

## Chiswick Outpatients Centre LLP

# Chiswick Medical Centre

## 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 had not previously rated this location. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers ensured 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.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait 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. All staff were committed to improving services continually.

However:

- The paediatric service did not participate in clinical audits to monitor outcomes for children and young people.
- Although staff working in the paediatric unit received the provider's standardised formal induction, the local unit did not have a formal induction checklist.
- The service did not provide paediatric specific information to families ahead of their first visit.

# Summary of findings

## Our judgements about each of the main services

### Service

#### Outpatients

### Rating

Good



### Summary of each main service

We had not previously rated this service. We rated it as good because:

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

#### Diagnostic imaging

Good



We had not previously rated this service. We rated it as good because:

# Summary of findings

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- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. All staff were committed to improving services continually.

## Surgery

Good



We had not previously rated Surgery at this location. We rated it as good because:

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

# Summary of findings

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

## Services for children & young people

Good



We had not previously rated this service. We rated it as good because:

- Staff understood how to protect children, young people and their families from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- The design, maintenance and use of facilities, premises and equipment kept people safe. The service was designed to meet the needs of children and young people.

# Summary of findings

- The service controlled infection risk well. Staff used equipment and control measures to protect children, young people, their families, themselves and others from infection. They kept equipment and the premises visibly clean.
- The service managed patient safety incidents well. Staff recognised and reported incidents. Managers investigated incidents and shared lessons learned with the whole team.
- Leaders operated effective governance processes, throughout the service and with partner organisations.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment.
- The service was inclusive and took account of children, young people and their families' individual needs and preferences.
- 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.
- People could access the service when they needed it and received the right care promptly.
- Staff completed and updated risk assessments for each child and young person and removed or minimised risks.

However:

- The paediatric service was not specifically involved in national clinical audits in relation to outcomes for young people or children.
- Leaders and teams used systems to manage performance, however this was not informed by paediatric specific audits or performance monitoring.
- While nursing staff were part of the service, consultants working in the paediatric unit did not appear to have ownership or a collective identity as part of the service.

# Summary of findings

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# Summary of this inspection

## Background to Chiswick Medical Centre

Chiswick Medical Centre is managed by Chiswick Outpatients Centre LLP. Chiswick Outpatient Centre is an outpatient satellite centre which forms part of the management umbrella of The Lister Hospital. The Lister Hospital is one of the independent services under HCA Healthcare UK.

The main service provided by this hospital was outpatients services. Other core services provided included diagnostic imaging, surgery, services for children and young people and maternity.

Overall, 9929 patients attended the centre between January 2021 and December 2021. Of these, 534 were children and young people. There were 1936 patient attendances for diagnostic imaging services, 48 of whom were children.

Staff carried out 227 minor surgery procedures between January and October 2021. Minor procedures undertaken included excision of lesions, biopsies, and incision and drainage.

The centre operates a paediatric clinic once a week. Paediatric trained nurses were provided by another location.

Maternity clinics operated on an adhoc basis. There were 18 patient attendances between January and December 2021. A pre-arranged midwife from another location, attended the centre to support consultant-led maternity clinics. The last maternity clinic held was in October 2021 and there were none held during our inspection.

Facilities at the centre include an outpatient unit, imaging unit and a paediatric unit. The centre offers a range of specialities including breast care, cardiology, dermatology, endocrinology, gastroenterology, general medicine, general surgery, gynaecology, neurology, neurophysiology, neurosurgery, orthopaedics, paediatrics, pain management, plastic surgery, primary care, urology and respiratory care. The centre offers imaging services including ultrasound imaging, mammography, computed tomography scan and magnetic resonance imaging.

We carried out a comprehensive inspection of outpatient, surgery and children and young peoples' services on 11 January 2022. We held additional staff interviews on 17 and 18 January 2022. We returned to the inspect diagnostic imaging services on 2 February 2022.

## How we carried out this inspection

The inspection team comprised of three CQC inspectors and three specialist advisors.

We spoke to 20 members of staff including the registered manager, senior staff, consultants, nurses, radiography staff and healthcare assistants. We spoke with 10 patients who were using the service at the time of our inspection. We reviewed a range of policies, procedures, patient records and observed patient care.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so, we rate services' performance against each key question as outstanding, good, requires improvement or inadequate. Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

# Summary of this inspection

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>.

## Outstanding practice

We found the following outstanding practice:

- The service had educational tools to provide information on appointments for young people. The service used a child friendly model of a MRI scanner to show children how the imaging process worked.
- The diagnostic imaging facility had achieved the United Kingdom Accreditation Service (UKAS) Quality Standard for Imaging (QSI) accreditation. UKAS accreditation of imaging services is a patient-focused assessment that is designed to give stakeholders, service users, patients and their carers, confidence in their diagnosis and all aspects of their care.
- There was a strong emphasis on the safety and well-being of staff; for example, the provider responded to the challenge of supporting the mental health and wellbeing of staff during the pandemic by creating the wellness hub. The hub enabled staff to access a range of resources including an employee assistance programme, wellbeing webinars, videos, articles, as well as wellbeing applications.

## Areas for improvement

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

- The provider should consider implementing a formal induction process or checklist for new staff working at the paediatric unit.
- The service should consider implementing local or national clinical audits to monitor paediatric patient outcomes.
- The service should develop paediatric specific information leaflets for families.

# Our findings

## Overview of ratings

Our ratings for this location are:

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

# Outpatients

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

## Are Outpatients safe?

Good 

We had not previously rated safe at this service. We rated it as good.

### Mandatory training

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

Nursing staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of staff.

The mandatory training included courses covering basic life support, infection control, duty of candour, ethics, safeguarding children and adults' level two and three, the Mental Capacity Act and Deprivation of Liberty Safeguards, health and safety, manual handling and equality and diversity. We reviewed the staff training matrix and found all staff had completed their mandatory training.

Medical staff completed mandatory training with their substantive NHS employer and provided annual confirmation of completion of this training to the service in line with the practising privileges policy. Records provided by the service showed consultants were up-to-date with mandatory training.

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

### Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Staff had completed the appropriate level of safeguarding training for both children and adults. All clinical staff had completed at least level three safeguarding children and vulnerable adults training.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

# Outpatients

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff had access to an up-to-date safeguarding policy and a safeguarding flowchart for escalating concerns.

The service displayed information in the public toilets, regarding safeguarding from abuse. This reflected good practice, as visitors could discreetly access important information.

## Cleanliness, infection control and hygiene

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

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

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

Staff were 'bare below the elbow' and adhered to infection control precautions throughout our inspection, such as hand washing, using hand sanitisers and wearing PPE when caring for patients.

Staff had easy access to personal protective equipment (PPE) such as masks, gowns and gloves. There was also sufficient access to antibacterial hand gels, as well as handwashing and drying facilities. The centre had installed a handwashing facility at the entrance of the building and staff encouraged visitors to wash their hands on entry. All visitors to the centre had their temperature taken.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Disposable curtains were labelled with the date they were last changed.

The service completed monthly environmental, hand hygiene, uniform compliance, safe handling and disposals of sharps, transportation of specimens and disposal of clinical waste audits. The audits showed the service consistently achieved 100% compliance.

## Environment and equipment

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

The design of the environment followed national guidance. The service had suitable facilities to meet the needs of patients' and their families. Visitors could access the outpatient service through a lift or stairs. The service had adequate consultation rooms. The reception area was spacious and had adequate seating arrangements.

The service had enough suitable equipment to help them to safely care for patients. Equipment, including resuscitation equipment had been safety checked and was subject to monitoring. Staff carried out daily safety checks of specialist equipment. Local audits showed that between January and December 2021 staff achieved 100% compliance with equipment checks.

There were adequate arrangements for handling, storage and disposal of clinical waste, including sharps. Between August 2021 to December 2021, compliance with waste disposal guidance was consistently maintained at 100%.

# Outpatients

The centre had undertaken legionella, fire and health and safety risk assessments. Records showed action plans had been completed to mitigate the risks identified. Water outlets and sinks were flushed to reduce the risk of legionella build-up in line with Health and Safety Executive (HSE) guidance.

All staff completed training in fire safety and practiced evacuating the building in the event of an emergency.

## 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 completed assessments for each patient as part of their admission. This included a pre-appointment questionnaire to identify any potential risks such as allergies.

Staff used an adapted Surgical Safety Checklist based on the World Health Organisation (WHO) five steps to safer surgery checklist, when carrying out minor procedures.

The service had guidelines for escalating patients at risk of deterioration, which included transfer to hospital where necessary. All staff had completed basic life support (BLS) training and nurses and doctors had completed immediate life support (ILS) training. Staff participated in simulated emergency scenarios at least annually to ensure they maintained skills in responding to patient collapse or cardiac arrest. All clinical staff had completed sepsis training.

Staff shared key information to keep patients safe when handing over the care of others. This ensured continuity of care when people moved between services.

## Nurse staffing

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

The service had enough nursing and support staff to keep patients safe. There were four full time nursing staff and one health care assistant. Midwives attended the unit from another location to support maternity clinics. Staff levels were planned and reflected demand on the service and known treatment support needs. A senior nurse was always on shift when the service was in operation.

The manager could adjust staffing levels daily according to the needs of patients. Rotas were done in advance with short notice changes as required. There was a daily team meeting to review appointments for the next day and determine if any additional resources would be required.

The service had a low turnover rate and there were no vacancies at the time of the inspection. Staff sickness rate was relatively low in the six months prior to the inspection.

Managers limited their use of bank and agency staff and if necessary, requested staff familiar with the service.

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

# Outpatients

## Medical staffing

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

The centre had a good skill mix of medical staff on each shift and reviewed this regularly to match service needs.

The centre had 274 consultants working under practising privileges. The Medical Advisory Committee managed practising privileges for consultants. We saw evidence that the centre checked all medical staff had valid professional registrations, medical indemnity insurance, completed mandatory training and appraisals.

## Records

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

Patient notes were comprehensive and all staff could access them easily. All patients' details, medical records, scans and test results were saved on the centre's secure patient electronic record system. Where paper records were used, they were scanned onto the system and disposed of securely.

Electronic records were accessible through a password to authorised staff.

During the inspection, we reviewed four sets of patient notes. Patient records were detailed and up to date.

The service carried out bi-annual nursing record keeping audits. Staff achieved 100% compliance in the last two audits carried out in February and August 2021.

## Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.

Medicines were stored and prescribed appropriately in line with the provider's policy. There were no controlled drugs (CDs) kept or administered in the centre.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. The centre had an outpatients and pharmacy manager who staff could contact for advice if necessary.

Medicines and medicines stores were checked regularly to ensure they were meeting the required standards of safety. Medicine fridge temperatures were checked daily to ensure they remained within the normal safe ranges, and a pharmacist regularly audited the available medicines on site to ensure they were in date and safely stored.

## 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.**

# Outpatients

Staff knew how to report incidents. Staff raised concerns and reported incidents and near misses in line with the provider's policy. Staff reported 31 incidents between January 2021 and December 2021. All incidents reported were low or no harm. The service had no never events or serious incidents during the same period.

Managers investigated incidents and shared learning about incidents with their staff. We saw learning from incidents highlighted on the staff notice board.

Staff understood the duty of candour. They told us it involved being open and transparent and giving patients and their families a full explanation if and when things went wrong.

Staff received feedback from investigation of incidents. They met to discuss the feedback and look at improvements to patient care.

## Are Outpatients effective?

Inspected but not rated 

We do not rate effective in outpatient services.

### 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. Guidelines were developed in line with the National Institute of Health and Care Excellence (NICE) and national best practice.

Clinical guidelines and policies were available on the intranet. We reviewed a sample of the provider's policies and found they were compliant with current guidance and best practice. We noted all policies and guidelines reviewed were in date.

The service carried out a programme of audits to monitor staff compliance with guidelines. Audits carried out included nursing record keeping, infection prevention and control, hand hygiene, health and safety, medical devices/equipment, environment safety, and WHO documentation checklist amongst others. Information from the outpatient dashboard showed audit compliance was 99% between July 2021 to December 2021.

