LycaHealth Orpington Limited

Lycahealth Orpington Limited

Inspection report

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

Ratings

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

Summary of findings

Overall summary

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

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

However:

- Staff did not always ensure all paper patient records were stored securely.
- Fire safety procedures and audits had not identified existing safety risks.
- Completion rates for mandatory training were relatively low.
- Not all staff had an up to date appraisal.
- The key to the MRI scanning room was not in a locked cupboard which meant non-authorised staff could potentially gain access to the scanning room.
- The service did not have cleaning records for staff to complete for cleaning of the MRI and CT scanning rooms.
- There was no system in place to ensure the emergency resuscitation bag was secured from tampering.
- There was no system in place to monitor the wellbeing of patients who failed to attend a planned outpatient appointment.

Following our inspection, the provider told us they took action to address all items identified for improvement.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Outpatients	Good 	We rated the service as good because: • There were enough qualified, trained staff to deliver safe care. • The service managed medicines safely and followed good practice with respect to safeguarding. • Patients had access to a wide range of specialists. Managers ensured that these staff received training, supervision and appraisal. • Staff worked well together as a multidisciplinary team and liaised well with local and regional providers to coordinate care. • Staff understood and discharged their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. • Staff treated patients with compassion and kindness, respected their privacy and dignity, and understood their individual needs. They involved patients and families and carers in care decisions. • The service was well led, and governance processes ensured clinics ran smoothly. However: • Patient records were not always securely stored. • Fire safety procedures and audits had not identified existing safety risks. • Completion rates for mandatory training were relatively low. • Not all staff had an up to date appraisal. • There was no follow up for patients who did not attend their appointments. We rated this service as good because it was safe, caring, responsive, and well led.
Diagnostic imaging	Good 	This was the first inspection of the service. We rated it as good because: • Staff had training in key skills, understood how to protect patients from abuse, and managed safety well.

Summary of findings

- Staff provided good care and treatment. Staff worked well together for the benefit of patients and supported them to make decisions about their care.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. Staff planned services around patients' needs and operated additional clinics to make sure patients could access diagnostic imaging.
- The service was well led and governance processes ensured appointments ran smoothly.

However:

- The key to the MRI scanning room was not in a locked cupboard which meant non-authorised staff could potentially gain access to the scanning room.
- The service did not have cleaning records for staff to complete for cleaning of the MRI and CT scanning rooms.
- There was no system in place to ensure the emergency resuscitation bag was secured from tampering.
- The service had not held a radiation protection committee meeting since the end of 2017.

Where arrangements were the same for diagnostic imaging and outpatients, we have reported our findings in the outpatients section.
We rated this service as good because it was safe, caring, responsive and well-led. We do not rate effective for diagnostic imaging.

Summary of findings

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Summary of this inspection

Background to Lycahealth Orpington Limited

Lycahealth Orpington Limited is operated by LycaHealth Orpington Limited and offers outpatients and diagnostic imaging services.

Outpatients services are delivered from a purpose-built facility with consulting rooms, an audiology suite, physiotherapy gym, and diagnostic imaging centre on site. Clinical specialties include breast ultrasound, heart and chest, gynaecology, orthopaedics, oncology, sports medicine, ear, nose, and throat, and spine and brain.

The provider offers GP services and health screening for life stages, stress assessments, and corporate medicals. We did not include these in our inspection. A number of clinical services delivered by other providers take place on site. These do not form part of our inspection or ratings other than consideration of local safety procedures.

The centre provides the following diagnostic imaging services: computed tomography (CT) scans, X-ray, mammography, magnetic resonance imaging (MRI) scans and ultrasound. The site provides a service for patients aged 16 and above and operates six days a week, Monday to Saturday. About 11.5% of patients for diagnostic imaging came from NHS referrals through an arrangement with local NHS trusts.

The number of outpatient appointments each day varies based on consultant availability and the number of clinics in operation. The service works with other independent providers and NHS services to deliver care that meets needs across the region.

The clinic is spacious and comfortable with good facilities for patients and those accompanying them.

The provider registered this location in 2016 and we have not previously carried out an inspection.

The service has a registered manager, who had been in post since May 2019, and is registered to provide the following registered activities:

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

Where our findings on outpatients – for example, management arrangements – also apply to other services, we do not repeat the information but cross-refer to the outpatients service.

We rated this service as good because it was safe, caring, responsive and well led. We inspected but did not rate effective.

How we carried out this inspection

We carried out an unannounced inspection of the service on 4 February 2022 using our comprehensive methodology. We inspected outpatients and diagnostic imaging. The inspection team consisted of two inspectors and two specialist advisors with support from an inspection manager.

Summary of this inspection

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

Areas for improvement

Action the service SHOULD take to improve:

Outpatients

- The service should continue to ensure patients records are stored securely in line with data management best practice.
- The service should continue to ensure fire safety checks and audits are fit for purpose and identify risks to staff and patients.
- The service should ensure all staff remain up to date with mandatory training.
- The service should ensure each member of staff receives an annual appraisal.

Diagnostic imaging service:

- The service should continue to ensure keys to magnetic resonance imaging (MRI) areas are secured and only made available to magnetic resonance authorised personnel.
- The service should continue to ensure the emergency resuscitation bag is secured from tampering or from accessed from unauthorised personnel.
- The service should ensure governance processes are in place to assess and mitigate risks of patients, such as through the radiation protection committee.
- The service should continue to ensure all records are secured and only accessible to authorised staff.
- The service should consider resuming the radiation protection committee meeting.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Good	Insufficient evidence to rate	Good	Good	Good	Good
Diagnostic imaging	Good	Insufficient evidence to rate	Good	Good	Good	Good
Overall	Good	Insufficient evidence to rate	Good	Good	Good	Good

Good

Outpatients

Safe	Good
Effective	Insufficient evidence to rate
Caring	Good
Responsive	Good
Well-led	Good

Are Outpatients safe?

Good

We rated safe as good.

Mandatory training

The service provided mandatory training in key skills to all staff although completion rates needed to be improved.

Staff received and kept up to date with their mandatory training. Most mandatory training was delivered online and staff received protected time to complete this. However, at the time of our inspection only 67% of staff were up to date with mandatory training. The service had recently reopened following COVID-19 related closures, which had resulted in some staff lapsing in training updates as they were placed on furlough. However, the registered manager had a training plan in place that aimed to ensure all staff were up to date by the end of April 2022.

The mandatory training was comprehensive and met the needs of patients and staff. Training was tailored to clinical and non-clinical roles and was patient-centred, such as with the inclusion of managing difficult conversations, deescalating challenging situations, and acting with dignity and care.

Fire safety training included areas of the building occupied by other organisations, such as private healthcare services and an NHS provider. The service had undertaken a simulated evacuation in December 2021 with staff, patients, and other providers in the building. This ensured staff maintained oversight of evacuation standards across the site and supported staff working for other organisations. The exercise identified a need for facilities action to support a safe evacuation, such as more regular clearing of exterior pathways and cleaning of the rendezvous point signage.

Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities, autism and dementia.

Although managers monitored mandatory training the system was not effective in ensuring staff remained up to date.

Safeguarding

Good

Outpatients

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

Staff received training specific for their role on how to recognise and report abuse. The provider maintained up to date escalation and referral pathways and staff demonstrated good knowledge of these, including the difference between adult and child pathways. Staff knew who to contact in the event of a safeguarding concern and kept up to date contact details for local authority safeguarding teams, including for crisis and out of hours.

