resuscitation policy which set out the training required and what to do in an emergency. It also included an anaphylaxis algorithm and a cardiac arrest report form.

All treatment rooms were well equipped with items used daily such as dressings, face masks, drops. All were replenished daily by nursing staff. Replenishment was carried out by nurses through daily checks and on request of consultants.

Clinical waste was disposed of safely and collected at the end of each day by cleaners who placed all clinical waste into a large orange bin located in a secure locked cupboard that was collected on a weekly basis.

Air changes in the two minor procedure rooms was administered through a filtered air system. The air change rate was 12 times per hour.

We were told screens erected during the Covid-19 pandemic would remain in place as they created small seating spaces with privacy in the reception areas.

Fire extinguishers were in date secured to the walls with evacuation procedures and instructions located nearby.

There were toilets available for patients on both floors, which included a dedicated female toilet on the first floor.

There were no patient beds or overnight stays.

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 told us that all senior nurses were paediatric life support and intermediate life support trained. All other nurses and health care assistants were basic life support trained.

In the event of a deteriorating patient there was NEWS2 assessment guidance attached to the wall of the cupboard where the resuscitation trolley was located. There was also guidance on anaphylaxis, choking and Resuscitation Council UK guidance. There was a policy for the deteriorating patient. There were arrangements with various private hospitals to which patients could be transferred or in an emergency staff would call 999 for an NHS ambulance.

The service had an adverse incident protocol for medical and non-medical emergencies with brief descriptions of who to contact.

Staff completed risk assessments for each patient pre-admission and on arrival. Staff completed and updated risk assessments for each patient. In addition to the consent and assessment form there was also a record of each patient's basic details, health questionnaire and risk assessment. Patients attended a pre-assessment appointment before the consultant appointment. If there were specific procedures requested by the consultant such as a blood test or breath test, then patients were re-directed to nurses. Such tests were usually carried out on the day of the appointment, but risk assessment meant specific pre-assessment risks such as medications, like antibiotics, were assessed before samples taken.

Good

Outpatients

There was a policy on the risk management of intravitreal infections and endophthalmitis that included responding to suspected cases. There had been one reported case in the last year where procedures were followed and an investigation carried out. There was an out of hours/night-time number for patients to contact in the event of suspected infections. Patients were told to attend their local hospital if there was any suspicion of an infection.

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 staff a full induction.

The service had enough staff experienced and suitably qualified staff to keep patients safe. Their mandatory training was kept up-to-date and they were encouraged to attend other training and courses.

New staff underwent a full induction programme, and their competency was checked during their probationary period.

The consultants worked at the service under practising privileges. At the time of our inspection the clinic had agreed for 90 consultants to have practising privileges at the clinic. We reviewed several consultants' records and noted practising privileges were granted and reviewed by the medical advisory committee (MAC). We saw there were thorough checks on consultants applying for practising privileges. All files contained details of application forms, curriculum vitae (CV), details of accreditation with professional bodies, interview reports, appraisals, revalidation and current disclosure and barring service (DBS) checks.

The granting of practising privileges is a well-established process within independent healthcare whereby a medical practitioner is granted permission to work in an independent hospital or clinic. Those working under practising privileges were contractually obligated by the service to keep up to date with training, working practices and to provide insurances and to comply with other such rules the service may demand.

The GP service was staffed on rota by 3 general practitioners. The service had a concierge and administration team, as well as a finance team.

The clinic did not employ locum or agency staff, but they had several experienced bank staff who were familiar with the clinic they could call on to cover leave, sickness, or vacancies. They were required to follow the same competencies as an employed member of staff.

Records

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

Patient notes were comprehensive, stored securely and authorised staff could access them easily. The digital record meant certain tasks had to have been completed before the patient could progress to the next stage of the pathway.

The patient records were paperless. Any paper document was scanned onto the system and then shredded. Patient records used a flagging system, so it was clear in the record if there was anything to be aware of. Records could have symbols down the side to alert staff to things such as safeguarding, allergies and mental health.

Good

Outpatients

The service audited patient records every 6 months and examined 100 different records from across all clinical areas each time. On each audit they looked at 15 standard criteria. For criterion which fell below the 100% target, recommendations were made, and learning distributed to staff and consultants.

Patient information had been suitably protected. Computers were screen locked when not in use. Computers in areas where unauthorised persons could see the screens were fitted with privacy screens to prevent them being read by people other than the operator. Sample boxes did not include patient identifiable information.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely. They also learned from safety alerts and incidents to improve practice.