### Nutrition and hydration

**Staff gave patients enough food and drink to meet their needs and improve their health.**

Patients had access to beverages, water and biscuits in the waiting area. Patients attended the centre for consultations and/or minor procedures, which did not require fasting.

### Pain relief

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

# Outpatients

Staff managed and assessed patient's pain. They made sure patients were comfortable when carrying out minor procedures under local anaesthetic.

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.**

The service did not participate in national clinical audits. However, managers and staff carried out a programme of local audits to monitor compliance with guidelines. Audit outcomes were positive, consistent and met expectations, such as national standards.

We saw evidence that audit results had improved over time to 100% compliance in the last three months of 2021.

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

## Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work.

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

Managers made sure staff received any specialist training for their role, including competency training for nursing staff.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Medical staff completed specialist training for their role including mandatory training with their substantive employer. The centre reviewed consultant practising privileges in line with the provider's policy.

## Multidisciplinary working

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

We saw evidence of good multidisciplinary working in all areas. We observed positive interaction between nurses and consultants.

Staff worked across healthcare disciplines and with other agencies when required to care for patients. We saw that information was appropriately shared with community teams such as GPs and specialist teams.

# Outpatients

Staff held daily huddles, as well as regular and effective multidisciplinary meetings to discuss patients and improve their care.

## Seven-day services

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

Senior staff informed us patients could also attend out of hours and weekend clinics at the provider's urgent care centre.

Patients had access to same day and next day appointments as well as diagnostic tests.

## Health promotion

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

The service had relevant information promoting healthy lifestyles and support in patient areas.

Staff assessed each patient's health at every appointment and provided support to individuals to live a healthier lifestyle.

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

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

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

Staff gained consent from patients for their care and treatment in line with legislation and guidance. They clearly recorded consent in patients' records. Our review of patient notes showed consent forms were completed correctly with all appropriate sections completed.

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.

All clinical staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff could describe and knew how to access the policy and get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards.

## Are Outpatients caring?

We had not previously rated caring at this service. We rated it as good.

# Outpatients

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

Patients said staff treated them well and with kindness. Patients told us they were happy with their care. They confirmed staff were professional and friendly.

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

Patients were encouraged to give feedback and we saw positive patient reviews on the service's website and social media pages.

From January 2021 to December 2021, the results of the patient satisfaction survey showed the service was consistently rated high for compassionate care (100%). The results also showed patients were given enough privacy when discussing their treatment (98%).

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

Patients told us staff put them at ease and minimised their distress. Our observation of patient care showed staff were re-assuring and comforting.

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

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

Staff made sure patients and those close to them understood their care and treatment. Patients told us they were given clear information regarding the benefits and risks of their treatment and were given the opportunity to ask questions. Patients were also aware of the cost of their treatment.

Patients confirmed they were informed about their care and were regularly updated by staff. Our review of patient records showed staff obtained consent before carrying out assessments/procedures.

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

Patients were offered chaperones and there was a notice in the reception area for patients to inform staff if they would like a chaperone.

# Outpatients

Results from the patient satisfaction survey showed 99% of patients received information on their treatment before it started.

## Are Outpatients responsive?

Good 

We had not previously rated responsive at this service. We rated it as good.

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

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

Managers planned and organised services so they met patients' needs. The centre operated an appointment-based service from Monday to Friday. Appointments were arranged with patients, at a time and date convenient for them. Patients could call the centre to book an appointment or book an appointment online via the provider's website.

The service minimised the number of times patients needed to attend the centre by ensuring patients had access to the required staff and tests on one occasion. Patients could access one stop clinics including breast care clinics, which offered a full range of breast assessments. This included diagnosis, treatment, as well as a full range of breast reconstruction options.

Facilities and premises were appropriate for the services being delivered. The service had adequate number of consulting rooms, a treatment room and a spacious reception area with adequate seating arrangements. Patients told us they were happy with the location of the centre, they found it easily accessible with good parking facilities.

The service had systems to help care for patients in need of additional support or specialist intervention. Senior staff informed us staff could request support from the provider's breast care clinical nurse specialist and tissue viability nurses where required. Midwives from the provider's service also attended the centre to support maternity clinics. Staff issued passports to relatives, to enable them attend the centre with patients. Patients requiring specialist intervention were referred as required.

Managers monitored and took action to minimise missed appointments. Missed appointments were recorded electronically and patients were contacted to rebook appointments. Staff reviewed missed appointments to ensure there were no safeguarding concerns or serious clinical implications. The outcome of each contact was recorded.

### 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.**

Managers made sure staff, patients, loved ones and carers could get help from interpreters or signers when needed. Information on interpreting services was readily available, displayed on staff noticeboards and in each consulting room.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. A hearing loop was available to assist patients' wearing a hearing aid.

# Outpatients

Information leaflets were available for patients regarding different aspects of their care. The service was able to access information leaflets in languages spoken by patients other than English, if required.

Patients had access to beverages, water and biscuits in the waiting area.

Consultation appointments were tailored to meet individual patient needs. Staff facilitated longer appointments for patients with specific needs. Patients could request a male or female clinician for procedures and the service had a chaperone policy. Staff gave examples of how they scheduled early or late appointments for Muslims during fasting.

Staff told us they coordinated care with other providers to refer patients where necessary.

All staff had completed equality and diversity training and understood the importance of providing care without prejudice to people with protected characteristics under the Equality Act.

## Access and flow

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

There was no waiting list for appointments to the outpatient centre. Appointments were booked around patients' and consultants' schedule. Patients told us they were able to choose a date convenient for them. In addition, patients had access to same day or next day appointments when necessary.

Managers worked to keep the number of cancelled appointments to a minimum. When patients had their appointments cancelled, managers made sure they were rearranged as soon as possible.

Staff provided patients with relevant information and advice following their discharge and encouraged them to contact the centre if they had questions or concerns.

## 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.**

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

There were five complaints in the last 12 months. All complaints were investigated within specified timeframe. Managers shared feedback from complaints with staff and learning was used to improve the service.

We were provided with examples of how the service used patient feedback to improve daily practice. This included daily review of the centre's junk email folder to avoid missing relevant emails from patients.

# Outpatients

## Are Outpatients well-led?

Good 

We had not previously rated well-led at this service. We rated it as good.

### Leadership

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

The centre had a corporate management structure which included a chief executive officer, chief nursing officer, medical director, head of governance, an outpatients and pharmacy manager.

The chief executive officer (who was also the registered manager) was supported by the outpatients and pharmacy manager whose key responsibility was to monitor the performance of the centre.

Managers had the skills, knowledge and experience to run the service. They demonstrated an understanding of the challenges to quality and sustainability for the service.

Staff were positive about the leadership of the service. They informed us managers were accessible, visible and approachable. Staff said they felt supported to develop their skills and take on more senior roles.

### Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services. Leaders and staff understood and knew how to apply them and monitor progress.**

The provider's mission statement highlighted its commitment to care and improvement of human life. To achieve this, the provider incorporated four core values; unique and individual, kindness and compassion, honesty, integrity and fairness, and loyalty, respect and dignity.

The service had a statement of purpose which outlined its commitment to various stakeholders including patients, staff and regulators. It states that the overall aim of the service is to provide high quality service, treatments and care to private patients in all areas of the service.

The service outlined objectives to help achieve and maintain high quality care. These included performance monitoring, provision of evidence-based care carried out by fully trained staff and achieving patient focussed improvements.

Senior staff informed us about plans to expand services provided at the centre based on patient demand. These included plans for fertility services and a menopause clinic.

Staff worked in a way that demonstrated their commitment to providing high-quality care in line with this vision.

# Outpatients

## Culture

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

Staff informed us there was a positive culture within the service. They felt respected, supported and valued. Staff had opportunities for training and career development.

The service had an open culture where patients, their families and staff could raise concerns without fear. Staff recognised they needed to be open and transparent with patients when something went wrong in line with the Duty of candour requirements.

Patients we spoke to were positive about the culture of the service and felt they could raise concerns if necessary.

The service had a diverse team of staff, and all staff we spoke to felt they worked in a fair and inclusive environment.

The service had increased well-being facilities for staff during the pandemic including free confidential counselling which was available 24 hours per day. Staff also had access to an application which provided mindfulness exercise and advice as well as allowing staff to connect with other colleagues.

## 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.**

There was an effective clinical governance structure which included a range of meetings that met either monthly or quarterly. These included the medical advisory committee, clinical incident review group, the quality safety board, patient experience group, infection prevention and control group, and the quality improvement group. There were senior management meetings which were attended by the outpatients and pharmacy manager and senior consultants.

The service had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service.

Learning and clinical updates were communicated to staff via daily huddles, team meetings, work email and a newsletter. The outpatient dashboard was displayed on the staff notice board. This showed the services' compliance with audits, incidents and trends, complaints and compliments.

The service worked well with partner organisations such as GPs and other healthcare services under the provider's umbrella organisation.

## Management of risk, issues and performance

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

The service carried out a program of repeated audits to monitor staff compliance with guidelines. The service had an outpatient dashboard which provided oversight on performance on relevant indicators. The dashboard gave an indication of the themes and trends that could be picked up if there were concerns.

# Outpatients

The centre had a risk register, this identified two risks with steps to mitigate them. There were no active risks on the risk register for outpatient services. Minutes of governance meetings showed senior staff regularly reviewed risks and performance.

The centre had completed risk assessments for fire, health and safety and legionella. Action plans were completed for the risk assessments except for legionella. The remedial work from the legionella action plan was delayed because of the COVID-19 pandemic and was booked for 3 February 2022.

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

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.**

Staff had access to information on patients' care and treatment. Access to individual patient's records was restricted to authorised staff in accordance with their job role.

All staff had access to the organisation's intranet to gain information relating to policies, procedures, national guidance and e-learning. The service used an application to manage their clinical audits and to share the results.

Staff shared information through a variety of ways including at daily ward meetings, multidisciplinary meetings and governance meetings. We saw relevant information displayed on notice boards. These included incidents, trends and training dates.

Electronic devices were password protected and we observed staff signing out of computer systems when they were not in use.

Referrers could review information from scans remotely to give timely advice.

## Engagement

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

The service encouraged patients to provide feedback. Patient feedback was discussed at staff meetings and used to inform improvements.

Staff provided feedback via Vital voices questionnaires. The provider had implemented actions following feedback from staff. For example, the service started the morning safety huddle following staff feedback about inconsistent communication across teams.

Staff had access to information about the service through newsletters and at team meetings. We observed the staff notice board highlighted clinical information, incidents and trends, as well audit compliance.

# Outpatients

Staff told us they felt engaged in the day to day operations of the department and could influence changes. They had regular staff meetings which they used to share information related to incidents or complaints and examples of good practice.

In 2020, the service established a committee to support colleagues and promote inclusion and awareness and celebrate diversity. The service worked with external partners to better understand how diversity, inclusion and equality objectives were being met and how this could be developed further in the future.

## **Learning, continuous improvement and innovation**

### **All staff were committed to continually learning and improving services.**

The service had systems to monitor staff training and development. Staff had taken advantage of the opportunities available to learn, develop and improve their skills.

Patients had access to the centre's imaging unit, which was equipped with specialist diagnostic equipment. The diagnostic imaging facility had achieved the Quality Standard for Imaging (QSI) accreditation.

Staff contributions were recognised at an annual awards ceremony.

# Diagnostic imaging

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

## Are Diagnostic imaging safe?

Good 

We had not previously rated safe for this service. We rated it as good.

### Mandatory training

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

Nursing staff received and kept up-to-date with their mandatory training. The mandatory training was comprehensive and met the needs of staff.

The mandatory training included courses covering basic life support, infection control, duty of candour, ethics, safeguarding children and adults' level two and three, the Mental Capacity Act and Deprivation of Liberty Safeguards, health and safety, manual handling and equality and diversity. We reviewed the staff training matrix and found all staff had completed their mandatory training.

Staff also completed training specific to imaging including aspects of safe working within magnetic resonance imaging (MRI) and statutory provisions. Staff were aware of safety considerations.