All clinical staff were trained to safeguarding adults and children level 3 and non-clinical staff were trained to level 2.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. This was part of mandatory training and equality and diversity were built into policies and standard operating procedures. Staff followed the latest national guidance when delivering care for patients whose gender at birth was different to their current gender identify. They did so in such a way that ensured patients were protected from harm and ensured their needs were met.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. The patient records system included a flagging system for patients known to safeguarding teams or to identify patients about whom staff had concerns. Referral documents included space for staff to identify safeguarding needs.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The registered manager was the designated safeguarding lead and was trained to level 4.

Staff followed safe procedures for children visiting the service although clinical care was not provided for children.

Cleanliness, infection control and hygiene

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

Clinical areas were clean and had furnishings that were clean and well-maintained. Cleaning responsibilities were clearly defined, and dedicated cleaners maintained clinical areas out of hours and carried out scheduled deep cleans. The organisation carried out weekly audits on standards of cleanliness, which demonstrated compliance with expected standards of over 99% in the previous six months. The audit process included an assessment of clinical areas after cleaning using ultraviolet light to confirm effectiveness.

A nurse was the infection prevention and control (IPC) lead and an external IPC specialist carried out a quarterly whole-site audit. This was comprehensive and included 409 individual checks of standards of practice and cleanliness. The most recent audit took place in January 2022 and the service achieved 97% compliance. Areas for improvement included more consistent use of temporary lid closures on sharps bins and consistent use of 'I am clean' labels on sanitised equipment. During our inspection these measures were in place.

During clinical hours a healthcare assistant (HCA) carried out environmental cleaning duties and had completed advanced training to manage this safely and effectively.

The service performed well for cleanliness. The IPC lead carried out quarterly audits of hand hygiene practices on a random sample of staff, including checks on bare below the elbow practice. Between September 2021 and March 2022, the team achieved 100% compliance with hand hygiene standards and 90% compliance with bare below the elbow practice. Disposable privacy curtains in consulting rooms were all within their marked limited use date.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Each area had a defined cleaning schedule and checklist. All areas we checked, including clinical and public areas, had up to date and fully completed schedules.

Staff followed infection control principles including the use of personal protective equipment (PPE). Staff wore PPE correctly and changed individual items regularly. PPE was stored in dispensers and was available in a range of sizes.

Alcohol hand gel was available in all clinical areas, at the entrance, and in waiting areas. Signage clearly depicted local COVID-19 prevention rules and staff supported patients and visitors to follow them.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Staff used antibacterial wipes manufactured to an international standard to decontaminate contact surfaces in clinical rooms between patients.

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 although there was room for improvement in the consistent management of clinical sharps.

Each consulting room had a patient call bell in reach of the examination bed. The nature of the service meant it was rare a patient would be left alone for an extended period. However, staff maintained the system as good safety practice. The site lead nurse carried out call bell scenarios to monitor staff response time and ensure standards were maintained.

The design of the environment followed national guidance. The service was compliant with the Department of Health and Social Care (DHSC) Health Building Note (HBN) 00/09 in relation to clinical environment design. Consultation rooms had two designated areas, one for clinical assessment and treatment, and an administration area delineated by different floor surfaces. The clinical part of each room had vinyl flooring, which was fully compliant with DHSC HBN 00/10 in relation to infection control in the clinical environment. The administration section of each room was carpeted. Staff mitigated the risks associated with this by following enhanced cleaning processes, including steam cleaning, and using appropriate chemical interventions for bodily fluid contamination.

Staff followed national best practice in the tracking and traceability of cleaning nasendoscopes for ear, nose, and throat (ENT) procedures. HCAs played a key role in ENT equipment decontamination and undertook specialist competency training that enabled them to comply with manufacturer and national standards. The service was compliant with DHSC Health Technical Memorandum (HTM) 01/06 in relation to decontamination of flexible endoscopes. Staff carried out decontamination in utility areas clearly segregated as ‘clean’ and ‘dirty’ in line with best practice.

Staff carried out daily safety checks of specialist equipment. Clear standard operating procedures were in place for equipment that was the responsibility of the provider and used by external organisations. For example, the physiotherapy gym was the property of the provider although the service was delivered by another organisation. This meant patients were assured of safe standards of maintenance.

Good

Outpatients

We checked a random sample of 10 items of electrical equipment. Each item had evidence of a recent portable appliance testing (PAT) safety test.

The service had enough suitable equipment to help them to safely care for patients. Hand washing sinks were compliant with DHSC standards and each sink had a poster displayed to depict best practice handwashing techniques.

Staff disposed of clinical waste safely and needed to improve systems for the management of sharps. The service used service level agreements to manage waste streaming, including the storage and disposal of hazardous waste, in line with DHSC HTM 07/01 (2013) in relation to the safe management and disposal of healthcare waste.

The service was not fully compliant with DHSC HTM 07/01 and the Health and Safety Executive Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 in relation to sharps waste. For example, we saw a sharps bin colour-coded only for disposal of blades and phlebotomy contained syringes with prescription-only medicine. The colour-coding system should be adhered to so that waste streaming and disposal is safe. In other clinical areas staff correctly used the sharps streaming system.

Spill kits were stored in key locations and included equipment to help staff contain bodily fluid spills and other similar risks.

The site lead nurse carried out weekly water flushing of all outlets in the service as a strategy to reduce the risk of Legionella build-up. As some parts of the building were used sporadically, this approach reflected good practice and meant the service was compliant with DHSC HTM 04/01 in relation to the management of safe water in healthcare premises.

The compliance manager carried out daily fire safety checks of the premises, which included a check of escape routes and equipment serviceability. However, during our inspection we found areas for improvement. Service labels on fire extinguishers indicated safety inspections were overdue by five months. After our inspection, the provider showed us evidence the equipment had been serviced in line with manufacturer guidelines.

The main fire escape route from the staff rest area was blocked with equipment and an automatic fire door was wedged open. This meant in the event of a fire alarm the door's automatic safety closing mechanism would not work. We spoke with the senior team about this at the time and they rectified the issues. After our inspection the manager provided evidence of the action taken to ensure fire checks were consistent. However, the service had undergone a full fire safety risk assessment in February 2022 in line with Regulatory Reform (Fire Safety) Order 2005 requirements. This found internal fire doors wedged open and made a high priority recommendation this practice be stopped. Our findings during the inspection indicated this practice had continued, which reduced the effectiveness of fire precautions.

Following our inspection, the provider sent us visual evidence of improved practices in fire safety, including the installation of keypad entry devices to prevent doors being wedged open.

Staff maintained a register for products subject to the Control of Substances Hazardous to Health regulations (COSHH). This included product description sheets issued and updated by manufacturers and confirmation of locked storage and access control.

Assessing and responding to patient risk

Good

Outpatients

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

Staff responded promptly to any sudden deterioration in a patient's health. The nature of the service meant this was a rare occurrence and staff maintained training and simulated practice to ensure they were prepared. Nurses were trained in immediate life support (ILS) and all other staff were trained in basic life support (BLS). Staff were up to date with latest guidance from the Resuscitation Council UK in relation to resuscitation practice during the pandemic.

Staff carried our nasendoscopes in line with an up to date risk assessment. This was up to date and all staff qualified to carry out this process had signed their understanding of the risk assessment.

Staff knew about and dealt with any specific risk issues. A crash grab bag contained emergency rescue medicines and life support equipment, including airway support equipment. A named member of staff checked the bag daily and carried out a full stock check weekly. We looked at safety check documentation for the previous six months and found staff consistently checked perishable items and planned for their replacement.

All staff were trained as chaperones and patients or clinicians could request this, including at short notice. Posters advertising chaperones were on display in all outpatient areas.