The service had certain medication authorised by a doctor and a pharmacist under Patient Group Directions (PGDS). PGDs provide a legal framework that allows some registered health professionals to supply and/or administer specified medicines to a pre-defined group of patients, without them having to see a prescriber (such as a doctor or nurse prescriber).

The service had three independent prescribers supporting consultants. The service offered new medication consultations. However, the outcomes from this work were not being measured yet.

Oxygen was securely stored in a suitable cupboard along with a resuscitation trolley and a defibrillator, which had been serviced recently. There was a notice on the door of the cupboard to with appropriate Control of Substances Hazardous to Health Regulations (COSHH) signs to alert staff and the emergency services.

Medicines kept on resuscitation trolleys were checked and were all in date.

Dedicated fridges were temperature checked daily by nurses and the pharmacist. An alarm also notified senior nurses and the pharmacy if fridges went outside of normal range.

The service used diabetes insulin pumps and followed a patient pathway to monitor patients. All patients had access to a consultant or diabetes specialist nurse for at least the first 12 weeks of treatment. All insulin was prescribed by a consultant.

We were told the service followed General Pharmaceutical Council standards and were compliant through pharmaceutical assessments and ongoing audits.

Two pharmacists and an assistant pharmacist were employed by the service and on site when the pharmacy was open. The service ran from 9:00am to 8:00pm, five days a week and opened on Saturdays on demand. Pharmacy hours followed the same working pattern as clinics.

The pharmacy was owned and staffed by the service, which could dispense medication against private prescriptions for their own patients and other private services. They also had a limited range of over-the-counter items. No controlled drugs were stored on the premises.

Incidents

Good

Outpatients

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

Staff knew what incidents to report and how to report them. Staff were able to raise concerns and reported incidents and near misses. Managers investigated incidents thoroughly. Patients and their families were involved in these investigations. Staff told us they met to discuss and learn from the investigation of incidents. Staff were open and transparent and gave patients and families a full explanation if things went wrong. We saw evidence of learning from reported incidents.

Staff understood the duty of candour. Under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, registered persons (providers and registered managers) have a duty to act in an open and transparent way with relevant persons in relation to care and treatment provided to service users.

The service had an adverse incident policy and did regular adverse incident audits.

We saw evidence of incidents on the standing agenda and being discussed in the MAC and the integrated clinical governance committee meetings.

Patient safety alerts were reviewed at the clinical governance meeting and cascaded to staff as required.

The service was also a member of the independent sector complaints adjudication service (ISCAS).

Is the service effective?

Inspected but not rated

Evidence-based care and treatment

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

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

Clinical policies and procedures we reviewed were all in date and referenced relevant guidelines such as those of the National Institute of Health and Care Excellence (NICE), the Medicines and Healthcare products Regulatory Agency (MHRA), IRMER and the General Medical Council (GMC). Staff could access policies and procedures electronically.

Managers checked to make sure staff followed guidance using audits and annual appraisals.

Nutrition and hydration

Staff gave patients food and drink when needed. Patients could access specialist dietary advice and support.

Hot drinks and water were freely available in the ground and first floor reception areas.

Good

Outpatients

Specialist support from staff, such as dietitians, was available for patients who needed it.

Pain relief

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

The service ensured patients who underwent laser or other eye surgical procedures without experiencing discomfort or pain. Staff prepared patients for procedures, which included anaesthetic eye drops prior to surgery.

During the procedure the consultants used topical anaesthetic to keep the patient comfortable.

Patients were prescribed anti-inflammatory eye drops to take home; with clear instructions on its use should they feel any discomfort in their eyes.

If non-surgical patients were in pain their consultant would be able to prescribe suitable pain relief.

Staff prescribed, administered and recorded pain relief accurately.

Patient outcomes

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

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

Managers and staff carried out a comprehensive programme of repeated audits, such as radiation and laser quality assurance, patient records, consent and IPC, to check improvement over time. Managers used the results to improve patients' outcomes.

Managers shared and made sure staff understood information from the audits via newsletters and staff meetings.

The service positively encouraged their patients to give relevant feedback and they also received feedback from their consultants. This information was presented to the MAC which enabled them to make judgements on the effectiveness of treatments and patient outcomes.

The service conducted a diabetes audit against NHS diabetes patient outcomes just so they were aware of how their outcomes compared.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. This was checked as part of pre-employment checks. All health care staff were registered with their appropriate professional bodies.

Good

Outpatients

The service ensured it received evidence annually from doctors about appraisals and professional registrations as part of their practising privileges. To be accepted for practicing privileges, consultants underwent a strict governance process with at least 2 references taken. They had to provide a list of procedures they were competent to complete. This formed the scope of their practice, and they were not allowed to deviate from this or add to it, without approval from the MAC.