Medical staff completed mandatory training with their substantive NHS employer and provided annual confirmation of completion of this training to the service in line with the practising privileges policy. Records provided by the service showed consultants were up-to-date with mandatory training.

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

### Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Staff had completed the right level of safeguarding training for both children and adults. All clinical staff had completed level three safeguarding children and vulnerable adults training.

# Diagnostic imaging

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

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff had access to an up-to-date safeguarding policy and a safeguarding flowchart for escalating concerns.

The service displayed information in the toilets, regarding safeguarding from abuse. This reflected good practice, as visitors could discreetly access important information.

## Cleanliness, infection control and hygiene

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

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

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

Staff were 'bare below the elbow' and adhered to infection control precautions throughout our inspection, such as hand washing and using hand sanitisers when entering and exiting the unit and bed spaces and wearing PPE when caring for patients.

Staff had easy access to personal protective equipment (PPE) such as masks, gowns and gloves. There was also sufficient access to antibacterial hand gels, as well as handwashing and drying facilities. The centre had installed a handwashing facility at the entrance of the building and staff encouraged visitors to wash their hands on entry. All visitors to the centre had their temperature taken.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Disposable curtains were labelled with the date they were last changed.

The service completed monthly or quarterly environmental, hand hygiene, uniform compliance, safe handling and disposals of sharps, transportation of specimens and disposal of clinical waste audits. Results showed the service consistently achieved 100% compliance for most audits.

## Environment and equipment

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

The design of the environment followed national guidance. The service had suitable facilities to meet the needs of patients' and their families. Visitors could access diagnostic imaging service through a lift or stairs. The unit consisted of an ultrasound room, a computerised tomography (CT) scan room, an X-ray room, a MRI scan room and a mammography room.

The service had enough suitable equipment to help them to safely care for patients and staff had received training to use equipment.

## Diagnostic imaging

Equipment, including resuscitation equipment had been safety checked and was subject to monitoring. Staff carried out daily safety checks of specialist equipment. Local audits showed that between January and December 2021, staff achieved 100% compliance with equipment checks.

Radiography staff had access to protective equipment to carry out x-rays and scans. There was suitable signage showing if the room was a controlled area for radiation. The controlled light sign in front of rooms turned on automatically when the diagnostic rooms were in operation, as a safety warning.

There were adequate arrangements for handling, storage and disposal of clinical waste, including sharps. Compliance with the biannual waste disposal guidance was consistently in the year 2021 maintained at 100%.

The centre had undertaken a Legionella, fire and health and safety risk assessments. Records showed action plans had been completed to mitigate the risks identified. Water outlets and sinks were flushed to reduce the risk of Legionella build-up in line with Health and Safety Executive (HSE) guidance.

All staff completed training in fire safety and practiced evacuating the building in the event of an emergency.

The service had fire extinguishers at appropriate locations, and they were up to date for servicing. We noted the service had a MRI compatible water mist fire extinguisher at the lobby to the MRI scan room. Following our inspection, the provider informed us they had also purchased a MRI compatible CO2 fire extinguisher.

### 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 completed assessments for each patient as part of their admission. This included a pre-appointment questionnaire to identify any potential risks such as allergies, underlying health risks, presence of metallic implants and pregnancy risks.

Staff used an adapted surgical safety checklist based on the World Health Organisation (WHO) five steps to safer surgery checklist when carrying out some imaging procedures including image guided steroid injections. The observational checklist audit for interventional radiology was consistently maintained at 100% between January and December 2021.

The centre had radiography protocols for paediatric patients which covered radiographic technique and exposure factors.

The service had guidelines for escalating patients at risk of deterioration, which included transfer to hospital where necessary. All staff had completed basic life support (BLS) training and nurses and doctors had completed immediate life support (ILS) training. Staff participated in simulated emergency scenarios at least annually to ensure they maintained skills in responding to patient collapse or cardiac arrest. All clinical staff had completed sepsis training.

Staff shared key information to keep patients safe when handing over their care to others. This ensured continuity of care when people moved between services.

The service had adopted the Society and College of Radiographers “Paused and Checked” approach to carrying out imaging procedures. Our review of patient records showed that staff had completed checklists to confirm they carried out a check of the patient identity, discussed and confirmed the area to be scanned, and obtained the patient’s consent.

# Diagnostic imaging

Patients completed an imaging form (which included details of their name and contact details) on arrival at the reception. Staff informed us they carried out identity checks before patients were taken into the imaging room. A recent paused and checked audit provided following our inspection showed 100% staff compliance with guidelines.

A radiation protection supervisor was in post. The unit had access to a radiation protection advisor (RPA) and medical physics expert. RPA checks were conducted annually. We reviewed the RPA report for 2021. The report stated there was a good level of compliance with the provisions of the Ionising Radiations Regulations 2017 and the Ionising Radiation (Medical Exposure) Regulations 2017.

The service had undertaken a radiation risk assessment for the X-ray room, mammography room and CT scanner room. Each risk assessment identified sources of potential harm and there were controls in place to mitigate against such risks.

## Radiography staffing

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

The service had enough radiography and support staff to keep patients safe. Radiography staff consisted of a head of imaging, deputy head of imaging, superintendent radiographer, four senior radiographers and one radiographic department assistant. Staff levels were planned and reflected demand on the service and known treatment support needs.

The manager could adjust staffing levels daily according to the needs of patients. Rotas were done in advance with short notice changes as required in accordance with staff. There was a daily team meeting to review appointments for the next day and determine if any additional resources would be required.

There was no radiography staff vacancy the time of the inspection. The service had an average sickness rate of 11% between February 2021 and January 2022. Most of the sickness days taken were as a result of the pandemic. Managers used bank and agency staff to cover staff absence. Bank and agency staff were familiar with the service and had a full induction.

## Medical staffing

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

The centre had a good skill mix of medical staff on each shift and reviewed this regularly to match service needs.

The centre had 274 consultants (including radiologists) working under practising privileges. The Medical Advisory Committee managed practising privileges for consultants. We saw evidence that the centre checked all medical staff had valid professional registrations, medical indemnity insurance, completed mandatory training and appraisals.

## 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.**

## Diagnostic imaging

Patient notes were comprehensive and all staff could access them easily. All patients' details, scans and reports were saved on the centre's secure patient electronic record system. Where paper records were used, these were scanned onto the system and disposed of securely.

Electronic records were accessible through a password to authorised staff.

During the inspection, we reviewed four sets of patient notes. Patient records were detailed and up to date.

### Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.

Medicines were stored and prescribed appropriately in line with the provider's policy. There were no controlled drugs (CDs) kept or administered in the centre.

The centre had an outpatients and pharmacy manager who staff could contact for advice if necessary.

Medicines and medicines stores were checked regularly to ensure they were meeting the required standards of safety. Medicines fridge temperatures were checked daily to ensure they remained within the normal safe ranges, and a pharmacist regularly audited medicines on site to ensure they were in date and safely stored.

The service achieved mostly 100% compliance in the monthly patient group directions audit. The service also completed a MRI monthly patient group direction audit and achieved 100% compliance in the last 10 months.

### 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.**

Staff knew what incidents to report and how to report them. Staff raised concerns and reported incidents and near misses in line with the provider's policy. Staff reported 34 incidents between January and December 2021. All incidents reported were low or no harm. The service had no never events or serious incidents during the same period.

Managers investigated incidents and shared learning about incidents with their staff. We saw learning from incidents highlighted on the staff notice board.

Staff understood the duty of candour. They told us it involved being open and transparent and giving patients and their families a full explanation if and when things went wrong.

Staff received feedback from investigation of incidents. They met to discuss the feedback and look at improvements to patient care.

## Are Diagnostic imaging effective?

# Diagnostic imaging

Inspected but not rated 

We do not rate effective in diagnostic imaging services.

## 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. Policies and procedures were developed in conjunction with statutory guidelines and best practice such as the Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R 2017) as well as the National Institute for Health and Care Excellent (NICE) and the Society and College of Radiographers.

Clinical guidelines and policies were available on the intranet. We reviewed a sample of the provider's policies and found they were compliant with current guidance and best practice. We noted all policies and guidelines reviewed were in date. The service had protocols for various imaging procedures, including protocols for the examination of children. The national diagnostic reference levels was displayed on the staff notice board.

The service carried out a programme of audits to monitor staff compliance with guidelines. Audits carried out included infection prevention and control, hand hygiene, health and safety, medical devices/equipment, environment safety, and WHO documentation checklist amongst others. Information from the imaging dashboard showed audit compliance was 99% between October to December 2021.

## Nutrition and hydration

**Staff gave patients enough food and drink to meet their needs and improve their health.**

Patients had access to beverages, water and biscuits in the waiting area.

## Pain relief

Staff managed and assessed patient's pain. They made sure patients were comfortable when carrying out imaging procedures.

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.**

The service did not participate in national clinical audits. However, managers and staff carried out a programme of local audits to monitor compliance with guidelines. These include bi-annual radiology report audits, monthly imaging paused audit, annual dose badge audit and imaging pregnancy check audit. Audit outcomes were positive, consistent and met expectations, such as national standards.

# Diagnostic imaging

Managers used information from the audits to improve care and treatment. For example, managers implemented an action plan to improve the imaging pregnancy check. Audit results showed staff compliance had improved from 88% in April 2021 to 99% in July 2021.

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

Staff informed us report turnaround time for the service was within 48 hours of diagnostic imaging. We noted reports were being completed on the same day during our inspection.

## Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave all new staff a full induction tailored to their role before they started work. The service employed only senior radiographers who were registered with the Health and Care Professions Council (HCPC).

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

Managers made sure staff received any specialist training for their role, including competency training for nursing staff.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Medical staff completed specialist training for their role including mandatory training with their substantive employer. The centre reviewed consultant practising privileges in line with the provider's policy.

## Multidisciplinary working

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

We saw evidence of good multidisciplinary working in all areas. We observed positive interaction between radiographers and consultants.

Staff worked across healthcare disciplines and with other agencies, when required to care for patients. We saw information was appropriately shared with community teams such as GPs and specialist teams.

Staff held daily huddles to discuss patients and improve their care.

## Seven-day services

The centre opened Monday to Friday from 8am – 8pm

Patients had access to same day and next day appointments.

# Diagnostic imaging

## Health promotion

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

The service had relevant information promoting healthy lifestyles and support in patient areas.

Staff assessed each patient's health at every appointment and provided support to individuals to live a healthier lifestyle.

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

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

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

Staff gained consent from patients for their care and treatment in line with legislation and guidance. They clearly recorded consent in patients' records. Our review of patient notes showed consent forms were completed correctly with all appropriate sections completed. The service had consistently achieved 100% compliance in its' biannual "Documenting Consent in Breast Fine Needle Aspiration (FNA) /Biopsy Audit".

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act 1983 and 2007, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice.

All clinical staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff could describe and knew how to access the policy and get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards.

## Are Diagnostic imaging caring?

We had not previously rated caring for this service. We rated it as good.

## Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Staff followed policy to keep patient care and treatment confidential.

Patients said staff treated them well and with kindness. Patients told us they were happy with their care. They described their experience as "excellent" and said all staff were "very friendly and helpful". One patient said they were given ear protection and headphones to listen to music during their scan.

## Diagnostic imaging

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

Patients were encouraged to give feedback and we saw positive patient reviews on the service's website and social media pages. One patient had gifted the unit a Lego scan unit in appreciation of the care received.

From January to December 2021, the results of the patient satisfaction survey showed the service was consistently rated high for compassionate care (100%). The results also showed patients were given enough privacy when discussing their treatment (98%).

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

Our observation of patient care showed staff were re-assuring and comforting to patients.

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

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

Staff made sure patients and those close to them understood their care and treatment. Patients told us they were given clear information regarding the benefits and risks of their treatment and were given the opportunity to ask questions. Patients were also aware of the cost of their treatment.

Patients confirmed they were informed about their care and were regularly updated by staff. Our review of patient records showed staff obtained consent before carrying out assessments/procedures.

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

Patients were offered chaperones and there was a notice in the reception area for patients to inform staff if they would like a chaperone.

Results from the patient satisfaction survey showed 99% of patients received information on their treatment before it started.