The service had access to mental health liaison and specialist mental health support if staff were concerned about a patient's mental health. Clinical staff at all levels understood how to begin this process. All staff were trained in de-escalation techniques.

Staff shared key information to keep patients safe when handing over their care to others. This ensured continuity of care when people moved between services or received care from different staff in this service. For example, a significant proportion of work in outpatients involved caring for patients on a pathway that required diagnostic imaging and surgery. Consultants and surgeons worked closely together to ensure transfers between types of treatment were safe and informed by effective planning.

Staffing

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

The service had enough nursing and support staff to keep patients safe. Two registered nurses and two HCAs worked regularly in the service and a nurse in charge led each shift. HCAs supported the breast clinic and radiographers and were trained to provide support across outpatients as needed.

Typical daily staffing included two registered nurses, one HCA, and staff of various grades depending on the medical specialties running clinics at any given time. Staffing was planned in line with clinic capacity and patient lists. For example, a breast nurse coordinator, a breast care specialist and mammographer supported the breast clinic.

A team of ten dedicated administration staff provided support for bookings, first patient contact, and registration. The team worked cross-site between this location and the provider's Canary Wharf location and worked flexibly to meet demands on the service, including unexpected disruption. This helped minimise disruption to patient care and experience during instances such as staff shortages.

Good

Outpatients

Consultants led specialist clinics with support from nurses and HCAs. Consultants worked substantively for other healthcare providers and delivered care and treatment under practising privileges with agreed time commitments to this clinic. A single point of contact consultant lead was always available when the service was open and provided consultants with on-demand support and guidance, such as with navigating external referral pathways and accessing specialist services for patients.

The service was recruiting to nursing and HCA posts as demand increased with the easing of pandemic restrictions. Staff said the workload was manageable but pressured and additional staff would enable them to further develop standards of care.

The service had low turnover rates and reported a turnover rate of 6% in the previous 12 months. This included bank staff and turnover due to the COVID-19 pandemic.

The service had low sickness rates and reported a sickness absence rate of less than 1% in the previous 12 months.

Managers used agency, bank, and locum staff effectively. Demand on the local healthcare system was unpredictable and a flexible workforce enabled the service to work dynamically, meet individual needs and avoid lengthy waiting times.

Managers made sure all bank and agency staff had a full induction and understood the service. The senior team ensured temporary and flexible staff had access to the same support, training, and resources as permanent staff.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, and easily available to all staff providing care. Paper records were not always stored securely.

Patient notes were comprehensive, and all staff could access them easily. The provider used a hybrid digital and paper system for patient records. Paper records were scanned into a digital, secure system that kept multidisciplinary records together in one location. Consultants were responsible for their own records and provider staff ensured consultation letters were scanned into the patient's digital record.

We reviewed two sets of digital notes, which reflected a good standard of detail and continuity. Notes included scan results and referral letters and clinical staff dated and signed entries clearly. This meant each patient had a clear, trackable pathway of care and treatment.

The provider lead nurse audited a sample of patient records each month. The audit was comprehensive and included 25 standards of information on assessment, treatment planning, consent and referrals. The most recent five audits indicated 98% compliance with the provider's standards. The auditing nurse shared two areas for improvement with the team; the need for the patient's name on each page and fully documentation of all advice given.

Records were not consistently stored securely. We found over 30 sets of patient notes stacked on a desk in an unlocked office in a part of the building without controlled access. While the office contained locked units suitable for safe storage, it was not evidence staff consistently used these. We raised this with a member of staff who secured the documents immediately. Following our inspection, the provider sent us evidence of improvements to records security, including the installation of key pads to restricted areas.

Good

Outpatients

Medicines

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

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. The site lead nurse was responsible for stock management and carried out a full monthly audit. Audits for the previous 12 months showed consistently good standards of practice. Staff prioritised medicines soon to expire for use first and ordered replacements in advance.

All medicines were stored in line with manufacturer guidelines and were within their expiry date. Staff carried out daily temperature checks of ambient and refrigerated storage and knew about the provider's policy in the event safe storage temperature was exceeded.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely.

Nurses were trained to use patient group directions (PGDs) to administer certain medicines. PGDs enable non-prescribers to administer specific medicines to defined patient groups under specific conditions. For example, nurses used a PGD to administer flu vaccines to patients in the 18-64 age group. The interim lead nurse audited the use of PGDs to ensure practice reflected the provider's policy. The most recent audits demonstrated full compliance.

Incidents

The service managed patient safety incidents well. Staff recognised incidents 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. The provider used an electronic incident reporting and management system. This enabled the senior team to maintain oversight of incidents and investigations across both of the provider's locations.

Staff raised concerns and reported incidents and near misses in line with provider policy. Staff discussed incidents during a daily site huddle, which enabled the whole team to learn from findings.

The service had not reported any never events. Incidents in outpatients were rare, which reflected the nature of the service and type of care provided, and staff reported 10 incidents in the previous 12 months for outpatients and the general waiting area. Each incident was independent and there were no common themes. In each case a manager investigated the incident and reviewed outcomes with staff to identify potential learning. A recent incident occurred in the ear, nose, and throat (ENT) clinic when a patient undergoing treatment fainted. This was a common risk in ENT care although staff completed an incident report after each occurrence to identify opportunities for learning.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation when things went wrong. Staff documented this in incident reports.

Staff received feedback from investigation of incidents. The location worked closely with the provider's Canary Wharf site and staff understood learning from incidents at both sites.

Good

Outpatients

Staff met to discuss the feedback and look at improvements to patient care. For example, a recent incident occurred in the ear, nose, and throat (ENT) clinic when a patient undergoing treatment fainted. This was a common risk in ENT care although staff completed an incident report after each occurrence to identify opportunities for learning.

There was evidence that changes had been made as a result of feedback. Staff discussed past fainting incidents with patients before taking blood samples. This was a result of learning from an incident in which a patient fainted after having blood taken and had a previous history of this although staff were unaware of it.

The provider had an up to date policy for never events and serious incidents. Staff demonstrated knowledge of this, and we were assured the senior team maintained appropriate oversight.

Are Outpatients effective?

Insufficient evidence to rate

We do not currently rate effective for outpatients.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. The provider used a digital portal to store and update policies and all staff had access to this. The compliance manager was responsible for the portal and used a system to update policies as national guidance changed in addition to routine planned reviews. Department heads ensured their teams were up to date with changes in policy and discussed new policies during team meetings. The compliance manager carried out an annual audit of policies.

The team used an annual audit planner to ensure standards. The nursing team led eight audits, such as for patient group directions and medications, and the senior management team led non-clinical audits.

Consultants carried out minor operations in outpatients. Staff used an adapted version of the World Health Organisation (WHO) surgical safety checklist to monitor safety standards. The interim lead nurse carried out a monthly audit of the WHO checklists, which demonstrated consistent standards of practice. In the previous 13 months the service achieved 98% compliance with WHO standards. This reflected ten months with 100% compliance and three months with results ranging from 88% to 96%. Consultant sign-out from the procedure was the single area for improvement in audits with less than 100% checklist completion.

Pain relief

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

Staff prescribed, administered and recorded pain relief accurately. Consultants within medical specialties provided individualised care for patients who experienced chronic pain and referred them to specialist teams.

Good

Outpatients

Patient outcomes

Staff monitored the effectiveness of care and treatment using patient feedback tools. There were no clinical audits in place for outpatient care and treatment.

Patient feedback showed us outcomes were positive, consistent, and met expectations. However, the service did not routinely monitor or audit clinical outcomes for outpatients. The lack of clinical audits was an item on the provider's risk register and the clinical service director planned to identify and map new potential audits by the end of 2022.

