Circle Health Group Limited

Syon Clinic

Inspection report

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Date of inspection visit: 28 February 2023
Date of publication: 09/05/2023

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

Ratings

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

Summary of findings

Overall summary

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

However:

- We noted in the mobile CT scanner the local rules were displayed but had not been signed.
- The housekeeping staff had not signed as being aware of the danger of the magnetic field in the MRI scanner room.
- We also noted high or incorrect fridge temperatures recorded had not been escalated.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Diagnostic and screening services	Good	
Outpatients	Good	
Services for children & young people	Good	Children and young people service was a small proportion of the clinic's activity. The main services were diagnostic and imaging and outpatients. Where arrangements were the same, we have reported findings in the main sections. We were told no interventional procedures were conducted on patients under the age of 16 at the clinic. Patients between the ages of 16 to 18 would be assessed by a paediatric nurse and a decision made whether they could be put on an adult care pathway. Figures provided by the clinic told us for the month of December 2022, a total of 320 children and young people patients were seen at the clinic. There were 260 outpatient and 60 diagnostic and imaging appointments. We rated this service as good because it was safe, effective, caring and responsive, and well led

Summary of findings

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Summary of this inspection

Background to Syon Clinic

Syon clinic is an independent healthcare provider offering medical imaging and outpatient services to insured or self-funded patients. The clinic is part of the Circle Health Group (CHG).

The service has been registered with CQC since 2022, although the building had originally been registered to another corporate provider. A new registered manager was appointed in November 2022.

The clinic provided imaging and diagnostic services with X-ray, magnetic resonance imaging (MRI), computed tomography (CT), mammography (breast X-ray) and ultrasound (high frequency sound waves) as well as an outpatient facility with consulting rooms, a minor treatment room, a physiotherapy service, and a private GP service (not inspected).

How we carried out this inspection

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

We spoke with senior staff, radiographers, mammographers, consultants, the resident medical officer (RMO), administrative/reception staff and other staff. We examined 4 consultant practising privileges files, 4 patient records of minor treatments and 6 consultation patient records. We spoke with 2 patients attending appointments and received permission from patients to observe CT, MRI and ultrasound scans.

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

Areas for improvement

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

Action the service SHOULD take to improve:

Diagnostic and screening services

- The service should ensure all required persons sign the local rules.

Outpatient services

- The service should ensure medicine fridge temperatures are correctly recorded and escalated when required.

Our findings

Overview of ratings

Our ratings for this location are:

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

Good

Diagnostic and screening services

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

Is the service safe?

Good

Mandatory training

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

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

Staff we spoke with confirmed they undertook training in life support, dementia awareness, infection prevention and control (IPC), fire safety, patient moving and handling and information governance among other courses, dependent on their role within the clinic.

At the time of our inspection 94.9% of staff had completed all their mandatory training. This was a rolling figure dependent on when the staff member joined the clinic. All staff had completed this training during their induction to the clinic and the above percentage figure represented refresher 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 and other concerns.

Administrative staff, including reception staff, were trained to safeguarding level 2 for both children and vulnerable adults. Nursing and medical staff were trained to at least safeguarding level 3 for both children and adults.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The clinic treated patients from birth.

Safeguarding details, such as who to contact if staff had a safeguarding concern, were displayed on noticeboards and in the staff room.

Good

Diagnostic and screening services

Staff were able to access the safeguarding policy on-line via the clinic's intranet.

The clinic provided us with the last safeguarding referral staff had made, which resulted from a young child brought into the clinic for a GP appointment in 2021. The referral was handled correctly, and the relevant authorities notified.

Cleanliness, infection control and hygiene

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

Reception, consulting rooms and clinical areas were visibly clean and had suitable furnishings, which were visibly clean and well-maintained.

The infection prevention and control (IPC) lead for a larger nearby CHG hospital covered the clinic. They made regular site visits and held meetings and training sessions.

We were shown evidence there had not been any instances of hospital acquired infections, such as Methicillin-resistant Staphylococcus aureus (MRSA), in the previous 12 months.

We saw sharps bins were dated correctly and were filled below the full line. Hand sanitising stations were in place throughout the clinic.

The clinic conducted IPC audits every 3 months covering general IPC principles and practices, hand hygiene and IPC theatre asepsis. Asepsis is a condition in which no living disease-causing microorganisms are present. Asepsis covers all those procedures designed to reduce the risk of bacterial, fungal or viral contamination, using sterile instruments, sterile draping and the gloved 'no touch' technique. We were provided with the results from May 2022 to January 2023, all were rated green and at 100% except for the asepsis and hand hygiene audits for August to October 2022, which were at 99%.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The ultrasound department used a recognised cleaning system which was logged, checked and signed.

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

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

We saw that IPC issues were discussed at staff meetings and at the governance committee meetings. We were told, if necessary, matters were discussed at a corporate level.

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 reception desks were staffed by receptionists on each floor of the clinic. Each had an adjoining waiting area for patients.

We were told a recent refurbishment had taken place including new chairs in the consulting rooms and new lights in the car park.

Good

Diagnostic and screening services

There was a ramp allowing wheelchair access to the main clinic entrance and further assistance could be provided if required. Once inside all 3 floors of the clinic were accessible to wheelchair users, with the first and second floor accessed via a lift.

There was a resuscitation trolley on each of the 3 floors of the clinic and we saw that each was easily accessible, stock was checked and were up to date. Each had an intact security tag and we saw the trolley checklists were checked and signed daily. There was a separate paediatric trolley marked with children's stickers. Oxygen bottles were in date. The adult trolleys had the Sepsis 6 pathway as an aide memoir for staff. Sepsis is the body's extreme response to an infection. It can be a life-threatening medical emergency.