## Are Diagnostic imaging responsive?

We had not previously rated responsive for this service. We rated it as good.

# Diagnostic imaging

## Service delivery to meet the needs of local people

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

Managers planned and organised services so they met patients' needs. The centre operated an appointment-based service from Monday to Friday. Appointments were arranged with patients, at a time and date convenient for them. Patients could call the centre to book an appointment or book an appointment online via the provider's website.

The service minimised the number of times patients needed to attend the hospital, by ensuring patients had access to the required staff and tests on one occasion. The service worked together with outpatient clinics to provide one-stop appointments where consultations, investigations, imaging and treatment could be conducted at one visit for several specialties, including orthopaedics, breast and neurology.

Facilities and premises were appropriate for the services being delivered. Patients told us they were happy with the location of the centre, they found it easily accessible with good parking facilities.

The service had systems to help care for patients in need of additional support or specialist intervention. Staff issued passports to enable relatives attend the centre with patients.

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

## 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.**

Managers made sure patients, loved ones and carers could get help from interpreters or signers when needed. Information on interpreting services was readily available and displayed on staff noticeboards.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. A hearing loop was available to assist patients' wearing a hearing aid.

Information leaflets were available for patients regarding different aspects of their care.

Patients had access to beverages, water and biscuits in the waiting area.

Staff told us they coordinated care with other providers to refer patients where necessary.

All staff had completed equality and diversity training and understood the importance of providing care without prejudice to protected characteristics.

## Access and flow

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

## Diagnostic imaging

There was no waiting list for diagnostic imaging appointments. Appointments were booked around patients' and consultants' schedule. Patients told us they were able to choose a date convenient for them. In addition, patients had access to same day or next day appointments when necessary.

The service had 'catch up slots' to accommodate 'walk ins' from the outpatient unit.

Managers worked to keep the number of cancelled appointments to a minimum. When patients had their appointments cancelled, managers made sure they were rearranged as soon as possible.

The service monitored ultrasound waiting times for patients arriving on the unit. An audit carried out in November 2021 showed that 18 out of 20 patients were scanned within 15 minutes of their registration in line with the providers target. The remaining two patients were scanned within 20 minutes.

Staff provided patients with relevant information and advice following their discharge and encouraged them to contact the centre if they had questions or concerns.

### 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.**

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas.

Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

The centre received five formal complaints in the last 12 months. All complaints were investigated within specified timeframe. Managers shared feedback from complaints with staff and learning was used to improve the service.

We were provided with examples of how the service used patient feedback to improve daily practice. This included daily review of the centre's junk email folder to avoid missing relevant emails from patients.

### Are Diagnostic imaging well-led?

We had not previously rated well-led for this service. We rated it as good.

### Leadership

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

# Diagnostic imaging

The centre had a corporate management structure which included a chief executive officer, chief nursing officer, medical director, head of governance, head of outpatients and pharmacy services, and head of imaging.

The head of imaging was supported by the deputy head of imaging and they managed the service across three locations.

The unit had a superintendent radiographer who also acted as the radiation protection supervisor.

Managers had the skills, knowledge and experience to run the service. They demonstrated an understanding of the challenges to quality and sustainability for the service.

Staff were positive about the leadership of the service. They informed us managers were accessible, visible and approachable. Staff said they felt supported to develop their skills and take on more senior roles.

## Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services. Leaders and staff understood and knew how to apply them and monitor progress.**

The provider's mission statement highlighted its commitment to care and improvement of human life. To achieve this, the provider incorporated four core values; unique and individual, kindness and compassion, honesty, integrity and fairness, and loyalty, respect and dignity.

The service had a statement of purpose which outlined its commitment to various stakeholders including patients, staff and regulators. It states that the overall aim of the service is to provide high quality service, treatments and care to private patients in all areas of the service.

The service outlined objectives to help achieve and maintain high quality care. These included performance monitoring, provision of evidence-based care carried out by fully trained staff and achieving patient focussed improvements.

Senior staff informed us about plans to expand services provided at the centre based on patient demand. These included plans for fertility services and a menopause clinic.

Staff worked in a way that demonstrated their commitment to providing high-quality care in line with this vision.

## Culture

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

Staff informed us there was a positive culture within the service. They felt respected, supported and valued. Staff had opportunities for training and career development. Staff spoke positively about the opportunity they had to undertake the Institute of Leadership and Management course. They felt it equipped them with relevant skills to take up leadership roles.

# Diagnostic imaging

The service had an open culture where patients, their families and staff could raise concerns without fear. Staff recognised they needed to be open and transparent with patients when something went wrong in line with the Duty of candour requirements.

Patients we spoke to were positive about the culture of the service and felt they could raise concerns if necessary.

The service had a diverse team of staff, and all staff we spoke to felt they worked in a fair and inclusive environment.

## 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.**

There was an effective clinical governance structure which included a range of meetings that met either monthly or quarterly. These included the medical advisory committee, clinical incident review group, the quality safety board, patient experience group, infection prevention and control group, and the quality improvement group. There were senior management meetings which were attended by the outpatients and pharmacy manager and senior consultants.

The provider held radiation protection and laser protection committee meetings, covering three locations. We reviewed minutes of the last two meetings in March and October 2021 and saw that staff discussed any IRMER reportable incidents, updates and regulatory changes, dose monitoring, image optimisation and equipment.

The service had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service.

Learning and clinical updates were communicated to staff via daily huddles, team meetings, work email and a newsletter. The imaging dashboard was displayed on staff notice board. This showed the service's compliance with audits, incidents and trends, complaints and compliments.

The service worked well with partner organisations such as GP services and other healthcare services under the provider's umbrella organisation.

## Management of risk, issues and performance

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

The service carried out a program of repeated audits to monitor quality and operational processes. The service had an imaging dashboard which provided oversight on performance on relevant indicators. The dashboard gave an indication of the themes and trends that could be picked up if there were concerns.

The service had a risk register and this identified two risks for the centre with steps to mitigate them. The risks were current and aligned with the risks we identified on inspection.

These included uncontrolled temperature in the mammography and breast ultrasound rooms, and the X-ray room layout. Staff identified an additional risk of administrative staffing shortage during our inspection and we noted this was highlighted as one of the top risks on the imaging dashboard. To mitigate against administrative staff shortage, clinical staff conducted daily checks to ensure referral forms were uploaded and to ensure all patients were contacted.

# Diagnostic imaging

Minutes of governance meetings showed senior staff regularly reviewed risks and performance.

The service had undertaken a radiation risk assessment for the X-ray room, mammography room and CT scanner room. Each risk assessment identified sources of potential harm and there were controls in place to mitigate against risks.

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

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.**

Staff had access to information on patients' care and treatment. Access to individual patient's records was restricted to authorised staff in accordance with their job role.

All staff had access to the organisation's intranet to gain information relating to policies, procedures, national guidance and e-learning. The service used an application to manage their clinical audits and to share the results.

Staff shared information through a variety of ways including at daily meetings, multidisciplinary meetings and governance meetings. We saw relevant information displayed on notice boards. These included incidents, trends and training dates.

Electronic devices were password protected and we observed staff signing out of computer systems when they were not in use.

Radiologists had report access to images to provide timely reports.

## Engagement

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

The service encouraged patients to provide feedback. Patient feedback was discussed at staff meetings and used to inform improvements.

Staff provided feedback via 'Vital voices' questionnaires. The provider had implemented actions following feedback from staff. For example, the service started the morning safety huddle following staff feedback about inconsistent communication across teams.

Staff had access to information about the service through newsletters and at team meetings. We observed the staff notice board highlighted clinical information, incidents and trends, as well as audit compliance.

Staff told us they felt engaged in the day to day operations of the department and could influence changes. They had regular staff meetings which they used to share information related to incidents or complaints and examples of good practice.

# Diagnostic imaging

In 2020, the service established a committee to support colleagues and promote inclusion and awareness and celebrate diversity. The service worked with external partners to better understand how diversity, inclusion and equality objectives were being met and how this could be developed further in the future.

## Learning, continuous improvement and innovation

### **All staff were committed to continually learning and improving services.**

The service had systems to monitor staff training and development. Staff had taken advantage of the opportunities available to learn, develop and improve their skills.

Patients had access to the centre's imaging unit, which was equipped with specialist diagnostic equipment. The diagnostic imaging facility had achieved the United Kingdom Accreditation Service (UKAS) Quality Standard for Imaging (QSI) accreditation.

The provider's MRI safety officer (MRSO), had developed training to improve MRI safety at the provider's locations. The training was implemented to bring consistency to the training content, to ensure core knowledge around MRI safety for the wider services' team.

Staff contributions were recognised at an annual awards ceremony.

# Surgery

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

## Are Surgery safe?

Good 

We had not previously rated Safe for Surgery. We rated it as good.

### Mandatory training

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

Staff received and kept up-to-date with their mandatory training. The service provided statutory and mandatory training using a combination of 'face to face' training and e-learning. We reviewed the staff training matrix and found all staff (100%) had completed their mandatory training.

The mandatory training was comprehensive and met the needs of patients and staff. The mandatory training requirements included courses covering basic life support, infection control, duty of candour, ethics, safeguarding children and adults level two and three, the Mental Capacity Act and Deprivation of Liberty Safeguards, health and safety, manual handling and equality and diversity.

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

### Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Safeguarding children and adults formed part of the mandatory training programme for staff. Staff told us they had received safeguarding training. The safeguarding lead had completed safeguarding children and vulnerable adults at level four and all clinical staff (100%) at level three.

# Surgery

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff gave examples of concerns they would report and knew the contact details for the agencies they would report to. An up-to-date safeguarding vulnerable adults policy, with flow charts for the escalation of concerns was available.

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

The organisation had a defined recruitment pathway and procedures to help ensure that the relevant recruitment checks had been completed for all staff. These included a disclosure and barring service (DBS) check; occupational health clearance, references and qualification and professional registration checks.

The centre had an up-to-date chaperone policy to reflect the changes made during the pandemic. The centre provided chaperones with a visitor passport to support patients where necessary. All staff were trained as chaperones and this could be requested, by the patient or their clinician, at short notice. Staff audited the completion of chaperone documentation and the service performed consistently to a high standard (100%).

There were no safeguarding incidents in the previous 12 months.

## Cleanliness, infection control and hygiene

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

The service performed well for cleanliness. Surgical instruments were single use and they were disposed of correctly. All other equipment was cleaned after patient contact. Items seen were visibly clean and dust-free and we saw a daily cleaning check list.

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

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. The reception staff were protected by plastic screens. Extra cleaning was introduced to protect against COVID-19 including regular cleaning of high traffic areas and 'touch points'. Hand-washing and sanitising facilities were available for staff and visitors. The centre had installed additional hand-washing and sanitising facilities including in the entrance of the building. Each consulting room had a disposable privacy curtain within the disposal date.

We reviewed risk assessments, infection control protocols and assurance frameworks introduced as part of the organisation's response to COVID-19. These changes were monitored by the corporate clinical governance team and any changes were communicated to the manager and staff. Staff received regular updates through an infection control newsletter, and we saw an example on the staff noticeboard. All staff, including the surgeons, completed a daily COVID-19 lateral flow test, in line with the organisation's policy.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The service completed daily cleaning checklists for the consultation and treatment rooms. There were monthly environmental, hand hygiene, uniform compliance, safe handling and disposal of sharps, transportation of specimens and disposal of clinical waste audits. The audits showed the service consistently performed to a high standard (100%).

# Surgery

Patients we spoke with said the environment was clean.

Staff worked effectively to prevent surgical site infections. There were no incidents recorded for surgical site infections in the previous 12 months. Staff said these infections were very rare.

## Environment and equipment

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

The design of the environment followed national guidance. The centre had undertaken a Legionella, fire and health and safety risk assessments. Records showed the action plans had been completed to mitigate the risks identified. Staff demonstrated how they had access to evacuation routes and emergency equipment. Water outlets and sinks were flushed to reduce the risk of Legionella build-up in line with Health and Safety Executive (HSE) guidance.