Consultants representing a range of clinical specialties provided care and treatment within specific national guideline set by the accrediting agencies in their specialty.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. The senior team encouraged staff to undertake professional development, including advanced competencies for clinical staff. Staff spoke positively about this and told us they were happy with training and development opportunities. For example, one member of staff was undertaking breast care competencies that would help to expand the service.

Managers gave all new staff a full induction tailored to their role before they started work. All staff completed an induction on joining the service. The induction included local processes and those applicable to the provider's Canary Wharf location as most staff worked across both sites.

Managers supported staff to develop through yearly, constructive appraisals of their work. The registered manager had adapted the appraisal process to ensure staff had wellbeing support during the COVID-19 pandemic and staff spoke positively about this. The site lead nurse carried out appraisals for other nurses and healthcare assistants, who said the process helped them to identify goals and monitor their development. The appraisal rate was 63% and the senior team were working to improve this as staff returned from furlough following COVID-19 closures. Following our inspection, the registered manager provided evidence all remaining staff had an appraisal booked to take place by the end of April 2022.

The provider supported the learning and development needs of staff. Staff used NHS continuing professional development (CPD) standards and practical competencies to maintain practice in areas such as nasendoscopy and phlebotomy.

Managers made sure staff attended team meetings or had access to full notes when they could not attend. The minutes of department meetings indicated consistently good attendance rates.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Multidisciplinary working

Good

Outpatients

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. This included meetings specifically to review individual patients and scheduled safety meetings to plan care and treatment. The breast care team held a meeting in advance of each clinic that reviewed consultant assessments, nurse-led care, and diagnostic results.

Patients could see all the health professionals involved in their care at one-stop clinics. Staff used referral pathways to ensure patients could see other professionals as part of care and treatment. This included referrals to podiatry and physiotherapy services on site and to clinical specialists in other regional hospitals.

Staff referred patients for mental health assessments when they showed signs of mental ill health. The service did not offer a dedicated on-site mental health service and consultants referred patients to local independent or NHS services as needed.

Seven-day services

Key services were available flexibly to support timely patient care.

Staff could call for support from doctors and other disciplines, including external mental health services and on-site diagnostic tests. The service operated six days per week, Monday to Saturday, and a GP service operated on Saturdays to meet an increase in local demand.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support in patient areas. This included printed material specific to lifestyle support, such as healthy living and exercise. External organisations provided relevant printed information, such as for cancer care.

Staff assessed each patient's health at every appointment and provided support for any individual needs to live a healthier lifestyle. Consultants documented health promotion guidance and advice in patient records.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

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

Good

Outpatients

Staff gained consent from patients for their care and treatment in line with legislation and guidance. The patient records system required staff to document consent before assessment and treatment. The provider lead nurse included this in the monthly patient records audit, the most recent of which showed staff had documented the consent process in 100% of cases.

Staff made sure patients consented to treatment based on all the information available. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act and the Mental Capacity Act 2005.

Staff could describe and knew how to access policy on Mental Capacity Act. Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

Are Outpatients caring?

Good

We rated caring as good.

Compassionate care

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

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

Staff understood each patient had unique needs. For example, one member of staff described helping a patient to complete paperwork they found difficult due to neurological challenges. The patient was embarrassed and distressed because they needed help and the member of staff took time to ensure they understood what the information and then complete it with them as a signed witness. In another example, staff described how they helped a patient who could not read printed treatment information as they had forgotten their glasses. Such examples reflected good standards of compassionate care.

Patients said staff treated them well and with kindness. Feedback forms demonstrated consistently positive feedback from patients. Recent comments commented on the friendliness and kindness of staff. One patient noted, "Really good experience. [I] felt comfortable." The service achieved a 100% recommendation rate in the previous six months.

Staff followed policy to keep patient care and treatment confidential. We observed staff carry out conversations in private and offer patients private spaces for discussion.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. We were unable to observe clinical care on the day of our inspection, but we were assured of this standard of care in our discussions with staff and review of patient feedback.

Emotional support

Good

Outpatients

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. Patients demonstrated their feelings about emotional support clearly in feedback forms. For example, one patient noted, “Kindness and support given [by staff was] overwhelming.”

Staff supported patients who became distressed and helped them maintain their privacy and dignity. All staff undertook mandatory training in privacy and dignity and in the duty of care in this setting.

Staff undertook training on breaking bad news and demonstrated how they used empathy when having difficult conversations.

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.

Understanding and involvement of patients and those close to them

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

Staff made sure patients and those close to them understood their care and treatment. The provider had an established policy to guide staff in the use of chaperones, which was routinely offered to patients. Posters were displayed in waiting areas and clinical rooms, and the provider’s website encouraged patients to ask for a chaperone at any time they wished.

Staff talked with patients, families and carers in a way they could understand.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. Patients noted improved communication when a consultant was running late as the only area for improvement and the clinical service director was working with consultants to improve this.

Patients gave positive feedback about the service. The provider asked patients to grade elements of their care, such as their experience with the consultant, nurse, and receptionist, on a scale of one to four stars. In the previous six months 100% of patients who completed the rating indicated the maximum of four stars.

Are Outpatients responsive?

Good

We rated responsive as good.

Service delivery to meet the needs of local people

Good

Outpatients

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

Managers planned and organised services, so they met the changing needs of the local population. The senor team had a clear understanding of the regional health economy and had established links with other independent providers to identify gaps in provision and areas of unmet need. The provider was actively expanding its reach and presence in direct response to increased demand in specific clinical areas.

The service minimised the number of times patients needed to attend, by ensuring patients had access to the required staff and tests on one occasion. The service had a dedicated phlebotomy room.

Facilities and premises were appropriate for the services being delivered. The service had suitable facilities to meet the needs of patients' families. This included accessible toilets, private waiting areas, baby changing facilities, and refreshments. All areas of the building were accessible by wheelchair. Facilities were accessible by bariatric patients and the service provided a bariatric-adapted wheelchair on demand.

A nurse was based at the front desk with the administration team. This helped to provide patients with a coordinated service and meant the team could resolve queries about appointments and care quickly.

Staff could access emergency mental health support 24 hours a day 7 days a week for patients with mental health problems, learning disabilities and dementia. Staff maintained an up to date contact directory of regional services.

Staff worked to minimise the number of patients who did not attend (DNA) appointments by contacting them in advance with appointment reminders using their preferred method of communication. However, the service did not track DNA rates. In each case staff made a note in the patient record and then archived the referral; they did not contact the patient proactively. Following our inspection, the provider implemented a new DNA pathway. This established key steps to ensure staff checked on patient's wellbeing and care intentions.

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.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Staff supported patients living with dementia and learning disabilities by using 'This is me' documents and patient passports. Staff facilitated escorts and chaperones for patients living with dementia and were trained to provide assistance, including help understanding printed communications.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss.

Staff had access to language interpretation services. While this was usually organised in advance of an appointment, staff could obtain on-demand telephone support. Staff said they did not allow family members to translate for patients, which reflected good safeguarding practice.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters when needed.

Good

Outpatients

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment were minimised.

Most patients received care and treatment within private insurance plans whilst some were referred by other independent healthcare services. The service did not offer self-referral services.

Consultants led medical specialties and clinics were based on patient demand and their availability and capacity. The providers senior team worked with each consultant to establish clinic times and frequencies that offered patients choice and convenience. Most consultants provided clinic hours at this location and the provider's Canary Wharf location and patients could request appointments at either location to suit their schedule.

Staff in each medical specialty were proactively responsive to patient needs. For example, a radiographer routinely attended each breast clinic to facilitate on-site mammograms if needed. This saved time and meant patients did not need to wait for referrals or to return on another day.