The treatment room undertook minor treatments such as punch biopsies (only local anaesthetic was used), colposcopies (examination of the cervix) and provided a phlebotomy (blood testing) service.

There was also a room set aside for the physiotherapist to treat patients.

We saw that relevant fire extinguishers were present, in date and placed correctly with fire evacuation instructions nearby.

The design of the environment followed national guidance. The clinic provided imaging and diagnostic services with X-ray, magnetic resonance imaging (MRI), computed tomography (CT), mammography, and ultrasound. At the time of our inspection the CT and MRI machines were due to be replaced and CT scans were provided via a mobile CT scanner situated in the clinic's car park.

There was an X-ray in use sign that was illuminated when the X-ray room was in use. Additionally, there were signs warning patients to notify staff if they might be pregnant.

Staff carried out daily safety checks of specialist equipment. Portable electrical appliances and water heaters had been tested and reported as safe.

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

Staff disposed of clinical waste safely.

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

Managers ensured there was always a full resuscitation team in the building and resuscitation roles were allocated at the morning communication meeting (Comm Cell) each day. If a medical emergency required transfer to an NHS hospital, staff would phone an ambulance via 999.

We saw there was a clear protocol for arrangements for emergency transfer from the clinic. We were provided with a policy titled: Care for the Deteriorating Patient. It set out the procedures and protocols for recognising and caring for the deteriorating patient including levels of national early warning scores (NEWS2) and paediatric early warning score (PEWS). It included details of Sepsis 6 screening tools for both child and adult patients.

Good

Diagnostic and screening services

There was always a resident medical officer (RMO) on site during opening hours, in addition to clinical staff. Administrative staff who worked the reception areas were trained in basic life support (BLS).

Staff completed risk assessments for each patient pre-admission and on arrival. The three-monthly audit of patient records confirmed assessments were completed for both adult and children and young people.

We saw an in date and updated copy of their ionising radiation local rules. These included what was expected of staff and details the radiation protection supervisor (RPS) and the radiation protection advisor (RPA). The local rules describe procedures for using PPE and shielding; controlled area entry; use of the radiation equipment; use of personal monitoring devices and quality assurance testing. We noted the local rules were dated February 2023. As we conducted our inspection on 28 February 2023, we gave feedback to the management team of the need to display new versions by the next day. Since our inspection we have been provided with updated and signed copies of the local rules.

There was a business continuity plan in place should the clinic have a loss of power. The CT scanner would have enough stored power to complete the current scan. There was no power back up should the National grid power fail.

Staffing

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

The service had enough staff experienced and suitably qualified staff to keep patients safe. Their mandatory training was kept up to date and they were encouraged to attend other training and courses. The clinic had 9 full-time staff employed within the diagnostic and imaging department.

Employed staff underwent a full induction program and their competency was checked during their probationary period.

Towards the end of 2022, the clinic successfully recruited a radiographer from overseas and employed an apprentice radiographer on a fully funded 3-year apprenticeship, supported by a local NHS trust.

The consultants worked at the service under practising privileges. At the time of our inspection the clinic had agreed for 148 consultants to have practising privileges at the clinic. We reviewed several consultants' records and noted practising privileges were granted and reviewed by the medical advisory committee (MAC). We saw there were thorough checks on consultants applying for practising privileges. All files contained details of application forms, curriculum vitae (CV), details of accreditation with professional bodies, interview reports, appraisals, revalidation and current disclosure and barring service (DBS) checks.

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

The GP service and Urgent Care Centre walk in service was staffed by a GP with cover from a resident medical officer (RMO).

Good

Diagnostic and screening services

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

Records

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

Patient notes were comprehensive, stored securely and authorised staff could access them easily. Any paper records were kept for a period of 6 to 9 months, as patients often made several visits. After that period the paper records were sent for digital scanning, added to the patient's electronic record and archived.

The clinic conducted an audit of patient records 4 times a year. They audited 30 different questions split over 3 main topics: general, contemporaneous patient notes and single patient record. The audits were RAG rated (red, amber, green). We were provided with details of record audits for April to November 2022, both were rated green at 100% and 97%.

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.

A pharmacist attended the clinic once a week from a nearby CHG hospital to check stock rotation. The pharmacy technician ordered medicines and contrast medium after the imaging department placed a request. We checked the medicine cupboard. The drugs were kept in a locked cupboard, they were in date and the stock rotation was correct. The contrast medium for the mobile CT was kept in a warming cabinet. We checked the stock and all items were in date and were used each day and new stock rotated in. Ultrasound contrast and drugs were kept securely in a locked cupboard in the ultrasound room.

The clinic did not store or use any controlled drugs. Medicines kept on resuscitation trolleys were checked and were all in date.

The clinic's adult resuscitation policy states staff who give contrast medium will undertake immediate life support (ILS) training annually.

Incidents

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

Staff knew what incidents to report and how to report them. Staff were able to raise concerns and reported incidents and near misses in line with the clinic's policy. There were 4 imaging incidents reported in December 2022 and 2 reported in January 2023. All had been investigated, actioned and closed.

Good

Diagnostic and screening services

Managers investigated incidents thoroughly and Staff met to discuss the feedback from the investigation of incidents and looked at improvements to patient care.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if things went wrong. We saw evidence of learning from reported incidents.

Incidents were discussed monthly at the Governance Committee meetings, the quarterly Medical Advisory Committee (MAC) meetings and weekly at the Comm Cell staff meetings

Is the service effective?