Staff carried out daily safety checks of specialist equipment. Resuscitation equipment was on a purpose-built trolley and was visibly clean. Single-use items were sealed and in date. Resuscitation equipment had been checked daily and an up-to-date checklist confirmed all equipment was ready for use. This included the automatic external defibrillator (AED). Staff carried out a monthly audit of the resuscitation equipment to ensure it was present and within date. Between January 2021 and December 2021, the centre was 100% compliant.

The centre had a procedure for the collection, labelling and handling of specimens. There was a service level agreement with an external provider to process all specimens. Staff were able to describe the process of recording and transporting specimens.

The service had suitable facilities to meet the needs of patients' families. There were adequate waiting and consultation rooms to provide space and privacy.

All staff completed training in fire safety and practiced evacuating the building in the event of an emergency.

Staff disposed of clinical waste safely. Clinical waste disposal was provided through a service level agreement. Clinical waste and non-clinical waste were correctly segregated and collected separately. Between August 2021 to December 2021, compliance with national waste disposal guidance was consistently maintained at 100%.

## 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**

The centre has a dedicated treatment room where minor surgical procedures were undertaken under local anaesthetic. These included the removal of lumps and bumps, biopsies for analysis, the removal of toenails, suturing and removal of sutures, removal of skin lesions, and the changing of dressings. Patients were day cases and there were no overnight stays.

Patients were given information explaining how appointments were managed to minimise risks during the COVID-19 pandemic. Staff used an inclusion and exclusion criteria to determine if patients should receive surgery at the centre. Surgery performed included breast surgery, dermatology and plastic surgery. Patients could be referred to other specialists within the centre when necessary.

# Surgery

Staff completed risk assessments for each patient on commencement of their treatment, using a recognised tool, and reviewed this regularly, including after any incident. The centre used an adapted 'five steps to safer surgery' checklist based on guidelines from the WHO Surgical Safety Checklist. The modified checklist reflected the minor surgery carried out.

Surgeons ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. There was a comprehensive pre-assessment medical questionnaire that was used for all patients.

Staff gave patients detailed advice after each procedure. All surgical patients had at least one follow up appointment to check progress and identify any problems. The surgeons ensured patients were contacted for follow up seven to ten days after surgery.

Staff responded promptly to any sudden deterioration in a patient's health. The nature of the service meant this was a rare occurrence and staff maintained training and simulated practice to ensure they were prepared. All staff were trained in basic life support (BLS) and nurses and doctors were trained in immediate life support (ILS). Staff participated in simulated emergency scenarios at least annually to ensure they maintained skills in responding to patient collapse or cardiac arrest. All staff clinical staff had completed Sepsis training.

Staff shared key information to keep patients safe when handing over their care to others. This ensured continuity of care when people moved between services or received care from different staff in this service.

## Staffing

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

### Nursing staff

The service had enough nursing and support staff to keep patients safe. There were four full time nursing staff and one health care assistant. Staff levels were planned and reflected demand on the service and known treatment support needs. A senior nurse was always on shift when the service was in operation.

The manager could adjust staffing levels daily according to the needs of patients. Since the COVID-19 pandemic, walk-in patients were very rare. Rotas were done in advance with short notice changes as required in accordance with staff. There was a daily team meeting to review the surgical lists for the next day and to determine if any additional resources would be required.

The service had low turnover rates and there no vacancies at the time of inspection.

Managers limited their use of bank and agency staff and requested staff familiar with the service. The service only used bank from within HCA Healthcare and requested them in advance where possible.

All staff received a full induction. Nursing staff had completed their Nursing and Midwifery Council re-validation checks and updates to develop their competencies.

### Medical staff

# Surgery

The service had enough medical staff to keep patients safe. The centre had consultants performing surgery under practising privileges. We saw evidence that the centre checked all medical staff had valid professional registrations, medical indemnity insurance, completed mandatory training and appraisals.

The centre had a good skill mix of medical staff on each shift and reviewed this regularly to match service needs and the procedures list for the day. All procedures were surgeon-led and carried out under local anaesthetic.

## Records

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

Records were stored securely. Most patient's data, including medical records, scans and pathology results were documented via the centre's secure patient electronic record system. Where paper records were used, these were scanned onto the system and disposed of securely.

All records were stored securely in line with the Data Protection Act (DPA) 2018 and General Data Protection Regulation policy. The electronic records were only accessible through a password protected system to authorised staff.

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

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

We reviewed two patient records and found that they were all complete, clear and up to date, Nursing records were audited regularly, to ensure they complied with minimum record-keeping standards

## Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Very few medicines were stocked and those available were stored and prescribed appropriately in line with the provider's policy. The surgeons used local anaesthetic which was stored in a locked cupboard and was only accessible to staff. There were no controlled drugs (CDs) kept or administered in the surgery department.

Staff explained how they reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. The centre had an outpatients and pharmacy manager who staff could contact for advice if necessary.

The centre completed a quarterly audit of the safe storage of medicines including those used in surgical procedures. Records showed that improvements were required in the quarter three audit (73%) and these were rectified in quarter four and the centre achieved 100% compliance.

## Incidents

**The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.**

Staff knew what incidents to report and how to report them. The service did not have an incident related to surgery in the previous 12 months. Staff could give examples of incidents they would report and how they would do this.

# Surgery

Staff raised concerns and reported incidents and near misses in line with provider policy. Staff we spoke with were confident in reporting incidents and near misses. Incident reporting was included in staff induction.

Managers shared learning with their staff about never events that happened elsewhere. The service had not reported a never event and senior staff maintained a policy for sharing information and learning in the event this happened.

Staff understood the duty of candour. Staff could give examples of when they would use the duty of candour. Surgeons and nursing staff were aware of their responsibilities in being open and transparent with patients.

Staff received feedback from investigation of incidents, both internal and external to the service. We saw evidence of this, including an investigation of the root cause of an incident, the learning outcome and how it would improve practice.

## Are Surgery effective?

Good 

We had not previously rated Effective for Surgery. We rated it as good.

### Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. Staff adhered to guidelines such as, the WHO Surgical Safety Checklist, the Association of Breast Surgery, British Association of Dermatologists, British Association of Plastic, Reconstructive and Aesthetic Surgeons and the Royal Colleges. Staff could access policies and procedures electronically.

### Nutrition and hydration

**Staff gave patients enough food and drink to meet their needs.**

The centre only carried out day procedures and did not have patients staying overnight. Staff told us that patients were not generally offered food; however, they were offered coffee, tea, hot chocolate or biscuits.

All the procedures carried out at the centre were minor, under local anaesthetic and did not require the patient to fast prior to it. This was in line with the national recommendations for patients having local anaesthetic.

The service provided pre and post-operative advice regarding the management of a healthy diet and supporting nutritional intake prior to surgery.

### Pain relief

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

Staff managed and assessed patients for pain. The minor surgical procedures were carried out under local anaesthetic and checks were made with the patient to ensure they were comfortable.

# Surgery

Staff administered the prescribed pain relief and recorded it accurately. Patients were provided with additional local anaesthetic if required. Staff gave patients advice on pain management post-surgery.

## 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. Surgeons told us they monitored incomplete excision rates to ensure it was below the national average of five percent. They also monitored the rate of surgical site infections which was rare because of the nature of service. However, staff told us these checks were done informally, and an audit had not been documented.

## Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The manager ensured the team maintained competency standards. Surgical consultants included breast, dermatology and plastic surgery. Nurses worked across specialist pathways. Staff said this was a clear benefit of their role, as they built and maintained multidisciplinary competencies.

Managers gave all new staff a full induction tailored to their role before they started work. Staff who had recently completed the induction spoke positively about the experience and said managers and clinical staff were supportive. New members of staff who had not completed a year in the service had undergone competency training and had a probationary period review.

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

Surgeons with practising privileges had arrangements for external appraisal within their NHS work. Assurances were provided through the governance process as well as the overview from the medical advisory committee.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff told us they were encouraged to identify training opportunities and present these to the senior team for consideration. Several staff members had completed management training and the outpatients manager was supported to complete a masters programme. Senior staff were focused on staff development as part of a strategy to maintain stability and loyalty amongst the team.

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

## Multidisciplinary working

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

# Surgery

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Staff we spoke with told us they had good working relationships with surgeons. This ensured that staff could share necessary information about the patients and provide holistic care.

The service implemented a daily operational safety huddle which was multidisciplinary. It provided a forum for staff to communicate relevant issues and escalate any concerns for immediate action. We heard positive feedback from staff of all grades about the excellent teamwork. We observed evidence of doctors and nurses working effectively together.

Surgeons worked collaboratively to deliver patient care. For example, the dermatologist and plastic surgeon worked closely to provide treatment for patients with skin cancer.

Staff were able to speak with patient's GPs or referring doctors if they needed to clarify anything about patient care.

## Seven-day services

### **Key services were available to support timely patient care.**

The centre opened Monday to Friday from 8am – 8pm. The surgical procedure lists were arranged to meet patient need and consultant availability.

Referrals were prioritised by clinical urgency, including appointments at short notice. Staff told us if an urgent referral was made, the centre would assess appointments and prioritise patients according to their clinical needs and requirements of the referring practitioner. The dermatologist gave an example of doing a consultation for a patient with skin cancer, who had surgery within five days to remove it.

## Health promotion

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

The centre had relevant information promoting healthy lifestyles. Surgeons had individual conversations with patients about diet and health promotion after procedures. Patients were also directed to specific information on health promotion on professional websites.

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

### **Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions.**

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff said this was a rare occurrence and they explained how they would carry out and document a capacity assessment if required.

Staff gained consent from patients for their care and treatment in line with legislation and guidance. Staff discussed the planned surgery, alternative treatment options, intended benefits, potential risks and complications with each patient. Patients had time to ask questions and reflect on the proposed treatment.

Staff made sure patients consented to treatment based on all the information available. Staff said patients received written information about surgical procedures. Patients we spoke with confirmed they had been asked for their consent for the procedure they had attended for.

# Surgery

Staff clearly recorded consent in the patients' records. Patients completed a consent form which was scanned onto the electronic records. The plastic surgeon operated on mainly minor skin cancer cases and an additional consent form was used for any cosmetic surgery procedure.

All clinical staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff could describe and knew how to access the policy on Mental Capacity Act and Deprivation of Liberty Safeguards.

## Are Surgery caring?

Good 

We had not previously rated Caring for Surgery. We rated it as good.

### Compassionate care

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

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients said the centre was professional, efficient and exceeded their expectations. The service had a 'one stop shop' pathway. Patients had consultation appointments and staff were able to arrange the diagnostic imaging appointment on the same day. Once the results were received, they were reviewed by the surgeon.

From January 2021 to December 2021 the results of the patient satisfaction survey showed the service was consistently rated high for compassionate care (100%).

Patients said staff treated them well, with kindness and were very helpful and reassuring. Staff answered patient enquiries and interacted with patients in a friendly and sensitive manner. All consultations and treatment were carried out in individual rooms. Doors were closed when patients had treatment and staff knocked before entering, ensuring privacy. The results of the survey showed patients were given enough privacy when discussing their treatment (98%).

### Emotional support

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

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

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

# Surgery

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Staff understood the anxiety or distress associated with the procedure and supported patients as much as possible. A surgeon explained how they arranged an onward referral and an appointment for a patient who was distressed after receiving bad news.

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

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

Staff made sure patients and those close to them understood their care and treatment. Staff asked patients about their procedure to ensure they understood.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. We observed staff were proactive in engaging with patients about their experiences and frequently asked how they were doing. Staff encouraged each patient to complete a feedback form online following their appointment.

Staff supported patients to make informed decisions about their care. Staff discussed the cost of the procedure during treatment planning prior to patients having surgery. Staff explained other relevant terms and conditions in a way patients could understand. Results from the patient satisfaction survey showed 99% of patients received information on their treatment before it started.

## Are Surgery responsive?

We had not previously rated Responsive for Surgery. We rated it as good.

## Service delivery to meet the needs of local people

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

Managers planned and organised services, so they met the changing needs of the people who use the service. The service was flexible and allowed patients to make informed choices to ensure continuity of care. The centre was open five days a week and provided minor surgical procedures by appointment only, at a time to meet the needs of the patient group. Appointments were generally arranged on the telephone or by email.