Medical specialties did not have waiting lists and provided patients with appointments at times to suit them.

The service adjusted staffing levels daily according to the needs of patients and worked with external specialists to provide continuity of care. For example, a clinical nurse specialist working under an agency contract provided support that enabled the breast clinic to provide evening appointments for patients.

When patients had their appointments cancelled at the last minute, managers made sure they were rearranged as soon as possible. Clinic cancellations were very rare and there had been no such occurrences in the previous six months.

Learning from complaints and concerns

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

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

Staff understood the policy on complaints and knew how to handle them. The compliance and customer service manager was responsible for managing complaints and led staff in a discussion of complaints during a daily cross-site huddle.

Complaints in outpatients were rare and the service reported one instance in the previous 12 months. This related to a patient's perception of information sharing and consent. The senior team worked with nurses and the data management lead to review processes and ensure they were compliant with national guidance. Managers investigated complaints across the service and shared outcomes with staff in each department as part of an approach to ensure learning.

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

Good

Outpatients

Managers shared feedback from complaints with staff and learning was used to improve the service. Formal complaints were rare. The most common feedback for improvement from feedback was delays to appointments once patients had checked in.

Are Outpatients well-led?

Good

We rated well-led as good.

Leadership

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

The chief executive officer, chief operations officer, head of governance/clinical services director, business development lead, and compliance and customer service lead formed the senior management team. The clinical services director was the CQC registered manager.

A lead nurse worked at provider level and a site lead nurse was responsible for local clinical care daily. The provider was undertaking a local leadership restructure after the full resumption of services following pandemic closures. A designated lead was in post for each department.

Staff spoke positively about leadership support and said they felt looked after during COVID-19 pressures.

Vision and Strategy

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

The service was dedicated to providing high quality, patient-centred care that reduced the challenges of access in the regional health economy. The provider focused on technology-driven healthcare and had developed substantive links with independent and NHS providers in the region to drive future development.

The provider recognised the ebb and flow of demand and maintained a team of flexible and temporary staff to help meet surges.

While staff worked cross-site with the Canary Wharf location, they recognised the differences in patient populations and demands between the two.

Culture

Good

Outpatients

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 and staff could raise concerns without fear.

The CEO described a clear focus on staff morale and wellbeing following challenges during COVID-19 disruption. They were keen to avoid staff burnout whilst ensuring there were clear development opportunities for each individual if they wanted them.

Staff described a friendly and supportive work environment in which managers were visible and approachable. The compliance manager carried out a daily walkaround of the whole service and said this included "mini one-to-ones" with staff, which helped to build morale and momentum for the shift. Staff said they felt encouraged to talk about concerns or worries and that good work was recognised.

The provider had a long-standing whistleblowing policy that guided staff in raising concerns about care and safety in a way with which they felt comfortable.

The provider designated one month each year as a 'healthier business' month. This included opportunities for staff to refresh training and offered managers and department leads protected time to carry out appraisals.

Governance

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

The provider operated two locations and staff used processes to work seamlessly between them. For example, we observed a cross-site safety huddle ahead of the breast clinic. This enabled staff to review the plans for each booked patient and identify expected challenges or pressures for the clinic. Staff considered information in depth and included feedback submitted by existing patients as part of their plan for the day.

The compliance manager was responsible for governance across both provider locations, including administrative services to patients. Six key staff, representing clinical and non-clinical teams, formed the clinical governance committee.

The provider's medical director led the Medical Advisory Committee (MAC). Consultants, diagnostic imaging professionals, clinical, and non-clinical staff met twice annually to review the provider's activity. This included both locations and reports from the CEO and clinical service director. The medical team used MAC meetings to ensure practising privilege agreements for consultants were up to date and identify opportunities for improvement and development. MAC meeting minutes indicated attendance from a range of staff and stakeholders and an effective decision-making function.

The senior team held quarterly staff meetings, planned one year in advance to help staff plan attendance.

The provider had achieved International Organisation for Standardisation accreditation ISO 9001 (2015) for standards of quality administration in the provision of private healthcare services. This benchmarked standards of governance against international standards.

Good

Outpatients

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. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The clinic team used a daily briefing report as a snapshot for the day ahead. This included booked appointments, the number of clinics running, and any live incidents and complaints. The briefing included the names of consultants expected to be on site and helped staff plan around bottlenecks or challenges.

The clinical service director managed a risk register at provider level. This included risks for each location and each clinical service and department. While there were no risks specific to outpatients, 29 risks applied to the building or service more broadly with the potential to impact patient care. Each risk item had a planned review date and the clinical service director had entered mitigation work to date.

Staff used a daily morning huddle to discuss issues, concerns, and challenges in the service. This acted as a risk management system that enabled the senior team to keep track of anything that might impact the service.

The senior team spoke about increasing capacity as a key priority for the service, including expanding the number of clinics and offering new services such as a day theatre. The senior team had a clear understanding of the local and regional health landscape and understood the gaps in provision and where they could work to improve care and capacity.

The senior team maintained a business continuity plan. They updated this regularly and it included a cascade response plan to events such as a building emergency or large-scale staff absence.

Information Management

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

Staff worked within a data protection and confidentiality policy that guided them in protecting patient data within the Caldicott Principles and the General Data Protection Regulation (GDPR).

The service had undertaken a full audit of digital data protection safety and completed assurance checks issued by the National Cyber Security Centre. This included a rapid response plan in the event of a cyber attack or breach.

The service was licenced by the Information Commissioner's Office (ICO) to manage personal digital data according to national benchmarks. A data protection officer led training and support for staff.

Engagement

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

The provider was transparent about billing and payment information, which was readily available in waiting areas, consultation rooms and on the provider's website. This included details of standard inclusions and exclusions and provided patients with a single point of contact for queries about prices.

Staff said they felt involved in the operation and planning of the organisation and felt able to contribute to development. The senior team paid attention to detail on the best way to engage with staff and incorporate their views into the service. For example, the service had previously used a paper suggestions form to gather staff input and feedback where they preferred to give this outside of meetings. The team had suspended this process as it excluded staff who were off site or did not often work in the clinic. They were exploring suitable alternatives, including an online digital feedback system.

The senior team incorporated patient feedback into processes including daily safety huddles and MAC meetings as part of a focus on the importance of critique of the service. Staff noted most of the feedback was positive and worked with consultants to reduce delays to appointments as the most common element of feedback for improvement.

Learning, continuous improvement and innovation

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

The service demonstrated a proactive approach to development and expansion. For example, they successfully partnered with a podiatrist to trial a new clinic. This had been introduced successfully and the team planned a regular schedule of clinics. The team were in the planning stage of introducing minor operations in the future, which was part of their plans for day surgery.

The senior team noted a significant increase in patients who were experiencing high levels of anxiety and problems with mental wellbeing. In response they were working with consultants to provide a future mental health service. This was in the early planning stages and would enable patients to receive specialist support on site with reduced need for external referral.

Good

Diagnostic imaging

Safe	Good
Effective	Insufficient evidence to rate
Caring	Good
Responsive	Good
Well-led	Good

Are Diagnostic imaging safe?

Good

This was our first inspection of the service. We rated safe as good.

Mandatory training

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

Staff received and kept up to date with their mandatory training. Mandatory training was comprehensive and offered as a mix of face-to-face and e-learning. Mandatory training was due around the same time each year and managers monitored training to ensure it was completed. At the time of our inspection, most staff in diagnostic imaging were up to date with their mandatory training. Managers monitored when staff's training was expired or due to expire.