Inspected but not rated

Evidence-based care and treatment

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

Staff had access to evidence-based protocols and guidance based on Royal College of Radiologists and National Institute for Health and Care Excellence Guidance. CHG supported all hospitals and clinics to remain updated about guidance and best practice.

Staff were expected to follow CHG policies and procedures and knew how to access them on the intranet. Imaging staff followed the local rules issued under the Ionising Radiations Regulations 2017.

Staff were alerted to any clinical updates via the CHG intranet and at the Comms Cell daily meetings. Staff also had access to policies, protocols and procedures via the clinic's intranet.

Every 6 months the clinic conducted audits on imaging quality governance and compliance, radiation protection, imaging medicines, imaging clinical practice and documentation and ionising radiation (medical exposure) regulations (IR(ME)R) guidance. These were in addition to the previously mentioned IPC audits.

Nutrition and hydration

Staff gave patients drinks when needed.

The clinic provided patients with freely available water and hot drinks.

Pain relief

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

A pain scale was used to monitor patients undergoing minor procedures; we saw this recorded in patients' notes.

Staff we spoke with told us they spoke with patients about pain at pre assessment appointments.

Patients in imaging largely managed their own pain relief but the RMO would be called if more support was needed.

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.

The service used a picture archiving and communication system (PACS). This is a computerised means of replacing the roles of conventional radiological film: images were acquired, stored, transmitted, and displayed digitally.

Managers and staff carried out a programme of repeated audits to check improvement over time. Managers used information from the audits to improve care, treatment and patient outcomes.

The clinic shared patient outcome data with other CHG locations in line with General Data Protection Regulation (GDPR). 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. This was checked as part of pre-employment checks. All health care staff were registered with their appropriate professional bodies.

The service ensured it received evidence annually from doctors about appraisals and professional registrations as part of their practising privileges. To apply, and be accepted for practicing privileges, consultants had to provide a list of procedures they were competent to complete. This formed the scope of their practice, they were not allowed to deviate from this or add to it, without approval from the medical advisory committee.

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

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

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

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.

Good

Diagnostic and screening services

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

The clinic employed a resident medical officer (RMO) to support the with care of patients. The RMO worked closely with the GP and the imaging and diagnostic team and supported other services within the building.

Seven-day services

Key services were available to support timely patient care.

The clinic was open 6 days a week between 8am and 8pm and 8am and 5pm on Saturday. All patient appointments were booked by the clinic after they had received a referral from the patient's clinician or the clinic's GP.

Health promotion

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

Due to the nature of the care provided the potential for staff to give advice to patients about living healthier lives was minimal. However, the service did have some posters and patients leaflets in the waiting areas and information leaflets on the various imaging and diagnostic scans available.

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

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

All staff had undertaken dementia awareness training as part of their mandatory training package, and some had also completed the Oliver McGowan Mandatory Training on Learning Disability and Autism (tier one). This is for staff who require general awareness of the support autistic people or people with a learning disability may need.

Is the service caring?

Good

Compassionate care

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

Good

Diagnostic and screening services

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

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

There were information leaflets in waiting areas informing patients about the availability of a chaperone for their appointment.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. They understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

Chaperones were available and informational leaflets about the imaging and diagnostic scanning procedures were provided to patients.

Patients we spoke with said the staff were friendly, helpful and supportive. We saw staff reassure patients during procedures.

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.

There were safeguards in place to support and comfort patients undergoing scans in the imaging department. The patient could be seen through a viewing window and throughout the procedure, we observed staff communicating with and reassuring the patient.

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 procedure.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The feedback was consistently positive, across both public reviews on search engines and via the clinic's patient feedback survey. We were given evidence to show patient feedback ratings were 87.7% very good and 12.3% good. Patient survey results were reviewed at the Comms Cell meetings.

The clinic had introduced a 'patient hour' when patient feedback was discussed in departmental, clinical governance, hospital leadership and MAC meetings. The executive director told us she calls patients at random each Friday to gather their experiences at the clinic.

Good

Diagnostic and screening services

The clinic had also introduced a patient feedback poster which highlighted positive and negative comments received in the previous month and what the clinic had put in place as a result.

Price quotation cards had been introduced to clearly present concise pricing information for each patient. We were told this had led to a decline in patient queries regarding costs of treatment.

Is the service responsive?

Good

Service delivery to meet the needs of patients

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with other hospitals and clinics in the wider organisation to plan care.

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

Facilities and premises were appropriate for the services being delivered. The service had individual lockable patient changing rooms, which meant patients could leave their belongings without worrying another patient would need the room.

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

As part of a larger healthcare provider, the clinic was able to refer patients to other facilities within the group if they needed treatment the clinic was not best suited to provide.

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.

Patients' individual needs were considered. Staff delivered care in a way that took account of the needs of different patients on the grounds of age, disability, gender, race, religion or belief and sexual orientation. Staff had received training in equality and diversity. They had a good understanding of cultural, social and religious needs of the patient and demonstrated these values in their work.

For patients who did not speak or understand English sufficiently the clinic would use an interpreter or interpreter services via telephone, this included for consent. They also had information printed with larger print and a hearing loop system installed.

For young patients and those with hearing or visual impairments the clinic had a communication book which contained pictures and relevant sign language signs to help those patients feel included in their care.

Good

Diagnostic and screening services

Reasonable adjustments were made so disabled people could access and use services on an equal basis to others. All patients were encouraged to contact the unit if they had any needs, concerns or questions about their examination.

The clinic's staff had all received dementia awareness as part of their ongoing mandatory training. Some had also received training about learning disability and autism.

There was a telephone number and email address on the main CHG website where patients could access multi-lingual support.