An annual audit was conducted of consultants with practising privileges to ensure they complied with the conditions set by the service. In addition, managers met with the GMC responsible officer twice a year for updates on GMC policy and procedures and to discuss any concerns they had for any consultant on practising privileges.

Managers gave all new staff a full induction tailored to their role before they started work, this included bank staff. Managers supported staff to develop through yearly, constructive appraisals of their work. They made sure staff received any specialist training for their role. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

The service ensured staff were competent for their roles initially by interviews, references, checking employment history and disclosure and barring service (DBS) checks etc, before employment and inductions, appraisals, and probationary periods after employment.

Staff files have competencies logged so it was clear who was able to carry out certain professional tasks. The senior phlebotomist signed off competencies around taking bloods.

All clinical staff undertook sepsis training and specific senior nurses have undertaken yellow fever training**.** Sepsis is the body's extreme response to an infection. It is a life-threatening medical emergency.

Multidisciplinary working

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

There was good multidisciplinary team (MDT) working between consultants, nurses, healthcare assistants, imaging staff, physiotherapists and administrative staff to deliver the best patient care. Staff we spoke with described good working relationships between different types of staff, junior staff were treated respectfully by senior staff and told us they felt valued. They worked consistently with external referring clinicians to ensure patients received safe treatment when it was needed.

The diabetes team and the paediatric diabetes team had regular multidisciplinary meetings attended by consultants, senior nurses, dieticians. All complex adult cases were discussed monthly.

Seven-day services

Key services were available to support timely patient care.

The service was open Monday to Friday between 8.30am and 8pm and Sunday between 9am and 2pm. Saturday opening was by agreement with individual consultants.

Health promotion

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

Good

Outpatients

The service had relevant information promoting healthy lifestyles and support available in reception areas, treatment and consultation rooms.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. They gave patient's examples of diet, sleep, exercise etc to improve health.

Consent and Mental Capacity Act

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

The service had a comprehensive consent policy, due for review in April 2024. It contained links to the service's consent guidance notes.

Staff gained consent from patients for their care and treatment in line with legislation and guidance and made sure patients consented to treatment based on all the information available. Patient consent was recorded in the patient's record.

Consent was specific to procedure and treatment. There were different patient information leaflets available for each procedure. The consultant would explain the consent process to the patient. There was a comprehensive consent and assessment form. Intravitreal injections also had a converted world health organisation (WHO) formatted consent process added to it. The digital patient record required clinicians to state the procedure or treatment which then directed them to the appropriate consent form. It meant that without consent the procedure would not commence.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. Staff knew how to access the policies on the mental capacity act via the clinic's intranet.

Mental health training is covered under mandatory training for clinical staff. A learning disability and autism awareness training course was available and 17 staff out of 23 had undertaken the training in 2023. That included most of the nursing staff and some of the reception and appointment staff. We were told other staff would continue to be trained.

Is the service caring?

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 were able to have confidential conversations with receptionists and we observed helpful, friendly and respectful interactions between staff and patients. There were private rooms which could be used to have private conversations if necessary. All appointments and minor procedures occurred in private rooms.

Good

Outpatients

There was information in waiting areas and treatment rooms informing patients about the availability of a chaperone for their appointment.

Emotional support

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

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

Staff had received chaperone training so they could further support patients.

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

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 talked with patients, families and carers in a way they could understand and gave patients a chance to ask any questions they had. Patients were given opportunity to ask questions. Patients we spoke with stated they did not feel rushed or persuaded to go through with treatment. Instead, they felt they were given enough information to make an informed choice themselves.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The feedback was consistently positive, across both public reviews on the internet and private feedback.

Is the service responsive?

Good

Service delivery to meet the needs of their patients

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

Managers planned and organised services, so they met the needs of their patients. The service provided diagnostic scans for patients from across the country and abroad. Patients could access services and appointments in a way and at a time that suited them.

Facilities and premises were appropriate for the services being delivered. The service had a reception area with adequate seating on both the ground and the first floor. Seating for patients in the waiting area was segregated by clear plastic screening.

Good

Outpatients

Managers monitored and took action to minimise missed appointments. The service had a low rate of patients not attending. For the few patients who did not attend managers ensured they were contacted, and new appointments arranged if required.

The consultants worked together with the NHS for some patients' diabetic care. We were told patients sometimes access the service to get the initial appointment for the insulin pump and then transfer their ongoing care to the NHS. The service would liaise with the patient's GP to ensure they could access the care they needed.