Patients could access services and appointments in a way and at a time that suited them. The centre did not operate a waiting list. Staff said that all patients were seen promptly. Patients we spoke with confirmed being able to access the centre in a timely manner. Patients said they were impressed with how quickly and easily the appointment was arranged. The environment was appropriate, and services patient-centred.

The centre had systems to help care for patients in need of additional support or specialist intervention. Where patients would benefit from additional treatment, the team referred them to their doctor to review the treatment plan.

Managers monitored and took action to minimise missed appointments. Missed appointments were recorded electronically and patients contacted to rebook appointments. Staff reviewed missed appointments to ensure there were no safeguarding concerns or serious clinical implications. The outcome of each contact was recorded.

# Surgery

## Meeting people's individual needs

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

There was a comfortable seating area for patients and visitors. There was access for wheelchair users and accessible toilet facilities.

Managers made sure staff, and patients, loved ones and carers could access interpreters or signers when needed. Information on interpreting services was readily available, displayed on the staff noticeboards and in each consulting room.

Staff used the electronic pathway to document information that helped them deliver tailored, individualised care. For example, staff checked where patients had needs in relation to language, hearing, sight and mobility. Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. A hearing loop was available to assist patient's wearing a hearing aid.

Patient's individual needs and preferences were central to the delivery of a tailored service. Staff facilitated longer appointments for patients with specific needs. Patients could request a male or female clinician for procedures and the service had a chaperone policy.

The service had an up to date discrimination prevention policy that was compliant with the Equality Act (2010) and ensured staff delivered care without prejudice to protected characteristics. All staff undertook equality and diversity training and there was a clear care and treatment ethos based on individualised care. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

## Access and flow

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

The provider acquired the service in January 2020 and increased the number of consultation and treatment appointments for surgical procedures. This increase was based on patient demand and the expansion did not compromise patient care, as the centre increased the number of available clinicians, minor surgical procedures and appointments.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. The centre did not have a waiting list for surgical procedures. Staff were proactive in offering earlier appointments where cancellations or new clinician availability enabled this. A nurse was tasked to contact patients and support them through their surgical journey.

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

Staff supported patients following surgical procedures and during their after care. Staff provided patients with information and advice relevant to their procedure post-surgery and encouraged them to contact the centre if they had questions or concerns.

# Surgery

## Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. Information on how to make a complaint was available at the centre. The complaint booklet explained the three stages of the complaint procedure including local resolution, an internal review and independent external adjudication.

Staff knew how to acknowledge complaints. Staff understood the complaints policy. Staff were trained to resolve minor concerns as part of an approach to meeting individual expectations and avoid minor issues escalating into a formal complaint. We spoke with staff who were able to identify how to support a complaint, be it informal or formal, and how it was escalated and managed by senior managers.

Managers shared feedback from complaints via emails and meetings and learning was used to improve the patient's experience. The surgery department had not received a complaint in the previous 12 months. Staff could give examples of how they used patient feedback in other departments to improve the service. For example, improving the timeliness of electronic communication between the consultant's administrators and the patient.

## Are Surgery well-led?

We have not previously rated well-led for Surgery. We rated it as good.

## Leadership

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

The centre had a corporate management structure which included a chief executive officer, chief nursing officer, a lead outpatient clinic co-ordinator and an outpatients and pharmacy manager.

We found all managers had the skills, knowledge and experience to run the service. Managers demonstrated an understanding of the challenges to quality and sustainability for the service. The registered manager was supported by the outpatients and pharmacy manager, whose key responsibility was to monitor the performance of the centre.

Managers demonstrated leadership and professionalism. Staff we spoke with said managers were accessible, visible and approachable.

## Vision and Strategy

### The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on 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 service had a clear vision and strategy which was focused on the growth, quality, people who use the service, innovation and the community.

# Surgery

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

Staff worked in a way that demonstrated their commitment to providing high-quality care in line with this vision.

## Culture

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

Managers supported an open and honest culture by leading by example and promoting the service's values. We heard this was promoted by managers interacting with staff daily.

Managers expressed pride in the staff and gave examples of how staff adapted to changes brought about by the COVID-19 pandemic, as well as supporting other parts of the organisation and the NHS during the period.

Staff we spoke with were proud of the work that they carried out. They enjoyed working at the centre; they were enthusiastic about the care and services they provided for patients. They described the centre as a good place to work.

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

Patients told us they were very happy with the centre's services 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.

In 2020, the service established a committee to support colleagues and promote inclusion and awareness and celebrate diversity. The service worked with external partners to better understand how diversity, inclusion and equality objectives were being met and how this could be developed further in the future.

## 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.**

There was an effective clinical governance structure which included a range of meetings that met either monthly or quarterly. These included the medical advisory committee, clinical incident review group, the quality safety board, patient experience group, infection prevention and control group, and the quality improvement. There were senior management meetings which were attended by the outpatients and pharmacy manager and senior consultants.

The service had effective systems, such as audits and risk assessments, to monitor the quality and safety of the service.

Managers told us learning was cascaded to staff. All staff members had a work email account. The service had a bulletin and updates were sent to staff via email.

## 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.**

# Surgery

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

The service had a risk management strategy, setting out a system for continuous risk management. The centre completed risk assessments for fire, health and safety and Legionella and the action plans were completed, except for Legionella. The remedial work from the Legionella action plan was delayed because of the COVID-19 pandemic and was booked for 03 February 2022.

The service had a risk register to monitor key risks. Risks associated with the air conditioning, emergency radios and staffing had been mitigated.

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

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.**

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

All staff had access to the organisation's intranet, where information relating to policies, procedures, national guidance and e-learning was available.

Clinical records were electronic. Referrers could review information from scans remotely, to give timely advice and interpreted results, so that appropriate patient care could be determined.

The service had arrangements and policies to ensure the availability, integrity and confidentiality of identifiable data. Records and data management systems were in line with data security standards. The service provided information governance training to all staff.

## Engagement

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

The centre undertook patient satisfaction surveys and reported them quarterly. From January 2021 to December 2021 the results of the patient satisfaction survey showed 97% of patients would be happy to return for further appointments and 98% of patients had confidence and trust in the staff caring for them.

Staff said they felt involved in the running of the service and were able to give feedback and suggestions. Managers were visible and easy to communicate with.

Staff received information and relevant updates through a regular newsletter. For example, a quarterly newsletter from the governance team called 'The Journey' to promote a patient safety culture and tips for improving professional practice. 'Hot Topic' was a monthly newsletter on various topics such as risks and the duty of candour. 'Bug Brief' is a newsletter which covered updates on infection control.

## 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.**

## Surgery

The service had increased the well-being facilities for staff during the pandemic, including free confidential counselling, which was available 24 hours a day. Staff also had access to an application which provided mindfulness exercise and advice, as well as allowing staff to connect with other colleagues.

Staff contributions were recognised at an annual awards ceremony. Staff were also personally and formally thanked on a fortnightly basis for good individual or teamwork.

There were plans to expand the services provided at the centre based on patient demand. From February 2022, fertility services would be offered. The centre had also developed a proposal for a new agenda for women to provide a menopause clinic.

# Services for children & young people

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

## Are Services for children & young people safe?

Good 

We had not previously rated Safe for children and young people. We rated it as good.

### Mandatory training

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

Nursing staff received and kept up to date with their mandatory training. Mandatory training was undertaken on a rolling programme with most sessions delivered through e-learning in the last two years. We reviewed mandatory training records and found staff were up to date.

Medical staff compliance for mandatory training was monitored by the service business development manager. Consultants working in paediatrics were employed under practising privileges and were required to provide evidence of mandatory training compliance in order to continuing working.

The mandatory training was comprehensive and met the needs of children, young people and staff. Modules included safeguarding, paediatric life support, management of sepsis, health and safety, moving and handling, equality and diversity, and managing infection control.

Managers monitored mandatory training and alerted staff when they needed to update their training. Managers monitored rates of mandatory training on an online tracking system. Staff were informed when they were required to update their mandatory training compliance and were supported to book on to the next available sessions.

### Safeguarding

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

Nursing staff received training specific for their role on how to recognise and report abuse. National guidance specifies that all clinical staff working closely with children and young people should receive training in Safeguarding Children Level 3. All staff had the appropriate level of safeguarding training in line with national guidance.

# Services for children & young people

Medical staff received training specific for their role on how to recognise and report abuse. Consultants provided evidence of appropriate levels of safeguarding training to the service. Staff we spoke with provided examples where safeguarding concerns were raised by consultants to the service and investigated.

Staff could give examples of how to protect children, young people and their families from harassment and discrimination. Staff were able to explain potential signs of abuse and gave examples where they had to escalate safeguarding concerns. Staff said when they had reported safeguarding concerns, they had debriefs with managers.

All staff we spoke with were familiar with the service safeguarding processes and who to contact if they had concerns. Information on who to contact in the event of a safeguarding concern was also on the provider intranet, and there was a safeguarding folder on the unit which informed staff of who to contact.

Paediatric patients were able to access the diagnostic imaging services available on the site, which were outside the paediatric unit. Children were chaperoned to and from any areas outside of the paediatric unit, and the service had a chaperoning policy in place.

The paediatric unit was supported by the safeguarding leads at a nearby specialist independent children's hospital (also run by HCA Healthcare). Staff we spoke with were positive about the support they received from managers and safeguarding leads when they had escalated concerns. Issues relating to safeguarding we also discussed and reviewed in team meetings.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff were knowledgeable of situations where they would need to report safeguarding risks. The service provided two examples of safeguarding concerns that had been managed in the last six months. The evidence showed comprehensive management of the concerns, working with other organisations and agencies, and supporting staff through the process.

The service also had a process which supported suspected victims of domestic violence to safely alert staff without raising suspicion or putting their themselves at risk.

## Cleanliness, infection control and hygiene

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

The paediatric unit and waiting areas were visibly clean and had suitable furnishings which were clean and well-maintained.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Staff cleaned equipment each day between and after clinics and recorded this on a cleaning checklist for each room and communal area.

Visitors arriving for appointments were asked to wash their hands and had their temperatures checked at reception before being able to sign in. We also observed staff washing their hands in between patient meetings.

Staff followed infection prevention and control (IPC) principles including the use of personal protective equipment (PPE). All clinical staff on inspection were bare below the elbows and wearing masks in line with national infection control guidance.

# Services for children & young people

The service carried out audits of IPC compliance from information gathered on the ward on a weekly and monthly basis. Managers reviewed the information monthly and quarterly IPC reports were produced, which were discussed in the location's governance meetings. Any areas of poor performance would be identified in these meetings with actions put in place to improve practice.

## Environment and equipment

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

The service had suitable facilities to meet the needs of children and young people's families. The unit was designed and furnished in line with national guidance for paediatric services, including a separate waiting area for patients and their families. Families could accompany patients on visits and were able to use communal areas or accompany patients to their consultation.

The service had four consultation rooms for each clinic and a treatment room specifically for paediatric patients. This allowed patients to be seen for some treatments without the need to access areas outside of the paediatric unit.

Staff disposed of clinical waste safely. The service had a waste management policy, and waste was segregated with separate bins and disposal for general waste and clinical waste. Sharps equipment, such as needles, were also disposed of correctly in line with national guidance.

Staff carried out daily safety checks of specialist equipment. Managers maintained an equipment maintenance log to monitor when it was last maintained and risk assessed. Managers stated that any equipment issues were addressed quickly when reported. On inspection, we observed that all clinical and electrical equipment was within its period of maintenance date and had been safety checked.

The service had adapted the environment to respond to the risk presented by COVID-19. The main reception desk and reception areas had improved protection for staff with screens. The paediatric waiting area had reduced seating to encourage social distancing and removed communal toys to limit the risk of transmission.

Each treatment room and bathroom had call bells for patients to alert staff in an emergency. Call bells were regularly tested and this was recorded in weekly audits.

## Assessing and responding to patient risk

**Staff completed and updated risk assessments for each child and young person and removed or minimised risks.**

Staff completed risk assessments for each patient as part of their admission, using a recognised tool, and reviewed this regularly. Patients completed a pre-appointment medical questionnaire to identify any potential patient risks such as allergies.