Access and flow

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

All patients at the clinic were either self-funded or funded through their private health insurance. Imaging and diagnostic patients had to be referred to the clinic by a consultant or could use the clinic's GP to make a referral. Patients could not book a scan themselves.

Managers monitored waiting times and made sure patients could access services when needed and received scans within agreed timeframes. Referrals could be prioritised by clinical urgency. Urgent appointments were accommodated as quickly as possible and arrangements made for prompt reporting.

Managers worked to keep the number of cancelled appointments to a minimum. In rare cases, when patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance.

The clinic used an imaging patient pathway which detailed the patient's journey from referral to receiving the scan result. It included a check of the clinical details and the IR(ME)R guidelines, a 3-point identification check and that the scan report under normal circumstances would be verified within 3 working days and then sent to the referring clinician.

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.

There were "how well did we do?" leaflets available for patients to report their experience of the service. The leaflets included how likely the patient would be to recommend the service to friends and family, a comments box, what service the patient received and demographic (population structure) information.

Patients we spoke with knew how to complain or raise concerns. They also believed any complaint would be taken seriously. The clinic clearly displayed information about how to raise a concern in patient areas. The complaints process and policy were clearly set out via the contact us page of the clinic's website. The page also gave contact details for the Independent Sector Complaints Adjudication Service (ISCAS) and the Care Quality Commission (CQC).

Staff understood the policy on complaints and the duty of candour. Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 puts a legal responsibility on all health and social care providers to be open and transparent with people in relation to their treatment and care.

Good

Diagnostic and screening services

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

We requested details of the last 2 complaints received. One was a last-minute appointment cancellation and the second was a mix up over a consultant's clinic times. In both instances the complaints were investigated, the clinic acknowledged errors had been made and lessons learnt.

We also asked for a breakdown of the types of complaints received over the previous 12 months. The highest number of complaints were about communication and/or charges totalled 25 and complaints about clinical care or treatment totalled 7. These figures were a very low percentage of the total number of patients seen in the last 12 months.

We saw from the provided meeting minutes that complaints were discussed at the governance committee and MAC meetings.

Is the service well-led?

Good

Leadership

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

There was a clear senior management structure within the service. Lines of accountability and responsibilities were clear, and staff understood their roles and how to escalate problems.

The service was led by an executive director who was also the registered manager, a director of clinical services and a director of operations. There was also a physiotherapy lead, an IPC lead, a CYP lead and a patient administration lead.

The executive director was managed by a regional director and described supportive relationships with colleagues within the wider Circle Health Group.

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

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

Vision and Strategy

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

Good

Diagnostic and screening services

The clinic had a vision and strategy which was to offer an outstanding outpatient and diagnostic service, both from a clinical and customer experience perspective, and provide patients access to their full pathway within Circle Health Group.

Over the next 3 years the executive team intend the clinic to be the first choice for patients and be known for the quality of their services, using the latest technology. To fulfil patient's needs across a breadth of specialties and to have established a pathway into a sister CHG hospital.

The clinic had an additional paediatric strategy for children and young people's services. It stated their vision was to deliver services that meet the health needs of children, young people, parents and carers and provide effective and safe care, through appropriately trained and skilled staff working in a suitable child friendly and safe environment.

Staff we spoke with understood the goals and values of the service and how it had set out to achieve them.

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.

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

All staff had undertaken equality and diversity training as part of their mandatory training.

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

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

The executive director was very keen on retaining staff and had put various schemes in place; such as employee of the month, new starter breakfast with the senior management team and lunch with the executive director.

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 were held regularly.

There were monthly governance committee meetings attended by the managers of the clinic. The meeting discussed clinical governance developments, national guidance and legislation developments, infection prevention and control, clinical performance and risk. According to the minutes, the meetings were well attended, and actions on issues affecting the clinic were agreed upon.

Good

Diagnostic and screening services

The medical advisory committee met every 3 months to discuss external clinical developments and research, practising privileges, and the clinic's operations. We reviewed meeting minutes to confirm the frequency and content of the meetings.

We saw in the mobile CT scanner although the local rules were displayed, they had not been signed. It was also noted in the MRI scanner room the housekeeping staff had not signed to acknowledge they knew of the danger of the MRI magnetic field. The powerful magnetic field generated by the machine is always on even if the machine is not in use. We were assured on the day of inspection the housekeeping staff were aware of the dangers and we received evidence from the clinic both matters had been rectified shortly after our inspection.

Management of risk, issues and performance

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

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

There was a Comm Cell meeting each morning for all staff who were available to attend. The meeting reviewed the previous day's activity including complaints, incidents and concerns raised and planned for the day's clinical activity. Each day a different topic was discussed, for example Monday was patient feedback and Friday was clinical and non-clinical incidents.

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

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 clinic's information systems were reviewed and maintained by the wider CHG corporate brand they sat under and met requirements of the General Data Protection Regulation (GDPR).

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

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

Staff were able to access policies and procedures via the CHG intranet.

Engagement

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

Good

Diagnostic and screening services

The clinic ensured patients had multiple platforms to give feedback, to try and get as much feedback as possible. Patients could complete feedback forms available in the clinic, online on their website or on online review sites.

It was made sure that every area of the clinic was aware of and could accommodate patients with communication needs by using patient passports and communication cards.

The clinic worked well with the other clinical services under their corporate umbrella, particularly with a nearby CHG hospital.

Staff forums were held quarterly presented by the senior management team with invited guest speakers.

The clinic conducted a yearly staff engagement survey with the new survey due to be issued in early April 2023.