Meeting people's individual needs

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

The service had information leaflets available in languages spoken by the patients and local community. Managers made sure staff and patients, loved ones and carers could get help from interpreters or signers when needed. Language line was available on demand on all staff digital tablets. Staff told us a large proportion of patients were from overseas and the interpreting service was regularly used. We were told by managers staff were encouraged to use the interpreting services rather than rely on relatives. The service had access to an Arabic liaison officer as they were a large proportion of the patient group.

There were patient information leaflets and posters in all patient areas. This included information on fees and payment, complaints, patient feedback and immunisation.

Information and advice leaflets were available in patient areas and in treatment rooms on specific conditions, types of practice and equipment. For example, diabetes eye conditions.

In the field of diabetes management, we were told the service and consultants frequently worked with NHS counterparts to provide better patient care.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times for treatment were in line with national standards.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes.

Staff supported patients when they were referred or transferred between services.

Appointments, where possible, were coordinated with other service providers within the service to limit the travel time for patients and to smooth the process of attending multiple appointments.

Managers worked to keep the number of cancelled appointments to a minimum. In fact, that rarely happened, but managers made sure they were rearranged as soon as possible.

All patients at the clinic were either self-funded or funded through private health insurance.

Good

Outpatients

Learning from complaints and concerns

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

The service clearly displayed information in patient areas about how to raise a concern. There were patient information leaflets and posters how to raise a concern or complaint.

Staff understood the policy on complaints and knew how to handle them.

The service had signed up for the independent sector complaints adjudication service (ISCAS). This meant patients could use the independent service to adjudicate if they were not satisfied with the conclusion of their complaint.

The service used the newsletters and staff meetings to share lessons from complaints or adverse incidents. Staff spoke with all people who complained and when required sent duty of candour letters.

The service's website had a link to their complaints policy and details on how to complain.

In 2023, the service had two complaints at the time of our inspection. Both were classed as no harm and were satisfactorily dealt with.

Is the service well-led?

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.

The senior management team consisted of a Chairman, a Chief Executive Officer (CEO), the Medical Director, the Governance and Clinical Services Director and a Chief Operating Officer (COO). The Medical director was also the CQC registered manager.

There was a management structure with clear lines of responsibility and accountability. There was a clear organisational structure, which detailed which staff were responsible for clinical governance, risk management, operational procedures and administration. Staff at all levels were clear about their roles and understood what they were accountable for and to whom.

Managers were eager to promote an open culture and maintained an open-door policy for all employees. Staff we spoke with confirmed this, saying that managers were friendly, approachable, and focused on improving service and promoting staff development and wellbeing. Staff understood their roles and how to escalate problems.

Staff we spoke with knew who the senior management team and the department leads were.

Good

Outpatients

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The vision for the service was outlined in the services statement of purpose as 'One Team, Patient First, Keep it Simple'.

The vision was to become the UK's leading private specialist outpatient clinic, building an outstanding reputation in the fields of diabetes, ophthalmology, cardiology and endocrinology, as well as in obesity and weight management.

Their mission statement stated 'Our management team, consultants, and specialist support staff are committed to giving care at every level. We continually assess our services, staff, facilities, and processes to ensure this standard is maintained. London Medical is committed to delivering the highest standard of care'.

The service had a clinical governance strategy poster which reminded staff information about audits, complaints, safeguarding, risk, serious incidents and other matters.

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.

The service's focus was on patient experience, personal one-to-one service, and access to consultants throughout the patient journey. The service had created a culture and environment to attract highly skilled, motivated staff, who shared their passion and enthusiasm.

Managers supported an open and honest culture, leading by example and promoting the service's values. Managers expressed pride in the staff and the services they offered.

All staff we spoke with felt supported, respected and valued. They told us the culture was centred on the needs and experience of people who used the service.

Staff we met were welcoming, friendly and helpful. It was evident that staff cared about the services they provided and told us they enjoyed working at the service. They were enthusiastic about the care and services they provided.

We observed staff work collaboratively and shared responsibility in the delivery of good quality care. Staff were aware of their roles in the patient experience and were committed to providing the best possible care for their patients.

Staff said they felt their concerns were addressed, and they could easily talk with their managers. Staff reported there was a no blame culture when things went wrong.

Patients told us they were very happy with the services offered and did not have any concerns to raise. They felt they were able to raise any concerns with the team without fearing their care would be affected.

Governance

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

The service had an embedded governance system. They had an annual audit programme and carried out audits to make sure staff maintained high quality care.