Staff knew about and dealt with any specific risk issues. Training modules included recognising emergencies, advanced paediatric life support and recognising and managing patients with sepsis. Staff knew the processes for managing an emergency call and where to locate emergency equipment. There was always at least one member of staff on shift qualified in advanced paediatric life support.

# Services for children & young people

The service adapted the delivery of care to respond to the risk presented by COVID-19. Newly referred patients completed a COVID questionnaire which screened patients and families who may be symptomatic or had been exposed to COVID-19. Each visitor was also temperature checked on arrival, and families were informed that only one parent could accompany children on their appointments. Patients that were identified as symptomatic would have their appointments rebooked for a later date.

Staff also managed their risk of exposure to COVID-19. Nurses and consultants took lateral flow tests prior to beginning each shift.

Control of Substances Hazardous to Health (COSHH) risk assessments had been completed. The COSHH assessment outlined the risk involved and measures to mitigate the risks and actions to take in the event of an accidental spillage. The provider had cytotoxic spill kits available if needed.

The service did not have a consistent process for informing families who to contact if they required urgent care outside of opening hours for the paediatric unit. Staff said patients would be advised to contact the NHS urgent care line if they needed support out of hours. If patients contacted the NHS urgent care line out of hours staff would follow them up the following day.

Staff shared key information to keep children, young people and their families safe when handing over their care to others. For example, we saw allergy risk assessments and allergy patient cards used to identify and monitor patient allergy risks.

## Nurse staffing

**The service had enough nursing staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix as needed.**

The service had enough nursing and support staff to keep children and young people safe. We viewed evidence of staffing rotas on site and found staff was consistently allocated to meet the needs of the service. Managers accurately calculated and reviewed the number and grade of nurses needed for each shift.

Managers adjusted staffing levels daily according to the needs of children and young people and the needs of the service. Staffing each week for the paediatric unit was provided from the provider's nearby specialist children's hospital with rotas planned, and any gaps in the rota could be filled by this service at short notice if staff became unavailable.

Managers limited their use of bank and agency staff and utilised staff familiar with the service. The centre could utilise experienced paediatric staff from another hospital within the group that could be called upon when required, so managers stated the service did not use bank or agency staff.

The paediatric unit had a minimum of two children's nurses on each shift. Staff we spoke with stated they enjoyed the variety of working across the different sites.

Staff working in the service received the provider's standardised formal induction to the paediatric unit. This was held at another location. Staff informed us they received an informal induction to the paediatric unit at Chiswick Medical Centre.

# Services for children & young people

## Medical staffing

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

The service had enough medical staff to keep patients safe. Medical staff consisted of consultants under practising privileges across a range of specialities, who carried out clinics one day a week.

The chief executive had overall responsibility for reviewing consultants' fitness to practice and practising privileges within the paediatric unit. The process was managed by the business development manager, who monitored consultants' compliance with accreditations from professional bodies, mandatory training, health screening, and completion of checks with the Disclosure and Barring Service (DBS).

The service consulted with consultants who ran clinics on changes to the service. For example, when paediatric services resumed in 2020, the service discussed with consultants what would be the most appropriate day of the week to restart clinics. Following consultant feedback, it was agreed that clinics would run on Tuesdays. Consultants we spoke with felt they could bring issues to the service leads.

Families we spoke with were positive about the level of consultant input they received throughout their treatment. Parents stated that consultants were supportive and child-centred in appointments, and stated the consultants were quickly available to answer any questions or address any issues that parents or their children raised.

## Records

**Staff kept detailed records of children and young people's care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.**

Patient notes were comprehensive, and all staff could access them easily. The centre used a mixture of two electronic patient record system (EPRS), one for consultants and one for the HCA nursing staff. The HCA system was used to store all the patients records and any paper records such as consent forms were scanned into the electronic records. Diagnostic data was also stored electronically and shared with the paediatric unit by imaging staff.

Staff demonstrated their ability to use the records system for new patients and identified different ways in which the system supported clinical care. Families could also access their record remotely through a patient portal, which also provided access to other healthcare professionals involved in their care if needed.

Records were stored safely and securely. Each staff member had individual log ins to access the system, and staff logged out when they were not using the system. We reviewed records and found they were clear and up to date.

The provider carried out bi-annual records audits, however the paediatric unit had not been included in the most recent edition as it was closed at the time the audit was carried out. Managers we spoke with stated that that this would be resumed for the paediatric unit in the next audit

## 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.

# Services for children & young people

Staff stored and managed medicines and prescribing documents in line with the provider's policy. We reviewed the medicines policy and found it to be in line with national guidance on medicines management.

Medicines were checked regularly to ensure they were meeting the required standards of safety. Medicines fridge temperatures were checked daily to ensure they remained within the normal safe ranges, and a pharmacist regularly audited the available medicines on site to ensure they were in date and safely stored. There was an appropriate disposal process for any medicines identified as being unfit for use.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. Safety alerts and medication incidents were monitored at a provider level, and any concerns regarding medication safety were communicated through local governance meetings and addressed accordingly.

The service did not hold any controlled drugs on site.

## Incidents

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

Staff knew what incidents to report and how to report them. The service had an incident reporting and investigation policy. Staff also understood how to report incidents on the services electronic reporting system.

Following inspection, the service provided evidence of incidents for the Chiswick Medical Centre between January and December 2021. The service recorded 36 incidents total, two of which related to the paediatric unit. All incidents were either low or no harm.

Managers investigated incidents thoroughly. Children, young people and their families were involved in these investigations. Records showed that actions had been taken, learning had been identified, and the outcomes had been shared with staff.

Staff received feedback from investigation of incidents, both internal and external to the service. We reviewed minutes of meetings such as the MAC and clinical governance minutes which evidenced discussion of incidents. Staff stated they had an opportunity to discuss incidents related not only to the paediatric unit, but also incidents related to other paediatric locations managed by HCA Healthcare. Staff also stated they had an opportunity to discuss feedback from incident investigations and that actions were taken to make improvements to patient care.

There were no never events or serious incidents reported.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong.

Managers debriefed and supported staff after any serious incident. Staff gave examples of managers supporting debriefs for staff when incidents or difficult complaints had occurred.

# Services for children & young people

## Are Services for children & young people effective?

Good 

We had not previously rated Effective for children and young people. We rated it as good.

### Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The service monitored the latest guidance to ensure policies and procedures were up to date. The service monitored compliance with current guidance such as National Institute for Health and Care Excellence (NICE) and Royal College of Paediatrics and Child Health. Policies were current and version-controlled.

### Nutrition and hydration

**Staff gave children, young people and their families enough food and drink to meet their needs and improve their health. The service made adjustments for children, young people and their families' religious, cultural and other needs.**

Staff made sure patients were offered refreshments when arriving for appointments. Patients we spoke with stated they were offered their choice of refreshments when they arrived.

Specialist support from staff such as dietitians and speech and language therapists were available for children and young people who needed it. Additional dietician support for patients could be provided if needed through another hospital within the group.

### Pain relief

**Staff assessed and monitored children and young people 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.**

Children and young people received pain relief soon after requesting it. We spoke with families on site who felt that their access to pain relief would be well managed if they needed it. We saw space within patient records for identifying if patients had pain management needs, although staff stated this was rarely needed for the appointments provided at the paediatric unit.

### Patient outcomes

**The service did not monitor the effectiveness of care and treatment. They used feedback from patients to make improvements, however outcomes for children and young people were not routinely measured or reported on.**

The paediatric unit did not participate in any specific local or national clinical outcomes audits. Following the inspection, the service stated the department does not measure any specific patient's clinical outcomes, however there was a process for follow up appointments to be booked by patients and patients can feed back regarding their experience. The service had in place an audit programme to monitor safety and delivery within the service.

# Services for children & young people

## Competent staff

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

Clinical educators supported the learning and development needs of staff. The staff had access to paediatric clinical nurse specialists across a range of specialities who facilitated learning opportunities and clinical support for staff. Staff said this was a positive resource and they could contact the clinical nurse specialists for support any time.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of children, young people and their families. Nursing staff in the paediatric unit were experienced specialist paediatric nurses.

Managers gave all new staff a full induction before they started work, however induction was not tailored to this specific paediatric unit. Staff received a full corporate induction as well as hospital induction for another hospital in the group, however there was no formalised induction process or checklist for new staff working at the paediatric unit at Chiswick Medical Centre.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff had regular supervision with their manager as part of their role which included discussions on personal development and learning (although managers stated that this had been disrupted to some extent by suspension of the service in 2021). All staff also had an appraisal. Staff we spoke with stated that this was a positive process and benefitted their development.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. The service had weekly team meetings, along with paediatric staff from another hospital within the group, to discuss current issues and workload. Managers also provided staff with access to clinical governance meeting minutes.

Managers made sure staff received any specialist training for their role. We reviewed training and found it included learning in paediatric care and service delivery to improve staff's specialist knowledge. Staff also stated they were encouraged and supported to attend training to ensure they continued to learn in their roles. This could be achieved internally through the provider learning academy or through external courses also.

## Multidisciplinary working

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

Staff held multidisciplinary meetings to discuss children and young people and improve their care. Multidisciplinary meetings for the paediatric unit were amalgamated with weekly meetings from another hospital in the group. These meetings did not include participation from consultants who provided clinics under practising privileges.

The paediatric unit had a daily huddle with imaging colleagues to review joint areas of working, responsibilities for the day, and any issues to be disseminated by managers.

Staff were very positive about the working culture and the team working across nursing and medical staff. Staff stated they felt well supported by managers and colleagues, and that there was a well-developed atmosphere of teamworking. Patients said they felt staff worked well together.

# Services for children & young people

While we did not see evidence of paediatric unit consultants involved in other work aside from their clinical care or participating in governance or development meetings, this did not impact the working relationship between staff disciplines.

## Seven-day services

**Key services were not available seven days a week to support timely patient care.**

The service was open one day a week on Tuesdays between 8am and 8pm. Out of these hours patients were advised to contact the NHS non-urgent care line if they required medical treatment or the paediatric service at another hospital within the group.

## Health promotion

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

The service had relevant information promoting healthy lifestyles and support. Consultants provided patient information leaflets from various charities and professional bodies on health management. Families were positive about the quality of information they received regarding their clinical treatment.

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

**Staff supported children, young people and their families to make informed decisions about their care and treatment. They knew how to support children, young people and their families who lacked capacity to make their own decisions.**

Staff understood how and when to assess whether a child or young person had the capacity to make decisions about their care. Staff understood Gillick Competence and Fraser Guidelines and understood they could support children who wished to make decisions about their treatment.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Records showed that all staff training was in date.

Staff made sure children, young people and their families consented to treatment based on all the information available. The consent process included information on the procedures, possible risks and effects of the treatment, and alternatives to the treatment. We observed staff discussing consent with families in line with best practice.

Staff clearly recorded consent in children and young people's records. We observed consent records being completed and stored in line with legislation and national guidance.

Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards. Staff said that they could also get advice from the provider's safeguarding leads.

## Are Services for children & young people caring?

We had not previously rated Caring for children and young people. We rated it as good.

# Services for children & young people

## Compassionate care

**Staff treated children, young people and their families 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, young people and their families. Staff took time to interact with children, young people and their families in a respectful and considerate way.

Children, young people and their families said staff treated them well and with kindness. We spoke with two parents and two children who stated staff were very friendly, kind, and considerate throughout their treatment. The service provided evidence of patient feedback through thank you cards, patient feedback and online reviews that were positive about the quality of treatment received and the care delivered by the staff.

Staff followed policy to keep care and treatment confidential. The paediatric unit had a separate waiting area and we observed staff being discrete when calling families in for appointments.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Families said their individual needs had been well met and that the care they received was child-centred.

## Emotional support

**Staff provided emotional support to children, young people and their families to minimise their distress. They understood children and young people's personal, cultural and religious needs.**

Staff gave children, young people and their families help, emotional support and advice when they needed it. Patients we spoke with felt they had been well supported throughout their treatment and felt able to ask questions as and when they needed. On inspection we observed consultants being sensitive to the emotional support needs of young patients. Patient satisfaction questionnaires also included questions asking if patients felt supported with any worries they had about their treatment.