Learning, continuous improvement and innovation

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

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

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

There had been several ideas introduced and already mentioned in this report such as the Comm Cell daily meetings, the patient hour, the new starter breakfast and lunch with the executive director which positively impacted good governance, patient safety and good staff relations.

Good

Outpatients

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

Is the service safe?

Good

Mandatory training

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

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

Staff we spoke with confirmed they undertook training in life support, dementia awareness, infection prevention and control (IPC), fire safety, patient moving and handling and information governance among other courses dependent on their role within the clinic.

At the time of our inspection 95.4% of staff had completed all their mandatory training. This was a rolling figure dependent on when the staff member joined the clinic. All staff had completed this training during their induction to the clinic and the above percentage figure represented refresher 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 and other concerns.

Administrative staff including reception staff were trained to safeguarding level 2 for both children and vulnerable adults. Nursing and medical staff were trained to at least safeguarding level 3 for both children and adults.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The clinic treated patients from birth.

Safeguarding details, such as who to contact if staff had a safeguarding concern, were displayed on noticeboards and in the staff room.

Staff were able to access the safeguarding policy on-line via the clinic's intranet.

The clinic provided us with the last safeguarding referral staff had made which resulted from a young child brought into the clinic for a GP appointment in 2021. The referral was handled correctly, and the relevant authorities notified.

Cleanliness, infection control and hygiene

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

Reception, consulting rooms and clinical areas were clean and had suitable furnishings which were visibly clean and well-maintained.

The infection prevention and control (IPC) lead for a larger hospital about 8 miles away within the Circle Health Group covers the clinic. They make regular site visits and hold meetings and training sessions.

We were shown evidence there had not been any instances of hospital acquired infections, such as Meticillin-resistant Staphylococcus aureus (MRSA), in the previous 12 months.

We saw sharps bins were dated correctly and were filled below the full line. Hand sanitising stations were in place throughout the clinic

The clinic conducted IPC audits every three months covering general IPC principles and practices, hand hygiene and IPC theatre asepsis. Asepsis is a condition in which no living disease-causing microorganisms are present. Asepsis covers all those procedures designed to reduce the risk of bacterial, fungal or viral contamination, using sterile instruments, sterile draping and the gloved 'no touch' technique. We were provided with the results from May 2022 to January 2023, all were rated green and at 100% except for the asepsis and hand hygiene audits for August to October 2022, which were at 99%.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. The ultrasound department used a recognised cleaning system which was logged, checked and signed.

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

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

We saw that IPC issues were discussed at staff meetings and at the governance committee meetings. We were told, if necessary, matters were discussed at a corporate level.

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 reception desks were staffed by receptionists on each floor of the clinic. Each had an adjoining waiting area for patients.

We were told a recent refurbishment had taken place including new chairs in the consulting rooms and new lights in the car park.

There was a ramp allowing wheelchair access to the main clinic entrance and further assistance could be provided if required. Once inside all three floors of the clinic were accessible to wheelchair users, with the first and second floor accessed via a lift.

There was a resuscitation trolley on each of the three floors of the clinic and we saw that each was easily accessible, stock was checked and were up to date. Each had an intact security tag and we saw the trolley checklists were checked and signed daily. There was a separate paediatric trolley marked with children's stickers. Oxygen bottles were in date. The adult trolleys had the Sepsis 6 pathway as an aide memoir for staff. Sepsis is the body's extreme response to an infection. It can be a life-threatening medical emergency.

We saw that relevant fire extinguishers were present, in date and placed correctly with fire evacuation instructions nearby.

The clinic had 12 consulting rooms. At the time of our inspection 9 were in use. There was also a minor treatment room on the first floor. An outpatient's physiotherapy room was not in use by the clinic when we inspected as it was used by another registered provider on Tuesdays.

The design of the environment followed national guidance and had enough suitable equipment to help them to safely care for patients.

Staff disposed of clinical waste safely.

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

Managers ensured that there was always a full resuscitation team in the building and resuscitation roles were allocated at the morning communication meeting (Comm Cell) each day. If a medical emergency required transfer to an NHS hospital, staff would phone an ambulance via 999.

We saw that there was a clear protocol for arrangements for emergency transfer from the clinic. We were provided with a policy titled: Care for the Deteriorating Patient. This set out the procedures and protocols for recognising and caring for the deteriorating patient including levels of national early warning scores (NEWS2) and paediatric early warning score (PEWS). It included details of Sepsis 6 screening tools for both child and adult patients.

There was always a resident medical officer (RMO) on site during opening hours, in addition to clinical staff. Administrative staff who worked the reception areas were trained in basic life support (BLS).

Staff completed risk assessments for each patient pre-admission and on arrival. The three-monthly audit of patient records confirmed assessments were completed for both adult and children and young people.

There was a business continuity plan in place should the clinic have a loss of power. The CT scanner would have enough stored power to complete the current scan. There was no power back up should the National grid power fail.

Good

Outpatients

Staffing

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

The service had enough staff experienced and suitably qualified staff to keep patients safe. Their mandatory training was kept up to date and they were encouraged to attend other training and courses. The clinic had 7 full-time staff employed within the outpatient department.

Employed staff underwent a full induction program and their competency was checked during their probationary period.

The consultants worked at the service under practising privileges. At the time of our inspection the clinic had agreed for 148 consultants to have practising privileges at the clinic. We reviewed several consultants' records and noted practising privileges were granted and reviewed by the medical advisory committee (MAC). We saw there were thorough checks on consultants applying for practising privileges. All files contained details of application forms, curriculum vitae (CV), details of accreditation with professional bodies, interview reports, appraisals, revalidation and current disclosure and barring service (DBS) checks.