Mandatory training met the needs of patients and staff. Mandatory training covered topics such as moving and handling patients, equality, diversity and human rights, consent, the Mental Capacity Act and basic life support.

Managers of the service also monitored completion of mandatory training for medical staff. Medical staff working under practicing privileges were required to submit evidence to show they had completed their mandatory training in their role with the NHS or another provider. We saw that managers monitored this and enforced it as a condition of their practising privileges.

Safeguarding

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

Staff received training specific for their role on how to recognise and report abuse. Safeguarding children and adults formed part of the mandatory training programme for staff. Radiographers received level three training for safeguarding adults and children. There was a safeguarding lead for the service and staff had designated contacts in a local NHS trust for a level four safeguarding lead for adults and children. Managers had good relationships with the local authority to escalate any concerns.

Good

Diagnostic imaging

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff followed safe procedures for children visiting the department. Staff knew how to make a safeguarding referral and who to inform if they had concerns. The service had clear processes on escalating concerns. Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act 2010.

The service had an up-to-date chaperone policy. Staff were available for any patient requiring or requesting chaperoning.

The service had not made any safeguarding referrals in the year prior to our inspection.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. However, the service did not have cleaning records for staff to complete for cleaning of the MRI and CT scanning rooms.

Clinical areas were clean and had suitable furnishings which were clean and well-maintained. The service used a contracted cleaning service for daily and regular deep cleanings. Managers monitored cleanliness through external auditing. The service had appointed an infection prevention and control (IPC) lead who was responsible for the local IPC programme at the location and their sister site in Canary Wharf. The chief operating officer, IPC lead and facility manager reviewed cleaning audits regularly to ensure high quality cleaning in the clinic.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. Radiographers were responsible for cleaning the diagnostic equipment. Staff used cleaning products in line with best practice standards, such as to disinfect ultrasound probes. Cleaning records reviewed were up-to-date and demonstrated that areas were cleaned regularly. Radiographers were responsible for daily cleaning of the MRI and CT scanning rooms and told us they were regularly cleaned. However, there were no cleaning records kept for these rooms. Following our inspection, the service sent us evidence they had started keeping daily checklists for cleaning of all scanning rooms.

We reviewed cleaning audits and checklists and saw they were appropriately completed with any action clearly identified. The service undertook monthly IPC audits and the diagnostic imaging department scored 96% in the most recent IPC audit in February 2022. The IPC audit looked at questions related to waste management, personal protective equipment (PPE), hand hygiene and cleanliness of specific rooms and toilets. The service also contracted for an external quarterly IPC audit, in which the clinic achieved 97% compliance to the audit standards

Staff followed infection control principles including the use of PPE. Staff followed policy and procedures around Covid guidance, with appropriate use of masks, gloves and aprons. Hand washing facilities were available to staff and patients throughout waiting and clinical areas. Staff washed their hands or used hand gel between patient contact and were bare below the elbow in line with best practice.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well. However, the key to the MRI room was not locked and could potentially be accessed by unauthorised staff.

Good

Diagnostic imaging

The service had suitable facilities to meet the needs of patient. There were five diagnostic imaging rooms situated on the ground floor. There were two changing rooms, one of which was wheelchair accessible. There was a separate waiting area in the diagnostic imaging department.

The design of the environment followed national guidance. Managers ensured the design of the service for CT, X-ray and mammography was in line with the Ionising Radiation (Medical Exposure) Regulations 2017 IR(ME)R 2017) and Ionising Radiation (Medical Exposure) Regulations 2000/2018. These scanning rooms had control measures including warning lights and signage to identify areas where radiological exposure was taking place. This ensured that staff and visitors did not accidentally enter a controlled zone when there was exposure to radiation.

The service had enough suitable equipment to help them to safely care for patients. Staff carried out daily safety checks of imaging equipment. Staff completed checklists and there was evidence of testing of all equipment used at the centre. There were effective systems in place for regular servicing of equipment and ensuring repairs to broken equipment were carried out in a timely manner. We checked the service dates for all equipment and found them to be within their service date. The diagnostic imaging areas were secured by keypad access. However, at the time of our inspection, the key to the MRI scanning room was not stored in a locked cupboard or safe. This meant there was a risk unauthorised staff could potentially gain access to the scanning room. Following our inspection, the service installed a key safe which was only accessible to MRI authorised personnel.

Staff disposed of clinical waste safely. We found clinical waste bins and sharps disposal bins were not overfilled. Clinical waste was managed by a contracted provider.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

Staff completed risk assessments for each patient prior to their scan, using a recognised tool, and reviewed this regularly, including after any incident. The service used the Society of Radiographers 'Pause and Check' system. 'Pause and Check' consisted of the three-point demographic checks to correctly identify the patient, as well as confirming with the patient the site to be imaged, details of any previous imaging and for the operator to ensure the correct imaging modality was used. We observed staff using the three-point demographic checks.

All patients receiving a magnetic resonance imaging (MRI) scan were required to complete MRI safety questionnaires to ensure a safe scan. Prior to a computerised tomography (CT) or x-ray scan, radiographers reviewed the referrer's justifications for the scan. Staff completed contrast safety assessments for patients receiving contrast media with their scan, which included reviewing relevant laboratory results. The service had a contrast-induced neuropathy pathway for immediate treatment and management of adverse contrast effects.

Staff responded promptly to any sudden deterioration in a patient's health. Managers arranged for emergency response simulation training at least once a year and as needed for new staff members. Managers made sure there were enough staff with intermediate life support training on each shift and all staff were clear on their roles in the case of patient deterioration. The service had an MRI-safe trolley to ensure patients could safely be transported out of the MRI scanning room in case of an emergency.

Good

Diagnostic imaging

Staffing

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

The service had enough staff to keep patients safe. Staffing levels were planned and reviewed in advance to ensure an adequate number of suitably trained staff were available for each clinic. The manager could adjust staffing levels daily according to the needs of patients.

Managers made sure all bank and agency staff had a full induction and understood the service. The service had low turnover and vacancy rates. There were no vacancies for full time radiographers. At the time of our inspection, the service was using bank radiographers for weekend shifts. Managers requested bank staff familiar with the service.

The service employed their own radiologists and had enough radiologists to keep patients safe. Managers made sure locums had a full induction to the service before they started work.

Records

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

Patient notes were comprehensive, and all staff could access them easily. The service had a process to ensure there was a single patient record and scanned patient notes onto an electronic record system. A single patient record meant all the patient's clinic notes and scans were available in one place and helped eliminate duplicate tests or conflicting treatments. There was a monthly audit to ensure referrals and safety questionnaires had been scanned onto the electronic record system. Between July 2021 and December 2021, the service was 100% compliant with referrals and safety questionnaires uploaded onto the electronic record system.

We reviewed six records, and all were clear and up-to-date and included referral requests and justifications for scans. The service provided referrers with electronic diagnostic imaging reports sent securely.

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

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines. However, there was no system in place to ensure the emergency resuscitation bag was secured.

Staff followed systems and processes to prescribe and administer medicines safely. Staff stored and managed all medicines and prescribing documents in line with the provider's policy. Contrast media was stored in a secured area with restricted access. Staff completed monthly medications audits which showed 100% compliance with contrast not expired, stored securely and accurately prescribed.

Staff followed the policy on contrast administration. The contrast media was warmed through the injector in line with best practice. Staff completed records accurately, including the contrast safety questionnaire where applicable. Staff kept records up to date. Staff learned from safety alerts and incidents to improve practice and staff could describe learning from contrast related incidents.