The Medical Advisory Committee (MAC) met 4 times a year. The meetings had standing agenda items and were minuted. We were told the responsible officer from the GMC designated body could be approached to advise on medical issues if needed. Patient outcomes, as well as research and publications were discussed at these meetings. The service's website had a clear explanation of what the MAC did and a way for people to contact the committee. The MAC was described as having 2 main purposes: overseeing, representing and advising the service on professional issues and ensuring quality patient care.

It was the MAC, who after assuring itself of the qualifications and suitability of a consultant, agreed they should be allowed practising privileges at the service.

Consultants working under practising privileges had adequate levels of professional indemnity insurance.

The service had an integrated governance committee meeting also held 4 times a year but on different months. That meeting covered a similar agenda, and both were attended by the clinical director, the chief operating officer, the governance and clinical services director (also in their role as nursing lead), and the CQC lead and pharmacy advisor.

Information from all those meetings were passed to service staff and consultants for information and training purposes. The service also had a newsletter circulated to staff and consultants which had links to the latest audit results, bitesize training and learning from adverse incidents.

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.

There was a systematic programme of repeated clinical and internal audits carried out by the service. We were told all audits were assisted by an additional clinical governance person whose specialist role was audit. Patient records, risk assessments, laser and radiation quality assurance and certain health conditions were included in the audit list.

The service used a risk register to monitor key risks. These included relevant clinical and corporate risks to the organisation and action plans to address them. Risks were discussed at the regular governance meetings. We were provided with an up-to-date copy of the risk register and were able to see the current risks and how they were addressed.

The service had a business continuity plan that could operate in the event of an unexpected disruption to the service. The clinic had plans in place to cope with unexpected events such as: electrical failure, data management incidents or a fire on the premises for which they had an evacuation plan.

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.

The service's information systems were reviewed by the senior management team and met requirements of the General Data Protection Regulation (GDPR). GDPR was also a standing agenda item to be discussed at both the MAC and integrated governance committee meetings.

Staff underwent information governance training and had a named person to contact if they were concerned about any breaches.

The clinic regularly audited their clinical performance and engaged with staff and patients to review and improve the service.

Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment. There were arrangements in place to make sure the confidentiality of patient information held electronically was secure. Staff were aware of how to use and store confidential information. This was in line with the General Data Protection Regulation. During our inspection, we found computer terminals were locked when not in use to prevent unauthorised persons from accessing confidential patient information.

Staff were able to access policies and procedures via the service's intranet. The policies and procedures were comprehensive and organised into a single document register which made it easy for staff to access via the service's intranet.

There were data privacy notices on display to patients in the entrance area. This included information on the data protection officer, how the service collected information, how they used patient records and information.

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We noted on the risk register there were a number proposed GDPR risks which had been discussed and mitigated against.

Engagement

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

The service routinely gathered people's views and experiences. They used these to shape and improve services. They ensured patients had multiple platforms to give feedback, to try and get as much feedback as possible. Patients were able to do this electronically either online to the service or one of the internet review sites. If patients were unable to access the internet, the service was able to provide paper feedback forms.

Feedback was requested from staff at regular staff meetings and in their one-to-one meetings. Staff told us they were comfortable to comment on future plans or changes to the service.

The service was able to work with patients and their NHS medical team, particularly in the field of diabetes.

The service had an employee and communication policy that set out how they would interact with the staff from induction, annual appraisals, staff feedback forms, satisfaction surveys and exit interviews.

They held regular all staff meetings, when feedback from the management team was given to the staff. Often, a meal was provided at the conclusion of the meeting.

The latest staff survey dated spring 2023, was largely positive. Both clinical and administrative staff were included. Over 90% of staff believed the patient care offered to staff was excellent or above average. Almost 90% of the staff were happy to continue working at the service and over 91% said they felt safe in the workplace.

Learning, continuous improvement and innovation

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

Managers promoted continuous improvement by conducting and reviewing audits, monitoring staff training and continued learning, holding management and staff meetings and cascading results of staff surveys, risks and complaints.

Staff informed us they were encouraged to learn, develop and improve their skills.

The service had clear procedures all staff needed to follow to implement new technologies and techniques. We spoke with a consultant who told us; “The service was always looking for the best technology for patients. Things can happen quicker here as they are forward thinking. A new insulin pump has just been released and we have training next week”.

The service told us:

- The first clinic to offer intravitreal therapy for age related macular degeneration and the first clinic to use Avastin intravitreally and to audit and report our experience.
- The quantitative carotid ultrasound with volumetric plaque assessment is unique to the service and enables the cardiologists and lipidologists to assess progression and regression of atherosclerosis in time and direct appropriate therapy to patients.