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

The GP service and Urgent Care Centre walk in service was staffed by a GP with cover from a resident medical officer (RMO).

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

Records

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

Patient notes were comprehensive, stored securely and authorised staff could access them easily.

The outpatient department had an electronic booking system and patient records. Any paper records were kept for a period of 6 to 9 months as patients often made several visits. After that period the paper records were sent for digital scanning, added to the patient's electronic record and archived.

The clinic conducted an audit of patient records 4 times a year. They audited 30 different questions split over 3 main topics; general, contemporaneous patient notes and single patient record. The audits were RAG rated (red, amber, green). We were provided with details of record audits for April to November 2022, both were rated green at 100% and 97%.

Good

Outpatients

We examined 4 patient records from minor treatments. They all contained risk assessments, medication/allergy risks, signed consent forms and verification of patients' identity. We noted the records had any risk factors on the outside of the file to quickly let staff know of risks.

We also examined 6 consultation records and saw that all the consultant notes were fully completed.

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.

A pharmacist attended the clinic once a week from a nearby CHG hospital to check stock rotation. We checked the medicine cupboard. The drugs were kept in a locked cupboard, they were in date and the stock rotation was correct.

The clinic did not store or use any controlled drugs. Medicines kept on resuscitation trolleys were checked and were all in date.

Some items were stored in a dedicated fridge, the temperature of which was checked daily. We noted some higher than expected temperatures (26 degrees) had been recorded at the end of January and during February. We told the senior team about our findings at the conclusion of the inspection. Following the inspection, we were told that there had been an error with staff understanding of the guidance and staff had received additional training. The outpatients lead will spot check the logs once a week and the pharmacy technician will also complete a random spot check.

The clinic's adult resuscitation policy states staff who give contrast medium will undertake immediate life support (ILS) training annually.

Incidents

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

Staff knew what incidents to report and how to report them. Staff were able to raise concerns and reported incidents and near misses in line with the clinic's policy. There was 1 incident reported in December 2022 and 2 reported in January 2023. All were investigated, actioned and closed down.

Managers investigated incidents thoroughly and Staff met to discuss the feedback from the investigation of incidents and looked at improvements to patient care.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if things went wrong. We saw evidence of learning from reported incidents.

Incidents were discussed monthly at the Governance Committee meetings, the quarterly Medical Advisory Committee (MAC) meetings and weekly at the Comm Cell staff meetings.

Good

Outpatients

Is the service effective?

Inspected but not rated

Evidence-based care and treatment

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

Staff had access to evidence-based protocols and guidance based on Royal College of Radiologists and National Institute for Health and Care Excellence NICE) guidance. CHG supported all hospitals and clinics to remain updated about guidance and best practice.

Staff were expected to follow CHG policies and procedures and knew how to access them on the intranet. Imaging staff followed the local rules issued under the Ionising Radiations Regulations 2017.

Staff were alerted to any clinical updates via the CHG intranet and at the Comms Cell daily meetings. Staff also had access to policies, protocols and procedures via the clinic's intranet.

The clinic conducted monthly audits of the World Health Organisation (WHO) minor procedures checklist and the resuscitation trolley. Every 4 months they completed a patient record audit. Every 6 months a physiotherapy audit and yearly pharmacy, pathology and complaints handling. These were in addition to the previously mentioned IPC audits.

Nutrition and hydration

Staff gave patients drinks when needed.

The clinic provided patients with freely available water and hot drinks.

Pain relief

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

A pain scale was used to monitor patients undergoing minor procedures; we saw this recorded in patients' notes.

Staff we spoke with told us they spoke with patients about pain at pre assessment appointments.

The RMO would be called if more support was needed.

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.

The service used a picture archiving and communication system (PACS). This is a computerised means of replacing the roles of conventional radiological film: images were acquired, stored, transmitted, and displayed digitally.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. Managers used information from the audits to improve care, treatment and patient outcomes.

The clinic shared patient outcome data with other CHG locations in line with General Data Protection Regulation (GDPR). 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. This was checked as part of pre-employment checks. All health care staff were registered with their appropriate professional bodies.

The service ensured it received evidence annually from doctors about appraisals and professional registrations as part of their practising privileges. To apply, and be accepted for practicing privileges, consultants had to provide a list of procedures they were competent to complete. This formed the scope of their practice, they were not allowed to deviate from this or add to it, without approval from the medical advisory committee.

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

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

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

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.

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

Good

Outpatients

The clinic employed a resident medical officer (RMO) to support the with care of patients. The RMO worked closely with the GP and the imaging and diagnostic team and supported other services within the building.

Seven-day services

Key services were to support timely patient care.

The clinic is open 6 days a week between 8am and 8pm and 8am and 5pm on Saturday. All patient appointments were booked by the clinic after they had received a referral from the patient's clinician or the clinic's GP.

Health promotion

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

Due to the nature of the care provided the potential for staff to give advice to patients about living healthier lives was minimal. However, the service did have some posters and patient leaflets in the waiting areas and information leaflets on the various imaging and diagnostic scans available.

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

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

All staff had undertaken dementia awareness training as part of their mandatory training package, and some had also completed the Oliver McGowan Mandatory Training on Learning Disability and Autism (tier one). This training is for staff who require general awareness of the support autistic people or people with a learning disability may need.

Is the service caring?

Good

Compassionate care

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

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

Good

Outpatients

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

We observed a patient having bloods taken. We saw the procedure was carried out by the member of staff in a caring way, talking calmly, obtaining consent and reassuring the patient.

There were information leaflets in waiting areas informing patients about the availability of a chaperone for their appointment.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. They understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

Chaperones were available and informational leaflets about the imaging and diagnostic scanning procedures were provided to patients.