Good

Diagnostic imaging

The service kept emergency resuscitation medications. Records showed the contents of the grab bag were checked regularly, including to ensure medications were in date and the right quantities were present. However, the emergency resuscitation bag did not have security tags which meant there was limited assurance the bag could not easily be tampered with. It also meant there was limited security to ensure unauthorised staff did not have access to it. Following our inspection, the service provided evidence they now used security tags for the emergency resuscitation bag. Trained staff checked and replaced the tags weekly and we saw evidence this was recorded.

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 logged incidents on a departmental record and on a centralised clinic incident tracker. Staff discussed any incidents in the daily huddle. Managers shared learning from incidents to staff between both Lycahealth Orpington and their sister site in Canary Wharf.

Staff received feedback from the investigation of incidents, both internal and external to the service. Managers investigated incidents thoroughly and patients and their families were involved in these investigations and updated with progress and outcomes. Staff raised concerns and reported incidents and near misses in line with the service's policy.

The service had not reported any never events, serious incidents or IR(ME)R incidents in the 12 months prior to our inspection.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Staff could give an example of where the duty of candour applied.

Are Diagnostic imaging effective?

Insufficient evidence to rate

We do not rate effective for diagnostic imaging.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We reviewed policies, procedures and guidelines produced by the service. Managers had a thorough, efficient system to ensure policies were reviewed regularly.

Good

Diagnostic imaging

Policies were based on current legislation, national guidance and best practice. This included guidance from the Society and College of Radiographers (SCoR), the Royal College of Radiologists, the National Institute for Health and Care Excellence (NICE) and the NHS Breast Screening Programme. We saw the local rules were up to date and reflected the equipment, staff and practices at the centre. The local rules were clearly posted outside scanning areas.

The service's policies and procedures were subject to review by the radiation protection advisor (RPA). The annual RPA audit against the Ionising Radiation (Medical Exposure) Regulations 2017 IR(ME)R had been completed in January 2022. The audit found they were 'nearly fully compliant with only a few minor improvements necessary'. The service was still in the process of creating an action plan at the time of our inspection.

When policies were updated, managers conducted audits to check if staff read them. Staff were able to access policies remotely if they were working off site. Policies were updated on an annual basis and more frequently as required with any updates to national guidance. Managers planned with departmental leads to amend policies to best reflect practice in diagnostic imaging. Managers of the service worked with a large private hospital to ensure their infection prevention and control (IPC) policies were up to date with best practice.

Nutrition and hydration

Staff gave patients food and drink when needed.

Due to the nature of the service, staff were not required to provide patients with food and drink. However, staff told us patients were occasionally offered tea. There was a water machine in the waiting area which all patients could access.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain.

Diagnostic imaging patients did not regularly require pain relief. For patients requiring a biopsy, the referring clinician used a local anaesthetic to manage pain, which staff recorded in the patient record. Staff in scanning areas monitored pain and assisted patients into comfortable positions for imaging whenever possible.

Patient outcomes

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

The service participated in clinical audits, for example, the service audited image quality and reporting accuracy. Outcomes for patients were positive, consistent and met expectations, such as national standards.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. The service had an audit programme which monitored patients' outcomes and the effectiveness of scanning. Radiographers audited 10% of each other's scans for image quality to check quality and accuracy. The results of the audits showed the image quality was consistently meeting objectives.

The service completed a reject analysis on X-rays. Reject analysis reduces the number of repeated examinations by correcting technical problems and improving the skills of the staff. The reject rate was on average 3.8% in the 12 months prior to our inspection. Staff identified reasons for rejection and how improvements could be made. The service also audited X-ray anatomical markers which looked at the accuracy of appropriately labelled images. The audit showed 100% compliance for using anatomic markers on X-ray images. Staff also completed an audit on the use of lead aprons.

Good

Diagnostic imaging

Managers and staff investigated outliers and implemented local changes to improve care and monitored the improvement over time. The service audited pathology turnaround times for breast clinic biopsies. The service found of patients having a breast biopsy, 22% had not met the pathology turnaround time of five days as per local guidelines. The service implemented changes with the contracted laboratories to provide the results within 72 hours to meet targets and was continually monitoring this to ensure improvements were made. Managers shared and made sure staff understood information from the audits. Records showed that staff discussed the outcome audits.

The service carried out audits of outcomes from the one-stop breast clinic. Staff documented outcomes for each patient's care, such as future follow up on findings or if the patient had been discharged from the service.

Competent staff

The service made sure staff were competent for their roles. Managers appraised most 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. All health care professionals were registered with their appropriate professional organisations.

Managers gave all new staff a full induction tailored to their role before they started work. The service ensured it received evidence from medical staff about appraisals, training and registration as part of their practicing privileges conditions.

Managers supported staff to develop through yearly, constructive appraisals of their work. Most radiographers had received a recent appraisal. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Staff told us they had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers made sure staff received any specialist training for their role. Staff told us about recent opportunities they had completed for professional development.

Managers made sure staff attended team meetings or had access to 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.

Staff worked closely with referrers to enable patients to have a prompt diagnosis and treatment pathway. If they identified concerns from scans, they escalated them to the referrer. The service had systems and processes in place to communicate and refer to the local hospitals or the referring clinician in the event of further examination and or treatment being required.

Patients could see all the health professionals involved in their care at one-stop clinics. For the breast care clinic, there was a clear diagnostic pathway. A multidisciplinary team huddle was held before patients were seen on the day to ensure all staff were up to date on the patient's care plan and had reviewed the patient's history. We saw evidence of good multidisciplinary working including the breast coordinator, consultant breast radiologist, mammographer, consultant breast surgeon, breast care nurse, radiographer assistant and the business development manager. The multidisciplinary team supported the patient to make decisions about their care and treatment based on the team's recommendations.

Good

Diagnostic imaging

The service had 41 breast clinics between August 2021 and January 2022 and a complete multidisciplinary team was in attendance for each clinic.

Seven-day services

Key services were available to support timely patient care.

The service operated Monday to Friday and Saturdays based on demand.

Appointment times were flexible to meet the needs of patients, and appointments were available at short notice.

Referrals were prioritised based on clinical urgency and in line with contractual requirements of referring organisations. Outside of normal business hours, staff could call for support from radiologists and other disciplines, such as consultants or other radiographers. Staff could give examples of how they would contact patients to attend their local NHS emergency department if there were urgent results reported.

Health promotion

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

The service had relevant information promoting healthy lifestyles and support. The provider actively promoted a new speciality for health awareness each month according to the national awareness programme. For example, during our inspection they were promoting heart health awareness. The service provided a series of online health promotion articles on topics such as, benefits of a 'dry January' and healthy habits in the new year.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained written consent from patients for their care and treatment in line with legislation and guidance. Staff made sure patients consented to treatment based on all the information available. Records reviewed demonstrated consent was taken in line with the service's policy and was obtained prior to any imaging scan or diagnostic procedure. Consent included the patient safety questionnaire prior to an MRI scan and a contrast safety questionnaire for those scans requiring contrast media. Staff clearly recorded consent in the patients' records.

Staff understood Gillick Competence and supported children who wished to make decisions about their treatment. Gillick competency is often used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. Staff were aware of children's consent procedures. The service had a paediatric consent form for under 18-year olds.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) as part of the mandatory training programme. Staff could describe how to access the policy on the MCA and DoLS. At the time of our inspection all staff had completed training on MCA and DoLS.

Are Diagnostic imaging caring?

Good

Diagnostic imaging

Good

This was our first inspection of the service. We rated caring as good.

Compassionate care

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

Staff took time to interact with patients and those close to them in a respectful and considerate way. Patients said staff treated them well and with kindness. Patients said staff were professional and efficient. Patients described staff in the breast clinic as humble, kind, friendly and reassuring.