The service had specialist staff and processes in place to provide emotional support to young people. Staff such as the play team and psychologists were available to support young people through appointments and minimise anxiety for families. The service also had educational tools to provide information on appointments for young people. For example, the service had a child-friendly model of how an MRI scan was performed that could be used to show children how this imaging process worked.

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

**Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.**

Children, young people, and their families could give feedback on the service and their treatment, and staff supported them to do this. Patients gave positive feedback about the service. Patients were asked to complete a patient feedback form following their appointment. The responses were collected, compiled and reviewed regularly. We also saw examples of positive patient stories on the website.

## Services for children & young people

The service was committed to improving ways of measuring patient feedback. The service had revised the paediatric outpatients feedback questionnaires to be more child and family friendly and had a child-friendly post box for children to submit feedback. The service also had developed a child-friendly board displaying comments from past service users. This board included comments such as “I’m always very impressed with the level of service and care”, “the nurses were wonderful”, and “everyone was very friendly and approachable”.

Patient feedback was used to improve the delivery of services. Patient feedback was collated and reviewed quarterly by service managers, with feedback used to improve the patient experience and the delivery of the service.

Staff supported children, young people and their families to make informed decisions about their care. Consultants provided young people and parents with information from national interest groups and charities on available treatments to inform discussions with families.

The service did not have a specific patient information leaflet for the paediatric unit. Some information for the service could be found on the website and some information was provided regarding appointments, while staff stated other information was shared informally to patients prior to first visits or after appointments. However, there was no formal means to ensure that all new families visiting the service were receiving paediatric specific information ahead of their first appointment.

### Are Services for children & young people responsive?

We had not previously rated Responsive for children and young people. We rated it as good.

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

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

Facilities and premises were appropriate for the services being delivered. The environment was appropriate, and patient centred. Toilet facilities were clean and accessible for all. The service was on the ground floor and wheelchair accessible.

The service had systems to care for children and young people in need of additional support, and specialist intervention. Through links with another hospital in the group the service could access specialist paediatric support, including dieticians, a play team, psychologists, and paediatric clinical nurse specialists

Managers ensured that children, young people and their families who did not attend appointments were contacted. Managers also ensured that patients who did not attend appointments were identified and followed up. Staff were able to give specific examples where this had been carried out.

The service relieved pressure on other departments when they could treat children and young people in a day. The service offered a ‘one-stop shop’ of diagnostic tests and consultations in a single appointment. Families we spoke with were positive about being able to complete referral consultations in a single session.

# Services for children & young people

## Meeting people's individual needs

**The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help children, young people and their families access services. They coordinated care with other services and providers.**

Staff made sure children and young people living with mental health problems, learning disabilities and long-term conditions received the necessary care to meet all their needs. Through another hospital in the group the paediatric unit had access to a dedicated play team and a learning disabilities nurse, who could support children and young people with learning disabilities or with complex care needs. Staff were positive about the availability of this team.

The service was designed to meet the needs of children, young people and their families. There was a dedicated paediatric waiting area, and communal areas and treatment rooms were designed with children and young people in mind.

The service had also removed communal toys from the paediatric waiting area to minimise infection risks. This had been replaced with individual toy packs for each child to use on the paediatric unit and take away with them.

Staff understood and applied the policy on meeting the information and communication needs of children and young people with a disability or sensory loss. Patients could be provided with an induction hearing loop in the reception area.

The service had information leaflets available in languages spoken by the children, young people, their families and local community. We observed information leaflets available on the paediatric unit and signs in each treatment room advertised the availability of support for languages other than English.

Managers made sure staff, children, young people and their families could get help from interpreters or signers when needed. The centre had access to a telephone or face-to-face interpreting service. Consent forms included a section to be signed by any interpreter involved in a patient's care. Staff we spoke with knew how to access the interpreting service for patients.

The service provided for children and families who could not attend clinic appointments in person. The service had made arrangements for children and families to access remote video consultations if requested or needed.

Children, young people and their families were given a choice of food and drink to meet their cultural and religious preferences.

The premises offered free car parking.

## Access and flow

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

Managers made sure patients could access services when needed and received treatment within agreed timeframes and national targets.

Appointments and clinics generally ran to time, and reception or nursing staff advised patients of any delays on arrival. Children and families we spoke with said they were seen on time.

# Services for children & young people

Managers worked to keep the number of cancelled appointments to a minimum. The service moved staff around sites to mitigate staff sickness and keep the number of cancelled appointments to a minimum. If appointments were cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance. Between January and December 2021, the paediatric unit reported that of 534 appointments, 59 were cancelled by the department and a further 54 were cancelled by the patient.

The paediatric unit followed up with any patients that cancelled appointments or did not attend to ensure that children or their families were not at risk.

## Learning from complaints and concerns

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

Children, young people and their families knew how to complain or raise concerns. Children and families stated they were confident they could raise a complaint to the service and that it would be taken seriously.

The service clearly displayed information about how to raise a concern in patient areas. Complaints leaflets were available in the main communal areas. Complaints documents were also available through the website.

Staff understood the policy on complaints and knew how to handle them. The service had a system for handling complaints and concerns and followed the organisation's complaints policy. We reviewed this policy and process and found it to be in date and in line with national guidance.

Managers investigated complaints and identified themes. Managers identified who would lead on investigating complaints, based on the need for clinical input and the nature of the complaint. We reviewed the Medical Advisory Committee (MAC) and governance minutes and found complaints were discussed in these meetings.

The paediatric unit utilised expertise from the paediatric department of another hospital in the group when investigating complaints.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Complaints were acknowledged within three working days and responded to within 20 working days. If this process would take longer, complainants were informed of this. The paediatric unit had not received any complaints in the last twelve months.

## Are Services for children & young people well-led?

We had not previously rated well-led for children and young people. We rated it as good.

## Leadership

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

# Services for children & young people

The service was led locally by the paediatric clinical nurse manager and paediatric outpatients sister for another hospital in the group, who visited the service when it was open one day a week. The service leadership team was experienced, skilled and knowledgeable.

Staff spoke positively about the leadership for the service. Staff said the leadership were understanding, supportive and invested in their development. Staff also stated that leaders were visible and were approachable.

There was clear leadership from managers. Staff knew their reporting responsibilities and who issues needed to be escalated to. Staff stated they felt comfortable bringing issues to managers and felt they would be taken seriously.

## Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on 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 service had a clear strategic direction and a business plan to increase the number of days the paediatric unit was open for. This was reflected in discussions we saw in the Medical Advisory Committee and reflected in the corporate annual plan. Staff we spoke with were aware that the service wished to expand.

## Culture

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

Staff said they felt supported, respected and valued. Staff consistently told us they were proud to work for the service and enjoyed their work. There was a strong emphasis on the safety and well-being of staff; for example, the provider had considered the management of staff wellbeing during the pandemic. All staff had access to an employee assistance program for support and advice.

Staff worked in a collaborative and cooperative team. The service had a culture which was centred on the needs and experience of people who use the services and had robust mechanisms to gain patient feedback and improve services as a result.

The services' culture encouraged openness and honesty at all levels within the organisation, including with people who use services, in response to incidents and complaints. Staff were supported to raise concerns and stated that they felt they would be listened to. The service also had a whistleblowing policy which outlined how staff could speak up, and a freedom to speak up guardian which staff could access.

The service had mechanisms for providing staff at every level with the development they needed. For example, staff had appraisals and career development conversations yearly. Where staff had development plans the service encouraged and supported them to achieve them. The service provided support to access additional training to support staff with their continuing professional development. Staff we spoke with were positive regarding the opportunities to develop and learn within post.

# Services for children & young people

While nursing staff were part of the service, the consultants working in the paediatric unit did not appear to have ownership or a collective identity as part of the service. We did not see evidence of paediatric unit consultants involved in other work aside from their clinical care or participating in governance or development meetings. While this did not impact on the experience of patients, this could limit the ability to gain feedback and input from consultants, and for those consultants to carry out collective work such as audits or outcomes.

## 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 effective levels of governance and management structures that interacted with each other.

The paediatric unit escalated concerns and operational issues to the internal governance structures for Chiswick Medical Centre. However, the governance leads for another hospital in the group were also informed in the event of incidents or quality and safety issues. This allowed the paediatric unit to sit within the local governance structures but benefit from the paediatric focus and expertise available at that other hospital.

While this structure worked well in practice, the structure of the arrangement between Chiswick Medical Centre and two other hospitals within the group, did not explicitly state where responsibility for governance issues related to the paediatric unit was ultimately held.

There were quarterly Medical Advisory Committee (MAC) meetings, which included a lead consultant for paediatrics. The MAC reviewed applications from consultants, minutes and information from clinical governance meetings, and discussed issues relating to each speciality. We reviewed three sets of minutes from the MAC which evidenced participation from speciality leads.

Medical issues for escalation were reviewed as part of the quarterly MAC. The MAC was also complemented by monthly governance. Although the MAC had a representative lead for paediatric care we did not identify any participation from other paediatric unit consultants or a paediatric consultant meeting.

## Management of risk, issues and performance

**Leaders and teams used systems to manage performance, however this was not informed by paediatric specific audits or performance monitoring. The service identified and escalated relevant risks and issues.**

Risks were discussed and reviewed monthly with departmental leadership. The risk register for Chiswick Medical Centre did not contain any risks specifically related to the paediatric unit.

The service had a systematic programme of internal audits to monitor quality and compliance with operational processes. Overall managerial oversight of risk and performance for the paediatric department was provided by clinical nursing leads at another hospital in the group and governance leads for the Chiswick Medical Centre.

Following inspection, we reviewed minutes from the Medical Advisory Committee (MAC), monthly clinical incident review group, and the quarterly quality improvement groups. We found these meetings provided appropriate oversight of incidents, performance and operational issues, but did not see consideration of the risk register reflected in these meetings.

# Services for children & young people

Managers stated that if there were identified concerns regarding performance, the service leads developed an action plan to address the issues and that learning and changes from action plans were shared with the team through operational meetings.

## Information Management

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

The service had a holistic understanding of performance. They integrated service user views of the service with information the service had on care quality. This was evidenced through minutes from the MAC and clinical governance meetings we viewed, responses to complaints, and staff feedback.

The information systems were integrated and secure. The service had robust arrangements to ensure confidentiality of identifiable data, records and data management systems, in line with data security standards.

The electronic patient record for the service had integrated access to the patient scheduling information system. This meant staff were able to record when children and families arrived or if they did not attend.

Staff were up-to-date with their information governance training. The service had effective data and notifications arrangements to ensure they were consistently submitted to external organisations as required (for example, notifications to the Care Quality Commission).

## Engagement

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

The service asked friends and family questions using their own questionnaire and results were discussed at team meetings and processes adjusted as required to better meet the needs of patients.

The paediatric unit had significant links to the paediatric department of another hospital within the group. This allowed the paediatric unit to access specialist, nursing and medical staff, as well as paediatric safeguarding and governance structures at that other hospital. Staff also informed patients that they could access patient and family support groups at that other hospital.

The service had provided several patient educational events at the Chiswick Medical centre for parents and families throughout 2019 and 2020. These events provided the local community with information on a range of topics within paediatrics from medical experts based at the centre. Events were free to attend and advertised both internally and within the local community.

## 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.**

## Services for children & young people

The safeguarding team had an enhanced process for staff to identify and respond to suspected victims of domestic violence and abuse. This process allowed service users to safely alert staff without raising suspicion or putting their themselves at risk. Service users could then be discretely signposted to specialist services for immediate support.

There was a strong emphasis on the safety and well-being of staff. For example, the provider had considered and provided for the management of staff wellbeing during the pandemic. All staff had access to an employee assistance program for support and advice, the service could access wellbeing webinars, and access to well-being apps were provided to staff.

The service had educational tools to provide information on appointments for young people. For example, the service had a child-friendly model of how an MRI scan was performed that could be used to show children how this imaging process worked and to make them feel more comfortable during the procedure.