Patients we spoke with said the staff were friendly, helpful and supportive. We saw staff reassure patients during procedures.

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.

There were safeguards in place to support and comfort patients undergoing scans in the imaging department. The patient could be seen through a viewing window and throughout the procedure, we observed staff communicating with and reassuring the patient.

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 procedure.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. The feedback was consistently positive, across both public reviews on search engines and via the clinic's patient feedback survey. We were given evidence to show patient feedback ratings were 87.7% very good and 12.3% good. Patient survey results were reviewed at the Comms Cell meetings.

The clinic had introduced a 'patient hour' when patient feedback was discussed in departmental, clinical governance, hospital leadership and MAC meetings. The executive director told us she calls patients at random each Friday to gather their experiences at the clinic.

Good

Outpatients

The clinic had also introduced a patient feedback poster which highlighted positive and negative comments received in the previous month and what the clinic had put in place as a result.

Price quotation cards had been introduced to clearly present concise pricing information for each patient. We were told this had led to a decline in patient queries regarding costs of treatment.

Is the service responsive?

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 the needs of their patients. The service provided outpatient facilities and a GP service for patients locally, from across the country and abroad. Patients could access services and appointments in a way and at a time that suited them.

If required and where possible appointments were booked so patients could access a range of services during one visit.

Facilities and premises were appropriate for the services being delivered. The service had individual lockable patient changing rooms, which meant patients could leave their belongings without worrying another patient would need the room.

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

As part of a larger healthcare provider, the clinic was able to refer patients to other facilities within the group if they needed treatment the clinic was not best suited to provide.

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.

Patients' individual needs were considered. Staff delivered care in a way that took account of the needs of different patients on the grounds of age, disability, gender, race, religion or belief and sexual orientation. Staff had received training in equality and diversity. They had a good understanding of cultural, social and religious needs of the patient and demonstrated these values in their work.

For patients who did not speak or understand English sufficiently the clinic would use an interpreter or interpreter services via telephone, this included for consent. They also had information printed with larger print and a hearing loop system installed.

Good

Outpatients

For young patients and those with hearing or visual impairments the clinic had a communication book which contained pictures and relevant sign language signs to help those patients feel included in their care.

Reasonable adjustments were made so disabled people could access and use services on an equal basis to others. All patients were encouraged to contact the unit if they had any needs, concerns or questions about their examination.

The clinic's staff had all received dementia awareness as part of their ongoing mandatory training. Some had also received training about learning disability and autism.

There was a telephone number and email address on the main CHG website where patients could access multi-lingual support.

Access and flow

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

All patients at the clinic were either self-funded or funded through their private health insurance. Patients had to be referred to the clinic by a consultant or could use the clinic's GP to make a referral.

Managers monitored waiting times and made sure patients could access services when needed and received scans within agreed timeframes. Referrals could be prioritised by clinical urgency. Urgent appointments were accommodated as quickly as possible and arrangements made for prompt reporting.

Managers worked to keep the number of cancelled appointments to a minimum. In rare cases, when patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible and within national targets and guidance.

The clinic staff used a patient pathway which detailed the patient's journey from referral to consultation to treatment and results. There was also a specific imaging pathway.

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.

There were "how well did we do?" leaflets available for patients to report their experience of the service. The leaflets included how likely the patient would be to recommend the service to friends and family, a comments box, what service the patient received and demographic (population structure) information.

Patients we spoke with knew how to complain or raise concerns. They also believed any complaint would be taken seriously. The clinic clearly displayed information about how to raise a concern in patient areas. The complaints process and policy were clearly set out via the contact us page of the clinic's website. The page also gave contact details for the Independent Sector Complaints Adjudication Service (ISCAS) and the Care Quality Commission (CQC).

Good

Outpatients

Staff understood the policy on complaints and the duty of candour. Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 puts a legal responsibility on all health and social care providers to be open and transparent with people in relation to their treatment and care.

Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

We requested details of the last 2 complaints received. One was a last-minute appointment cancellation and the second was a mix up over a consultant's clinic times. In both instances the complaints were investigated, the clinic acknowledged errors had been made and lessons learnt.

We also asked for a breakdown of the types of complaints received over the previous 12 months. The highest number of complaints were about communication and/or charges totalled 25 and complaints about clinical care or treatment totalled 7. These figures were a very low percentage of the total number of patients seen in the last 12 months.

We saw from the provided meeting minutes that complaints were discussed at the governance committee and MAC meetings.

Is the service well-led?

Good

Leadership

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

There was a clear senior management structure within the service. Lines of accountability and responsibilities were clear, and staff understood their roles and how to escalate problems.

The service was led by an executive director who was also the registered manager, a director of clinical services and a director of operations. There was also a physiotherapy lead, an IPC lead, a CYP lead and a patient administration lead.

The executive director was managed by a regional director and described supportive relationships with colleagues within the wider Circle Health Group.

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

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

Good

Outpatients

Vision and Strategy

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

The clinic had a vision and strategy which was to offer an outstanding outpatient and diagnostic service, both from a clinical and customer experience perspective, and provide patients access to their full pathway within Circle Health Group.

Over the next 3 years the executive team intend the clinic to be the first choice for patients and be known for the quality of their services, using the latest technology. To fulfil patient's needs across a breadth of specialties and to have established a pathway into a sister CHG hospital.

The clinic had an additional paediatric strategy for children and young people's services. It stated their vision was to deliver services that meet the health needs of children, young people, parents and carers and provide effective and safe care, through appropriately trained and skilled staff working in a suitable child friendly and safe environment.