Staff were discreet and responsive when caring for patients. Staff followed policy to keep patient care and treatment confidential. There were privacy blinds in the CT and MRI rooms and privacy curtains in the ultrasound scan room to ensure patients' dignity was maintained.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. Staff offered patients a chaperone for intimate scans, in line with the service's policy. The service had signs in several key areas of the department informing patients they could also request a chaperone during consultations and any other scans. If a chaperone was not available, patients were given an option of rebooking for a new date.

Emotional support

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

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff provided reassurance and support for nervous or anxious patients. Staff could access an empty room as a quiet room for breaking bad news or providing reassurance. Managers of the service had plans in place to dedicate a room full time to be a quiet room.

Staff demonstrated empathy when having difficult conversations. Patients said staff were friendly, sympathetic and approached difficult conversations in a sensitive way. Managers of the service were working with a cancer charity to arrange empathy training for all staff to help with breaking bad news.

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. In the breast clinic, staff provided emotional support to patients and their families. Staff considered when there was a family history of breast cancer and were sensitive of the emotional impact of breast screening. The service contracted a breast care nurse who understood the emotional and social impact cancer could have on a patient and their family.

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.

Good

Diagnostic imaging

Staff made sure patients and those close to them understood their care and treatment. Before their scan, radiographers asked patients what scan they were having and if they understood why there were having it.

Staff talked with patients, families and carers in a way they could understand. Staff supported patients to make informed decisions about their care. Patients we spoke with were complimentary of the service, understood their scan, and were aware of how they would receive their results.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. We saw patient feedback was consistently positive.

Are Diagnostic imaging responsive?

Good

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

Service delivery to meet the needs of local people

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

Managers planned and organised services to meet the changing needs of the people who use the service. The service provided planned diagnostic treatment for patients at their convenience. Some patients had access to all the required health professionals involved in their care at one-stop breast clinics. The service minimised the number of times patients needed to attend the hospital, by ensuring patients had access to the required staff and tests on one occasion. Patients were very satisfied with being able to book an appointment in a timely manner.

Facilities and premises were appropriate for the services being delivered. There was a dedicated room for ultrasound which had an en-suite toilet. There were dedicated rooms for each scanning modality which were all wheelchair accessible.

Managers monitored and took action to minimise missed appointments. Managers ensured that patients who did not attend appointments were contacted. Missed appointments were recorded electronically and the administrative team called patients to rebook appointments in line with their policy. When NHS patients did not attend, the service contacted patients to rearrange appointments to more convenient times instead of referring the patients back to the NHS.

Meeting people's individual needs

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

The clinic was step-free from the street to all clinical areas. There were toilets which could be accessed by people using a wheelchair or walking aide. Staff told us they made reasonable adjustments for patients. For example, using a risk assessment prior to helping a patient in a wheelchair to have a mammogram scan by providing extra staff or a walking aide.

Good

Diagnostic imaging

The service had a dedicated biopsy chair for the breast clinic service. This meant the service could see patients who need to sit down during examinations, for example patients prone to fainting, wheelchair users or patients with diseases affecting the musculoskeletal system.

Staff took account of patients' individual needs and preferences. For example, staff rearranged a patient's appointment at the breast clinic to accommodate a patient's preference for a female breast surgeon. The mandatory training programme supported staff's understanding of the mental capacity act and diversity.

Patients had access to a locker to store their personal belongings during scans. There was a comfortable and quiet seating area in the diagnostic imaging department and toileting facilities for patients and visitors.

Managers were in the process of obtaining an interpreting and signing service at the time of our inspection.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to test were in line with national standards.

The service did not have waiting lists for diagnostic imaging for private patients. Patients were generally offered appointments within a day or two. Appointments were scheduled based on the patient's own preference for convenience. Managers monitored waiting times for NHS patients, with most patients accessing their scan within two weeks which meant they were well within the service level agreement target of four weeks. Patients said they were offered appointments quickly. Patients could elect to receive test message reminders prior to their scan.

The service aimed to provide appointments to breast clinic patients within three days from receiving the referral and staff said patients were generally offered appointments within 24 hours. The service offered a range of appointments during the day or evening clinic or weekend clinics. The service was meeting its goal of 100% compliance of offering a triple assessment to all breast clinic patients, where applicable, for clinical examination, ultrasound and mammogram in one clinic appointment.

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

The service had a target for scan reporting within 24 hours for urgent scans and 48 hours for non-urgent scans for private patients. The target for reporting on NHS patient scans was within seven days. Managers had a system in place to follow up on any reports that were not completed within the timeframe targets. We saw evidence delays in reporting were discussed in the radiology team meetings with actions to address them.

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information in patient areas about how to raise a concern and give feedback. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Good

Diagnostic imaging

Managers shared feedback from complaints with staff and learning was used to improve the patient's experience. Staff understood the policy on complaints and knew how to handle them. Staff told us how they aimed to resolve complaints as soon as possible and described how they would escalate complaints.

Managers investigated complaints and identified themes. Managers recorded complaints in a tracker and reviewed all complaints at a complaints meeting to reflect on learning and to take actions forward. Staff could give examples of how they used patient feedback to improve daily practice.

Are Diagnostic imaging well-led?

Good

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

Leadership

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

See information under this sub-heading in the outpatients section.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.

The service was dedicated to a vision of providing premium quality diagnostics and patient-centred care. The service had invested in high quality screening machines: a 3T MRI scanner, a 128-slice CT scanner and a 3D mammography scanner, which could perform positional biopsy. The service was dedicated to investing in the future with technology best for patients.

See information under this sub-heading in the outpatients section.

Culture

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

We saw that staff were warm, welcoming and open. Staff said there was a good working environment where they felt like a team. Staff worked together to support the service, sometimes working extra hours so that patient appointments weren't cancelled. Staff said there were good opportunities for career development and gave examples where they were recently able to gain new knowledge and experiences to develop.

See information under this sub-heading in the outpatients section.

Good

Diagnostic imaging

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. However, the service had not had a radiation protection committee meeting since the end of 2017.

Managers held a monthly team meeting for radiology staff and covered standard agenda items, such as continuing professional development, mandatory training, incidents, staffing and equipment. There were regular breast clinic huddles which covered lessons learnt, training, and incidents. We reviewed three breast clinic huddle notes from September 2021 to January 2022, which showed any problems identified during the clinic, learning and actions for follow up.

Although the service had clinical governance structures in place for updating and implementing policies, procedures and protocols, they had not had a radiation protection committee meeting since the end of 2017. It was identified in the RPA audit from November 2019 that the service should resume committee meetings and that the service should review the committee members and terms of reference. The most recent RPA audit in January 2022 also noted the last committee meeting was the end of 2017 and that they were awaiting a date for a new meeting. Following our inspection, the service provided evidence they had resumed radiation protection committee meetings in March 2022. The meeting was minuted and any actions identified were assigned to relevant personnel with time frames to complete them.

See information under this sub-heading in the outpatients section.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

See information under this sub-heading in the outpatients section.

Information Management

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

See information under this sub-heading in the outpatients section.

Engagement

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

See information under this sub-heading in the outpatients section.

Learning, continuous improvement and innovation

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

Good

Diagnostic imaging

Staff were dedicated to continually learning and improving research. Managers encouraged staff to continually learn and many staff were able to describe a recent occasion when they undertook additional learning courses.

Leaders encouraged innovation and participation in research. Managers of the service were working with a local NHS trust to establish a patient pathway looking at the effects of coronavirus. The service was assisting with research a project by providing X-ray and MRI imaging for a drug trial study for osteoarthritis.