Staff we spoke with understood the goals and values of the service and how it had set out to achieve them.

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.

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

All staff had undertaken equality and diversity training as part of their mandatory training.

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

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

The executive director was very keen on retaining staff and had put various schemes in place; such as employee of the month, new starter breakfast with the senior management team and lunch with the executive director.

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 were held regularly.

Good

Outpatients

There were monthly governance committee meetings attended by the managers of the clinic. The meeting discussed clinical governance developments, national guidance and legislation developments, infection prevention and control, clinical performance and risk. According to the minutes, the meetings were well attended, and actions on issues affecting the clinic were agreed upon.

The medical advisory committee met every 3 months to discuss external clinical developments and research, practising privileges, and the clinic's operations. We reviewed meeting minutes to confirm the frequency and content of the meetings.

Management of risk, issues and performance

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

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

There was a Comm Cell meeting each morning for all staff who were available to attend. The meeting reviewed the previous day's activity including complaints, incidents and concerns raised and planned for the day's clinical activity. Each day a different topic was discussed, for example Monday was patient feedback and Friday was clinical and non-clinical incidents.

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

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 clinic's information systems were reviewed and maintained by the wider CHG corporate brand they sat under and met requirements of the General Data Protection Regulation (GDPR).

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

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

Staff were able to access policies and procedures via the CHG intranet.

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 clinic ensured patients had multiple platforms to give feedback, to try and get as much feedback as possible. Patients could complete feedback forms available in the clinic, online on their website or on online review sites.

It was made sure that every area of the clinic was aware of and could accommodate patients with communication needs by using patient passports and communication cards.

The clinic worked well with the other clinical services under their corporate umbrella, particularly with a nearby CHG hospital.

Staff forums were held quarterly presented by the senior management team with invited guest speakers.

The clinic conducted a yearly staff engagement survey with the new survey due to be issued in early April 2023.

Learning, continuous improvement and innovation

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

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

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

There had been several ideas introduced and already mentioned in this report such as the Comm Cell daily meetings, the patient hour, the new starter breakfast and lunch with the executive director which positively impacted good governance, patient safety and good staff relations.

Good

Services for children & young people

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

Is the service safe?

Good

Mandatory training

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

All nursing and healthcare staff in both the diagnostic and imaging, and the outpatient departments were all trained in paediatric basic life support with most staff also attaining a paediatric immediate life support qualification.

For further details of mandatory training please refer to either the main diagnostic and imaging or outpatient reports.

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.

For further details about safeguarding please refer to either the main diagnostic and imaging or outpatient reports.

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.

For further details please refer to either the main diagnostic and imaging or outpatient reports.

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 clinic had a separate paediatric resuscitation trolley marked with children's stickers. This was kept on the first floor of the clinic. We saw the security tag was in place and the equipment was checked and signed as correct daily.

Good

Services for children & young people

On the ground floor there was a waiting area set aside for children and young people.

For further details please refer to either the main diagnostic and imaging or outpatient reports.

Assessing and responding to patient risk

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

For further details please refer to either the main diagnostic and imaging or outpatient reports.

Staffing

The service had enough 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, and gave bank staff a full induction.

The clinic had a senior paediatric nurse available to help with clinics where children and young people would be seen. The nurse was always on call should any advice be required.

The clinic was closely aligned with a nearby CHG hospital whose staff provided paediatric cover and support when required.

For further details please refer to either the main diagnostic and imaging or outpatient reports.

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.

For further details please refer to either the main diagnostic and imaging or outpatient reports.

Medicines

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

For further details please refer to either the main diagnostic and imaging or outpatient reports.

Incidents

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

For further details please refer to either the main diagnostic and imaging or outpatient reports.

Is the service effective?

Good

Services for children & young people

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.

For further details please refer to either the main diagnostic and imaging or outpatient reports.

Nutrition and hydration

Staff gave patients drinks when needed.

The clinic provided patients with freely available water and hot drinks.

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.

Staff could use the Wong-Baker faces rating scale to assess the level of pain a child was experiencing from the age of 3.

For further details please refer to either the main diagnostic and imaging or outpatient reports.

Patient outcomes

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

For further details please refer to either the main diagnostic and imaging or outpatient reports.

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.

For further details please refer to either the main diagnostic and imaging or outpatient reports.

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.

For further details please refer to either the main diagnostic and imaging or outpatient reports.

Seven-day services

Key services were to support timely patient care.

Good

Services for children & young people

The clinic is open 6 days a week between 8am and 8pm and 8am and 5pm on Saturday. All patient appointments were booked by the clinic after they had received a referral from the patient's clinician or the clinic's GP. No patients under 18 were seen via the walk-in service.

Health promotion

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

Due to the nature of the care provided the potential for staff to give advice to patients about living healthier lives was minimal. However, the service did have some posters and patient leaflets in the waiting areas and information leaflets on the various imaging and diagnostic scans available.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff interacting with children and young people patients had knowledge of the Gillick competency and Frasier guidelines. Gillick competency and Fraser guidelines help people who work with children to balance the need to listen to children's wishes with the responsibility to keep them safe. When practitioners are trying to decide whether a child is mature enough to make decisions about things that affect them, they often talk about whether the child is 'Gillick competent' or whether they meet the 'Fraser guidelines'.

For further details please refer to either the main diagnostic and imaging or outpatient reports.

Is the service caring?

Good

For further details please refer to either the main diagnostic and imaging or outpatient reports.

Is the service responsive?

Good

For further details please refer to either the main diagnostic and imaging or outpatient reports.

Is the service well-led?

Good

For further details please refer to either the main diagnostic and imaging or outpatient reports.